



ZERO PLATINUM 2021

Average monthly premiums for a 30 year old	<u>Remote</u> Direct primary care	\$378.00
	<u>In-Person</u> Direct primary care	\$411.30

	IN-NETWORK	OUT-OF-NETWORK
Calendar year medical deductible		\$0 Individual \$0 Family
Calendar year out of pocket maximum	\$7,000 Individual \$14,000 Family	N/A N/A

OUTPATIENT SERVICES

Selected direct primary care type visit	\$0 copay	N/A
Non-direct primary care PCP	\$50 copay	Not covered
Specialist office visit	\$50 copay	Not covered
Laboratory/X-Ray services	\$50 copay	Not covered
CT/PET/MRI/MRA/Nuclear medicine	\$50 copay	Not covered
Preventative care / screening / immunization	\$0 copay	Not covered
Surgical procedures in physician's office	\$250 copay	Not covered
Outpatient facility (e.g. ambulatory surgery center)	\$250 copay	Not covered
Childbirth / delivery / professional / facility fees	\$250 copay	Not covered
Outpatient mental health treatment	\$50 copay	Not covered
Rehabilitation services, speech, occupational & physical therapy	\$50 copay	Not covered

INPATIENT SERVICES

Hospital confinement	\$250 copay	Not covered
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PRESCRIPTION DRUGS (30-DAY SUPPLY)

Generic	\$5 copay	Not covered
Preferred brand	\$25 copay	Not covered
Non-preferred brand	\$200 copay	Not covered
Specialty	50% after deductible	Not covered
Specialty pharmaceutical deductible		\$5,500 Individual \$11,000 Family

EMERGENCY CARE SERVICES

Emergency room visit	\$250 copay	\$1,000 copay
Emergency medical transportation	\$250 copay	\$1,000 copay
Urgent care visit	\$100 copay	\$300 copay