Decent

Lonestar

BRONZE

2020

BENEFIT	IN-NETWORK INSURED RESPONSIBILITY	OUT-OF-NETWORK INSURED RESPONSIBILITY
CALENDAR YEAR MEDICAL DEDUCTIBLE	$0 Individual	
	$0 Family	
CALENDAR YEAR OUT OF POCKET MAXIMUM	$8,150 Individual	N/A
	$16,300 Family	N/A
OUTPATIENT SERVICES		
Direct Primary Care (DPC*) Office Visit	$0 copay	N/A
Non-Direct Primary Care (PCP*)	$50 copay	Not covered
Specialist Office Visit	$85 copay	Not covered
Laboratory/X-Ray Services	$50 copay	Not covered
CT/PET/MRI/MRA/ Nuclear Medicine	$200 copay	Not covered
Surgical Procedures in DPC* Office	$0 copay	N/A
Surgical Procedures in other Physician's office	$300 copay	Not covered
Outpatient Facility (e.g. ambulatory surgery center)	$1,000 copay	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	$85 copay	Not covered
INPATIENT SERVICES		
Hospital Confinement	$1,000 per day up to 2 days	Not covered
PRESCRIPTION DRUGS (30-DAY SUPPLY)		
Pharmacy Deductible	$5,500 Individual	
	$11,000 family	
Generic	$5 copay	Not covered
Preferred Brand	$25 copay	Not covered
Non-Preferred Brand	$200 copay	Not covered
Specialty	50% after deductible	Not covered
EMERGENCY CARE SERVICES		
Emergency Room Visit	$1,000 copay	$2,000 copay
Emergency Medical Transportation	$1,000 copay	$1,000 copay
Urgent Care Visit	$100 copay	$300 copay

PCP: Primary Care Physician
DPC: Direct Primary Care
Got questions: 1-866-432-7887

AGE	TOBACCO FREE	TOBACCO USERS
14 & under	$200.56	N/A
15	$218.39	N/A
16	$225.21	N/A
17	$232.03	N/A
18	$239.37	$359.06
19	$242.96	$364.44
20	$246.61	$369.92
21	$250.30	$375.45
22	$254.06	$381.09
23	$257.87	$386.81
24	$261.74	$392.61
25	$267.76	$401.64
26	$273.92	$410.88
27	$280.22	$420.33
28	$286.66	$429.99
29	$293.26	$439.89
30	$300.00	$450.00
31	$303.90	$455.85
32	$307.85	$461.78
33	$311.85	$467.78
34	$315.91	$473.87
35	$320.01	$480.02
36	$324.17	$486.26
37	$328.39	$492.59
38	$332.66	$498.99
39	$336.98	$505.47
40	$341.36	$512.04
41	$353.31	$529.97
42	$365.68	$548.52
43	$378.47	$567.71
44	$391.72	$587.58
45	$405.43	$608.15
46	$421.65	$632.48
47	$438.51	$657.77
48	$456.06	$684.09
49	$474.30	$711.45
50	$493.27	$739.91
51	$513.00	$769.50
52	$533.52	$800.28
53	$554.86	$832.29
54	$577.06	$865.59
55	$600.14	$900.21
56	$624.14	$936.21
57	$649.11	$973.67
58	$675.07	$1,012.61
59	$702.08	$1,053.12
60	$730.16	$1,095.24
61	$752.06	$1,128.09
62	$774.63	$1,161.95
63	$797.86	$1,196.79
64	$821.80	$1,232.70

Decent

Virtual Lonestar

BRONZE

2020

BENEFIT	IN-NETWORK INSURED RESPONSIBILITY	OUT-OF-NETWORK INSURED RESPONSIBILITY
CALENDAR YEAR MEDICAL DEDUCTIBLE	$0 Individual $0 Family	
CALENDAR YEAR OUT OF POCKET MAXIMUM	$8,150 Individual $16,300 Family	N/A N/A
OUTPATIENT SERVICES		
Virtual direct primary care (VDPC*) visit	$0 copay	N/A
Non-direct primary care (PCP*)	$50 copay	Not covered
Specialist Office Visit	$85 copay	Not covered
Laboratory/X-Ray Services	$50 copay	Not covered
CT/PET/MRI/MRA/ Nuclear Medicine	$200 copay	Not covered
Preventative care / screening / immunization	$0 copay	Not covered
Surgical procedures in physician's office	$300 copay	Not covered
Outpatient Facility (e.g. ambulatory surgery center)	$1,000 copay	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	$85 copay	Not covered
INPATIENT SERVICES		
Hospital Confinement	$1,000 per day up to 2 days	Not covered
PRESCRIPTION DRUGS (30-DAY SUPPLY)		
Pharmacy Deductible	$5,500 Individual $11,000 family	
Generic	$5 copay	Not covered
Preferred Brand	$25 copay	Not covered
Non-Preferred Brand	$200 copay	Not covered
Specialty	50% after deductible	Not covered
EMERGENCY CARE SERVICES		
Emergency Room Visit	$1,000 copay	$2,000 copay
Emergency Medical Transportation	$1,000 copay	$1,000 copay
Urgent Care Visit	$100 copay	$300 copay

PCP: Primary Care Physician
VDPC: Virtual Direct Primary Care
Got questions: 1-866-432-7887

AGE	TOBACCO FREE	TOBACCO USERS
14 & under	$176.04	N/A
15	$191.69	N/A
16	$197.67	N/A
17	$203.65	N/A
18	$210.10	$329.13
19	$213.25	$334.07
20	$216.45	$339.09
21	$219.70	$344.18
22	$222.99	$349.34
23	$226.34	$354.57
24	$229.73	$359.90
25	$235.02	$368.18
26	$240.42	$376.64
27	$245.95	$385.31
28	$251.61	$394.16
29	$257.39	$403.23
30	$263.31	$412.50
31	$266.74	$417.87
32	$270.20	$423.30
33	$273.72	$428.81
34	$277.28	$434.37
35	$280.88	$440.03
36	$284.53	$445.74
37	$288.23	$451.53
38	$291.98	$457.41
39	$295.77	$463.35
40	$299.62	$469.38
41	$310.11	$485.81
42	$320.96	$502.80
43	$332.19	$520.41
44	$343.82	$538.62
45	$355.85	$557.48
46	$370.09	$579.77
47	$384.89	$602.96
48	$400.29	$627.08
49	$416.30	$652.16
50	$432.95	$678.24
51	$450.27	$705.38
52	$468.28	$733.59
53	$487.01	$762.93
54	$506.49	$793.46
55	$526.75	$825.20
56	$547.82	$858.20
57	$569.73	$892.53
58	$592.52	$928.23
59	$616.22	$965.36
60	$640.87	$1,003.97
61	$660.10	$1,034.09
62	$679.90	$1,065.11
63	$700.30	$1,097.07
64	$721.31	$1,129.98