



## Decent's Plans Comparison Chart

	<b>Pathfinder</b>	<b>Trailblazer</b>	<b>Lonestar</b>
<b>Overall Deductible</b>	\$7,900/Individual or \$15,800/Family	\$4,500/Individual or \$9,000/Family	\$0 for Medical Services
<b>Out-of-pocket limit</b>	\$7,900/individual or \$15,800/Family	\$7,150/Individual or \$14,300/Family	\$8,150/Individual/ or \$16,300/Family
<b>Pharmacy Deductible</b>	\$0 for Pharmacy	\$0 for Pharmacy	\$5,500/Individual or \$11,000/Family
<b>Referral to see a specialist?</b>	Yes	Yes	Yes
<b>Primary Care Visit</b>	\$0 Copay	\$0 Copay	\$0 Copay
<b>Non-selected Primary Care visit</b>	0% coinsurance after deductible	\$50 Copay	\$50 Copay
<b>Specialist visit (including Chiropractic Care)</b>	0% coinsurance after deductible	\$50 Copay	\$85 Copay
<b>Preventative/Screening/Immunization</b>	No Copay-100% covered	No Copay-100% covered	No Copay-100% covered
<b>Diagnostic Test (x-ray, blood work)</b>	\$100 Copay	\$50 Copay	\$50 Copay
<b>Imaging (CT/PET scans, MRIs)</b>	0% coinsurance after deductible	\$100 Copay after deductible	\$200 Copay
<b>Preventative drugs</b>	\$15 Copay	NA	NA
<b>Generic drugs</b>	0% after deductible	\$15 Copay	\$5 Copay
<b>Preferred brand drugs</b>	0% after deductible	\$35 Copay	\$25 Copay
<b>Non-Preferred brand drugs</b>	0% after deductible	\$100 Copay	\$200 Copay
<b>Specialty drugs</b>	0% after deductible	\$150 Copay	50% after deductible
<b>Facility fee (e.g., ambulatory surgery center) (outpatient)</b>	0% coinsurance after deductible	\$500 Copay after deductible	\$1000 Copay
<b>Physicians/Surgeon fees (outpatient)</b>	0% coinsurance after deductible	\$50 Copay after deductible	\$300 Copay
<b>Emergency room care</b>	0% coinsurance after deductible	\$500 Copay	\$1000 Copay

	<b>Pathfinder</b>	<b>Trailblazer</b>	<b>Lonestar</b>
<b>Emergency medical transportation</b>	0% coinsurance after deductible	\$500 Copay	\$1000 Copay
<b>Urgent care</b>	0% coinsurance after deductible	\$150 Copay	\$100 Copay
<b>Facility fee (e.g., hospital room) (hospital stay)</b>	0% coinsurance after deductible	\$300 Copay/day after deductible	\$3000 Copay
<b>Physicians/Surgeon fees (hospital stay)</b>	0% coinsurance after deductible	\$50 Copay after deductible	\$300 Copay
<b>Outpatient services (mental health, behavioral, substance)</b>	0% coinsurance after deductible	\$50 Copay after deductible	\$50 Copay
<b>Inpatient service (mental health, behavioral, substance)</b>	0% coinsurance after deductible	50% coinsurance after deductible	\$3000 Copay
<b>Office Visits (Pregnancy)</b>	0% coinsurance after deductible	\$25 Copay	\$25 Copay
<b>Childbirth/delivery professional/facility services</b>	0% coinsurance after deductible	\$1500 Copay	\$1500 Copay
<b>Private-duty nursing</b>	0% coinsurance after deductible	50% coinsurance after deductible	\$85 Copay
<b>Rehabilitation services</b>	0% coinsurance after deductible	50% coinsurance after deductible	\$85 Copay
<b>Habilitation services</b>	0% coinsurance after deductible	50% coinsurance after deductible	\$85 Copay
<b>Skilled nursing care</b>	0% coinsurance after deductible	50% coinsurance after deductible	\$85 Copay
<b>Durable medical equipment</b>	0% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance not subject to deductible
<b>Hospice Services</b>	0% coinsurance after deductible	50% coinsurance after deductible	\$3,000 copay not subject to deductible