



Plan Comparison

Plan Name	Zero Bronze	Zero Silver	Zero Gold	Zero Platinum	Zero Truly	Remote Saver Bronze	Remote Saver Silver	Traditional Gold
Average price for a 30 year old employee	\$253.50	\$301.50	\$346.50	\$450.00	\$649.80	236.70	\$328.00	\$427.50
PCP Select	Remote and In-Person	Remote and In-Person	Remote and In-Person	Remote and In-Person	Remote and In-Person	Remote	Remote	In-Person
HSA-Compatible?	No	No	No	No	No	YES	YES	YES
Metal Level	Bronze	Silver	Gold	Platinum	Platinum	Bronze	Silver	Gold
Plan Description	Bronze level plan with no medical deductible. All services have co-pays except specialty pharmacy	Silver level plan with no medical deductible. All services have co-pays except specialty pharmacy	Gold level plan with no medical deductible. All services have co-pays except specialty pharmacy.	Platinum level plan with no medical deductible. All services have co-pays except specialty pharmacy	Platinum level plan with no deductible, a very low out of pocket max, and \$0 copays on most services.	If you have or are going to set up an HSA, this plan offers you a low premium, compatible option.	Decent's most popular HSA compatible plan. A good pairing with the Zero Bronze option.	Gold level plan designed around traditional primary care doctors with a low out of pocket max.
Primary Care	FREE Primary Care	FREE Primary Care	FREE Primary Care	FREE Primary Care	FREE Primary Care	FREE Remote Primary Care	FREE Remote Primary Care	Fully covered after deductible
Individual/family deductible	See below	See below	See below	See below	\$0 / \$0	\$6,900 / \$13,800	\$4,250 / \$8,500	\$3,000/ \$6,000
Individual/family Medical deductible	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	NA	NA	NA
Individual/family Pharmacy deductible	\$5,500 / \$11,000	\$5,500 / \$11,000	\$4,500/\$9,000	\$3000/\$6000	No separate pharmacy deductible	No separate pharmacy deductible	No separate pharmacy deductible	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	\$6,900 / \$13,800	\$4,250 / \$8,500	\$3,000/ \$6,000

Medication

Preventive medications	NA	NA	NA	NA	NA	\$15 copay or less	\$15 copay or less	\$15 copay or less
Generic drugs	\$5 copay or less	\$5 copay or less	\$5 copay or less	\$5 copay or less	\$0 copay	\$15 copay or less	\$15 copay or less	\$15 copay or less
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	Fully covered after deductible	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	Fully covered after deductible	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	Fully covered after deductible	Fully covered after deductible

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Labs	\$50 copay or less	\$50 copay or less	\$50 copay or less	\$50 copay or less	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Specialist visits	\$85 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Physical, occupational and speech therapy	\$85 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Mental health office visits	\$50 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
X-rays & diagnostic imaging	\$85 copay	\$50 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
MRIs & advanced imaging	\$200 copay	\$100 copay	\$50 copay	\$35 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Emergency room visits	\$500 copay	\$250 copay	\$250 copay	\$250 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$35 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Emergency medical transportation	\$1000 copay	\$750 copay	\$750 copay	\$500 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Outpatient facility	\$1000 copay	\$750 copay	\$500 copay	\$500 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	Fully covered after deductible
Outpatient professional	\$500 copay	\$500 copay	\$500 copay	\$500 copay	\$0 copay	Fully covered after deductible	Fully covered after deductible	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	Fully covered after deductible	Fully covered after deductible