Decent

2019 TRAILBLAZER

Silver Plan

BENEFIT	IN-NETWORK INSURED RESPONSIBILITY	OUT-OF-NETWORK INSURED RESPONSIBILITY
CALENDAR YEAR DEDUCTIBLE	$ 4,500 Individual $9,000 Family	
COINSURANCE	N/A	50% coinsurance after deductible
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	$7,150 Individual $14,300 Family	N/A N/A

OUTPATIENT SERVICES

Benefit	In-Network	Out-of-Network
Selected Direct Primary Care (DPC*) Office Visit	$0 copay	N/A
Non-Selected PCP* Office Visit	$50 copay (with referral)	50% coinsurance after deductible
Specialist Office Visit	$50 copay	50% coinsurance after deductible
Laboratory/X-Ray Services	$50 copay	50% coinsurance after deductible
CT/PET/MRI/MRA/ Nuclear Medicine	$100 copay after deductible	Not covered
Surgical Procedures in selected DPC* Office	$0 copay	N/A
Surgical Procedures in other Physician's office	$50 copay	50% coinsurance after deductible
Outpatient Facility (e.g. ambulatory surgery center)	$500 copay after deductible	Not covered
Pre-Natal & Post-Natal Obstetrical Care	$25 copay	Not covered
Outpatient Mental Health Treatment	$50 copay	Not covered
Rehabilitation Services, Speech, Occupational & Physical Therapy	$50 copay	Not covered

INPATIENT SERVICES

Benefit	In-Network	Out-of-Network
Hospital Confinement	$300 copay per day after deductible	50% coinsurance after deductible
Obstetrical Services (delivery & all patient services)	$1500 copay	50% coinsurance after deductible

PRESCRIPTION DRUGS (30-DAY SUPPLY)

Benefit	In-Network	Out-of-Network
Generic	Up to $15 copay	Not covered
Preferred Brand	Up to $35 copay	Not covered
Non-Preferred Brand	Up to $100 copay	Not covered
Specialty	Up to $150 copay	Not covered

EMERGENCY CARE SERVICES

Benefit	In-Network	Out-of-Network
Emergency Room Visit	$500 copay	50% coinsurance after deductible
Urgent Care Visit	$150 copay	50% coinsurance after deductible

PCP: Primary Care Physician **DPC:** Direct Primary Care

AGE	TOBACCO FREE	TOBACCO USERS
0-17	$286.12	
18	$286.12	$429.18
19	$290.42	$435.63
20	$294.77	$442.16
21	$299.19	$448.79
22	$303.68	$455.52
23	$308.24	$462.36
24	$312.86	$469.29
25	$320.06	$480.09
26	$327.42	$491.13
27	$334.95	$502.43
28	$342.65	$513.98
29	$350.53	$525.80
30	$358.59	$537.89
31	$363.26	$544.89
32	$367.98	$551.97
33	$372.76	$559.14
34	$377.61	$566.42
35	$382.52	$573.78
36	$387.49	$581.24
37	$392.53	$588.80
38	$397.63	$596.62
39	$402.63	$604.20
40	$408.03	$612.05
41	$422.32	$633.48
42	$437.10	$655.65
43	$452.40	$678.59
44	$468.23	$702.35
45	$484.62	$726.93
46	$504.00	$756.00
47	$524.16	$786.23
48	$545.13	$817.70
49	$566.93	$850.40
50	$589.61	$884.42
51	$613.19	$919.79
52	$637.72	$956.58
53	$663.23	$994.85
54	$689.76	$1,034.64
55	$717.35	$1,076.03
56	$746.04	$1,119.06
57	$775.88	$1,163.82
58	$806.91	$1,210.37
59	$839.20	$1,258.80
60	$872.76	$1,309.14
61	$898.95	$1,348.43
62	$925.91	$1,388.87
63	$953.69	$1,430.54
64	$982.30	$1,473.45