

2024 Surest Standard Plan Designs - Illinois

Case Effective July 01, 2024 through June 30, 2025

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| Category | Plan Design Element | Plan F9000 | |
|--|---|---|---|
| | | In-Network | Out-of-Network |
| Overall Provisions | Deductible | None | |
| | Coinsurance (Plan Paid) | 100% | |
| | OOP Limit Individual | \$9,000 | \$18,000 |
| | OOP Limit Family | \$18,000 | \$36,000 |
| Medical Coverage* | Preventive Care | \$0 | \$235 |
| | Virtual Care | \$0 to \$155 | Up to \$330 |
| | Office Visit | \$45 to \$155 | \$465 |
| | Urgent Care | \$110 | \$330 |
| | Emergency Room | \$1,000 | \$1,000 |
| | Ambulance | \$500 | \$500 |
| | Observation Stay | \$1,000 | \$1,000 |
| | Maternity Delivery | \$2,500 to \$4,500 | \$13,000 |
| | Prenatal and Postnatal Care | \$0 | \$235 |
| | Delivery | \$2,500 to \$4,500 | \$13,000 |
| | Procedures (Office, Outpatient and Inpatient) | \$80 to \$5,500 | Up to \$13,000 |
| | Procedures (Inpatient and some Outpatient) | \$400 to \$5,500 | Up to \$13,000 |
| | Other outpatient hospital services | \$300 to \$1,300 | \$3,900 |
| | Other inpatient hospital stay (inc. admission from ER) | \$4,500 | \$13,000 |
| | Bariatric Surgery | Not Covered | Not Covered |
| | Gender Dysphoria Surgery | Covered | Covered |
| | Skilled Nursing Facility | \$3,500 | \$10,500 |
| | Home Health Care | \$50 | \$100 |
| | Rehabilitative Therapies | \$35 to \$150 | Up to \$450 |
| | Acupuncture | \$70 | \$210 |
| | Chiropractic | \$40 | \$120 |
| | Occupational Therapy | \$35 to \$140 | \$420 |
| | Physical Therapy | \$35 to \$110 | \$330 |
| | Speech Therapy | \$35 to \$140 | \$420 |
| | Complex Imaging (Ex: MRI, CT, etc.) | \$200 to \$1,150 | Up to \$3,450 |
| | Routine Diagnostic Test (Ex: X-ray, Lab, Ultrasound) | \$0 | \$0 |
| | Advanced Tests¹ | \$40 to \$1,800 | Up to \$5,400 |
| | Medical Infusions and Chemotherapy | \$70 to \$4,200 | Up to \$12,600 |
| | Therapeutic Treatments² | \$110 to \$4,800 | Up to \$13,000 |
| | Durable Medical Equipment (including hearing aids) | \$0 to \$1,000 | Up to \$2,000 |
| | Fertility Treatment (limits apply) | \$100 to \$1,500 | \$200 to \$3,000 |
| | Mental Health & Substance Use Disorder | | |
| | In an office setting (inc. ABA therapy) | \$45 | \$235 |
| Mental Health Telehealth | \$45 | \$235 | |
| Intensive Outpatient Treatment Program | \$110 | \$330 | |
| Partial Hospitalization Program | \$200 | \$600 | |
| In an outpatient setting | \$200 | \$600 | |
| In an inpatient setting | \$4,500 | \$13,000 | |
| Hospice | | | |
| Home Hospice Visit | \$90 | \$270 | |
| Inpatient Hospice Care | \$4,500 | \$13,000 | |
| Other Benefit Notes | OOP Limit Cross Application | In-Network copays accumulates towards In-Network & Out-of-Network OOP Limit | Out-of-Network copays do not accumulate to In-Network OOP Limit |
| | OOP Limit Accumulator | ERISA Plan Year accumulator | ERISA Plan Year accumulator |
| | Out of Network Reimbursement | N/A | 100% of Medicare Fee Schedule |
| | Emergency Services OOP accumulator | In-network copays accumulate to In-Network OOP Limit | Out-of-network copays accumulate to In-Network OOP Limit |
| | Therapy Visit Limits: | | |
| | Acupuncture | 60 visits per plan year; INN; OON; Medical Only** | |
| Chiropractic | No visit limit | | |
| Physical Therapy | No visit limit | | |
| Occupational Therapy | No visit limit | | |
| Speech Therapy | No visit limit | | |
| Home Health Care | No visit limit | | |
| Skilled Nursing Facility | 120 days per plan year; INN; OON; Medical Only** | | |

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|----------------------------------|---|------------|----------------|-------|
| | | In-Network | Out-of-Network | |
| Pharmacy Coverage (OptumRx)** | Pharmacy Alt Plan 1 | | | |
| | Retail and Mail Order Pharmacy - 30 day supply | | | |
| | Tier 1 | | \$10 | \$10 |
| | Tier 2 | | \$35 | \$35 |
| | Tier 3 | | \$70 | \$70 |
| | Specialty Retail Pharmacy | | | |
| | Tier 1 | | \$10 | \$10 |
| | Tier 2 | | \$100 | \$100 |
| | Tier 3 | | \$200 | \$200 |
| | Pharmacy Alt Plan 2 | | | |
| | Retail and Mail Order Pharmacy - 30 day supply | | | |
| | Tier 1 | | \$10 | \$10 |
| | Tier 2 | | \$60 | \$60 |
| | Tier 3 | | \$90 | \$90 |
| | Specialty Retail Pharmacy | | | |
| | Tier 1 | | \$10 | \$10 |
| | Tier 2 | | \$150 | \$150 |
| | Tier 3 | | \$300 | \$300 |
| | Pharmacy Alt Plan 3 | | | |
| | Retail and Mail Order Pharmacy - 30 day supply | | | |
| Tier 1 | | \$20 | \$20 | |
| Tier 2 | | \$90 | \$90 | |
| Tier 3 | | \$150 | \$150 | |
| Specialty Retail Pharmacy | | | | |
| Tier 1 | | \$20 | \$20 | |
| Tier 2 | | \$200 | \$200 | |
| Tier 3 | | \$500 | \$500 | |

*Fertility Treatment is covered. Bariatric Surgery is not covered

*Place of Service - the Price (Copays) for some medical services and procedures are determined by the clinical setting in which the individual actually receives the care ("Place of Service"). For example, minor surgery in an office will incur an Office Visit price (copay), whereas minor surgery received in a hospital will incur an Outpatient Hospital Services and Surgery price (copay).

[1] Advanced Tests are complex medical tests your doctor may order to learn more about your health; typically planned and separately scheduled. Examples include EKG or a Facility Based Sleep Study.

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

**All visit and stay limits are per covered person per plan year and combined in-network and out-of-network.

*** Retail and Mail Order 90 day ratio is 2.5

Insurance coverage is provided by All Savers Insurance Company (for FL, GA, OH, UT and VA), by UnitedHealthcare Insurance Company of IL (for IL), by United Healthcare of Kentucky, Ltd. (for KY), or by UnitedHealthcare Insurance Company (for AL, AR, AZ, CO, DC, DE, GA, IA, ID, IN, KS, LA, MI, MN, MO, MS, MT, NC, NE, NH, NV, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, and WY). These policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the insuring company. Administrative services provided by Bind Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA.

This product grid is intended to highlight benefits and should not be used to fully understand exact coverage. If this grid conflicts with the Certificate of Coverage, Schedule of Benefits, Riders, and/or amendments, those documents govern. Review your COC for an exact description of the services and supplies that are not covered,