

2020 Small Group Plans Minnesota - 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	OPZVJP	WVM1GG96N	OBESZ29KAN	HVC2PAZ

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	SKP2IM0EG	FW377BLC	ELW9Z4ZQC9	OHHW74ZBF

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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	BL5G91IL	A08DPO

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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	WVK3VIJ2Z	Q1CDP4J66	ZE28X2P	QSMWAQG

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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	CVVGS5UEP	CT29H3N	NRBUH1

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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)	\$80 / \$170	Deductible & Coinsurance
Urgent Care Copay	\$170	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$80	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	C0285A	ZRK1NC8KY

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