

# 2020 Small Group Plans Iowa - HMO



Benefits	Platinum P501	Platinum P502	Platinum P503	Platinum P504 Maintenance
Deductible (Single / Family)	\$0/\$0	\$500 / \$1,000	\$1000 / \$2,000	\$0 / \$0
Coinsurance	0%	20%	10%	0%
Maximum Out-of-Pocket	\$4,500 / \$9,000	\$1,250 / \$2,500	\$1,500 / \$3,000	\$7,900 / \$15,800
e-Visits	\$30	\$15	\$10	\$10
Office Visit Copay (PCP / Specialist)	\$40 / \$70	\$25 / \$50	\$20 / \$40	\$20 / \$40
Urgent Care Copay	\$70	\$50	\$40	\$40
Emergency Room Copay	\$400	\$100	\$150	\$500
Mental Health Outpatient Copay	\$40	\$25	\$20	\$20
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$2,500 per diem IP/ Ded & Coins
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	No	No	No	No
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">SSEF9W2DP</a>	<a href="#">T3MMNXOX</a>	<a href="#">XPLTYFF</a>	<a href="#">MSYOGEDIDA</a>

Aggregate means that if more than one person is covered by the plan, the "per person" deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person's claims may satisfy the entire family deductible. Likewise, the "per person" Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,150.

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Benefits	Gold G401	Gold G402	Gold G403	Gold G404 Maintenance
Deductible (Single / Family)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$1,500 / \$3,000
Coinsurance	30%	20%	0%	0%
Maximum Out-of-Pocket	\$5,000 / \$10,000	\$4,000 / \$8,000	\$3,500 / \$7,000	\$7,900 / \$15,800
e-Visits	\$15	\$20	Deductible & Coinsurance	\$15
Office Visit Copay (PCP / Specialist)	\$25 / \$50	\$30 / \$70	Deductible & Coinsurance	\$25 / \$50
Urgent Care Copay	\$50	\$70	Deductible & Coinsurance	\$50
Emergency Room Copay	\$200	\$400	Deductible & Coinsurance	\$500
Mental Health Outpatient Copay	\$25	\$30	Deductible & Coinsurance	\$25
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$4,000 per diem IP/Ded & Coins
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	No	No	No	No
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">L75TWP0N0</a>	<a href="#">SYSNDQKK</a>	<a href="#">A0508DDT</a>	<a href="#">LZJQLCK1</a>

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Benefits	Gold G405 HSA Aggregate	Gold G406 HSA Embedded
Deductible (Single / Family)	\$2,250 / \$4,500	\$3,000 / \$6,000
Coinsurance	0%	0%
Maximum Out-of-Pocket	\$2,250/\$4,500	\$3,000 / \$6,000
e-Visits	Deductible & Coinsurance	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No
HSA Eligible?	Yes	Yes
Embedded/Aggregate	Aggregate	Embedded
Creditable Coverage	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">NHSBOZ</a>	<a href="#">JF44VQA</a>

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# 2020 Small Group Plans Iowa - HMO



Benefits	Silver S301	Silver S302	Silver S303	Silver S304
Deductible (Single / Family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,500 / \$9,000
Coinsurance	40%	50%	20%	30%
Maximum Out-of-Pocket	\$7,000 / \$14,000	\$7,900 / \$15,800	\$7,500 / \$15,000	\$7,900 / \$15,800
e-Visits	Deductible & Coinsurance	\$30	\$30	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible & Coinsurance	\$70 / \$120	\$75 / \$130	Deductible & Coinsurance
Urgent Care Copay	Deductible & Coinsurance	\$120	\$130	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	\$600	\$600	Deductible & Coinsurance
Mental Health Outpatient Copay	Deductible & Coinsurance	\$70	\$75	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$5 / \$10 / \$55 / \$125 / \$225	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	\$5 / \$10 / \$55 / \$125 / \$225
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	No	No	No	No
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">A2BN7425</a>	<a href="#">Q1ACNHG8NF</a>	<a href="#">HR4H6K1U0</a>	<a href="#">MI1Y26GF</a>

