Decent

2019 Pathfinder

BRONZE PLAN

BENEFIT	IN-NETWORK INSURED RESPONSIBILITY	OUT-OF-NETWORK INSURED RESPONSIBILITY
CALENDAR YEAR DEDUCTIBLE	$7,900 Individual	
	$15,800 Family	
COINSURANCE	N/A	50% coinsurance after deductible
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	$7,900 Individual	N/A
	$15,800 Family	N/A
OUTPATIENT SERVICES		
Selected Direct Primary Care (DPC*) Office Visit	$0 copay	N/A
Non-Selected PCP* Office Visit	Covered at 100% after deductible	50% coinsurance after deductible
Specialist Office Visit	Covered at 100% after deductible	50% coinsurance after deductible
Laboratory/X-Ray Services	Up to $100 copay	50% coinsurance after deductible
CT/PET/MRI/MRA/ Nuclear Medicine	Covered at 100% after deductible	Not covered
Surgical Procedures in selected DPC* Office	$0 copay	N/A
Surgical Procedures in other Physician's office	Covered at 100% after deductible	50% coinsurance after deductible
Outpatient Facility (e.g. ambulatory surgery center)	Covered at 100% after deductible	Not covered
Pre-Natal & Post-Natal Obstetrical Care	$25 copay	Not covered
Outpatient Mental Health Treatment	Covered at 100% after deductible	Not covered
Rehabilitation Services, Speech, Occupational & Physical Therapy	Covered at 100% after deductible	Not covered
INPATIENT SERVICES		
Hospital Confinement	Covered at 100% after deductible	50% coinsurance after deductible
Obstetrical Services (delivery & all patient services)	Covered at 100% after deductible	50% coinsurance after deductible
PRESCRIPTION DRUGS (30-DAY SUPPLY)		
Preventive Meds	$15 co pay not subject to deductible	Not covered
Generic	Covered at 100% after deductible	Not covered
Preferred Brand	Covered at 100% after deductible	Not covered
Non-Preferred Brand	Covered at 100% after deductible	Not covered
Specialty	Covered at 100% after deductible	Not covered
EMERGENCY CARE SERVICES		
Emergency Room Visit	Covered at 100% after deductible	50% coinsurance after deductible
Urgent Care Visit	Covered at 100% after deductible	50% coinsurance after deductible

AGE	TOBACCO FREE	TOBACCO USERS
18 & Under	$219.42	$329.13
19	$222.71	$334.07
20	$226.06	$339.09
21	$229.45	$344.18
22	$232.89	$349.34
23	$236.38	$354.57
24	$239.38	$359.90
25	$245.45	$368.18
26	$251.09	$376.64
27	$256.87	$385.31
28	$262.77	$394.16
29	$268.82	$403.23
30	$275.00	$412.50
31	$278.58	$417.87
32	$282.20	$423.30
33	$285.87	$428.81
34	$289.58	$434.37
35	$293.35	$440.03
36	$297.16	$445.74
37	$301.02	$451.53
38	$304.94	$457.41
39	$308.90	$463.35
40	$312.92	$469.38
41	$323.87	$485.81
42	$335.20	$502.80
43	$346.94	$520.41
44	$359.08	$538.62
45	$371.65	$557.48
46	$386.51	$579.77
47	$401.97	$602.96
48	$418.05	$627.08
49	$434.77	$652.16
50	$452.16	$678.24
51	$470.25	$705.38
52	$489.06	$733.59
53	$508.62	$762.93
54	$528.97	$793.46
55	$550.13	$825.20
56	$572.13	$858.20
57	$595.02	$892.53
58	$618.82	$928.23
59	$643.57	$965.36
60	$669.31	$1,003.97
61	$689.39	$1,034.09
62	$710.07	$1,065.11
63	$731.38	$1,097.07
64	$753.32	$1,129.98

PCP: Primary Care Physician **DPC:** Direct Primary Care

Got questions: 1-866-432-7887