# Zero 60 2021

## Average monthly premiums for a 30 year old

<table>
<thead>
<tr>
<th>Service Type</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remote Direct primary care</td>
<td>$236.98</td>
<td></td>
</tr>
<tr>
<td>In-Person Direct primary care</td>
<td>$270.00</td>
<td></td>
</tr>
</tbody>
</table>

## Calendar year medical deductible

<table>
<thead>
<tr>
<th>Type</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year out of pocket maximum</td>
<td>$8,150</td>
<td>$16,300</td>
</tr>
</tbody>
</table>

## Outpatient Services

### Selected direct primary care type visit
- Copay: $0
- N/A

### Non-direct primary care PCP
- Copay: $85
- Not covered

### Specialist office visit
- Copay: $85
- Not covered

### Laboratory/X-Ray services
- Copay: $50
- Not covered

### CT/PET/MRI/MRA/Nuclear medicine
- Copay: $200
- Not covered

### Preventative care / screening / immunization
- Copay: $0
- Not covered

### Surgical procedures in physician's office
- Copay: $300
- Not covered

### Outpatient facility (e.g. ambulatory surgery center)
- Copay: $1,000
- Not covered

### Childbirth / delivery / professional / facility fees
- Copay: $1,500
- Not covered

### Outpatient mental health treatment
- Copay: $50
- Not covered

### Rehabilitation services, speech, occupational & physical therapy
- Copay: $85
- Not covered

## Inpatient Services

### Hospital confinement
- Copay: $3,000
- Not covered

## Prescription Drugs (30-Day Supply)

### Generic
- Copay: $5
- Not covered

### Preferred brand
- Copay: $35
- Not covered

### Non-preferred brand
- Copay: $200
- Not covered

### Specialty
- Copay: 50% after deductible
- Not covered

### Specialty pharmaceutical deductible
- Copay: $5,500 Individual
- $11,000 Family

## Emergency Care Services

### Emergency room visit
- Copay: $1,000
- $2,000

### Emergency medical transportation
- Copay: $1,000
- $1,000

### Urgent care visit
- Copay: $100
- $200