

2023 Surest Standard Plan Designs - Nevada

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Category	Plan Design Element	Plan B4000	
		In-Network	Out-of-Network
Overall Provisions	Deductible	None	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$4,000	\$8,000
	OOP Limit Family	\$8,000	\$16,000
Medical Coverage	Preventive Care	\$0	\$100
	Virtual Care	\$0	Not Covered
	Office Visit	\$10 to \$65	\$195
	Urgent Care	\$30	\$90
	Emergency Room	\$325	\$325
	Ambulance	\$160	\$160
	Observation Stay	\$325	\$325
	Maternity		
	Prenatal and Postnatal Care	\$0	\$100
	Delivery	\$625 to \$1,375	\$4,125
	Procedures (Office, Outpatient and Inpatient)	\$20 to \$2,500	Up to \$7,000
	Bariatric Surgery	Not Covered	Not Covered
	Gender Dysphoria Surgery	Covered	Covered
	Other outpatient hospital services	\$75 to \$500	\$1,500
	Other inpatient hospital stay (inc. admission from ER)	\$1,600	\$4,800
	Rehabilitative Therapies	\$10 to \$60	Up to \$180
	Acupuncture	\$30	\$90
	Chiropractic	\$15	\$45
	Occupational Therapy	\$10 to \$60	\$180
	Physical Therapy	\$10 to \$50	\$150
	Speech Therapy	\$10 to \$60	\$180
	Complex Imaging (Ex: MRI, CT, etc.)	\$75 to \$500	Up to \$1,500
	Routine Diagnostic Test (Ex: X-ray, Lab, Ultrasound)	\$0	\$0
	Advanced Tests	\$20 to \$600	Up to \$1,800
	Medical Infusions and Chemotherapy	\$30 to \$2,450	Up to \$7,000
	Therapeutic Treatments	\$30 to \$1,500	Up to \$4,500
	Durable Medical Equipment (including hearing aids)	\$0 to \$500	Up to \$1,000
	Fertility Treatment	Not Covered	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting (inc. ABA therapy)	\$10	\$100
	Mental Health Telehealth	\$10	\$100
	Partial day treatment	\$70	\$210
In an inpatient setting	\$1,600	\$4,800	
In an outpatient setting	\$70	\$210	
Residential	\$1,200	\$3,600	
Pharmacy Coverage (OptumRx)	Retail Pharmacy - 30 day supply		
	Tier 1	\$15	Not Covered
	Tier 2	\$40	Not Covered
	Tier 3	\$60	Not Covered
	Retail Pharmacy - 90 day supply		
	Tier 1	\$40	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	