

The Promptcare Companies, Inc. — Surest Plan Design Overview

10/22/2024

Plan Year: 01/01/25 — 12/31/25

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Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Overall Provisions	Deductible	\$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$6,000	\$12,000
	OOP Limit Family	\$12,000	\$24,000
Medical Coverage	Office Visit	\$40 to \$150	\$215
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$40 to \$100	Not Covered
	Virtual Health (Specialty)	\$0 to \$150	Not Covered
	Preventive Care	\$0	\$215
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$150 to \$1,200	Up to \$1,650
	Emergency Room	\$1,000	\$1,000
	Observation Stay	\$1,000	\$1,000
	Ambulance	\$600	\$600
	Urgent Care	\$90	\$200
	Procedures (Office, Outpatient and Inpatient)	\$70 to \$4,500	Up to \$11,000
	Procedures (Inpatient and some Outpatient)	\$700 to \$4,500	Up to \$11,000
	Other Outpatient Hospital Services	\$300 to \$1,200	\$3,150
	Other Inpatient Stay (inc. admission from ER)	\$3,500	\$10,500
	Bariatric Surgery	Covered	Not Covered
	Gender Dysphoria Surgery	Covered	Not Covered
	Gender Dysphoria Reconstructive Services	Covered	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$40	\$215
	Mental Health Telehealth	\$40	\$215
	Intensive Outpatient Treatment Program	\$100	\$300
	Partial Hospitalization Program	\$190	\$570
	In an outpatient setting	\$190	\$570
	In an inpatient setting	\$3,500	\$10,500
	Maternity		
	Prenatal and Postnatal Care	\$0	\$215
	Delivery	\$1,850 to \$3,500	\$10,500
	Home Health Care	\$80	\$240
	Rehabilitative Therapies	\$20 to \$190	Up to \$360
	Acupuncture	Not Covered	Not Covered
	Chiropractic	\$35	\$75
	Occupational Therapy	\$20 to \$130	\$175
	Physical Therapy	\$20 to \$105	\$220
Speech Therapy	\$20 to \$130	\$175	
Skilled Nursing Facility	\$2,750	\$8,250	
Durable Medical Equipment	\$0 to \$1,000	Up to \$2,000	
Hospice			
Home Hospice Visit	\$80	\$240	
Inpatient Hospice Care	\$3,500	\$10,500	
Advanced Tests¹	\$30 to \$1,500	Up to \$2,850	
Medical Infusions And Chemotherapy	\$55 to \$3,900	Up to \$11,000	
Therapeutic Treatments²	\$20 to \$3,600	Up to \$10,800	
Fertility Treatment	\$100 to \$1,500	Not Covered	
Pharmacy Coverage OptumRx	Retail Pharmacy - 30 Days Supply		
	Tier 1	\$15	Not Covered
	Tier 2	\$40	Not Covered
	Tier 3	\$80	Not Covered
	Mail Order - 90 Days Supply		
	Tier 1	\$30	Not Covered
	Tier 2	\$80	Not Covered
	Tier 3	\$160	Not Covered
	Specialty Pharmacy		
	Tier 1	\$250	Not Covered
Tier 2	\$250	Not Covered	
Tier 3	\$250	Not Covered	

Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Other Benefit Notes	Out-of-Pocket Limits	Embedded	Embedded
	Out-of-Pocket Cross Application	In-Network copays applies towards the In-Network and Out-of-Network OOP Limit	Out-of-Network copays apply towards the Out-of-Network OOP Limit
	Out-of-Pocket Accumulator	ERISA Plan Year Accumulator	ERISA Plan Year Accumulator
	Out of Network Reimbursement	N/A	110% of Medicare Fee Schedule

[1] Advanced Test are complex medical tests your doctor may order to learn more about your health; typically planned and separately scheduled. Examples include a facility-based sleep study or tilt table testing.

[2] Therapeutic Procedures are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.