Surest
A to Z coverage with the Surest plan

Easy to use. Upfront prices. Designed to help you find opportunities to save.

The $ in the list below is the price tag (copayment) you must pay out-of-pocket for health services, as defined by the Surest plan, until you hit your out-of-pocket limit.

- **Annual physical (annual preventive visit)**: $0
- **Basic diagnostic lab tests, X-rays and ultrasounds**: $0
- **Emergency room visit**: $750
- **Hip replacement**: $1,500
- **Maternity labor and delivery**: $1,500 to $3,500
- **Mental health office visit**:
  - In-office visit: $15
  - Virtual visit: $15
- **Office visit**: $15 to $75
- **Out-of-pocket limit**:
  - Employee: $5,000
  - Family: $10,000
- **Physical therapy—30 visits**: $20 to $75
- **Prescription drugs**:
  - Preventive drugs: $0
  - Tier 1 (Pref/Non-Pref Pharmacy): $5 to $20
  - Tier 2: $80
  - Tier 3: $150
- **Urgent care**:
  - In-office visit: $100
  - Virtual visit: $0

**Zero deductible**: $0

**Easily search and shop for options.**

Before making an appointment, check and compare costs—then choose the option that works best for your budget and lifestyle. Receive one bill for a single trip to the doctor or hospital.

To view prices or check if your doctor is in the network:
- **Search costs, coverage and practitioners**
- **COMMON SEARCHES**
  - Physical therapy
  - Medical care

**To view prices or check if your doctor is in the network:**

https://join.surest.com/CCSD

Access code: CCSD2023

**Questions?** 1-866-683-6440

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In-network costs only. For out-of-network costs, exclusions and limitations, see website.

1. Excludes vision, dental and elective or cosmetic procedures. Consult your employer’s Summary of Benefits and Coverage to determine what services are covered under the Surest plan.
2. Our basic lab tests include any medically necessary lab that is not a genetic lab test (genetic tests can have their own distinct member cost).
3. Your Surest plan includes the flexibility to activate coverage for a set list of plannable-in-advance treatments and procedures (think: hip replacement) when and if you need it. And if you do, you simply need to activate coverage for your preferred provider at least three business days in advance of receiving the care.

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The information on this map is fictional and for illustrative purposes only.
The Surest plan: flexible coverage you can activate

The Surest plan lets you activate coverage during the year for certain plannable treatments, like cataract surgery or knee reconstruction. Surest calls this coverage requiring activation. Only 2% of all members activate coverage.

The cost of activating coverage is paid through paycheck deductions, for a set period of time, and may or may not require a copay at the time of service. Paycheck deductions begin once a member activates coverage. Once a member meets the cost, the deductions are complete. There is a maximum out of paycheck set by your employer to protect your check in the rare event of multiple activations.

Coverage must be activated at least three business days in advance of the covered procedure, test or treatment. **Activation is not needed in the case of an emergency or cancer treatment.**

<table>
<thead>
<tr>
<th>Cardiovascular (non-emergent)</th>
<th>Musculoskeletal</th>
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<tbody>
<tr>
<td>• Cardiac Ablation</td>
<td>• Ankle and Foot Bone Fusion</td>
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<tr>
<td>• Carotid Endarterectomy and Stents</td>
<td>• Ankle Arthroscopy and Ligament Repair</td>
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<td>• Coronary Artery Bypass Graft Surgery</td>
<td>• Ankle Replacement and Revision</td>
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<td>• Coronary Catheterization and Percutaneous Coronary Interventions</td>
<td>• Bunionectomy and Hammertoe Surgery</td>
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<td>• Pacemakers and Defibrillators</td>
<td>• Carpal Tunnel Surgery</td>
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<td>• Valve Replacement</td>
<td>• Cervical Spine Disc Decompression</td>
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<th>ENT</th>
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<tr>
<td>• Sinus and Nasal Septum Surgery</td>
<td>• Cervical Spine Fusion</td>
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<tr>
<td>• Tonsillectomy and Adenoidectomy</td>
<td>• Elbow Arthroscopy and Tenotomy</td>
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<td>• Elbow Replacement and Revision</td>
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<th>Gastrointestinal</th>
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<td>• Bariatric Surgery**</td>
<td>• Ganglion Cyst Surgery</td>
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<td>• Gallbladder Removal Surgery (Cholecystectomy)</td>
<td>• Hip Arthroscopy and Repair</td>
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<tr>
<td>• Hernia Repair</td>
<td>• Hip Replacement and Revision</td>
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<tr>
<td>• Reflux and Hiatal Hernia Surgery</td>
<td>• Knee Arthroscopy and Repair</td>
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<th>Other</th>
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<tr>
<td>• Breast Reduction Surgery</td>
<td>• Knee Replacement and Revision</td>
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<tr>
<td>• Cataract Surgery</td>
<td>• Lumbar Spine Disc Decompression</td>
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<tr>
<td>• Fibroid Removal (Myomectomy)</td>
<td>• Lumbar Spine Fusion</td>
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<td>• Hysterectomy</td>
<td>• Morton’s Neuroma Surgery</td>
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<td>• Kidney Stone Ablation and Removal (Lithotripsy)</td>
<td>• Plantar Fasciitis Surgery</td>
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<tr>
<td>• Prostate Removal Surgery (non-cancer related)</td>
<td>• Shoulder Arthroscopy and Repair</td>
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<tr>
<td>• Sling Surgery for Female Urinary Incontinence</td>
<td>• Shoulder Replacement and Revision</td>
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<td>• Spinal Cord Stimulator</td>
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<td>• Wrist and Hand Joint Replacement</td>
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<td></td>
<td>• Wrist Arthroscopy and Repair</td>
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*Surest 2020 self-funded book of business. 14T_V03. **Coverage for bariatric surgery varies. A complete list of exclusions and limitations can be found on the sample Summary of Benefits and Coverage and in the Certificate of Coverage. 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 AZ, MO, MI, SC and TN). 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 for insurance products underwritten by All Savers Insurance Company and UnitedHealthcare Insurance Company, and for self-funded plans, are provided by Bind Benefits, Inc. (dba Surest), its affiliate United HealthCare Services, Inc., or by Bind Benefits Administrators Services (dba Surest) in CA. Stop-loss insurance for level funded plans is underwritten by UnitedHealthcare Insurance Company. © Bind Benefits, Inc., dba Surest. All rights reserved. 175800_22-AI-179605
Am I covered in an emergency?
YES! If you go to the emergency room, you pay the emergency room copay. If you need emergency surgery and/or need to be admitted to the hospital, the emergency room copay is waived, and you will be responsible for the inpatient hospital emergency admit copay. The applicable copay covers the care from X-rays and labs to anesthesiologists.