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Benefits	Silver S305	Silver S306 HSA Embedded	Silver S307 HSA Embedded
Deductible (Single / Family)	\$5,000 / \$10,000	\$4,250 / \$8,500	\$5,000 / \$10,000
Coinsurance	50%	0%	0%
Maximum Out-of-Pocket	\$7,900 / \$15,800	\$4,250 / \$8,500	\$5,000 / \$10,000
e-Visits	\$30	Deductible & Coinsurance	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$40 / \$70	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	\$70	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	\$550	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$40	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$20 / \$70 / \$150 / \$300	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No
HSA Eligible?	No	Yes	Yes
Embedded/Aggregate	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">SSU2J1BQ0</a>	<a href="#">ETSZDTAR4D</a>	<a href="#">OTLYB1HPM</a>

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Benefits	Bronze B201	Bronze B202 HSA Embedded
Deductible (Single / Family)	\$6,750 / \$13,500	\$6,750 / \$13,500
Coinsurance	50%	0%
Maximum Out-of-Pocket	\$8,150 / \$16,300	\$6,750 / \$13,500
e-Visits	\$30	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$85 / \$170	Deductible & Coinsurance
Urgent Care Copay	\$170	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$85	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$20 / \$80 / \$175 / \$300	Deductible & Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No
HSA Eligible?	No	Yes
Embedded/Aggregate	Embedded	Embedded
Creditable Coverage	Creditable	Not Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">UOZ78L2BC</a>	<a href="#">FDCGYI0UC</a>

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# 2020 Small Group Plans Iowa - POS



Benefits	Platinum P501		Platinum P502		Platinum P503	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$0 / \$0	\$1,000 / \$2,000	\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000
<b>Coinsurance</b>	0%	20%	20%	40%	10%	30%
<b>Maximum Out-of-Pocket</b>	\$4,500 / \$9,000	\$5,000 / \$10,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>e-Visits</b>	\$30	N/A	\$15	N/A	\$10	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$40 / \$70	Deductible & Coinsurance	\$25 / \$50	Deductible & Coinsurance	\$20 / \$40	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$70	Deductible & Coinsurance	\$50	Deductible & Coinsurance	\$40	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$400	\$400	\$100	\$100	\$150	\$150
<b>Mental Health Outpatient Copay</b>	\$40	Deductible & Coinsurance	\$25	Deductible & Coinsurance	\$20	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">T91MAIGIEW</a>		<a href="#">E2SS1HT</a>		<a href="#">IMSFWJ31BO</a>	

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# 2020 Small Group Plans Iowa - POS



Benefits	Platinum P504 Maintenance	
	In Network	Out-of-Network
Deductible (Single / Family)	\$0 / \$0	\$1,000 / \$2,000
Coinsurance	0%	20%
Maximum Out-of-Pocket	\$7,900 / \$15,800	\$8,000 / \$16,000
e-Visits	\$10	N/A
Office Visit Copay (PCP / Specialist)	\$20 / \$40	Deductible & Coinsurance
Urgent Care Copay	\$40	Deductible & Coinsurance
Emergency Room Copay	\$500	\$500
Mental Health Outpatient Copay	\$20	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	\$2,500 per diem IP/Ded & Coins	Deductible & Coinsurance
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	
Dental Coverage Available for an Additional Charge?	No	
HSA Eligible?	No	
Embedded/Aggregate	Embedded	
Creditable Coverage	Creditable	
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">HQ3FR7H1</a>	

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# 2020 Small Group Plans Iowa - POS



Benefits	Gold G401		Gold G402		Gold G403	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,500 / \$7,000	\$5,000 / \$10,000
<b>Coinsurance</b>	30%	50%	20%	40%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$5,000 / \$10,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,500 / \$7,000	\$10,000 / \$20,000
<b>e-Visits</b>	\$15	N/A	\$20	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$25 / \$50	Deductible & Coinsurance	\$30 / \$70	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$50	Deductible & Coinsurance	\$70	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$200	\$200	\$400	\$400	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$25	Deductible & Coinsurance	\$30	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">RD107KY</a>		<a href="#">G0G9TR6Q</a>		<a href="#">F9ZU0Z10</a>	

