



Plan Comparison

Plan Name	Zero 60	Zero 70	Zero 80	Zero 90	Zero Truly	Traditional
PCP Select	Decent Network DPC	Decent Network DPC	Decent Network DPC	Decent Network DPC	Decent Network DPC	Broad network PCP selection
HSA-Compatible?	No	No	No	No	No	Yes
Equivalent Metal Level	Bronze	Silver	Gold	Platinum	Platinum	Gold
Plan Description	Bronze level plan with no medical deductible. Decent's most popular plan.	Silver level plan with no medical deductible.	Gold level plan with no medical deductible.	Platinum level plan with no medical deductible.	\$0 copays on most everything.	Gold level plan for people who do not want to switch their primary care doctor.
Primary Care	FREE Primary Care	FREE Primary Care	FREE Primary Care	FREE Primary Care	FREE Primary Care	Fully covered after deductible
Individual/family deductible	See values below	See values below	See values below	See values below	See values below	\$3,000/ \$6,000
Individual/family Medical deductible	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	NA
Individual/family Pharmacy deductible	\$5,500 / \$11,000	\$5,500 / \$11,000	\$4,500/ \$9,000	\$3000/ \$6000	\$0 / \$0	No separate pharmacy deductible
Individual/family out of pocket max	\$8,150 / \$16,300	\$7,000/ \$14,000	\$6,000/ \$12,000	\$4500/ \$9000	\$2000/ \$4000	\$3000 / \$6000

Medication

Preventive medications	NA	NA	NA	NA	NA	\$15 copay or less
Generic drugs	\$5 copay or less	\$5 copay or less	\$5 copay or less	\$5 copay or less	\$0 copay	Fully covered after deductible
Preferred brand drugs	\$25 copay or less	\$25 copay or less	\$25 copay or less	\$25 copay or less	\$0 copay	Fully covered after deductible
Non-preferred brand drugs	\$200 copay or less	\$200 copay or less	\$200 copay or less	\$200 copay or less	50% coinsurance up to out of pocket Max	Fully covered after deductible
Specialty drugs	50% coinsurance after pharmacy deductible	50% coinsurance after pharmacy deductible	50% coinsurance after pharmacy deductible	50% coinsurance after pharmacy deductible	50% coinsurance up to out of pocket max	Fully covered after deductible



PREPARED ON: 5/7/2021

FOR COVERAGE STARTING: 7/1/2021

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Urgent Care	\$100 copay	\$100 copay	\$100 copay	\$35 copay	\$0 copay	Fully covered after deductible
Emergency Room Visits	\$500 copay	\$250 copay	\$250 copay	\$250 copay	\$0 copay	Fully covered after deductible
Emergency Medical Transportation	\$1000 copay	\$750 copay	\$750 copay	\$500 copay	\$0 copay	Fully covered after deductible
Labs	\$50 copay or less	\$50 copay or less	\$50 copay or less	\$35 copay or less	\$0 copay	Fully covered after deductible
Specialist Visits	\$85 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible
Physical, Occupational and Speech Therapy	\$85 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible
Mental Health Office Visits	\$50 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible
X-rays & diagnostic Imaging	\$85 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible
Outpatient Facility	\$1000 copay	\$750 copay	\$500 copay	\$500 copay	\$0 copay	Fully covered after deductible
Outpatient Professional	\$500 copay	\$500 copay	\$500 copay	\$500 copay	\$0 copay	Fully covered after deductible
Inpatient Hospital	\$3000 copay per day for a max of 2 days	\$2000 copay per day for a max of 2 days	\$1000 copay per day for a max of 2 days	\$500 copay per day for a max of 2 days	\$500 copay per day for a max of 2 days	Fully covered after deductible