



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [Join.Surest.com](#), Surest mobile app, [Benefits.Surest.com](#) website or call Surest Member Services at 1-866-683-6440. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://healthcare.gov/sbc-glossary/> or call 1-866-683-6440 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing and before you meet your deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://healthcare.gov/coverage/preventive-care-benefits/">https://healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For <a href="#">network providers</a> : \$7,000 individual / \$14,000 family  For <a href="#">out-of-network providers</a> : \$14,000 individual / \$28,000 family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance billing</a> charges and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="#">Join.Surest.com</a> or call 1-866-683-6440 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office or clinic</a>	Primary care visit to treat an injury or illness	\$20 - \$125 <a href="#">copayment</a> /visit	\$375 <a href="#">copayment</a> /visit	<p>Certain procedures performed in the office may have a higher office visit <a href="#">copayment</a>.</p> <p><a href="#">Copayments</a> are listed as a range. <a href="#">Providers</a> are assigned <a href="#">copayments</a> within the range based on treatment outcomes and cost information that identifies <a href="#">network providers</a> that provide cost-efficient care.</p> <p>Virtual visits (Primary and Urgent) - No charge per visit by a Designated Virtual <a href="#">Network Providers</a>.</p> <p>Virtual visits (Specialty) - \$35 - \$100 <a href="#">copayment</a> per visit by a Designated Virtual <a href="#">Network Providers</a>.</p> <p>*Cost share applies to any other Telehealth service based on <a href="#">provider</a> type. If you receive services in addition to office visit, additional <a href="#">copayments</a> may apply.</p>
	<a href="#">Specialist</a> visit	\$20 - \$125 <a href="#">copayment</a> /visit	\$375 <a href="#">copayment</a> /visit	
	<a href="#">Preventive care/screening/immunization</a>	No charge	\$235 <a href="#">copayment</a> /visit	
If you have a test	<b>Routine <a href="#">diagnostic test</a></b> (e.g., x-ray, blood work)	<b>Routine <a href="#">diagnostic test</a>:</b> No charge	<b>Routine <a href="#">diagnostic test</a>:</b> No charge	None
	<b>Non-routine <a href="#">diagnostic test</a></b> (e.g., sleep study, genetic testing)	<b>Non-routine <a href="#">diagnostic test</a>:</b> \$40 - \$1,800 <a href="#">copayment</a> /visit	<b>Non-routine <a href="#">diagnostic test</a>:</b> Up to \$5,400 <a href="#">copayment</a> /visit	
	Imaging (CT/PET scans, MRIs)	\$200 - \$1,150 <a href="#">copayment</a> /visit	\$3,000 to \$3,450 <a href="#">copayment</a> /visit	

