

Pasco County School Board — Surest Plan Design Overview

8/25/2026

Calendar Year: 01/01/27 — 12/31/27

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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	\$8,000	N/A
	OOP Limit Family	\$16,000	N/A
Medical Coverage	Office Visit	\$20 to \$165	Not Covered
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$20 to \$100	Not Covered
	Virtual Health (Specialty)	\$0 to \$165	Not Covered
	Preventive Care	\$0	Not Covered
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$200 to \$3,200	Not Covered
	Emergency Room	\$1,200	\$1,200
	Observation Stay	\$1,200	\$1,200
	Ambulance	\$750	\$750
	Urgent Care	\$110	Not Covered
	Procedures (Office, Outpatient and Inpatient)	\$70 to \$6,500	Not Covered
	Procedures (Inpatient and some Outpatient)	\$750 to \$6,500	Not Covered
	Other Outpatient Hospital Services	\$400 to \$1,400	Not Covered
	Other Inpatient Stay (inc. admission from ER)	\$5,500	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$20	Not Covered
	Intensive Outpatient Treatment Program	\$100	Not Covered
	Partial Hospitalization Program	\$200	Not Covered
	In an outpatient setting	\$200	Not Covered
	In an inpatient setting	\$3,000	Not Covered
	Maternity		
	Prenatal and Postnatal Care	\$0	Not Covered
	Delivery	\$2,500 to \$5,500	Not Covered
	Home Health Care	\$90	Not Covered
	Rehabilitative Therapies	\$20 to \$270	Not Covered
	Acupuncture	Not Covered	Not Covered
	Chiropractic	\$40	Not Covered
	Occupational Therapy	\$20 to \$165	Not Covered
	Physical Therapy	\$20 to \$120	Not Covered
	Speech Therapy	\$20 to \$165	Not Covered
	Skilled Nursing Facility	\$4,000	Not Covered
	Durable Medical Equipment	\$0 to \$1,000	Not Covered
	Hospice		
	Home Hospice Visit	\$90	Not Covered
	Inpatient Hospice Care	\$5,500	Not Covered
	Advanced Tests¹	\$20 to \$2,600	Not Covered
	Chemotherapy	\$150 to \$925	Not Covered
	Medical Infusions	\$125 to \$6,500	Not Covered
	Therapeutic Treatments²	\$35 to \$6,250	Not Covered
	Fertility Treatment	Not Covered	Not Covered

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Other Benefit Notes	Out-of-Pocket Limits	Embedded	N/A
	Out-of-Pocket Cross Application	INN copays only apply towards INN OOP Limit	N/A
	Out-of-Pocket Accumulator	Non-ERISA Plan Year Accumulator	N/A
	Out of Network Reimbursement	N/A	Naviguard - Package N
Other Coverage Notes	Bariatric Surgery	Not Covered	Not Covered
	Gender Dysphoria Surgery	Not Covered	Not Covered
	Gender Dysphoria Reconstructive Services	Not Covered	Not Covered

[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.