



Pathfinder Benefit Plan Basics

- Lowest monthly premium for a Bronze plan
- Same or next day appointments with your doctor
- Rewards for healthy behaviors
- No charge for visits to your primary care doctor
- Friendly patient concierge to help you schedule appointments and answer questions

Bronze Level: Easy on your budget, simple to use.

Benefit	In Network You Pay	Notes
A visit to your primary care doctor	No charge	Must select a Primary Care Provider for you and your family
You need to see another kind of doctor, a specialist	Covered 100% After the Deductible	Referral required
You need diagnostic testing (x-ray, blood work)	\$100 copay after deductible	Referral required
You need High-Tech Radiology (CT, PET, MRI, MRA)	\$100 copay after deductible	Referral required
You have a prescription for a preventive medicine drug	The lesser of the cost of the drug or a \$15 Copay not subject to deductible	
You have a brand name prescription	Covered 100% After the Deductible	
You need rehabilitation services (PT, OT, ST, Chiro)	Covered 100% After the Deductible	Referral required
Oh no! You have to go to the Emergency Room	Covered 100% After the Deductible	
Ambulance Ride to get you to the emergency room fast	Covered 100% After the Deductible	
A trip to the Urgent Care	Covered 100% After the Deductible	
You have to stay at the Hospital	Covered 100% After the Deductible	
Telemedicine or Virtual Visits	No charge for telemedicine via your primary care provider	Your primary care doc will have a way for you to get advice 24/7 at no charge

(hello peace of mind!)

Deductible does not apply to services performed at the Primary Care Physician's office. Any services rendered in your selected PCP office do not require any payment on your part. This includes office visits, vaccinations, flu shots, simple labs, therapy services, prescription consulting, etc. (more about what is covered here)

This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Hospital Admissions for Mental Health, Substance Abuse, or other Severe Behavioral Health Diagnosis require approval from Decent Inc.

There is no Total Out-of-Pocket Maximum for Non-Network Benefits

Examples of Plan Exclusions: Alternative Treatments, Dental, Vision and Hearing, Educational Services, Experimental or Investigational or Unproven Services, Personal Care, Comfort or Convenience Items, Reproduction/Infertility treatments, Services Provided under Another Plan.

Notice of Non-Discrimination: Discrimination is Against the Law

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