

Catholic Diocese of Columbus — Surest Plan Design Overview

9/9/2024

Plan Year: 01/01/25 — 12/31/25

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Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Overall Provisions	Deductible	\$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$3,000	\$8,000
	OOP Limit Family	\$6,000	\$16,000
Medical Coverage	Office Visit	\$5 to \$40	\$120
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$5 to \$30	Not Covered
	Virtual Health (Specialty)	\$0 to \$40	Not Covered
	Preventive Care	\$0	\$60
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$50 to \$340	Up to \$1,020
	Emergency Room	\$200	\$200
	Observation Stay	\$200	\$200
	Ambulance	\$120	\$120
	Urgent Care	\$20	\$60
	Procedures (Office, Outpatient and Inpatient)	\$10 to \$2,000	Up to \$6,000
	Procedures (Inpatient and some Outpatient)	\$75 to \$2,000	Up to \$6,000
	Other Outpatient Hospital Services	\$50 to \$330	\$990
	Other Inpatient Stay (inc. admission from ER)	\$1,000	\$3,000
	Bariatric Surgery	Not Covered	Not Covered
	Gender Dysphoria Surgery	Not Covered	Not Covered
	Gender Dysphoria Reconstructive Services	Not Covered	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$5	\$60
	Mental Health Telehealth	\$5	\$60
	Intensive Outpatient Treatment Program	\$30	\$90
	Partial Hospitalization Program	\$50	\$150
	In an outpatient setting	\$50	\$150
	In an inpatient setting	\$1,000	\$3,000
	Maternity		
	Prenatal and Postnatal Care	\$0	\$60
	Delivery	\$350 to \$1,025	\$3,075
	Home Health Care	\$20	\$60
	Rehabilitative Therapies	\$5 to \$50	Up to \$150
	Acupuncture	\$20	\$60
	Chiropractic	\$10	\$30
	Occupational Therapy	\$5 to \$35	\$105
	Physical Therapy	\$5 to \$30	\$90
	Speech Therapy	\$5 to \$35	\$105
	Skilled Nursing Facility	\$800	\$2,400
	Durable Medical Equipment	\$0 to \$500	Up to \$1,000
	Hospice		
	Home Hospice Visit	\$20	\$60
	Inpatient Hospice Care	\$1,000	\$3,000
	Advanced Tests¹	\$10 to \$425	Up to \$1,275
	Medical Infusions And Chemotherapy	\$5 to \$1,450	Up to \$4,350
	Therapeutic Treatments²	\$5 to \$1,175	Up to \$3,525
	Fertility Treatment	Not Covered	Not Covered
Pharmacy Coverage OptumRx	Retail Pharmacy - 30 Days Supply		
	Tier 1	\$10	Not Covered
	Tier 2	\$35	Not Covered
	Tier 3	\$70	Not Covered
	Retail Pharmacy - 90 Days Supply		
	Tier 1	\$25	Not Covered
	Tier 2	\$88	Not Covered
	Tier 3	\$175	Not Covered
	Specialty Retail Pharmacy		
	Tier 1	\$10	Not Covered
	Tier 2	\$100	Not Covered
	Tier 3	\$200	Not Covered

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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	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.