

Maxar Technologies – Surest Plan Design Overview

9/15/2023

Plan Year: 01/01/24 – 12/31/24

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Category	Plan Design Element	Surest B4000 2024 Plan	
		In-Network	Out-of-Network
Overall Provisions	Deductible	\$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$4,000	\$8,000
	OOP Limit Family	\$8,000	\$16,000
Medical Coverage	Office Visit	\$10 to \$65	\$195
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Specialty)	\$10 to \$40	Not Covered
	Preventive Care	\$0	\$100
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$60 to \$450	\$1,230 to \$1,350
	Emergency Room	\$350	\$350
	Observation Stay	\$350	\$350
	Ambulance	\$160	\$160
	Urgent Care	\$35	\$105
	Procedures (Office, Outpatient and Inpatient)	\$15 to \$2,500	Up to \$7,000
	Procedures (Inpatient and some Outpatient)	\$150 to \$2,500	Up to \$7,000
	Other Outpatient Hospital Services	\$75 to \$525	\$1,575
	Other Inpatient Stay (inc. admission from ER)	\$1,600	\$4,800
	Bariatric Surgery	Not Covered	Not Covered
	Gender Dysphoria Surgery	Covered	Covered
	Gender Dysphoria Reconstructive Services	Covered	Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$10	\$100
	Mental Health Telehealth	\$10	\$100
	Intensive Outpatient Treatment Program	\$40	\$120
	Partial Hospitalization Program	\$75	\$225
	In an outpatient setting	\$75	\$225
	In an inpatient setting	\$1,600	\$4,800
	Maternity		
	Prenatal and Postnatal Care	\$0	\$100
	Delivery	\$625 to \$1,600	\$4,800
	Home Health Care	\$30	\$90
	Rehabilitative Therapies	\$5 to \$60	Up to \$180
	Acupuncture	Not Covered	Not Covered
	Chiropractic	\$15	\$45
	Occupational Therapy	\$10 to \$55	\$165
	Physical Therapy	\$5 to \$45	\$135
	Speech Therapy	\$10 to \$55	\$165
Skilled Nursing Facility	\$1,200	\$3,600	
Durable Medical Equipment	\$0 to \$500	Up to \$1,000	
Hospice			
Home Hospice Visit	\$30	\$90	
Inpatient Hospice Care	\$1,600	\$4,800	
Advanced 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	\$100 to \$1,500	\$200 to \$3,000	
Pharmacy Coverage	Retail Pharmacy - 30 Days Supply		
	Tier 1	\$5	Not Covered
	Tier 2	\$40	Not Covered
	Tier 3	\$60	Not Covered
	Retail Pharmacy - 90 Days Supply		
	Tier 1	\$15	Not Covered
	Tier 2	\$100	Not Covered
	Tier 3	\$150	Not Covered
	Specialty Retail Pharmacy		
	Tier 1	\$170	Not Covered
	Tier 2	\$200	Not Covered
	Tier 3	\$230	Not Covered

Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Other Benefit Notes	Out-of-Pocket Limits	Embedded	Embedded
	Out-of-Pocket Cross Application	In-Network copays applies towards the In-Network and Out-of-Network OOP Limit	Out-of-Network copays apply towards the Out-of-Network OOP Limit
	Out-of-Pocket Accumulator	ERISA Plan Year Accumulator	ERISA Plan Year Accumulator
	Out of Network Reimbursement	N/A	140% of Medicare Fee Schedule

[1] Advanced Test 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.