

Summary of Material Modifications (SMM)

Larimer County (CO): Surest Plan

Effective Date of this SMM: 6/1/2026

A Summary Plan Description (SPD) was published effective June 1, 2026. Larimer County (CO): Surest Plan is Updating the visit limits for Chiropractic and Massage Therapy to a combined 20 visits per Plan Year, updating the visit limits for Acupuncture to 20 visits per Plan Year, and removing out-of-network coverage for Acupuncture and Massage Therapy. This SMM to the Plan SPD is issued by the Plan Sponsor as described below.

Because this SMM is part of a legal document, the Plan Sponsor wants to give you information about the document that will help you understand it. Certain capitalized words have special meanings. The definitions for these words are in the SPD in Section 12, Glossary, Section 5.1 Covered Health Services and Section 6. What Is Not Covered.

What are the Modifications to the Plan?

These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this SMM with your SPD since this material plus the SPD is your complete SPD. In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM shall govern.

Rehabilitative/Habilitative Services and Other Low Intensity Therapy	In-Network	Out-of-Network
Acupuncture Visit	\$25 copayment / visit	Not Covered
Aural Therapy – Post Cochlear Implant	\$20 to \$140 copayment / visit	\$220 copayment / visit
Cardiac Rehabilitation Therapy	\$60 copayment / visit	\$180 copayment / visit
Chiropractic Visit	\$25 copayment / visit	\$75 copayment / visit
Cognitive Therapy	\$10 to \$65 copayment / visit	\$185 copayment / visit
Occupational Therapy	\$10 to \$65 copayment / visit	\$185 copayment / visit
Massage Therapy	\$25 copayment / visit	Not Covered
Physical Therapy	\$10 to \$75 copayment / visit	\$225 copayment / visit
Speech Therapy	\$15 to \$105 copayment / visit	\$185 copayment / visit
Pulmonary Rehabilitation Therapy	\$80 copayment / visit	\$240 copayment / visit

Notes:

Rehabilitative and habilitative services must be performed by a Physician or by a licensed therapy Provider. Benefits include services provided in a Physician's office or on an outpatient basis at a hospital, or alternate facility. Services provided in your home are provided as described under the Home Health Care section.

- Refer to the Surest mobile app for additional coverage and copayment information.
- The copayments for certain therapies may vary based on Provider and location (e.g., aural, cognitive, occupational, physical, and speech therapy).
- Routine diagnostic services, including diagnostic lab, x-ray, and ultrasound are included in the Rehabilitative/Habilitative Services copayment. When the routine diagnostic service is prescribed by a doctor and received on a different date of service and location, the service is \$0 copayment.
- Returning home from a visit with durable medical equipment, such as a walker, may result in an additional copayment.
- Acupuncture is limited to 20 visits or services per Participant per Plan Year for in-network Providers.
- Aural Therapy does not have visit limits.
- Cardiac Rehabilitation does not have visit limits.
- Chiropractic Visits and Massage Therapy Visits are limited to a combined 20 visits or services per Participant per Plan Year for in-network Providers.
 - Chiropractic Services are limited to manipulative services including chiropractic care and osteopathic manipulation rendered to diagnose and treat acute neuromuscular-skeletal conditions.
- Occupational and Cognitive therapy do not have visit limits.
 - Cognitive rehabilitation therapy following traumatic brain injury or cerebral vascular accident is covered when Medically Necessary.
- Physical therapy does not have visit limits.

- Pulmonary Rehabilitation does not have visit limits.
- Speech therapy does not have visit limits.
- Therapies provided in the home will be assigned the home health care visit copayment. See Home Health Services for coverage notes.
- Note that Occupational Therapy and Physical Therapy are different types of services and the copayment varies based on how the claim is billed.
- Massage Therapy and Acupuncture services are covered benefits. Services are subject to a \$25 copayment per visit, which applies to In-Network Providers.
- Therapies related to the treatment of a mental health condition, such as autism disorder, are provided under Behavioral Health – Mental Health and Substance Use Disorder services section and do not apply to limits in this section.