\*For more information about limitations and exceptions, see the [plan](#) or policy document at [Join.Surest.com](#). After you enroll visit the Surest mobile app or [Benefits.Surest.com](#) website.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <a href="http://www.expressscripts.com">prescription drug coverage</a> is available at <a href="http://www.expressscripts.com">www.expressscripts.com</a>.</p>	<p><b>Generic Drugs</b></p>	<p><b>30-Day Supply</b> \$20 <a href="#">copayment</a></p> <p><b>90-Day Supply</b> \$50 <a href="#">copayment</a></p>	Not covered	<p>Certain generic drugs are available with no charge, including prescribed generic contraceptives and tobacco cessation medications.</p> <p>To learn more about drug tiers and about <a href="#">copayments</a> for specific drugs, visit <a href="http://www.expressscripts.com">www.expressscripts.com</a> website.</p> <p><a href="#">Prior authorization</a> is required for certain drugs or there may be no coverage.</p>
	<p><b>Preferred Brand Drugs</b></p>	<p><b>30-Day Supply</b> \$60 <a href="#">copayment</a></p> <p><b>90-Day Supply</b> \$150 <a href="#">copayment</a></p>	Not covered	
	<p><b>Non-Preferred Brand Drugs</b></p>	<p><b>30-Day Supply</b> \$120 <a href="#">copayment</a></p> <p><b>90-Day Supply</b> \$300 <a href="#">copayment</a></p>	Not covered	
	<p><a href="#">Specialty drugs</a></p>	<p><b>30-Day Supply</b> Tier 1: \$20 <a href="#">copayment</a> Tier 2: \$60 <a href="#">copayment</a> Tier 3: \$120 <a href="#">copayment</a></p>	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$80 - \$5,500 <a href="#">copayment</a> /visit	Up to \$13,000 <a href="#">copayment</a> /visit	<p><a href="#">Copayments</a> are listed as a range. <a href="#">Providers</a> are assigned copayments within the range based on treatment outcomes and cost information that identifies <a href="#">network providers</a> that provide cost-efficient care.</p> <p><a href="#">Prior authorization</a> is required for certain outpatient surgery or there may be no coverage.</p>
	Physician/surgeon fees	No charge	No charge	
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$1,000 <a href="#">copayment</a> /visit	\$1,000 <a href="#">copayment</a> /visit	<p><a href="#">Copayment</a> is waived if admitted within 24 hours. Out-of-network <a href="#">emergency room care</a> visit <a href="#">copayment</a> applies to the in-network <a href="#">out-of-pocket limit</a>.</p> <p><a href="#">Prior authorization</a> is required for non-<a href="#">emergency medical transportation</a> or there may be no coverage. Out-of-network <a href="#">emergency medical transportation copayment</a> applies to the in-network <a href="#">out-of-pocket limit</a>.</p>
	<a href="#">Emergency medical transportation</a>	\$500 <a href="#">copayment</a> /transport	\$500 <a href="#">copayment</a> /transport	
	<a href="#">Urgent care</a>	\$110 <a href="#">copayment</a> /visit	\$330 <a href="#">copayment</a> /visit	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$400 - \$5,500 <a href="#">copayment</a> /stay	Up to \$13,000 <a href="#">copayment</a> /stay	<p><a href="#">Copayments</a> are listed as a range. <a href="#">Providers</a> are assigned copayments within the range based on treatment outcomes and cost information that identifies <a href="#">network providers</a> that provide cost-efficient care.</p> <p><a href="#">Prior authorization</a> is required for non-emergency facility admissions and inpatient surgery or there may be no coverage.</p>
	Physician/surgeon fees	No charge	No charge	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<b>Home/Office:</b> \$20 <a href="#">copayment</a> /visit <b>Outpatient Facility:</b> \$200 <a href="#">copayment</a> /visit	<b>Home/Office:</b> \$235 <a href="#">copayment</a> /visit <b>Outpatient Facility:</b> \$600 <a href="#">copayment</a> /visit	Certain procedures/services in the outpatient setting may have a lower <a href="#">copayment</a> . <a href="#">Prior authorization</a> is required for certain outpatient services or there may be no coverage.
	Inpatient services	\$4,500 <a href="#">copayment</a> /stay	\$13,000 <a href="#">copayment</a> /stay	Certain procedures/services in the inpatient setting may have a lower <a href="#">copayment</a> . <a href="#">Prior authorization</a> is required for certain inpatient services or there may be no coverage.
If you are pregnant	Office visits	No charge	\$235 <a href="#">copayment</a> /visit	<a href="#">Cost sharing</a> does not apply to <a href="#">preventive services</a> with <a href="#">network providers</a> . Depending on the type of service, a <a href="#">copayment</a> may apply.
	Childbirth/delivery professional services	No charge	No charge	One <a href="#">copayment</a> for all covered services related to childbirth/delivery, including the newborn, unless discharged after mother.
	Childbirth/delivery facility services	\$2,500 - \$4,500 <a href="#">copayment</a> /stay	\$13,000 <a href="#">copayment</a> /stay	<a href="#">Copayments</a> are listed as a range. <a href="#">Providers</a> are assigned <a href="#">copayments</a> within the range based on treatment outcomes and cost information that identifies <a href="#">network providers</a> that provide cost-efficient care. <a href="#">Prior authorization</a> is required for inpatient stays beyond 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery or there may be no coverage.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	\$90 <a href="#">copayment</a> /visit	\$270 <a href="#">copayment</a> /visit	120 visit limit - combination of <a href="#">network providers</a> and <a href="#">out-of-network providers</a> per person per <a href="#">plan</a> year. <a href="#">Prior authorization</a> is required for certain <a href="#">home health care</a> services or there may be no coverage.
	<a href="#">Rehabilitation services</a>	\$35 - \$150 <a href="#">copayment</a> /visit	Up to \$450 <a href="#">copayment</a> /visit	No visit limit for occupational therapy No visit limit for physical therapy No visit limit for speech therapy Visit limits are a combination of <a href="#">network providers</a> and <a href="#">out-of-network providers</a> per person per <a href="#">plan</a> year.
	<a href="#">Habilitation services</a>	\$35 - \$150 <a href="#">copayment</a> /visit	Up to \$450 <a href="#">copayment</a> /visit	<a href="#">Copayments</a> are listed as a range. <a href="#">Providers</a> are assigned <a href="#">copayments</a> within the range based on treatment outcomes and cost information that identifies <a href="#">network providers</a> that provide cost-efficient care.
	<a href="#">Skilled nursing care</a>	\$3,500 <a href="#">copayment</a> /stay	\$10,500 <a href="#">copayment</a> /stay	120 day limit per person per <a href="#">plan</a> year. <a href="#">Prior authorization</a> is required or there may be no coverage.
	<a href="#">Durable medical equipment</a>	\$0 - \$1,000 <a href="#">copayment</a> /equipment based on <a href="#">DME</a> tier	Up to \$2,000 <a href="#">copayment</a> /equipment based on <a href="#">DME</a> tier	For <a href="#">durable medical equipment (DME)</a> tiers and limitations, visit <a href="#">Join.Surest.com</a> , the Surest mobile app or <a href="#">Benefits.Surest.com</a> website. <a href="#">Prior authorization</a> is required for certain <a href="#">DME</a> or there may be no coverage.
	<a href="#">Hospice services</a>	<b>Home:</b> \$90 <a href="#">copayment</a> /visit <b>Inpatient:</b> \$4,500 <a href="#">copayment</a> /stay	<b>Home:</b> \$270 <a href="#">copayment</a> /visit <b>Inpatient:</b> \$13,000 <a href="#">copayment</a> /stay	None
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	\$465 <a href="#">copayment</a> /visit	One exam per person per plan year, through age of 5 years.
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

