

# 2018 Individual & Family Plan Options Beloit One Network – Cost Share Reduction Plans



(Rock County)

## 100 - 150% of Federal Poverty Level

Benefits	Beloit One Silver Deductible \$230*	Beloit One Silver Deductible \$400*	Beloit One Silver Value – PCP Copay \$5*	Beloit One Silver Value – PCP Copay \$15*	Beloit One Silver Standard – PCP Copay \$5
Deductible (Single / Family)	\$230 / \$460	\$400 / \$800	\$100 / \$200	\$0	\$250 / \$500
Coinsurance	20%	0%	20%	0%	5%
Maximum Out-of-Pocket	\$425 / \$850	\$400 / \$800	\$700 / \$1,400	\$1,500 / \$3,000	\$1,250 / \$2,500
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	\$3	\$10	\$3
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	\$5 / \$10	\$15 / \$30	\$5 / \$10
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$10	\$30	\$25
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$80	\$200	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$5	\$15	\$5
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$5 / \$25 / \$70 / \$250	\$5 / \$25 / \$50 / 20%	\$3 / \$5 / \$10 / 25%
Dental Coverage Available for an Additional Charge?	No	No	Yes	Yes	No
HSA Eligible?	No	No	No	No	No
Summary of Benefits of Coverage (SBC) Tracking ID	BOS540906	BOS543706	BOS514406	BOS512406	BOS516906

\* Quartz's Value / HSA plans have an aggregate deductible. This means 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 and one person may accumulate to the entire family deductible. The "per person" maximum out-of-pocket limit also does not apply. However, one member of a family will not pay more than \$2,450.

Underwritten by Unity Health Plans Insurance Corporation.

Unity Health Plans Insurance Corporation is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Unity Health Plans Insurance Corporation 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.

# 2018 Individual & Family Plan Options Beloit One Network – Cost Share Reduction Plans



(Rock County)

## 150 - 200% of Federal Poverty Level

Benefits	Beloit One Silver Deductible \$675*	Beloit One Silver Deductible \$1050*	Beloit One Silver Value – PCP Copay \$15*	Beloit One Silver Value – PCP Copay \$25*	Beloit One Silver Standard – PCP Copay \$10
Deductible (Single / Family)	\$675 / \$1,350	\$1,050 / \$2,100	\$400 / \$800	\$250 / \$500	\$700 / \$1,400
Coinsurance	20%	0%	30%	20%	20%
Maximum Out-of-Pocket	\$1,200 / \$2,400	\$1,050 / \$2,100	\$2,450 / \$4,900	\$2,450 / \$4,900	\$2,450 / \$4,900
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	\$10	\$15	\$5
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	\$15 / \$30	\$25 / \$50	\$10 / \$25
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$30	\$50	\$40
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$200	\$275	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$15	\$25	\$10
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$5 / \$25 / \$70 / \$250	\$10 / \$30 / \$70 / 40%	\$5 / \$25 / \$50 / 30%
Dental Coverage Available for an Additional Charge?	No	No	Yes	Yes	No
HSA Eligible?	No	No	No	No	No
Summary of Benefits of Coverage (SBC) Tracking ID	BOS540905	BOS543705	BOS514405	BOS512405	BOS516905

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# 2018 Individual & Family Plan Options Beloit One Network – Cost Share Reduction Plans

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## 200 - 250% of Federal Poverty Level

Benefits	Beloit One Silver HSA \$2125*	Beloit One Silver HSA \$3150*	Beloit One Silver 5000 Value – PCP Copay \$35*	Beloit One Silver 4750 Value – PCP Copay \$30*	Beloit One Silver Standard – PCP Copay \$30
Deductible (Single / Family)	\$2,125 / \$4,250	\$3,150 / \$6,300	\$5,000 / \$10,000	\$4,750 / \$9,500	\$3,000 / \$6,000
Coinsurance	20%	0%	30%	30%	20%
Maximum Out-of-Pocket	\$4,000 / \$8,000	\$3,150 / \$6,300	\$5,850 / \$11,700	\$5,850 / \$11,700	\$5,850 / \$11,700
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	\$25	\$20	\$20
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	\$35 / \$70	\$30 / \$70	\$30 / \$65
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$70	\$70	\$75
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$250	\$450	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$35	\$30	\$30
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$15 / \$50 / \$100 / \$450	\$15 / \$50 / \$100 / 45%	\$200 Ded & \$15 / \$50 / \$100 / 40%
Dental Coverage Available for an Additional Charge?	No	No	Yes	Yes	No
HSA Eligible?	Yes*	Yes*	No	No	No
Summary of Benefits of Coverage (SBC) Tracking ID	BOS540904	BOS543704	BOS514404	BOS512404	BOS516904

\* Quartz's Value / HSA plans have an aggregate deductible. This means 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 and one person may accumulate to the entire family deductible. The "per person" maximum out-of-pocket limit also does not apply. However, one member of a family will not pay more than \$5,850.

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## Optional Family Dental

Adult Benefits	In-Network	Out-of-Network	Benefit Maximum
<b>Cleanings / X-rays (Class A)</b> Includes exams, X-rays, bitewings, cleanings and fluoride.	100% Coverage	No Coverage	1 Visit per 6 Months
<b>Basic Restorative (Class B)</b> Includes therapeutic pulpotomy, repair / adjustment of dentures and oral surgery procedures such as wisdom tooth or other tooth extractions. Benefit limits may apply to posterior composite fillings.	20% Coinsurance	No Coverage	\$1,000 Benefit Maximum per Year
<b>Major Restorative (Class C)</b> Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants and occlusal guards.	50% Coinsurance	No Coverage	
<b>Orthodontics</b>	Not Covered	Not Covered	Not Covered

Pediatric (up to age 19) Benefits	In-Network	Out-of-Network	Benefit Maximum
<b>Cleanings / X-rays (Class A)</b> Includes exams, X-rays, bitewings, cleanings, fluoride, sealants and space maintainers.	100% Coverage	No Coverage	1 Visit per 6 Months
<b>Basic Restorative (Class B)</b> Includes therapeutic pulpotomy, repair / adjustment of dentures and oral surgery procedures such as wisdom tooth or other tooth extractions. Benefit limits may apply to posterior composite fillings; age limits may apply to certain procedures.	30% Coinsurance	No Coverage	No Benefit Maximum
<b>Major Restorative (Class C)</b> Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants and occlusal guards.	50% Coinsurance	No Coverage	No Benefit Maximum
<b>Orthodontics</b> Covered only when medically necessary and a 24-month wait period is satisfied.	50% Coinsurance	No Coverage	No Benefit Maximum

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