HDHP Path to $0

Two decisions to make before launch

With ZERO's Path to $0, your HDHP-enrolled employees can reach $0 healthcare through ZERO. This is structured so ZERO never pays first dollar outside of covered preventive care, which preserves HSA eligibility for those enrolled in HSA-qualified plans. Rolling this out involves two decisions on your side. Both require your team, and typically your benefits counsel, to weigh in.

Decision 1: When HDHP Members Access ZERO

Day-One Access

Employees use ZERO immediately, paying contracted rates (at least 30% below list price) that count toward their deductible.

Requires updating your SPD to authorize the deductible credit.

OR

Deductible-First Access

Employees meet the threshold through normal medical plan usage only. Then, access to ZERO is available for the remainder of the plan year.

If you choose Day-One access:

- **ZERO provides documentation** (claims reports, receipts) confirming these are qualified medical expenses for plan-covered services.
- **Your TPA updates deductible accumulators using that documentation**, but only if your plan document authorizes crediting payments made directly to a contracted vendor like ZERO.
- **This is a decision for your ERISA/benefits counsel.** ZERO doesn't draft plan language or advise on your compliance requirements; we supply the payment mechanics and documentation your counsel and TPA need.

Decision 2: Choose the Threshold

	Option 1: IRS Minimum	Option 2: Your Full Plan Deductible
Threshold	$1,700 individual / $3,400 family (2026) $1,750 individual / $3,500 family (2027)	Your plan's actual deductible (e.g., $4,000 individual / $8,000 family)
When $0 begins	The earliest point allowed under IRS rules	Matches your existing plan design
Family coverage	Family total (any combination of Members) must reach the threshold first	Depends on embedded vs. non-embedded design (see below)
Positioning	*"Members have access to $0 healthcare as early as the IRS allows"*	*"ZERO mirrors your existing plan design"*

If you choose Option 2, one more detail determines how it plays out: is your plan embedded or non-embedded?

- **Embedded:** each Member reaches $0 individually once their own spending hits the individual deductible amount. They don't have to wait on the rest of the family.
- **Non-embedded (aggregate):** no one reaches $0 until the family's combined spending hits the full family deductible amount.

Both options keep you compliant with IRS rules. The choice affects how soon Members reach $0, not whether the arrangement is permitted.

This is for general informational purposes only and isn't legal, tax, or compliance advice. We'd encourage you to review any plan document changes with your own benefits counsel.

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