



Texas Freelancer Association

TRAILBLAZER

BENEFITS AND COVERAGE for PROVIDERS

Overall Deductible	\$4,500 individual / \$9,000 family.
Doctor Visit Copay	0\$ for your PCP/\$50 for a Specialist
Out-of-pocket-limit?	\$7,150 individual/\$14,300 family.
Is the member required to select a primary care physician (PCP)?	Yes. We want our members to form a relationship with their primary care doctor, just like the good old days.
Does the member need a referral from PCP?	Yes.
Pharmacy Co-Pays	Drugs are covered prior to meeting the deductible at \$15/\$35/\$100/20%

SUMMARY OF BENEFITS

Benefit	In Network	Out of Network	Note
Primary care visit to treat an injury or illness	Covered 100%	50% Co-Insurance after deductible	No Charge at Selected Primary Care Physician's office.
Other practitioner office visit Specialist office visit	\$50 Co-Pay	50% Co-Insurance after deductible	Referral from your PCP is required
Preventive care/screening Immunization	Covered 100%	50% Co-Insurance after deductible	No Charge at Primary Care Physicians office
Diagnostic test (x-ray, blood work)	\$50 Co-Pay	50% Co-Insurance after deductible	Referral Required. After the co-pay is paid, your plan pays 100% of eligible expenses
High-Tech Radiology - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient	\$100 co-pay after deductible	Not covered	Referral required.
Generic drugs	The lesser of the cost of the drug or a \$15 Copay / prescription	Anything off the formulary is non-covered	See Prescription Drug Note below
Preferred brand drugs	The lesser of the cost of the drug or a \$35 Copay / prescription	Anything off the formulary is non-covered	See Prescription Drug Note below ¹
Non-preferred brand drugs	Retail: \$100 Copay / prescription;	Anything off the formulary is non-covered	See Prescription Drug Note below
Specialty drugs	20% co-insurance up to \$150	Not covered	You will pay 20% of the cost of your drug up to \$150 per 30 day supply
Facility fee (e.g., ambulatory surgery center)	\$500 After deductible	Not Covered	Prior Approval required for non-emergent procedures
Physician/surgeon fees	\$50 after deductible	Not Covered	Prior Approval required for non-emergent procedures

Additional Information:

- Network Benefits apply to Covered Health Services that are provided by a Network PCP or other Network Provider with a Referral from the PCP, a Network obstetrician, gynecologist, or coordinated through Decent.
- Member can see their selected Primary Care Provider without a referral and no co-pay.
- If a Member sees another in network doctor for primary care services and there is no referral on file from their selected Primary Care Provider, specialist office visit co-pay will apply.
- If you see a Network Specialist Physician without a Referral from your PCP, you will receive Non-Network Benefits.
- Non-Network Benefits will apply to all related services received without the required Referral, including any Inpatient Hospital Stay.
- A written referral does not ensure that Benefits will be paid for all related services received. The services must also be Covered Health Services as defined by the Plan.
- To verify a Provider's status or request a Provider directory, you can call (866) HEARTUS toll-free or log onto www.decent.com.
- If specific Covered Health Services are not available from a Network Provider in your area, you may be eligible to receive Network Benefits from a Non-Network Provider. In such rare instances, your PCP will notify Decent Inc., and they will work with you and your PCP to refer you to a Non-Network Provider and coordinate care through this Provider.
- The Plan allows such Out of Network Referrals only when there is no Network Provider to provide the necessary medical care within a reasonable radius of the Member's eligible county.
- When you receive Covered Health Services on this basis, the Plan will pay Network Benefits for those Covered Health Services, even if one or more of those Covered Health Services is received from a Non-Network Provider.
- As a result, you may be responsible for the difference between the amount billed by the Provider and the amount Decent Inc. determines to be an Eligible Expense for reimbursement.
- There is no cap to out of network out of pocket maximum
- The annual Out-of-Pocket Maximum is the most a member will pay for out of pocket for covered services each Calendar Year not including co-pays.