

# 2021 Small Group Plans Illinois - HMO



Benefits	Performance Plus Platinum P501	Performance Plus Platinum P502	Performance Plus Platinum P503	Performance Plus Platinum P504 Maintenance
Deductible (Single / Family)	\$0/\$0	\$500 / \$1,000	\$1000 / \$2,000	\$0 / \$0
Coinsurance	0%	20%	10%	0%
Maximum Out-of-Pocket	\$4,500 / \$9,000	\$1,250 / \$2,500	\$1,500 / \$3,000	\$7,900 / \$15,800
e-Visits	\$30	\$15	\$10	\$10
Office Visit Copay (PCP / Specialist)	\$40 / \$70	\$25 / \$50	\$20 / \$40	\$20 / \$40
Urgent Care Copay	\$70	\$50	\$40	\$40
Emergency Room Copay	\$400	\$100	\$150	\$500
Mental Health Outpatient Copay	\$40	\$25	\$20	\$20
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$2,500 per diem IP/ Ded & Coins
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	No	No	No	No
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">QFSTPC703</a>	<a href="#">F6L59F</a>	<a href="#">AZNI8K</a>	<a href="#">H8HGV4NA1</a>

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.

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Benefits	Performance Plus Gold G401	Performance Plus Gold G402	Performance Plus Gold G403	Performance Plus Gold G404 Maintenance
Deductible (Single / Family)	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$1,500 / \$3,000
Coinsurance	30%	20%	0%	0%
Maximum Out-of-Pocket	\$5,250 / \$10,500	\$4,500 / \$9,000	\$3,500 / \$7,000	\$7,900 / \$15,800
e-Visits	\$20	\$25	Deductible & Coinsurance	\$15
Office Visit Copay (PCP / Specialist)	\$30 / \$60	\$35 / \$75	Deductible & Coinsurance	\$25 / \$50
Urgent Care Copay	\$60	\$75	Deductible & Coinsurance	\$50
Emergency Room Copay	\$250	\$400	Deductible & Coinsurance	\$500
Mental Health Outpatient Copay	\$30	\$35	Deductible & Coinsurance	\$25
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$4,000 per diem IP/Ded & Coins
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	No	No	No	No
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">SP3BS1H</a>	<a href="#">X8J2LRMZ</a>	<a href="#">WRRGTZD5</a>	<a href="#">AB42QXB2</a>

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# 2021 Small Group Plans Illinois - HMO



Benefits	Performance Plus Silver S301	Performance Plus Silver S302	Performance Plus Silver S303	Performance Plus Silver S304
Deductible (Single / Family)	\$2,250 / \$4,500	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,500 / \$9,000
Coinsurance	40%	50%	20%	30%
Maximum Out-of-Pocket	\$7,250 / \$14,500	\$7,900 / \$15,800	\$7,750 / \$15,500	\$7,900 / \$15,800
e-Visits	Deductible & Coinsurance	\$30	\$30	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible & Coinsurance	\$70 / \$120	\$75 / \$130	Deductible & Coinsurance
Urgent Care Copay	Deductible & Coinsurance	\$120	\$130	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	\$600	\$650	Deductible & Coinsurance
Mental Health Outpatient Copay	Deductible & Coinsurance	\$70	\$75	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$5 / \$10 / \$55 / \$125 / \$225	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	\$5 / \$10 / \$55 / \$125 / \$225
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	No	No	No	No
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">JEPCH50F</a>	<a href="#">OLQC4VOU</a>	<a href="#">E5R55H</a>	<a href="#">ZC9P6SSL</a>

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.

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# 2021 Small Group Plans Illinois - HMO



Benefits	Performance Plus Silver S305
Deductible (Single / Family)	\$5,000 / \$10,000
Coinsurance	50%
Maximum Out-of-Pocket	\$8,200 / \$16,400
e-Visits	\$30
Office Visit Copay (PCP / Specialist)	\$40 / \$80
Urgent Care Copay	\$80
Emergency Room Copay	\$600
Mental Health Outpatient Copay	\$40
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$20 / \$70 / \$150 / \$300
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical
Dental Coverage Available for an Additional Charge?	No
HSA Eligible?	No
Embedded/Aggregate	Embedded
Creditable Coverage	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">OWCXAFSG29</a>

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.

