



Decent
P.O Box 4366
Seattle, WA 98194-0366

Welcome to Decent

Health Insurance with
you at the center.





Welcome to Decent!

Hello and welcome to Decent! This brochure has information that will help make your healthcare journey as smooth as possible and get the most value out of your health plan.

Attached to the front cover of this brochure is your ID card. Please keep it handy and make sure to provide it to your healthcare providers whenever you see them.

Now let's take some time to talk about how your plan works!

Direct Primary Care (DPC)- What it Means and How it Works

What does "DPC" mean?

Once you're enrolled in a Decent plan, you have access to an in-network Direct Primary Care provider (DPC) at no additional cost. Think of it like your own VIP membership to a personal doctor who will get to know you and your health.

What's the difference between a DPC and a Primary Care Physician (PCP)?

PCPs submit claims and are reimbursed by your health insurance company and you each visit. PCPs typically see a large number of patients each day, and spend less time with their patients on average than a DPC.

DPCs can treat and manage all the same medical issues that PCPs do. They do not submit claims to your insurance company. (That's us!) Instead, we pay your DPC a part of your monthly premiums simply to be your doctor, regardless of how often you need to see them.

Why you're going to love having a DPC

Your DPC doctor is paid to focus on you. This way, they can truly act as your quarterback of care. They will stick with you throughout your healthcare journey.

The DPC model leads to healthier members. Healthier members mean Decent is able to administer health insurance at a lower cost. That means lower premiums and better care for all our members.



With DPCs, we've made healthcare as easy as 1, 2, 3!



Pick a DPC. We know you'll love it!

Once you're enrolled in coverage, call Decent customer service to pick a DPC provider. If you have not chosen a DPC within the first 60 days of your enrollment, we will assign you one. You can also contact Decent at any time to change your DPC, and the change will be effective the first of the month following your request.



Schedule your first DPC visit

Once you've selected your DPC, we recommend you schedule your first appointment at your earliest convenience. The goal of this visit is for you and your DPC to get to know each other and discuss your medical concerns and history so you have an established relationship. Then, you can see your DPC as often as you need, all at no additional cost!



Stay in-network and contact your DPC before seeing specialists

Decent plans do not cover out-of-network benefits except in cases of emergencies and urgent care, so it's important that you see in-network providers. Visit providers.decent.com to find in-network care. Remember- your DPC is here to help you coordinate and decide on any specialty care you may need. Referrals aren't required for Decent plans- but it's still important to make sure to see your DPC first before seeing any specialist providers. Your DPC and Decent can help you find in-network providers that work best for your needs!

With DPC you'll get:

- Unlimited appointments with your provider at no additional cost to you
- Built-in telemedicine, including phone, text, and video visits with your provider
- Same-day and next-day appointments whenever possible
- Help with coordinating any health needs outside of primary care, including imaging studies, specialist visits, or surgery
- Time and attention for personalized care from a provider who knows you and your story and wants to help you achieve optimal health



Included in your Decent health plan:

- Comprehensive medical coverage for emergencies, specialist office visits, hospital stays, outpatient surgeries, mental health services, and more
- A broad network of specialists, facilities, and other providers when you need non-DPC care
- Prescription drug benefits through Costco Health Solutions and a large network of in-network pharmacies to choose from
- White glove service provided by Decent's rockstar Customer Service Ambassadors who can help you with benefits, claims, or locating a provider

Decent's provider directory

Use our provider directory to find in-network hospitals, specialists, and other providers near you. Remember: out-of-network services are only covered for emergencies and urgent care situations, so it's important to stay in-network. You'll also want to make sure to discuss any specialty care needed with your PCP so that they can help coordinate your care.



Contact customer service information

We get it. Health insurance is complicated. That's why we pride ourselves on offering personal assistance. Decent has a local customer service team of real people in Austin, TX ready to answer your questions. We would be happy to talk with you by phone, email, or online chat.



(866)Heart-us (866-432-7887) 9 a.m.- 5 p.m. CT Monday through Friday.



support@decent.com



Chat directly with online support at [Decent.com](https://decent.com)

FAQ

Where can I find more details about my plan's medical benefits and coverage?

To review your plan's medical benefits and coverage, visit our website at www.decent.com. There you can find copies of your plan's Summary of Benefits and Coverage and other important benefits information.

Are preventive services covered?

Yes, all in-network preventive services* (including vaccines and flu shots) are covered at 100%. Vaccines and flu shots may be provided at your PCP's office, or you can go to one of our many retail pharmacies.

*Preventive services are paid at 100% depending upon physician billing and diagnosis. If your provider codes your services as diagnostic (vs. preventive), you may still be responsible for payment on some services. Some age requirements may apply.

Do the PCPs also treat kids?

Yes, PCPs also treat kids. Decent also has many pediatricians in our network.

Are referrals required for my plan?

Good news! You don't need a referral from your PCP before seeing specialists anymore. However, it's still important to make sure to see your PCP first before seeing any specialist providers so that they can help coordinate your care. Your attached ID card still states that referrals are required, but you can ignore that statement. We are working to get ID cards updated soon.

Where can I go to fill my prescription?

You can go to any of our 64,000+ in-network pharmacies to fill your prescription. Most pharmacy chains and grocery store pharmacies are in-network, including H-E-B, Walgreens, CVS, Randalls and more.

What hospitals can I go to with a Decent plan?

You can easily search for an in-network hospital near you using Decent's handy provider directory at providers.decent.com. Remember to coordinate any specialty care you may need with your PCP first.

Questions? Let us know! Our Customer Service team is always happy to help you locate in-network hospitals and other providers near you.

Insurance glossary:

At Decent, we know that health insurance language can be confusing, so we've put together a glossary of commonly used terms to help you better understand your plan.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Copay: A fixed dollar amount you pay for a covered health care service.

Explanation of Benefits Statement (EOB): A summary statement showing your recent healthcare activity, what was covered, and why. This is NOT a bill.

Family deductible: When you cover yourself and dependents under your plan, this is the amount your whole family pays for covered health care services before your insurance plan starts to pay.

Family out-of-pocket maximum: The most your family has to pay for covered medical and pharmacy services in a plan year. After your family has spent this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

Individual deductible: When you do not cover dependents under your plan, this is the amount you pay as an individual for covered health care services before your insurance plan starts to pay.

Individual out-of pocket maximum: The most you have to pay for covered medical and pharmacy services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

In-network: The PCPs, facilities, and other providers that Decent has a contract with to provide health care services. When you see an in-network provider, you will pay less for care.

Medical deductible: The amount you pay for covered medical services before your insurance plan starts to pay.

Monthly premium: The amount you and/or your employer pay for your health insurance every month.

Out-of-network: Doctors, facilities, and other providers that Decent does not have a contract with. Your plan does not cover out-of-network services except for emergencies and urgent care services. Out-of-network providers can charge you whatever they want, and the amount you could be responsible for can be significant.

PCN: The identifier used by pharmacies to bill your insurance.

Pharmacy deductible: The amount you pay for covered pharmacy services before your insurance plan starts to pay.

Pre-authorization: The agreement between Decent and your DPC doctor that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Decent requires that you get preauthorization for most services before you receive them, except emergency services.

Referral: A written order from your DPC or VDPC for you to see a specialist or get certain medical services.

Rx Bin: The identification number used to let the pharmacy know which PBM will receive the claim.

Rx Group: Decent works with our Pharmacy Benefits Manager (PBM), Costco Health Solutions, to process pharmacy claims and provide a network of pharmacies. The RX group lets the pharmacy know which PBM will process the claim.

Thank
you

