



Zero 90 HEALTH PLAN

Average monthly premiums for a 30 year old	\$450.00
IN-NETWORK	
HSA eligible	No
Calendar year medical deductible	\$0 Individual \$0 Family
Calendar year pharmacy deductible	\$3,000 Individual \$6,000 Family
Calendar year out of pocket maximum	\$4,500 Individual \$9,000 Family
SERVICES	
Primary Care	FREE Direct Primary Care
Specialist office visit	\$35 copay
Laboratory services	\$35 copay
Physical, occupational and speech therapy	\$35 copay
Mental health office visits	\$35 copay
X-rays & diagnostic imaging	\$35 copay
MRIs & advanced imaging	\$35 copay
Outpatient facility	\$500 copay
Outpatient professional	\$500 copay
Inpatient hospital	\$500 copay per day for a max of 2 days
PRESCRIPTION DRUGS	
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 CARE SERVICES	
Emergency room visits	\$250 copay
Urgent care	\$35 copay
Emergency medical transportation	\$500 copay