\*For more information about limitations and exceptions, see the [plan](#) or policy document at [Join.Surest.com](#). After you enroll visit the Surest mobile app or [Benefits.Surest.com](#) website.

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care (Adult)
- Long term care
- Non-emergency care when traveling outside the U.S.
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (12 visit limit per person per [plan](#) year)
- Bariatric surgery
- Chiropractic care (30 visit limit per person per [plan](#) year)
- Hearing aids (limitations apply)
- Infertility treatment (limitations apply)
- Private duty nursing
- Routine eye care (Adult) & (Child) (limited to one exam per person per [plan](#) year, through age of 5 years.)
- Routine foot care (for certain conditions)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefit Security Administration at 1-866-444-EBSA (3272) or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform). You may also contact Surest Member Services at 1-866-683-6440. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Surest Member Services at 1-866-683-6440, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-683-6440.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#), and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	Mia's Simple Fracture (in-network emergency room visit and follow up care)
<ul style="list-style-type: none"> <li>■ The <a href="#">plan's</a> overall <a href="#">deductible</a> \$0</li> <li>■ <a href="#">Specialist copayment</a> \$0</li> <li>■ Hospital (facility) <a href="#">copayment</a> \$4,500</li> <li>■ Other <a href="#">copayments</a> \$500</li> </ul>	<ul style="list-style-type: none"> <li>■ The <a href="#">plan's</a> overall <a href="#">deductible</a> \$0</li> <li>■ <a href="#">Specialist copayment</a> \$20</li> <li>■ Hospital (facility) <a href="#">copayment</a> \$0</li> <li>■ Other <a href="#">copayments</a> \$2,100</li> </ul>	<ul style="list-style-type: none"> <li>■ The <a href="#">plan's</a> overall <a href="#">deductible</a> \$0</li> <li>■ <a href="#">Specialist copayment</a> \$40</li> <li>■ Hospital (facility) <a href="#">copayment</a> \$1,000</li> <li>■ Other <a href="#">copayments</a> \$800</li> </ul>
This EXAMPLE event includes services like:	This EXAMPLE event includes services like:	This EXAMPLE event includes services like:
<ul style="list-style-type: none"> <li><a href="#">Specialist</a> office visits (<i>prenatal care</i>)</li> <li>Childbirth/Delivery Professional Services</li> <li>Childbirth/Delivery Facility Services</li> <li><a href="#">Diagnostic tests</a> (<i>ultrasounds and blood work</i>)</li> <li><a href="#">Specialist</a> visit (<i>anesthesia</i>)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Primary care physician</a> office visits (<i>including disease education</i>)</li> <li><a href="#">Diagnostic tests</a> (<i>blood work</i>)</li> <li><a href="#">Prescription drugs</a></li> <li><a href="#">Durable medical equipment</a> (<i>glucose meter</i>)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Emergency room care</a> (<i>including medical supplies</i>)</li> <li><a href="#">Diagnostic tests</a> (<i>x-ray</i>)</li> <li><a href="#">Durable medical equipment</a> (<i>crutches</i>)</li> <li><a href="#">Rehabilitation services</a> (<i>physical therapy</i>)</li> </ul>
<b>Total Example Cost</b> \$12,700	<b>Total Example Cost</b> \$5,600	<b>Total Example Cost</b> \$2,800
<b>In this example, Peg would pay:</b>	<b>In this example, Joe would pay:</b>	<b>In this example, Mia would pay:</b>
<i>Cost sharing</i>	<i>Cost sharing</i>	<i>Cost sharing</i>
<a href="#">Deductibles</a> \$0	<a href="#">Deductibles</a> \$0	<a href="#">Deductibles</a> \$0
<a href="#">Copayments</a> \$5,000	<a href="#">Copayments</a> \$2,120	<a href="#">Copayments</a> \$1,840
<a href="#">Coinsurance</a> \$0	<a href="#">Coinsurance</a> \$0	<a href="#">Coinsurance</a> \$0
<i>What isn't covered</i>	<i>What isn't covered</i>	<i>What isn't covered</i>
Limits or exclusions \$20	Limits or exclusions \$0	Limits or exclusions \$0
<b>The total Peg would pay is</b> \$5,020	<b>The total Joe would pay is</b> \$2,120	<b>The total Mia would pay is</b> \$1,840

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.