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# 2020 Small Group Plans Iowa - POS



Benefits	Gold G404 Maintenance		Gold G405 HSA Aggregate		Gold G406 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$1,500 / \$3,000	\$7,000 / \$14,000	\$2,250 / \$4,500	\$4,500 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Coinsurance</b>	0%	20%	0%	20%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$7,900 / \$15,800	\$14,000 / \$28,000	\$2,250 / \$4,500	\$9,000 / \$18,000	\$3,000 / \$6,000	\$12,000 / \$24,000
<b>e-Visits</b>	\$15	N/A	Deductible & Coinsurance	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$25 / \$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$500	\$500	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$25	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	\$4,000 per diem IP/Ded & Coins	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		Yes		Yes	
<b>Embedded/Aggregate</b>	Embedded		Aggregate		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">IXW3HW6GO</a>		<a href="#">OOTVC2NK</a>		<a href="#">ORIKZ0</a>	

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# 2020 Small Group Plans Iowa - POS



Benefits	Silver S301		Silver S302		Silver S303	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
<b>Coinsurance</b>	40%	50%	50%	50%	20%	30%
<b>Maximum Out-of-Pocket</b>	\$7,000 / \$14,000	\$14,000 / \$28,000	\$7,900 / \$15,800	\$15,800 / \$31,600	\$7,500 / \$15,000	\$15,000 / \$30,000
<b>e-Visits</b>	Deductible & Coinsurance	N/A	\$30	N/A	\$30	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$70 / \$120	Deductible & Coinsurance	\$75 / \$130	Deductible & Coinsurance
<b>Urgent Care Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$120	Deductible & Coinsurance	\$130	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$600	\$600	\$600	\$600
<b>Mental Health Outpatient Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$70	Deductible & Coinsurance	\$75	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$55 / \$125 / \$225	\$5 / \$10 / \$55 / \$125 / \$225	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">DX6B1OK</a>		<a href="#">CA5D2AY</a>		<a href="#">CGPG83A5</a>	

Aggregate means that if more than one person is covered by the plan, the “per person” deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person’s claims may satisfy the entire family deductible. Likewise, the “per person” Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,150.

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# 2020 Small Group Plans Iowa - POS



Benefits	Silver S304		Silver S305		Silver S306 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$4,500 / \$9,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$4,250 / \$8,500	\$8,500 / \$17,000
<b>Coinsurance</b>	30%	50%	50%	50%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$7,900 / \$15,800	\$14,000 / \$28,000	\$7,900 / \$15,800	\$14,000 / \$28,000	\$4,250 / \$8,500	\$17,000 / \$34,000
<b>e-Visits</b>	Deductible & Coinsurance	N/A	\$30	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$40 / \$70	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$70	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$550	\$550	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$40	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$55 / \$125 / \$225	\$5 / \$10 / \$55 / \$125 / \$225	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		Yes	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">K31ML9</a>		<a href="#">HJTMYA1GAN</a>		<a href="#">K78S9J</a>	

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# 2020 Small Group Plans

## Iowa - POS



Benefits	Silver S307 HSA Embedded	
	In Network	Out-of-Network
Deductible (Single / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Coinsurance	0%	20%
Maximum Out-of-Pocket	\$5,000 / \$10,000	\$20,000 / \$40,000
e-Visits	Deductible & Coinsurance	N/A
Office Visit Copay (PCP / Specialist)	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	
Dental Coverage Available for an Additional Charge?	No	
HSA Eligible?	Yes	
Embedded/Aggregate	Embedded	
Creditable Coverage	Creditable	
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">FM13D7AY</a>	

Aggregate means that if more than one person is covered by the plan, the “per person” deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person’s claims may satisfy the entire family deductible. Likewise, the “per person” Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,150.

