

CATEGORY	BENEFIT DESCRIPTION	SUREST PLAN	
		In-Network	Out-of-Network
GENERAL FEATURES	Deductible	\$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$5,000	\$10,000
	OOP Limit Family	\$10,000	\$20,000

MEDICAL COVERAGE	BENEFIT DESCRIPTION	SUREST PLAN	
		In-Network	Out-of-Network
	Office Visit	\$10 to \$65	\$195
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Specialty)	\$5 to \$40	Not Covered
	Virtual Health (Behavioral Health)	\$0	Not Covered
	Preventative/Diagnostic		
	Preventive Care	\$0	\$100
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$60 to \$450	Up to \$1,350
	Emergency/Urgent Care		
	Emergency Room	\$350	\$350
	Ambulance	\$160	\$160
	Urgent Care	\$35	\$105
	Procedures (Inpatient and Outpatient)	\$15 to \$2,500	Up to \$7,000
	Inpatient - Hospital Stay	\$2,000	\$4,800
	Outpatient - Surgery	\$125 to \$800	\$1,575
	Bariatric Surgery*	Not Covered	Not Covered
	Gender Dysphoria Surgery & Reconstructive Services	Covered	Covered
	Behavioral Health (Mental Health / Substance Abuse Services)		
	Mental Health Telehealth	\$10	\$100
	In an Office Setting	\$10	\$100
	In an Outpatient Setting	\$75	\$225
	In an Inpatient Setting	\$1,600	\$4,800
	Maternity		
	Prenatal and Postnatal Care	\$0	\$100
	Delivery	\$900 to \$2,000	\$4,800
	Home Health Care	\$30	\$90
	Rehabilitative Therapies	\$5 to \$60	Up to \$180
	Acupuncture	\$30	\$90
	Chiropractic	\$15	\$45
	Occupational, Physical, and Speech Therapy	\$10 to \$55	\$165
	Skilled Nursing Facility	\$1,200	\$3,600
	Durable Medical Equipment	\$0 to \$500	Up to \$1,000

*Bariatric surgery is not covered by Surest. VEBA Surest PPO members receive bariatric surgery coverage through Carrum Health. For more information, please visit <https://carrum.me/csveba/>.

This plan design overview is not intended or designed to replace or serve as the plan's Summary Plan Description. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your benefit plan. If you have questions regarding this plan, please see your employer's benefits representative.

CATEGORY	BENEFIT DESCRIPTION	SUREST PLAN	
		In-Network	Out-of-Network

MEDICAL COVERAGE (continued)	Hospice		
	Home Hospice Visit	\$30	\$90
	Inpatient Hospice Care	\$1,600	\$4,800
	Advance Tests¹	\$10 to \$750	Up to \$2,250
	Medical Infusions and Chemotherapy	\$15 to \$1,850	Up to \$5,550
	Therapeutic Treatments²	\$30 to \$1,750	Up to \$5,250
	Fertility Treatment*	Not Covered	Not Covered

PHARMACY COVERAGE EXPRESS SCRIPTS (ESI)	***Express Advantage Network (EAN) Pharmacies (Up to a 30-day Supply)		
	Generic Medications	\$10	Requires Member Claim Submission for Reimbursement***
	Preferred Brand-name Medications	\$30	
	Nonpreferred Brand-name Medications	50% (\$40 Min/\$175 Max)	
	Smart90 Retail Pharmacies (Up to a 90-day Supply)		
	Generic Medications	\$20	Not Covered
	Preferred Brand-name Medications	\$60	
	Nonpreferred Brand-name Medications	50% (\$80 Min/\$350 Max)	
	Home Delivery from Express Scripts Pharmacy (Up to a 90-day Supply)		
	Generic Medications	\$20	Not Covered
	Preferred Brand-name Medications	\$60	
	Nonpreferred Brand-name Medications	50% (\$80 Min/\$350 Max)	

*Fertility Treatments are not covered by Surest. VEBA Surest PPO members receive fertility benefits through Kindbody. For more information, please visit <https://kindbody.com/veba/>.

**At Non-EAN pharmacies, members will pay EAN copays plus an additional \$5 per prescription.

***Reimbursement will be at the rate the plan would have paid had the member used an in-network pharmacy less the member's 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.

VEBA members may receive \$0 copays for applicable Specialty Drugs accessed through SaveOnSP after signing up.

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