## 2024 Surest Standard Plan Designs - Nevada

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Catagory	Plan Design Element	Plan B4000		
Category		In-Network	Out-of-Network	
		III-IVCEWOIK	Out-of-Network	
Overall Provisions	Deductible	None		
	Coinsurance (Plan Paid)	100%		
	OOP Limit Individual	\$4,000	\$8,000	
	OOP Limit Family	\$8,000	\$16,000	
	Preventive Care	\$0	\$100	
	Virtual Care	\$0	Not Covered	
	Office Visit	\$10 to \$65	\$195	
	Urgent Care	\$30	\$90	
	Emergency Room	\$325	\$325	
	Ambulance	\$160	\$160	
	Observation Stay	\$325	\$325	
	Maternity			
	Prenatal and Postnatal Care	\$0	\$100	
	Delivery	\$625 to \$1,375	\$4,125	
	Procedures (Office, Outpatient and Inpatient)	\$20 to \$2,500	Up to \$7,000	
	Bariatric Surgery	Not Covered	Not Covered	
	Outpatient Surgery	\$20 to \$2,500	Up to \$7,000	
	Other outpatient hospital services	\$75 to \$500	\$1,500	
ge	Other inpatient hospital stay (inc. admission from ER)	\$1,600	\$4,800	
era	Rehabilitative Therapies	\$10 to \$60 \$30	Up to \$180 \$90	
Medical Coverage	Acupuncture	\$30 \$15	\$90 \$45	
	Chiropractic	\$15 \$10 to \$60	\$45 \$180	
	Occupational Therapy	\$10 to \$60 \$10 to \$50	\$150	
	Physical Therapy Speech Therapy	\$10 to \$30 \$10 to \$60	\$130	
	Complex Imaging (Ex: MRI, CT, etc.)	\$75 to \$500	Up to \$1,500	
	Routine Diagnostic Test (Ex: X-ray, Lab, Ultrasound)	\$0	\$0	
	Advanced Tests	\$20 to \$600	Up to \$1,800	
	Medical Infusions and Chemotherapy	\$30 to \$2,450	Up to \$7,000	
	Therapeutic Treatments	\$30 to \$1,500	Up to \$4,500	
	Durable Medical Equipment (including hearing aids)	\$0 to \$500	Up to \$1,000	
	Fertility Treatment	Not Covered	Not Covered	
	Mental Health & Substance Use Disorder			
	In an office setting (inc. ABA therapy)	\$10	\$100	
	Mental Health Telehealth	\$10	\$100	
	Partial day treatment	\$70	\$210	
	In an inpatient setting	\$1,600	\$4,800	
	In an outpatient setting	\$70	\$210	
	Residential	\$1,200	\$3,600	
	Retail Pharmacy - 30 day supply			
RX.	Tier 1	\$15	Not Covered	
Pharmacy Coverage (OptumRx)	Tier 2	\$40	Not Covered	
	Tier 3	\$60	Not Covered	
	Retail Pharmacy - 90 day supply			
era	Tier 1	\$40	Not Covered	
Ŏ	Tier 2	\$100	Not Covered	
тасу С	Tier 3	\$150	Not Covered	
	Specialty Retail Pharmacy	6470	Net Ce	
hari	Tier 1	\$170	Not Covered	
<u> </u>	Tier 2	\$200	Not Covered	
	Tier 3	\$230	Not Covered	

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	Plan Design Element	Plan B4000				
Category						
		In-Network	Out-of-Network			
t Notes	OOP Limit Cross Application	In-Network copays accumulate to Out-of-	Out-of-Network copays do not accumulate to In-			
		Network OOP Limit	Network OOP Limit			
	OOP Limit Accumulator	ERISA Plan Year accumulator	ERISA Plan Year accumulator			
	Out of Network Reimbursement	N/A	110% of Medicare Fee Schedule			
	Emergency Services OOP accumulator	In-network copays accumulate to In-Network	Out-of-network copays accumulate to the In-			
		OOP Limit	Network OOP Limit			
	Therapy Visit Limits:					
	Acupuncture	60 visit limit per person per plan year**				
	Chiropractic	60 visit limit per person per plan year**				
	Physical Therapy	60 visit limit per person per plan year**				
	Occupational Therapy	60 visit limit per person per plan year**				
	Speech Therapy	60 visit limit per person per plan year**				
	Home Health Care	120 visit limit per person per plan year**				
	Skilled Nursing Facility	120 visit limit per person per plan year**				

<sup>\*</sup>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).

Insurance coverage for fully insured plans is provided by All Savers Insurance Company (for FL, GA, OH, UT and VA) or by UnitedHealthcare Insurance Company (for AR, AZ, DC, KS, MI, MN, MO, NC, NV, OK, PA, SC, TN and TX). 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 company. Administrative services provided by Bind Benefits, Inc. d/b/a Surest, its affiliate UnitedHealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA.

<sup>\*\*</sup>All visit and stay limits are per covered person per plan year and combined in-network and out-of-network.