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# 2020 Small Group Plans Iowa - POS



Benefits	Bronze B201		Bronze B202 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$6,750 / \$13,500	\$9,000 / \$18,000	\$6,750 / \$13,500	\$10,000 / \$20,000
<b>Coinsurance</b>	50%	50%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$8,150 / \$16,300	\$12,000 / \$24,000	\$6,750 / \$13,500	\$20,000 / \$40,000
<b>e-Visits</b>	\$30	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$85 / \$170	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$170	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$85	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$10 / \$20 / \$80 / \$175 / \$300	\$10 / \$20 / \$80 / \$175 / \$300	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No	
<b>HSA Eligible?</b>	No		Yes	
<b>Embedded/Aggregate</b>	Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Not Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">LORPB9K3</a>		<a href="#">W50PNP9EL</a>	

Aggregate means that if more than one person is covered by the plan, the “per person” deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person’s claims may satisfy the entire family deductible. Likewise, the “per person” Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,150.

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# 2020 Small Group Plans Iowa - PPO



Benefits	Platinum P501		Platinum P502		Platinum P503	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$0 / \$0	\$1,000 / \$2,000	\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000
<b>Coinsurance</b>	0%	20%	20%	40%	10%	30%
<b>Maximum Out-of-Pocket</b>	\$4,500 / \$9,000	\$5,000 / \$10,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>e-Visits</b>	\$30	N/A	\$15	N/A	\$10	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$50	Deductible & Coinsurance	\$25	Deductible & Coinsurance	\$20	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$70	Deductible & Coinsurance	\$50	Deductible & Coinsurance	\$40	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$400	\$400	\$100	\$100	\$150	\$150
<b>Mental Health Outpatient Copay</b>	\$50	Deductible & Coinsurance	\$25	Deductible & Coinsurance	\$20	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">WURRZCDBY8</a>		<a href="#">WYZVEW6GXE</a>		<a href="#">IJ27HE42</a>	

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# 2020 Small Group Plans Iowa - PPO



Benefits	Platinum P504 Maintenance	
	In Network	Out-of-Network
Deductible (Single / Family)	\$0 / \$0	\$1,000 / \$2,000
Coinsurance	0%	20%
Maximum Out-of-Pocket	\$7,900 / \$15,800	\$8,000 / \$16,000
e-Visits	\$10	N/A
Office Visit Copay (PCP / Specialist)	\$20	Deductible & Coinsurance
Urgent Care Copay	\$40	Deductible & Coinsurance
Emergency Room Copay	\$500	\$500
Mental Health Outpatient Copay	\$20	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	\$2,500 per diem IP/Ded & Coins	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	
Dental Coverage Available for an Additional Charge?	No	
HSA Eligible?	No	
Embedded/Aggregate	Embedded	
Creditable Coverage	Creditable	
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">VLUPK7</a>	

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# 2020 Small Group Plans Iowa - PPO



Benefits	Gold G401		Gold G402		Gold G403	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,500 / \$7,000	\$5,000 / \$10,000
<b>Coinsurance</b>	30%	50%	20%	40%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$5,000 / \$10,000	\$8,000 / \$16,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$3,500 / \$7,000	\$10,000 / \$20,000
<b>e-Visits</b>	\$15	N/A	\$30	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$35	Deductible & Coinsurance	\$40	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$50	Deductible & Coinsurance	\$60	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$200	\$200	\$250	\$250	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$35	Deductible & Coinsurance	\$40	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">EAVKGCWG</a>		<a href="#">FVJ353MWT</a>		<a href="#">LZJTLY38N</a>	

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# 2020 Small Group Plans Iowa - PPO



Benefits	Gold G404 Maintenance		Gold G405 HSA Aggregate		Gold G406 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$1,500 / \$3,000	\$7,000 / \$14,000	\$2,250 / \$4,500	\$4,500 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Coinsurance</b>	0%	20%	0%	20%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$7,900 / \$15,800	\$14,000 / \$28,000	\$2,250 / \$4,500	\$9,000 / \$18,000	\$3,000 / \$6,000	\$12,000 / \$24,000
<b>e-Visits</b>	\$15	N/A	Deductible & Coinsurance	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$25	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$500	\$500	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$25	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	\$4,000 per diem IP/Ded & Coins	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$10 / \$40 / \$80 / \$200	\$10 / \$40 / \$80 / \$200	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		Yes		Yes	
<b>Embedded/Aggregate</b>	Embedded		Aggregate		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">VLUPK7</a>		<a href="#">KFAOESDN</a>		<a href="#">T2WYT36K6</a>	

