



ZERO BRONZE HEALTH PLAN

Average monthly premiums for a 30 year old	\$253.50
IN-NETWORK	
HSA eligible	No
Calendar year medical deductible	\$0 Individual \$0 Family
Calendar year pharmacy deductible	\$5,500 Individual \$11,000 Family
Calendar year out of pocket maximum	\$8,150 Individual \$16,300 Family
COINSURANCE	
Primary Care	FREE Direct Primary Care
Specialist office visit	\$85 copay
Laboratory services	\$50 copay or less
Physical, occupational and speech therapy	\$85 copay
Mental health office visits	\$50 copay
X-rays & diagnostic imaging	\$50 copay or less
MRIs & advanced imaging	\$200 copay
Outpatient facility	\$1000 copay
Outpatient professional	\$500 copay
Inpatient hospital	\$3000 copay per day for a max of 2 days
PHARMACY	
Generic drugs	\$5 copay or less
Preferred brand drugs	\$25 copay or less
Non-preferred brand drugs	\$200 copay or less
Specialty drugs	50% coinsurance after pharmacy deductible
EMERGENCY	
Emergency room visits	\$500 copay
Urgent care	\$100 copay
Emergency medical transportation	\$1000 copay