2019 Individual & Family Plan Options – Wisconsin ProHealth on the Elite Network – Cost Share Reduction Plans

(Waukesha County)

100 - 150% of Federal Poverty Level

Benefits	ProHealth Silver Deductible 425*	ProHealth Silver 75 – Copay $5 / $10	ProHealth Silver 150 – Copay $10 / $20	ProHealth Silver 575 – Copay $5 / $10
Deductible (Single / Family)	$425 / $850	$75 / $150	$150 / $300	$575 / $1,150
Coinsurance	0%	10%	20%	0%
Maximum Out-of-Pocket	$425 / $850	$1,300 / $2,600	$700 / $1,400	$575 / $1,150
e-Visits	Deductible then Coinsurance	$3	$5	$3
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	$5 / $10	$10 / $20	$5 / $10
Urgent Care Copay	Deductible then Coinsurance	$10	$20	$10
Emergency Room Copay	Deductible then Coinsurance	$90	$65	$50
Mental Health Outpatient Copay	Deductible then Coinsurance	$5	$10	$5
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	$5 / $10 / $70 / 40%	$5 / $10 / $70 / 40%	$5 / $10 / $70 / 40%
Dental Coverage Available for an Additional Charge?	No	Yes	Yes	Yes
HSA Eligible?	No	No	No	No
Summary of Benefits of Coverage (SBC) Tracking ID	PHS185403806	PHS185110906	PHS185105106	PHS185105306

** Quartz HSA 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 $2,600.*

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.

Offered by Quartz Health Benefit Plans Corporation.

UH01689 (0519)

2019 Individual & Family Plan Options – Wisconsin ProHealth on the Elite Network – Cost Share Reduction Plans

(Waukesha County)

150 - 200% of Federal Poverty Level

Benefits	ProHealth Silver Deductible 1150*	ProHealth Silver 375 – Copay $15 / $30	ProHealth Silver 450 – Copay $20 / $40	ProHealth Silver 1900 – Copay $5 / $10
Deductible (Single / Family)	$1,150 / $2,300	$375 / $750	$450 / $900	$1,900 / $3,800
Coinsurance	0%	30%	30%	0%
Maximum Out-of-Pocket	$1,150 / $2,300	$2,600 / $5,200	$2,475 / $4,950	$1,900 / $3,800
e-Visits	Deductible then Coinsurance	$10	$10	$3
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	$15 / $30	$20 / $40	$5 / $10
Urgent Care Copay	Deductible then Coinsurance	$30	$40	$10
Emergency Room Copay	Deductible then Coinsurance	$250	$200	$300
Mental Health Outpatient Copay	Deductible then Coinsurance	$15	$20	$5
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	$10 / $30 / $70 / 40%	$5 / $25 / $70 / 45%	$10 / $30 / $70 / 40%
Dental Coverage Available for an Additional Charge?	No	Yes	Yes	Yes
HSA Eligible?	No	No	No	No
Summary of Benefits of Coverage (SBC) Tracking ID	PHS185403805	PHS185110905	PHS185105105	PHS185105305

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2019 Individual & Family Plan Options – Wisconsin ProHealth on the Elite Network – Cost Share Reduction Plans

(Waukesha County)

200 - 250% of Federal Poverty Level

Benefits	ProHealth Silver HSA 3375*	ProHealth Silver 3975 – Copay $35 / $70	ProHealth Silver 4950 – Copay $40 / $80	ProHealth Silver 6300 – Copay $35 / $70
Deductible (Single / Family)	$3,375 / $6,750	$3,975 / $7,950	$4,950 / $9,900	$6,300 / $12,600
Coinsurance	0%	40%	30%	0%
Maximum Out-of-Pocket	$3,375 / $6,750	$6,300 / $12,600	$6,300 / $12,600	$6,300 / $12,600
e-Visits	Deductible then Coinsurance	$25	$30	$25
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	$35 / $70	$40 / $80	$35 / $70
Urgent Care Copay	Deductible then Coinsurance	$70	$80	$70
Emergency Room Copay	Deductible then Coinsurance	$450	$300	$550
Mental Health Outpatient Copay	Deductible then Coinsurance	$35	$40	$35
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	$20 / $75 / $150 / 45%	$15 / $50 / $100 / 45%	$20 / $75 / $150 / 45%
Dental Coverage Available for an Additional Charge?	No	Yes	Yes	Yes
HSA Eligible?	Yes*	No	No	No
Summary of Benefits of Coverage (SBC) Tracking ID	PHS185403804	PHS185110904	PHS185105104	PHS185105304

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2019 Individual & Family Plan Options – Wisconsin ProHealth on the Elite Network – Cost Share Reduction Plans

(Waukesha County)

Optional Family Dental

Adult Benefits	In-Network	Out-of-Network	Benefit Maximum
Cleanings / X-rays (Class A) Includes exams, X-rays, bitewings, cleanings and fluoride.	100% Coverage	No Coverage	1 Visit per 6 Months
Basic Restorative (Class 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
Major Restorative (Class C) Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants and occlusal guards.	50% Coinsurance	No Coverage	
Orthodontics	Not Covered	Not Covered	Not Covered

Pediatric (up to age 19) Benefits	In-Network	Out-of-Network	Benefit Maximum
Cleanings / X-rays (Class A) Includes exams, X-rays, bitewings, cleanings, fluoride, sealants and space maintainers.	100% Coverage	No Coverage	1 Visit per 6 Months
Basic Restorative (Class 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
Major Restorative (Class C) Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants and occlusal guards.	50% Coinsurance	No Coverage	No Benefit Maximum
Orthodontics Covered only when medically necessary and a 24-month wait period is satisfied.	50% Coinsurance	No Coverage	No Benefit Maximum

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