

Plan Details: 2024

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MEMBER SERVICES FOR SUREST COPAY PLAN

Hours

8am-8pm all time zones

Phone Number

1-866-683-6440

Prospective Members Phone

1-866-683-6440

Web Address

benefits.surest.com

GROUP CONTRACT DETAIL

Carrier Name

Surest

Group Contract Number

78800387

Network Name

United Healthcare Choice Plus Network

PRESCRIPTION

Phone Number

1-800-230-0511

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Who to Contact.

Coverage Documents

- [Summary of Benefits and Coverage for 2023](#)
- [Uniform Glossary of Health Coverage and Medical Terms](#)
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Coverage Highlights

Medical Coinsurance/Copay/Deductibles/Benefit Maximum	
Office Visits - Preventive	100% coverage (SEE NOTE)
Office Visits - Diagnostic	\$10 - \$65 Primary Care Physician Copay (SEE NOTE)
Office Visits - Specialist	\$10 - \$65 Specialist Copay (SEE NOTE)
Annual Medical Deductible - Individual	None
Annual Medical Deductible - Family	None
Annual Out of Pocket Maximum - Individual	\$4000 (SEE NOTE)
Annual Out of Pocket Maximum - Family	\$8000 (SEE NOTE)
Lifetime Benefit Maximum	Unlimited

Note(s)

Office Visits - Preventive - In Network 100% / Out of Network \$100

Office Visits - Diagnostic - \$10 - \$65 PCP In Network / \$195 Out of Network

Office Visits - Specialist - \$10 - \$65 PCP In Network / \$195 Out of Network

Annual Out of Pocket Maximum - Individual - In Network \$4000;
Out of Network charges cross accumulate with In Network charges

Annual Out of Pocket Maximum - Family - In Network \$8000; Out of Network charges cross accumulate with In Network charges

Prescription Drugs	
Retail	30 Day Supply: Tier 1 \$5 - \$15 Copay; Tier 2 \$40 Copay; Tier 3 \$60 Copay / 90 Day Supply: Tier 1 \$15 - \$40 Copay; Tier 2 \$120 Copay; Tier 3 \$180 Copay
Mail / Home Delivery	90 Day Supply: Tier 1 \$12.50 - \$37.50 Copay; Tier 2 \$100 Copay; Tier 3 \$150 Copay; Tier 4 Specialty up to \$250 Copay (SEE NOTE)
Note(s)	Mail / Home Delivery - Specialty medications must be filled through Specialty Pharmacy
Inpatient Services	
Inpatient Hospital Services	Up to \$2,500 Copay (SEE NOTE)
Allergy Testing NON HMO	Copay varies based on test and coding by physician
Accupuncture NON HMO	Copay varies based on test and coding by physician
Note(s)	Inpatient Hospital Services - In Network up to \$2,500 Copay / Out of Network up to \$7,000 Copay
Outpatient Services	
Emergency Room	\$325 Copay (SEE NOTE)
Outpatient Surgery	Up to \$2,500 Copay (SEE NOTE)
Durable Medical Equipment	Up to \$500 (SEE NOTE)
X-ray and Lab Tests	In Network and Out of Network Routine Diagnostic (x-ray, lab, ultrasound) \$0 Copay (SEE NOTE)
Maternity Care	Prenatal and Postnatal Care: \$0 Copay; Delivery: \$625 - \$1,375 Copay In Network (SEE NOTE)
Home Health Care	Copay varies based on provider
Physical Therapy NON HMO	Physical Therapy: \$10 - \$50 Copay; Rehabilitative Therapies: \$10 - \$60 Copay (SEE NOTE)
Chemotherapy NON HMO	\$60 - \$2,450 Copay (SEE NOTE)
Invitro Fertilization NON HMO	Copay varies based on provider
Note(s)	Emergency Room - In Network and Out of Network \$325 Copay

Outpatient Surgery - In Network up to \$2,500 Copay / Out of Network up to \$7,000 Copay

Durable Medical Equipment - In Network up to \$500 / Out of Network up to \$1,000

X-ray and Lab Tests - Complex Imaging In Network \$75 to \$500 Copay / Complex Imaging Out of Network \$0 - \$1,500

Maternity Care - Out of Network: Prenatal and Postnatal Care \$100 Copay, Delivery \$4,125 Copay

Physical Therapy NON HMO - Out of Network Physical Therapy: \$150, Rehabilitative Therapy: up to \$180

Chemotherapy NON HMO - Out of Network Up to \$7,000

Mental Health / Substance Abuse

Mental Health Inpatient	Up to \$1,600 Copay (SEE NOTE)
Mental Health Outpatient	Up to \$70 Copay (SEE NOTE)
Substance Abuse Inpatient	Up to \$1600 Copay (SEE NOTE)
Substance Abuse Outpatient	Up to \$70 Copay (SEE NOTE)

Note(s)

Mental Health Inpatient - In Network up to \$1,600 Copay / Out of Network up to \$4,800 Copay

Mental Health Outpatient - Out of Network up to \$210 Copay

Substance Abuse Inpatient - In Network up to \$1600 Copay / Out of Network up to \$4800 Copay

Substance Abuse Outpatient - Out of Network up to \$210 Copay

Other Services

Licensed Chiropractor	\$10 - \$65 Copay (SEE NOTE)
PCP Required	n/a
Anesthesia HMO	Copay varies by provider

Note(s)

Licensed Chiropractor - Maximum 40 visits per year

null

Care Management

Nurse Helpline 1-800-889-2535

Hours 8 to 8 in the members time zone

Phone Number 1-800-889-2535

Hospice Care 1-800-889-2535

Urgent Care Clinic Visit 1-800-889-2535

null

Employee Assistance Program

Hours 8 to 8 in the members time zone

Phone Number 1-877-253-8125

null

Coverage Information

Primary Care Physician (PCP)	n/a
PCP Required	n/a
PCP Referral Required to Visit Network Specialist	n/a
PCP Referral Required to Visit Network OB/GYN	n/a
Out of Area Coverage For Non-emergency Care	None
Artificial Insemination	Yes
Female Tubal Ligation	Yes
Male Vasectomy	Yes

Disease Management

Allergies	Lung Conditions
Asthma	Muscle or Joint Problems
Cancer	Coronary Artery Disease
Congestive Heart Failure	Prenatal Care
Depression	Rheumatoid Arthritis
Diabetes	

NCQACORE

A summary of the benefits provided under the plan is contained in the Summary Plan Description. Full details are provided in the official plan document, which governs the operation of the plan. In the event that the content of this application or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Any specific questions regarding coverage information please refer to your Summary Plan Description (SPD) or the carrier.

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Questions? Find help in the [Contact Directory](#).

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