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# 2020 Small Group Plans Iowa - PPO



Benefits	Silver S301		Silver S302		Silver S303	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
<b>Coinsurance</b>	40%	50%	50%	50%	20%	30%
<b>Maximum Out-of-Pocket</b>	\$7,000 / \$14,000	\$14,000 / \$28,000	\$7,900 / \$15,800	\$15,800 / \$31,600	\$7,500 / \$15,000	\$15,800 / \$31,600
<b>e-Visits</b>	Deductible & Coinsurance	N/A	\$30	N/A	\$30	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$70	Deductible & Coinsurance	\$90	Deductible & Coinsurance
<b>Urgent Care Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$120	Deductible & Coinsurance	\$130	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$600	\$600	\$600	\$600
<b>Mental Health Outpatient Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$70	Deductible & Coinsurance	\$90	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$10 / \$55 / \$125 / \$225	\$10 / \$55 / \$125 / \$225	\$20 / \$70 / \$150 / \$300	\$20 / \$70 / \$150 / \$300	\$20 / \$70 / \$150 / \$300	\$20 / \$70 / \$150 / \$300
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">X4DKY7</a>		<a href="#">V32DYUFO</a>		<a href="#">FB8C53Q66I</a>	

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# 2020 Small Group Plans Iowa - PPO



Benefits	Silver S304		Silver S305		Silver S306 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$4,500 / \$9,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$4,250 / \$8,500	\$8,500 / \$17,000
<b>Coinsurance</b>	30%	50%	50%	50%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$7,900 / \$15,800	\$14,000 / \$28,000	\$8,150 / \$16,300	\$14,000 / \$28,000	\$4,250 / \$8,500	\$17,000 / \$34,000
<b>e-Visits</b>	Deductible & Coinsurance	N/A	\$30	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$60	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$500	\$500	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$10 / \$55 / \$125 / \$225	\$10 / \$55 / \$125 / \$225	\$20 / \$70 / \$150 / \$300	\$20 / \$70 / \$150 / \$300	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		Yes	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">SW1VZOBMZ</a>		<a href="#">RWHPCN9X</a>		<a href="#">O1SECESU6Z</a>	

Aggregate means that if more than one person is covered by the plan, the "per person" deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person's claims may satisfy the entire family deductible. Likewise, the "per person" Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,150.

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# 2020 Small Group Plans

## Iowa - PPO



Benefits	Silver S307 HSA Embedded	
	In Network	Out-of-Network
Deductible (Single / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Coinsurance	0%	20%
Maximum Out-of-Pocket	\$5,000 / \$10,000	\$20,000 / \$40,000
e-Visits	Deductible & Coinsurance	N/A
Office Visit Copay (PCP / Specialist)	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	
Dental Coverage Available for an Additional Charge?	No	
HSA Eligible?	Yes	
Embedded/Aggregate	Embedded	
Creditable Coverage	Creditable	
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">KXHD3FAR</a>	

Aggregate means that if more than one person is covered by the plan, the “per person” deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person’s claims may satisfy the entire family deductible. Likewise, the “per person” Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,150.

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# 2020 Small Group Plans Iowa - PPO



Benefits	Bronze B201		Bronze B202 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$6,800 / \$13,600	\$9,000 / \$18,000	\$6,750 / \$13,500	\$10,000 / \$20,000
<b>Coinsurance</b>	50%	50%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$8,150 / \$16,300	\$12,000 / \$24,000	\$6,750 / \$13,500	\$20,000 / \$40,000
<b>e-Visits</b>	\$30	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$100	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$170	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$100	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$20 / \$80 / \$175 / \$300	\$20 / \$80 / \$175 / \$300	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No	
<b>HSA Eligible?</b>	No		Yes	
<b>Embedded/Aggregate</b>	Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Not Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">SXBR4WTCQ</a>		<a href="#">Z5WLRZGQM</a>	

Aggregate means that if more than one person is covered by the plan, the “per person” deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person’s claims may satisfy the entire family deductible. Likewise, the “per person” Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,150.

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