Florida Fire Fighters Insurance Trust Fund — Surest Plan Design Overview
11/14/2025
Calendar Year: 01/01/26 — 12/31/26

Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Overall Provisions	**Deductible**	$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	$5,000	$10,000
	OOP Limit Family	$10,000	$20,000
Medical Coverage	**Office Visit**	$20 to $105	$220
	Virtual Health		
	Virtual Health (Primary and Urgent)	$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	$20 to $60	Not Covered
	Virtual Health (Specialty)	$0 to $105	Not Covered
	Preventive Care	$0	$160
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	$0	$0
	Complex Imaging (MRI, CT, etc.)	$100 to $1,400	Up to $4,200
	Emergency Room	$650	$650
	Observation Stay	$650	$650
	Ambulance	$375	$375
	Urgent Care	$60	$180
	Procedures (Office, Outpatient and Inpatient)	$35 to $3,000	Up to $9,000
	Procedures (Inpatient and some Outpatient)	$200 to $3,000	Up to $9,000
	Other Outpatient Hospital Services	$150 to $850	$2,550
	Other Inpatient Stay (inc. admission from ER)	$2,000	$6,000
	Mental Health & Substance Use Disorder		
	In an office setting	$20	$160
	Intensive Outpatient Treatment Program	$60	$180
	Partial Hospitalization Program	$110	$330
	In an outpatient setting	$110	$330
	In an inpatient setting	$1,600	$4,800
	Maternity		
	Prenatal and Postnatal Care	$0	$160
	Delivery	$900 to $2,000	$6,000
	Home Health Care	$60	$180
	Rehabilitative Therapies	$10 to $105	Up to $240
	Acupuncture	Not Covered	Not Covered
	Chiropractic	$25	$75
	Occupational Therapy	$15 to $105	$185
	Physical Therapy	$10 to $75	$225
	Speech Therapy	$15 to $105	$185
	Skilled Nursing Facility	$1,500	$4,500
	Durable Medical Equipment	$0 to $1,000	Up to $2,000
	Hospice		
	Home Hospice Visit	$60	$180
	Inpatient Hospice Care	$2,000	$6,000
	Advanced Tests[1]	$20 to $1,300	Up to $3,150
	Chemotherapy	$25 to $650	Up to $1,950
	Medical Infusions	$40 to $2,600	Up to $7,800
	Therapeutic Treatments[2]	$15 to $2,100	Up to $6,300
	Fertility Treatment	Not Covered	Not Covered
Pharmacy Coverage OptumRx	**Preventive Pharmacy - Up to 90 Days Supply**	$0	Not Covered
	Retail Pharmacy - Up to 31 Days Supply		
	Tier 1	$10	Not Covered
	Tier 2	$60	Not Covered
	Tier 3	$90	Not Covered
	Retail & Mail Order Pharmacy - Up to 90 Days Supply		
	Tier 1	$25	Not Covered
	Tier 2	$150	Not Covered
	Tier 3	$225	Not Covered
	Specialty Retail Pharmacy - Up to 31 Days Supply		
	Tier 1	$240	Not Covered
	Tier 2	$270	Not Covered
	Tier 3	$300	Not Covered

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Other Benefit Notes	**Out-of-Pocket Limits**	Embedded	Embedded
	Out-of-Pocket Cross Application	INN copays apply towards the INN and OON OOP Limit	OON copays apply towards the OON OOP Limit
	Out-of-Pocket Accumulator	ERISA Plan Year Accumulator	ERISA Plan Year Accumulator
	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.