

Individual & Family Plan Options – Wisconsin 2020

Quartz One Network

(Adams, Buffalo, Crawford, Fond Du Lac, Grant, Green Lake, Jackson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Richland, Rock, Trempealeau, Vernon, Walworth and Waushara Counties)

Gold Plans

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

Benefits	Quartz One Gold I401	Quartz One Gold I402 Maintenance	Quartz One Gold I403 HSA*	Quartz One Gold I404 HSA*
Deductible (Single / Family)	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000
Coinsurance	30%	0%	0%	10%
Maximum Out-of-Pocket	\$7,900 / \$15,800	\$7,900 / \$15,800	\$3,000 / \$6,000	\$6,650 / \$13,300
e-Visits	\$20	\$30	Deductible & Coinsurance	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$30 / \$70	\$40 / \$90	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	\$70	\$90	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	\$250	\$500	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$30	\$40	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	\$2,500 per diem IP / Ded & Coins	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$40 / \$80 / 45%	\$10 / \$75 / \$150 / \$450	Deductible & Coinsurance	Deductible & Coinsurance
Dental Coverage Available for an Additional Charge?	Yes	Yes	No	No
HSA Eligible?	No	No	Yes*	Yes*
Summary of Benefits of Coverage (SBC) Tracking ID	Q1G205110001	Q1G205109201	Q1G205404701	Q1G205400501

*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 \$8,150.

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%

Benefits	Quartz One Silver I301	Quartz One Silver I302	Quartz One Silver I303	Quartz One Silver I304 HSA*
Deductible (Single / Family)	\$4,300 / \$8,600	\$5,000 / \$10,000	\$7,900 / \$15,800	\$5,250 / \$10,500
Coinsurance	40%	50%	0%	0%
Maximum Out-of-Pocket	\$8,150 / \$16,300	\$7,900 / \$15,800	\$7,900 / \$15,800	\$5,250 / \$10,500
e-Visits	\$30	\$30	\$30	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$45 / \$90	\$50 / \$100	\$80 / \$160	Deductible & Coinsurance
Urgent Care Copay	\$90	\$100	\$160	Deductible & Coinsurance
Emergency Room Copay	\$450	\$500	\$700	Deductible & Coinsurance
Mental Health Outpatient Copay	\$45	\$50	\$80	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$20 / \$75 / \$150 / 45%	\$20 / \$75 / \$150 / 45%	\$35 / \$150 / \$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	Q1S205110101	Q1S205101801	Q1S205101901	Q1S205403601

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Bronze Plans

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

Benefits	Quartz One Bronze I201	Quartz One Bronze I202	Quartz One Bronze I203 HSA*
Deductible (Single / Family)	\$8,000 / \$16,000	\$7,900 / \$15,800	\$6,750 / \$13,550
Coinsurance	50%	0%	0%
Maximum Out-of-Pocket	\$8,150 / \$16,300	\$7,900 / \$15,800	\$6,750 / \$13,550
e-Visits	\$30	\$30	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$90 / \$170	\$50 / \$100	Deductible & Coinsurance
Urgent Care Copay	\$160	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	\$1,000	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$90	\$50	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$35 / \$150 / \$250 / 45%	Deductible & Coinsurance	Deductible & Coinsurance
Dental Coverage Available for an Additional Charge?	Yes	Yes	No
HSA Eligible?	No	No	Yes*
Summary of Benefits of Coverage (SBC) Tracking ID	Q1B205110201	Q1B205110301	Q1B205400701

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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)	\$8,150 / \$16,300
Coinsurance	0%
Maximum Out-of-Pocket	\$8,150 / \$16,300
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	Q1C205400801

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

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