




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call Decent at 1-866-HeartUs or go to [www.decent.com](http://www.decent.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/glossary/> or call 1-866-HeartUs to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$6,900/Individual or \$13,800/Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive services</u> and services with your selected remote Direct Primary Care (DPC) provider	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without cost-sharing and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$6,900/Individual or \$13,800/Family for <u>network</u> services only	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered <u>network</u> services only. If you have other family <u>members</u> in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. There is no <u>out-of-pocket limit</u> for <u>out-of-network</u> services.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance billing</u> charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.decent.com">www.decent.com</a> or call 1-866-HeartUs for a list of participating <u>providers</u> .	This <u>plan</u> uses a <u>provider</u> network. You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office or clinic</a>	Visits with Selected Direct Primary Care (DPC) Provider to treat an injury or illness	No <a href="#">copayment</a> – 100% Covered	Not Covered	You must select a Direct Primary Care <a href="#">Provider</a> (DPC) under this <a href="#">plan</a> . Visits to your DPC are covered at no cost to you.
	<a href="#">Specialist</a> visit	Fully covered after <a href="#">deductible</a>	Not Covered	A valid <a href="#">referral</a> to see a <a href="#">network specialist</a> is required to access <a href="#">network</a> benefits excluding OB/Gyns, pediatricians, and urgent and emergency care services.
	<a href="#">Preventive care/screening/</a> Immunization	No <a href="#">copayment</a> – 100% Covered	Not Covered	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Fully covered after <a href="#">deductible</a>	Not Covered	<a href="#">Pre-Authorization</a> is required for some imaging services. If proper <a href="#">pre-authorization</a> is not obtained, services will not be covered.
	Imaging (CT/PET scans, MRIs)	Fully covered after <a href="#">deductible</a>	Not Covered	
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="#">www.decent.com</a>	Preventive drugs	\$15 <a href="#">copayment</a>	Not Covered	Applies to formulary-covered preventive drugs only.
	Generic drugs	Fully covered after <a href="#">deductible</a>	Not Covered	Applies to formulary-covered generic drugs only.
	Preferred brand drugs	Fully covered after <a href="#">deductible</a>	Not Covered	Applies to formulary-covered preferred brand drugs only.
	Non-preferred brand drugs	Fully covered after <a href="#">deductible</a>	Not Covered	Applies to formulary-covered non-preferred brand drugs only.
	<a href="#">Specialty drugs</a>	Fully covered after <a href="#">deductible</a>	Not Covered	Applies to formulary-covered preferred specialty drugs only.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Fully Covered after deductible	Not Covered	<a href="#">Pre-Authorization</a> may be required for some outpatient surgical procedures. If proper <a href="#">pre-authorization</a> is not obtained, services will not be covered.
	Physician/surgeon fees	Fully Covered after deductible	Not Covered	
If you need immediate medical attention	<a href="#">Emergency room care</a>	Fully Covered after deductible	50% <a href="#">coinsurance</a> after <a href="#">deductible</a>	None

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	<a href="#">Emergency medical transportation</a>	Fully Covered after deductible	50% <u>coinsurance</u> after <u>deductible</u>	None
	<a href="#">Urgent care</a>	Fully Covered after deductible	50% <u>coinsurance</u> after <u>deductible</u>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Fully Covered after deductible	Not Covered	<u>Pre-Authorization</u> may be required for some hospital stays. If proper <u>pre-authorization</u> is not obtained, services will not be covered.
	Physician/surgeon fees	Fully Covered after deductible	Not Covered	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Fully Covered after deductible	Not Covered	Pre-Authorization may be required for some mental health, behavioral health, or substance abuse services. If proper pre-authorization is not obtained, services will not be covered.
	Inpatient services	Fully Covered after deductible	Not Covered	
<b>If you are pregnant</b>	Office visits	Fully Covered after deductible	Not Covered	Depending on the type of services, <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	Fully Covered after deductible	Not Covered	
	Childbirth/delivery facility services	Fully Covered after deductible	Not Covered	
<b>If you need help recovering or have other special health needs</b>	Private-duty nursing	Fully Covered after deductible	Not Covered	96 hours covered per year. <u>Pre-Authorization</u> may be required. If proper <u>pre-authorization</u> is not obtained, services will not be covered.
	<a href="#">Home health care</a>	Fully Covered after deductible	Not Covered	100 days covered per year. <u>Pre-Authorization</u> may be required. If proper <u>pre-authorization</u> is not obtained, services will not be covered.
	<a href="#">Rehabilitation services</a> and Chiropractic Care	Fully Covered after deductible	Not Covered	<u>Pre-Authorization</u> may be required. If proper <u>preauthorization</u> is not obtained, services will not be covered.
	<a href="#">Habilitation services</a>	Fully Covered after deductible	Not Covered	
	<a href="#">Skilled nursing care</a>	Fully Covered after deductible	Not Covered	100 days covered per year. <u>Pre-Authorization</u> may be required. If proper <u>pre-authorization</u> is not obtained, services will

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
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				not be covered.
	<a href="#">Durable medical equipment</a>	Fully Covered after deductible	Not Covered	<u>Pre-Authorization</u> may be required. If proper <u>preauthorization</u> is not obtained, services will not be covered
	<a href="#">Hospice services</a>	Fully Covered after deductible	Not Covered	100 days covered per year. <u>Pre-Authorization</u> may be required. If proper <u>pre-authorization</u> is not obtained, services will not be covered.

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Cosmetic surgery</li> <li>• Dental care (adult and child)</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the US</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care</li> <li>• Vision hardware</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)
<ul style="list-style-type: none"> <li>• Hearing aids</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. For more information on your rights to continue coverage, contact the [plan](#) at 1-866-HeartUs. The contact for those agencies is: Texas Department of Insurance at (800) 578-4677 or <http://www.tdi.texas.gov/index.html>, U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/contactEBSA/consumerassistance.html](http://www.dol.gov/ebsa/contactEBSA/consumerassistance.html). Other coverage options to continue coverage are available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your [plan](#) documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your [plan](#). For more information about your rights, this notice, or assistance, you can contact the Texas Department of Insurance at 1-800-252-3439.

### Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).