

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	\$5,500	\$11,000
	OOP Limit Family	\$11,000	\$22,000
Medical Coverage	Office Visit	\$25 to \$130	\$215
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$25 to \$90	Not Covered
	Virtual Health (Specialty)	\$0 to \$130	Not Covered
	Preventive Care	\$0	\$195
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$150 to \$1,050	Up to \$1,650
	Emergency Room	\$500	\$500
	Observation Stay	\$500	\$500
	Ambulance	\$500	\$500
	Urgent Care	\$80	\$200
	Procedures (Office, Outpatient and Inpatient)	\$40 to \$3,500	Up to \$10,000
	Procedures (Inpatient and some Outpatient)	\$350 to \$3,500	Up to \$10,000
	Other Outpatient Hospital Services	\$200 to \$1,000	\$3,000
	Other Inpatient Stay (inc. admission from ER)	\$2,750	\$8,250
	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	\$25	\$195
	Mental Health Telehealth	\$25	\$195
	Intensive Outpatient Treatment Program	\$90	\$270
	Partial Hospitalization Program	\$170	\$510
	In an outpatient setting	\$170	\$510
	In an inpatient setting	\$2,750	\$8,250
	Maternity		
	Prenatal and Postnatal Care	\$0	\$195
	Delivery	\$1,300 to \$2,750	\$8,250
	Home Health Care	\$70	\$210
	Rehabilitative Therapies	\$15 to \$165	Up to \$300
	Acupuncture	\$60	\$165
	Chiropractic	\$30	\$75
	Occupational Therapy	\$15 to \$115	\$175
	Physical Therapy	\$15 to \$90	\$220
	Speech Therapy	\$15 to \$115	\$175
	Skilled Nursing Facility	\$2,000	\$6,000
	Durable Medical Equipment	\$0 to \$1,000	Up to \$2,000
	Hospice		
	Home Hospice Visit	\$70	\$210
	Inpatient Hospice Care	\$2,750	\$8,250
	Advanced Tests¹	\$25 to \$1,300	Up to \$2,700
	Medical Infusions And Chemotherapy	\$45 to \$3,100	Up to \$9,300
	Therapeutic Treatments²	\$20 to \$2,800	Up to \$8,400
	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.