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# 2021 Small Group Plans Illinois - HMO



Benefits	Quartz One Gold G405 HSA Aggregate	Quartz One Gold G406 HSA Embedded	Quartz One Silver S306 HSA Embedded	Quartz One Silver S307 HSA Embedded
Deductible (Single / Family)	\$2,500 / \$5,000	\$3,000 / \$6,000	\$4,250 / \$8,500	\$5,000 / \$10,000
Coinsurance	0%	0%	0%	0%
Maximum Out-of-Pocket	\$2,500 / \$5,000	\$3,000 / \$6,000	\$4,250 / \$8,500	\$5,000 / \$10,000
e-Visits	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	Yes	Yes	Yes	Yes
Embedded/Aggregate	Aggregate	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">SLUBV8FL</a>	<a href="#">Q154MGOMI</a>	<a href="#">U7QSBIE</a>	<a href="#">ALCFPH8QXR</a>

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# 2021 Small Group Plans Illinois - HMO



Benefits	Quartz One Bronze B202 HSA Embedded
Deductible (Single / Family)	\$7,000 / \$14,000
Coinsurance	0%
Maximum Out-of-Pocket	\$7,000 / \$14,000
e-Visits	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	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
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical
Dental Coverage Available for an Additional Charge?	No
HSA Eligible?	Yes
Embedded/Aggregate	Embedded
Creditable Coverage	Not Creditable
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">JLBNCM</a>

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# 2021 Small Group Plans Illinois - POS



Benefits	Quartz One Platinum P501		Quartz One Platinum P502		Quartz One Platinum P503	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$0 / \$0	\$1,000 / \$2,000	\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000
<b>Coinsurance</b>	0%	20%	20%	40%	10%	30%
<b>Maximum Out-of-Pocket</b>	\$4,500 / \$9,000	\$5,000 / \$10,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>e-Visits</b>	\$30	N/A	\$15	N/A	\$10	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$40 / \$70	Deductible & Coinsurance	\$25 / \$50	Deductible & Coinsurance	\$20 / \$40	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$70	Deductible & Coinsurance	\$50	Deductible & Coinsurance	\$40	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$400	\$400	\$100	\$100	\$150	\$150
<b>Mental Health Outpatient Copay</b>	\$40	Deductible & Coinsurance	\$25	Deductible & Coinsurance	\$20	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">UUBTQA</a>		<a href="#">S1GCBO</a>		<a href="#">OQNTZG9</a>	

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# 2021 Small Group Plans

## Illinois - POS



Benefits	Quartz One Platinum P504 Maintenance	
	In Network	Out-of-Network
Deductible (Single / Family)	\$0 / \$0	\$1,000 / \$2,000
Coinsurance	0%	20%
Maximum Out-of-Pocket	\$7,900 / \$15,800	\$8,000 / \$16,000
e-Visits	\$10	N/A
Office Visit Copay (PCP / Specialist)	\$20 / \$40	Deductible & Coinsurance
Urgent Care Copay	\$40	Deductible & Coinsurance
Emergency Room Copay	\$500	\$500
Mental Health Outpatient Copay	\$20	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	\$2,500 per diem IP/Ded & Coins	Deductible & Coinsurance
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	
Dental Coverage Available for an Additional Charge?	Yes	
HSA Eligible?	No	
Embedded/Aggregate	Embedded	
Creditable Coverage	Creditable	
Summary of Benefits of Coverage (SBC) Tracking ID	<a href="#">DWN1CXF</a>	

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# 2021 Small Group Plans Illinois - POS



Benefits	Quartz One Gold G401		Quartz One Gold G402		Quartz One Gold G403	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$2000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$5,000 / \$10,000
<b>Coinsurance</b>	30%	50%	20%	40%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$5,250 / \$10,500	\$8,500 / \$17,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$3,500 / \$7,000	\$10,000 / \$20,000
<b>e-Visits</b>	\$20	N/A	\$25	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$30 / \$60	Deductible & Coinsurance	\$35 / \$75	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$60	Deductible & Coinsurance	\$75	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$250	\$250	\$400	\$400	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$30	Deductible & Coinsurance	\$35	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">RCFCOZY</a>		<a href="#">D1QLZG1</a>		<a href="#">WXWAF2YU</a>	

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# 2021 Small Group Plans Illinois - POS



