

## Individual & Family Plan Options – Wisconsin 2021

### Quartz One Network

(Adams, Buffalo, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Richland, Rock, Sauk, Trempealeau, Vernon, Walworth, Waukesha, Waushara counties)

### Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

## YOUR QUOTE INFORMATION

County:

Individuals Covered:

Benefits	Quartz One Gold I401	Quartz One Gold I402 Maintenance	Quartz One Gold I403 HSA*	Quartz One Gold I404 HSA*	Quartz One Gold I405
Deductible (Single / Family)	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Coinsurance	30%	0%	0%	10%	40%
Maximum Out-of-Pocket	\$7,000 / \$14,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$6,650 / \$13,300	\$6,500 / \$13,000
e-Visits	\$20	\$30	Deductible & Coinsurance	Deductible & Coinsurance	\$20
Office Visit Copay (PCP / Specialist)	\$30 / \$70	\$40 / \$90	Deductible & Coinsurance	Deductible & Coinsurance	\$30 / \$60
Urgent Care Copay	\$70	\$90	Deductible & Coinsurance	Deductible & Coinsurance	\$60
Emergency Room Copay	\$250	\$500	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$30	\$40	Deductible & Coinsurance	Deductible & Coinsurance	\$30
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	\$2,500 per diem IP / Ded & Coins	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$40 / \$80 / 45%	\$10 / \$75 / \$150 / \$450	Deductible & Coinsurance	Deductible & Coinsurance	\$35 / \$150 / \$250 / 45%
Dental Coverage Available for an Additional Charge?	Yes	Yes	No	No	Yes
HSA Eligible?	No	No	Yes*	Yes*	No
Summary of Benefits of Coverage (SBC) Tracking ID	Q1G215110000	Q1G215109200	Q1G215404700	Q1G215400500	Q1G215113900
Monthly Premium (no Dental)					
Monthly Premium (with Dental)			N / A	N / A	

\*Quartz HSA and Deductible family plans have an aggregate deductible. 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 \$8,550.

Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Quartz does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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### Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

## YOUR QUOTE INFORMATION

County:

Individuals Covered:

Benefits	Quartz One Silver I301	Quartz One Silver I302	Quartz One Silver I303	Quartz One Silver I304 HSA*
Deductible (Single / Family)	\$4,400 / \$8,800	\$5,000 / \$10,000	\$8,500 / \$17,000	\$5,250 / \$10,500
Coinsurance	40%	50%	50%	0%
Maximum Out-of-Pocket	\$8,150 / \$16,300	\$7,900 / \$15,800	\$8,550 / \$17,100	\$5,250 / \$10,500
e-Visits	\$30	\$30	\$30	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$50 / \$90	\$50 / \$100	\$75 / \$160	Deductible & Coinsurance
Urgent Care Copay	\$90	\$100	\$300	Deductible & Coinsurance
Emergency Room Copay	\$550	\$500	\$700	Deductible & Coinsurance
Mental Health Outpatient Copay	\$50	\$50	\$75	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$20 / \$85 / \$150 / 45%	\$20 / \$75 / \$150 / 45%	\$35 / \$125 / \$250 / 45%	Deductible & Coinsurance
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes	No
HSA Eligible?	No	No	No	Yes*
Summary of Benefits of Coverage (SBC) Tracking ID	Q1S215112300	Q1S215112400	Q1S215112500	Q1S215405800
Monthly Premium (no Dental)				
Monthly Premium (with Dental)				N / A

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### Bronze Plans

These plans will cover about 60% of your service and you are responsible for the other 40%

## YOUR QUOTE INFORMATION

County:

Individuals Covered:

Benefits	Quartz One Bronze I201	Quartz One Bronze I202	Quartz One Bronze I203 HSA*	Quartz One Bronze I204
Deductible (Single / Family)	\$8,000 / \$16,000	\$8,200 / \$16,400	\$6,850 / \$13,700	\$2,450 / \$4,900
Coinsurance	50%	0%	0%	50%
Maximum Out-of-Pocket	\$8,250 / \$16,500	\$8,200 / \$16,400	\$6,850 / \$13,700	\$8,550 / \$17,100
e-Visits	\$30	\$30	Deductible & Coinsurance	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$80 / \$160	\$50 / \$100	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	\$160	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$80	\$50	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$35 / \$160 / \$250 / 45%	Deductible & Coinsurance	Deductible & Coinsurance	\$30 / \$160 / Deductible & 70% / \$600
Dental Coverage Available for an Additional Charge?	Yes	Yes	No	Yes
HSA Eligible?	No	No	Yes*	No
Summary of Benefits of Coverage (SBC) Tracking ID	Q1B215114100	Q1B215110300	Q1B215400700	Q1B215114200
Monthly Premium (no Dental)				
Monthly Premium (with Dental)			N / A	

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### Catastrophic

Only individuals under 30 years old or with a hardship exemption qualify for Catastrophic Plans

Benefits	Quartz One Catastrophic I101
Deductible (Single / Family)	\$8,550 / \$17,100
Coinsurance	0%
Maximum Out-of-Pocket	\$8,550 / \$17,100
e-Visits	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$0* / Deductible & Coinsurance
Urgent Care Copay	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance
Mental Health Outpatient Copay	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance
Pharmacy Copay	Deductible & Coinsurance
Dental Coverage Available for an Additional Charge?	No
HSA Eligible?	No
Summary of Benefits of Coverage (SBC) Tracking ID	Q1C215400800
Monthly Premium (no Dental)	
Monthly Premium (with Dental)	N / A

\*Only applies to the first three office visits with PCP, then deductible and coinsurance apply.

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