

2024 SLEEP NUMBER IN-NETWORK¹ PLAN COMPARISON

	Surest	Blue Cross Blue Shield High Deductible Health Plan (HDHP)	Blue Cross Blue Shield Preferred Provider Organization Plan (PPO)
Paycheck Deductions (bi-weekly)			
Team member only	\$61.85	\$68.77	\$93.23
Team member + spouse/domestic partner*	\$188.31	\$210.46	\$284.31
Team member + child(ren)*	\$176.31	\$196.62	\$265.38
Family*	\$243.69	\$272.31	\$395.08
*Imputed income applies to Medical, Dental, and Vision plans if you enroll your domestic partner or your domestic partner's child(ren)			

Provider Network	UHC Choice Plus Network	BlueCard PPO Network	BlueCard PPO Network
Contact	join.surest.com/sleepnumber Access code: SN2023 833-576-6494	bluecrossmnonline.com 866-873-5943	bluecrossmnonline.com 866-873-5943

Annual Deductible			
Individual	\$0	\$2,000	\$1,000
Family	\$0	\$4,000 ²	\$2,000 ³
Annual Out-of-pocket maximum			
Individual	\$3,500	\$4,500	\$3,500
Family	\$7,000 ³	\$9,000 ³	\$7,000 ³
Flexible Spending/ Health Savings Accounts	Flexible Spending Account	Health Savings Account (includes a Sleep Number contribution of \$500 for Team Member only and \$1,000 for TM+ coverage)	Flexible Spending Account
Access to the following programs:	<ul style="list-style-type: none"> • 2nd MD - second opinions • Canary - chronic condition coaching and support • Pacify - pregnancy & parental support • Pivot - quitting tobacco • Virta - diabetes reversal • K Health - virtual primary care • My Cancer Journey - cancer support 	<ul style="list-style-type: none"> • Omada - diabetes prevention and management • Personalized Sharecare and RealAge Test • Health Coaching – chronic conditions including maternity management and quitting tobacco 	

¹ Out-of-Network information and more coverage details are available at sleepnumberbenefits.com.

² Non-embedded deductible (HDHP plan): When the family deductible is met, the plan begins sharing costs for each member. The deductible can be met by one or a combination of family members. The Team member only deductible applies to Team member only coverage.

³ Embedded limits: The family limit can be met by two or more family members, with no individual surpassing the Team Member only limit. In the HDHP Plan, this amount is \$6,850.



Common Medical Services	Surest	BCBS HDHP	BCBS PPO
Preventive Care (including pre-natal care)	\$0	\$0	\$0
Labs and Basic Imaging (Xrays, ultrasounds, mammograms, basic lab tests)	\$0	20% after deductible	20% after deductible
Virtual Visits - Doctor On Demand (Medical and Mental Health)	\$0	\$0 after deductible	\$0
Physical, occupational and speech therapy	\$20 to \$75	20% after deductible	20% after deductible
Office visit (Medical)	\$30 to \$130	20% after deductible	20% after deductible
Office visit (Mental Health)	\$30	20% after deductible	20% after deductible
Acupuncture therapy	\$35	20% after deductible for certain conditions only	20% after deductible for certain conditions only
Chiropractic therapy	\$35	20% after deductible	20% after deductible
Urgent care	\$90	20% after deductible	20% after deductible
Complex imaging (MRI, CT scans)	\$200 to \$700	20% after deductible	20% after deductible
Emergency room	\$500	20% after deductible	20% after deductible
Ambulance	\$600	20% after deductible	20% after deductible
Radiation therapy	\$675	20% after deductible	20% after deductible
Chemotherapy	\$650 to \$1000	20% after deductible	20% after deductible
Inpatient stay (non-surgical)	\$2,000	20% after deductible	20% after deductible
Surgeries/Procedures (includes overnight stay, anesthesia, facility fee)	\$0 to \$3,000 45 procedures require activation and additional payroll deductions ⁴	20% after deductible	20% after deductible
Maternity (C-section or vaginal deliveries, includes overnight stay, anesthesia)	\$1,000 to \$3,000	20% after deductible	20% after deductible
Prescriptions⁵			
30-day supply:			
Tier 1	\$5 to \$25	20% after deductible	\$11
Tier 2	\$100	20% after deductible	25% coins (\$20 to \$40)
Tier 3	\$180	20% after deductible	25% coins (\$25 to \$50)
Tier 4	N/A	20% after deductible	25% coins (\$70 to \$140)
90-day supply:			
Tier 1	\$15 to \$65	20% after deductible	\$18
Tier 2	\$250	20% after deductible	25% coins (\$50 to \$100)
Tier 3	\$450	20% after deductible	25% coins (\$65 to \$125)
Tier 4	N/A	20% after deductible	25% coins (\$175 to \$350)

⁴ Outpatient and inpatient hospital prices vary by procedure and location. A subset of 45 plannable treatments in this category require activation and additional pre-tax paycheck deductions. Inactive coverage must be activated three business days prior to the covered procedure. For a full list, contact Bind.

⁵ All three plans have specific networks and formularies. Bind has different copays for specialty medications. Contact your plan administrator for more information. This is only a partial summary of coverage. For more details, please refer to official plan documents.