

## Endress + Hauser – Surest Plan Design Overview

11/4/2024

Calendar Year: 01/01/25 – 12/31/25

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Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Overall Provisions	<b>Deductible</b>	\$0	
	<b>Coinsurance (Plan Paid)</b>	100%	
	<b>OOP Limit Individual</b>	\$5,500	\$11,000
	<b>OOP Limit Family</b>	\$11,000	\$22,000
Medical Coverage	<b>Office Visit</b>	\$25 to \$125	\$375
	<b>Virtual Health</b>		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$0 to \$140	Not Covered
	Virtual Health (Specialty)	\$0 to \$125	Not Covered
	<b>Preventive Care</b>	\$0	\$160 to \$190
	<b>Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)</b>	\$0	\$0
	<b>Complex Imaging (MRI, CT, etc.)</b>	\$200 to \$950	Up to \$2,850
	<b>Emergency Room</b>	\$700	\$700
	<b>Observation Stay</b>	\$700	\$700
	<b>Ambulance</b>	\$350	\$350
	<b>Urgent Care</b>	\$70	\$210
	<b>Procedures (Office, Outpatient and Inpatient)</b>	\$50 to \$3,500	Up to \$10,000
	<b>Procedures (Inpatient and some Outpatient)</b>	\$400 to \$3,500	Up to \$10,000
	Other Outpatient Hospital Services	\$150 to \$950	\$2,850
	Other Inpatient Stay (inc. admission from ER)	\$2,750	\$8,250
	Bariatric Surgery	Covered	Covered
	Gender Dysphoria Surgery	Not Covered	Not Covered
	Gender Dysphoria Reconstructive Services	Not Covered	Not Covered
	<b>Mental Health &amp; Substance Use Disorder</b>		
	In an office setting	\$25	\$190
	Mental Health Telehealth	\$25	\$190
	Intensive Outpatient Treatment Program	\$140	\$420
	Partial Hospitalization Program	\$140	\$420
	In an outpatient setting	\$140	\$420
	In an inpatient setting	\$2,750	\$8,250
	<b>Maternity</b>		
	Prenatal and Postnatal Care	\$0	\$160
	Delivery	\$1,300 to \$2,350	\$7,050
	<b>Home Health Care</b>	\$60	\$180
	<b>Rehabilitative Therapies</b>	\$15 to \$115	Up to \$345
	Acupuncture	Not Covered	Not Covered
	Chiropractic	\$30	\$90
	Occupational Therapy	\$15 to \$115	\$345
	Physical Therapy	\$15 to \$95	\$285
	Speech Therapy	\$15 to \$115	\$345
<b>Skilled Nursing Facility</b>	\$2,000	\$6,000	
<b>Durable Medical Equipment</b>	\$0 to \$1,000	Up to \$2,000	
<b>Hospice</b>			
Home Hospice Visit	\$60	\$180	
Inpatient Hospice Care	\$2,750	\$8,250	
<b>Advanced Tests<sup>1</sup></b>	\$40 to \$1,150	Up to \$3,450	
<b>Medical Infusions And Chemotherapy</b>	\$35 to \$3,500	Up to \$10,000	
<b>Therapeutic Treatments<sup>2</sup></b>	\$60 to \$2,550	Up to \$7,650	
<b>Fertility Treatment</b>	Not Covered	Not Covered	
Pharmacy Coverage Navitus	<b>Retail Pharmacy - 30 Days Supply</b>		
	Tier 1 (Pref./Non-Pref. Pharmacy)	\$10 / \$25	Not Covered
	Tier 2	\$90	Not Covered
	Tier 3	\$120	Not Covered
	<b>Retail Pharmacy - 90 Days Supply</b>		
	Tier 1 (Pref./Non-Pref. Pharmacy)	\$25 / \$65	Not Covered
	Tier 2	\$225	Not Covered
	Tier 3	\$300	Not Covered
	<b>Specialty Retail Pharmacy</b>		
	Tier 1	\$330	Not Covered
	Tier 2	\$370	Not Covered
	Tier 3	\$400	Not Covered

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Other Benefit Notes	Out-of-Pocket Limits	Embedded	Embedded
	Out-of-Pocket Cross Application	INN copays only apply towards INN OOP Limit	OON copays apply toward the OON OOP Limit
	Out-of-Pocket Accumulator	ERISA Plan Year Accumulator	ERISA Plan Year Accumulator
	Out of Network Reimbursement	N/A	110% 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 a facility-based sleep study or tilt table testing.

[2] Therapeutic Procedures are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.