2019 Individual & Family Plan Options – Wisconsin Gundersen Health System® on the Elite Network – Cost Share Reduction Plans

(Buffalo, Jackson, La Crosse, Monroe, Trempealeau Counties)

100 - 150% of Federal Poverty Level

Benefits	Gundersen Health System® Silver Deductible 425*	Gundersen Health System® Silver 75 – Copay $5 / $10	Gundersen Health System® Silver 150 – Copay $10 / $20	Gundersen Health System® 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	GS185404006	GS185111706	GS185107806	GS185107906

** 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.

UH01760 (0519)

2019 Individual & Family Plan Options – Wisconsin Gundersen Health System® on the Elite Network – Cost Share Reduction Plans

(Buffalo, Jackson, La Crosse, Monroe, Trempealeau Counties)

150 - 200% of Federal Poverty Level

Benefits	Gundersen Health System® Silver Deductible 1150*	Gundersen Health System® Silver 375 – Copay $15 / $30	Gundersen Health System® Silver 450 – Copay $20 / $40	Gundersen Health System® 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	GS185404005	GS185111705	GS185107805	GS185107905

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UH01760 (0519)

2019 Individual & Family Plan Options – Wisconsin Gundersen Health System® on the Elite Network – Cost Share Reduction Plans

(Buffalo, Jackson, La Crosse, Monroe, Trempealeau Counties)

200 - 250% of Federal Poverty Level

Benefits	Gundersen Health System® Silver HSA 3375*	Gundersen Health System® Silver 3975 – Copay $35 / $70	Gundersen Health System® Silver 4950 – Copay $40 / $80	Gundersen Health System® 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	GS185404004	GS185111704	GS185107804	GS185107904

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2019 Individual & Family Plan Options – Wisconsin Gundersen Health System® on the Elite Network – Cost Share Reduction Plans

(Buffalo, Jackson, La Crosse, Monroe, Trempealeau Counties)

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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