Benefits	Quartz One Gold G404 Maintenance		Quartz One Gold G405 HSA Aggregate		Quartz One Gold G406 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$1,500 / \$3,000	\$7,000 / \$14,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Coinsurance</b>	0%	20%	0%	20%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$7,900 / \$15,800	\$14,000 / \$28,000	\$2,500 / \$5,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$12,000 / \$24,000
<b>e-Visits</b>	\$15	N/A	Deductible & Coinsurance	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	\$25 / \$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	\$500	\$500	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	\$25	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	\$4,000 per diem IP/Ded & Coins	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		Yes		Yes	
<b>Embedded/Aggregate</b>	Embedded		Aggregate		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">SW92Z8ZE</a>		<a href="#">ON1C1XM36R</a>		<a href="#">KRNPIUA</a>	

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# 2021 Small Group Plans Illinois - POS



Benefits	Quartz One Silver S301		Quartz One Silver S302		Quartz One Silver S303	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$2,250 / \$4,500	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
<b>Coinsurance</b>	40%	50%	50%	50%	20%	30%
<b>Maximum Out-of-Pocket</b>	\$7,250 / \$14,500	\$14,000 / \$28,000	\$7,900 / \$15,800	\$15,800 / \$31,600	\$7,750 / \$15,500	\$15,500 / \$31,000
<b>e-Visits</b>	Deductible & Coinsurance	N/A	\$30	N/A	\$30	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$70 / \$120	Deductible & Coinsurance	\$75 / \$130	Deductible & Coinsurance
<b>Urgent Care Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$120	Deductible & Coinsurance	\$130	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$600	\$600	\$650	\$650
<b>Mental Health Outpatient Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$70	Deductible & Coinsurance	\$75	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$55 / \$125 / \$225	\$5 / \$10 / \$55 / \$125 / \$225	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		No	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">TIWZVG</a>		<a href="#">U2PMPJW</a>		<a href="#">FRAI1LBN</a>	

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.

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# 2021 Small Group Plans Illinois - POS



Benefits	Quartz One Silver S304		Quartz One Silver S305		Quartz One Silver S306 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$4,500 / \$9,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$4,250 / \$8,500	\$8,500 / \$17,000
<b>Coinsurance</b>	30%	50%	50%	50%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$7,900 / \$15,800	\$14,000 / \$28,000	\$8,200 / \$16,400	\$14,400 / \$28,800	\$4,250 / \$8,500	\$17,000 / \$34,000
<b>e-Visits</b>	Deductible & Coinsurance	N/A	\$30	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$40 / \$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$600	\$600	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$40	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	\$5 / \$10 / \$55 / \$125 / \$225	\$5 / \$10 / \$55 / \$125 / \$225	\$10 / \$20 / \$70 / \$150 / \$300	\$10 / \$20 / \$70 / \$150 / \$300	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	No		No		Yes	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">UJJ4XAO</a>		<a href="#">IXOTOANS</a>		<a href="#">U7QSBIE</a>	

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# 2021 Small Group Plans Illinois - POS



Benefits	Quartz One Silver S307 HSA Embedded		Bronze B201		Bronze B202 HSA Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible (Single / Family)</b>	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,600 / \$15,200	\$9,400 / \$18,800	\$7,000 / \$14,000	\$10,000 / \$20,000
<b>Coinsurance</b>	0%	20%	50%	50%	0%	20%
<b>Maximum Out-of-Pocket</b>	\$5,000 / \$10,000	\$20,000 / \$40,000	\$8,550 / \$17,100	\$13,000 / \$26,000	\$7,000 / \$14,000	\$20,000 / \$40,000
<b>e-Visits</b>	Deductible & Coinsurance	N/A	\$30	N/A	Deductible & Coinsurance	N/A
<b>Office Visit Copay (PCP / Specialist)</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$80 / \$170	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$170	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health Outpatient Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Copay (Inpatient / Outpatient)</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Copay</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$10 / \$20 / \$80 / \$175 / \$300	\$10 / \$20 / \$80 / \$175 / \$300	Deductible & Coinsurance	Deductible & Coinsurance
<b>Pharmacy Maximum Out-of-Pocket (Single/Family)</b>	Subject to Medical		Subject to Medical		Subject to Medical	
<b>Dental Coverage Available for an Additional Charge?</b>	No		No		No	
<b>HSA Eligible?</b>	Yes		No		Yes	
<b>Embedded/Aggregate</b>	Embedded		Embedded		Embedded	
<b>Creditable Coverage</b>	Creditable		Creditable		Creditable	
<b>Summary of Benefits of Coverage (SBC) Tracking ID</b>	<a href="#">ALCFPH8QXR</a>		<a href="#">AKD9GYL8DT</a>		<a href="#">WJIR8REWHM</a>	

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