



Trailblazer Benefit Plan Basics

- Know before you go how much your doctor visit will cost
- Same or next day appointments with your doctor
- Rewards for healthy behaviors
- No charge for visits to your primary care doctor
- We'll pay you to have an annual check-up each year
- Friendly patient concierge to help you schedule appointments and answer questions

Silver Level: Low or no copays for care before you've hit your deductible.

Benefit	In Network You Pay	Notes
<i>A visit to your primary care doctor</i>	No charge	Must select a Primary Care Provider for you and your family
<i>You need to see another kind of doctor, a specialist</i>	\$50 copay	Referral required
<i>You need diagnostic testing (x-ray, blood work)</i>	\$50 copay	Referral required
<i>You need High-Tech Radiology (CT, PET, MRI, MRA)</i>	\$100 copay after deductible	Referral required
<i>You have a prescription for a generic drug</i>	The cost of the drug or a \$15 copay, whichever is less	
<i>You have a brand name prescription</i>	The cost of the drug or a \$35 copay, whichever is less	
<i>You need rehabilitation services (PT, OT, ST, Chiro)</i>	\$50 copay	Referral required
<i>Oh no! You have to go to the Emergency Room</i>	\$500 copay	
<i>Ambulance Ride to get you to the emergency room fast</i>	\$500 copay	
<i>A trip to the Urgent Care</i>	\$150 copay	
<i>You have to stay at the Hospital</i>	\$300 per day after deductible up to out of pocket max	
<i>Prenatal and postnatal care to keep momma and baby healthy</i>	\$25 copay per visit	
<i>You had a baby! Delivery and all related care</i>	\$1500 copay	Deductible does not apply
<i>Telemedicine or Virtual Visits</i>	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)

Copays do not apply toward the Annual Deductible, However, Copays apply toward the Out-of-Pocket Maximum.

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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