

Aggregate Deductible Family Plans – 2018

There is a Federal Maximum Out-of-Pocket limit of \$7,350 for a single person and \$14,700 for a family plan. This means that for covered medical services, one person will never accumulate more than \$7,350 in out-of-pocket costs* per benefit year and a family will never accumulate more than \$14,700 in out of pocket costs* per benefit year. The Federal Out-of-Pocket limit does not include premium costs, balance billed amounts from out of network providers or any other out of network cost sharing.

Our Value / HSA plans have an aggregate deductible. This means if more than one person is covered by the plan, the “per person” deductible and maximum out-of-pocket limit does not apply. The family deductible must be met before Quartz will pay benefits. One person may accumulate to the entire family deductible. However, one person will not pay more than the Federal Maximum Out-of-Pocket limit of \$7,350.

TERMINOLOGY

Deductible – The amount you must pay for covered health care before Quartz begins to pay.

Coinsurance – The percentage you pay for a covered health care service after you have met your deductible.

***Maximum Out-of-Pocket (MOOP)** – The most you will have to pay during a policy period for health care services. Does not include Premiums or balance billing for out of network services. After you reach this amount, your health plan will pay 100% for all covered benefits on the plan. Please refer to your Policy documents (Certificate of Coverage, Summary of Benefits and Coverage, any Benefit Riders, etc.) for a list of covered benefits.

Aggregate plans – Family Plan EXAMPLE 1 – BRONZE HSA

Family deductible = \$13,100

Coinsurance = 0%

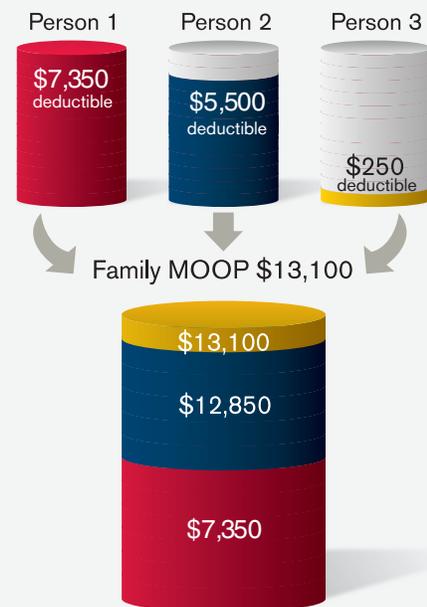
Single MOOP = \$6,550

(doesn't apply on family plan; Single Federal MOOP applies)

Single Federal MOOP = \$7,350

Family MOOP = \$13,100

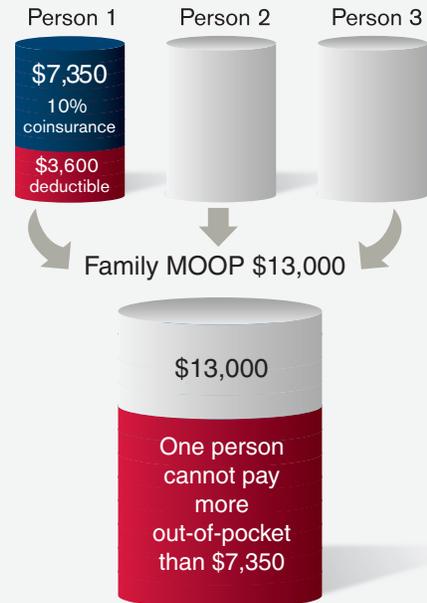
In this example, the single deductible and single MOOP does not apply because it is an aggregate family plan. Person one will only pay the first \$7,350 of the bill. They are not responsible for the full family MOOP of \$13,100 because the Single Federal MOOP is \$7,350. Once person one meets their Single Federal MOOP, all covered services are covered at 100% for the remainder of the benefit year. The remaining members of the family will continue to pay their deductible until their combined out-of-pocket reaches the family MOOP of \$13,100.



Aggregate plans – Family Plan EXAMPLE 2 – GOLD HSA

Family deductible	=	\$3,600
Coinsurance	=	10%
Family MOOP	=	\$13,000
Single MOOP	=	\$6,500
Single Federal MOOP	=	\$7,350

In this example, the single deductible and single MOOP does not apply because there is more than one member on the plan. Person One will pay the first \$3,600 of the bill because the family deductible is \$3,600. Person One will now pay 10% until they reach the Federal MOOP of \$7,350. Person one will never pay the full family MOOP of \$13,000 because the Federal MOOP for one person is only \$7,350. The Family Deductible has been met by Person One, so the rest of the family members will pay 10% for covered services until the families combined out of pocket reaches the Family MOOP of \$13,000.



Aggregate plans – Single Plan EXAMPLE 3 – GOLD HSA

(Maximum Out-Of-Pocket (MOOP) on plan is less than federal \$7,350 max)

Single Deductible	=	\$1,800
Coinsurance	=	10%
Single MOOP	=	\$6,500

Person one is on a Single Gold Deductible plan and has high healthcare expenses totaling \$60,000. Person one is responsible for the first \$1,800 (deductible) and is then responsible for 10% (Coinsurance) of the remaining charges until the Maximum out of Pocket is met. Because there is only one person on this plan and the single MOOP is less than the Federal MOOP, Person one cannot spend more than the single MOOP of \$6,500 on covered medical expenses per benefit year.



Quartz

Unity Health Plans Insurance Corporation underwrites Quartz-branded health plans.

Unity Health Plans Insurance Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310, TTY / TDD: 711 / (800) 877-8973.

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310, TTY / TDD: 711 / (800) 877-8973.