



Saver 70 HEALTH PLAN

Average monthly premiums for a 30 year old	\$328.00
IN-NETWORK	
HSA eligible	Yes
Calendar year deductible	\$4,250 Individual \$8,500 Family
Calendar year out of pocket maximum	\$4,250 Individual \$8,500 Family
SERVICES	
Primary Care	FREE Remote Direct Primary Care
Specialist office visit	Fully covered after deductible
Laboratory services	Fully covered after deductible
Physical, occupational and speech therapy	Fully covered after deductible
Mental health office visits	Fully covered after deductible
X-rays & diagnostic imaging	Fully covered after deductible
MRIs & advanced imaging	Fully covered after deductible
Outpatient facility	Fully covered after deductible
Outpatient professional	Fully covered after deductible
Inpatient hospital	Fully covered after deductible
PRESCRIPTION DRUGS	
Preventive medications	\$15 copay or less
Generic drugs	Fully covered after deductible
Preferred brand drugs	Fully covered after deductible
Non-preferred brand drugs	Fully covered after deductible
Specialty drugs	Fully covered after deductible
EMERGENCY CARE SERVICES	
Emergency room visits	Fully covered after deductible
Urgent care	Fully covered after deductible
Emergency medical transportation	Fully covered after deductible