What’s covered under the Surest plan?
With the Surest plan, you get what you’d expect from a health plan, only with price visibility to check and compare costs and options. Even better, lower costs are an indication of higher-value care.

Here’s how it works: Health services are assigned a price tag (copay). For preventive care, the copay is typically $0. For office visits and many procedures—from having an MRI to having a baby—you see one price. By grouping these services together—combining the labs and X-rays that go along with a medical procedure or test into one price—we’re trying to make it easier for our members to know what they’ll pay in advance.

The Surest plan covers:
- Preventive care (your annual checkup, some health screenings, vaccinations)
- Primary and specialty care
- Maternity care
- Mental and behavioral health services
- Hospital services
- Urgent and emergency services
- Cancer care
- Treatment for chronic conditions
- Substance use disorders
- Most diagnostic testing (ultrasounds, bloodwork, etc.)
- Durable medical equipment
- Prescription drugs
- And more

Is there an out-of-pocket limit? What applies?
Yes. There is an out-of-pocket limit, or the most money you’ll pay in a given year for health care benefits your plan covers. Visit Join.Surest.com or your benefit site for details.

All copays count toward the out-of-pocket limit, from prescriptions to office visits to surgery. Monthly premiums and out-of-network expenses don’t count toward out-of-pocket limits.

HSA and FSA accounts—what can I use?
To be eligible for a health savings account (HSA), you must have a high deductible health plan. HSAs were established to help people cover the costs of health care. At Surest, we believe you should be able to maximize your health care dollars now, not after chipping away at a deductible first. At Surest, there is no deductible.

And because there is no deductible, you can’t contribute to an HSA. If you already have existing HSA funds, however, those are yours to keep. And you can keep using your HSA funds for out-of-pocket medical expenses while on the Surest plan.

Under the Surest plan, you can put money aside—tax-free—in a flexible spending account (FSA) to pay for qualified out-of-pocket medical expenses. Sign up for an FSA during annual enrollment.

Is my doctor in-network?
Your network is a group of hospitals, doctors, labs, specialists and pharmacists who have a partnership (and contract) with your health insurance company to be part of your plan. Your doctor is likely in-network—we access the national UnitedHealthcare Choice Plus network and Optum Behavioral Health network—but you should always confirm. You can confirm at Join.Surest.com.

What should I do if my provider doesn’t recognize Surest?
Not all network providers know our plan by name, so it can be helpful to share the following:

We access the national UnitedHealthcare Choice Plus network, along with Optum Behavioral Health, but Surest is NOT the same as UnitedHealthcare.
New Surest member?

Turn the power on!

Get the most out of your Surest plan.

1. Get the free app
2. Register the app
3. Search, see your ID card and more

Insurance coverage for fully insured plans is provided by All Savers Insurance Company (for FL, GA, OH, UT and WJ) or by UnitedHealthcare Insurance Company (for AZ, MI, MN, MO, PA, SC and TN). 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 for insurance products underwritten by All Savers Insurance Company and UnitedHealthcare Insurance Company, and for self-funded plans, are 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. Stop loss insurance for level funded plans is underwritten by United Healthcare Insurance Company. © Bind Benefits, Inc., d/b/a Surest B2C_22.AI.305210.1022