

Individual & Family Plan Options – Minnesota 2021

Quartz Select Network

(Fillmore, Houston, Olmsted, Wabasha, Winona counties)

Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

Benefits	Quartz Select Gold I401	Quartz Select Gold I402 Maintenance	Quartz Select Gold I403 HSA*	Quartz Select Gold I404 HSA*	Quartz Select Gold I405
Deductible (Single / Family)	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Coinsurance	30%	0%	0%	10%	40%
Maximum Out-of-Pocket	\$7,000 / \$14,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$6,650 / \$13,300	\$6,500 / \$13,000
e-Visits	\$20	\$30	Deductible & Coinsurance	Deductible & Coinsurance	\$20
Office Visit Copay (PCP / Specialist)	\$30 / \$70	\$40 / \$90	Deductible & Coinsurance	Deductible & Coinsurance	\$30 / \$60
Urgent Care Copay	\$70	\$90	Deductible & Coinsurance	Deductible & Coinsurance	\$60
Emergency Room Copay	\$250	\$500	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$30	\$40	Deductible & Coinsurance	Deductible & Coinsurance	\$30
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	\$2,500 per diem IP / Ded & Coins	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$40 / \$80 / 45%	\$10 / \$75 / \$150 / \$450	Deductible & Coinsurance	Deductible & Coinsurance	\$35 / \$150 / \$250 / 45%
HSA Eligible?	No	No	Yes*	Yes*	No
Summary of Benefits of Coverage (SBC) Tracking ID	SG210400100	SG210400200	SG210400300	SG210400400	SG210400500

*Quartz HSA and Deductible 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 \$8,550.

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.

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Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	Quartz Select Silver I301	Quartz Select Silver I302	Quartz Select Silver I303	Quartz Select Silver I304 HSA*
Deductible (Single / Family)	\$4,400 / \$8,800	\$5,000 / \$10,000	\$8,500 / \$17,000	\$5,250 / \$10,500
Coinsurance	40%	50%	50%	0%
Maximum Out-of-Pocket	\$8,150 / \$16,300	\$7,900 / \$15,800	\$8,550 / \$17,100	\$5,250 / \$10,500
e-Visits	\$30	\$30	\$30	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$50 / \$90	\$50 / \$100	\$75 / \$160	Deductible & Coinsurance
Urgent Care Copay	\$90	\$100	\$300	Deductible & Coinsurance
Emergency Room Copay	\$550	\$500	\$700	Deductible & Coinsurance
Mental Health Outpatient Copay	\$50	\$50	\$75	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$20 / \$85 / \$150 / 45%	\$20 / \$75 / \$150 / 45%	\$35 / \$125 / \$250 / 45%	Deductible & Coinsurance
HSA Eligible?	No	No	No	Yes*
Summary of Benefits of Coverage (SBC) Tracking ID	SS210401500	SS210401600	SS210401700	SS210401800

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Bronze Plans

These plans will cover about 60% of your service and you are responsible for the other 40%

Benefits	Quartz Select Bronze I201	Quartz Select Bronze I202	Quartz Select Bronze I203 HSA*	Quartz Select Bronze I204
Deductible (Single / Family)	\$8,000 / \$16,000	\$8,200 / \$16,400	\$6,850 / \$13,700	\$2,450 / \$4,900
Coinsurance	50%	0%	0%	50%
Maximum Out-of-Pocket	\$8,250 / \$16,500	\$8,200 / \$16,400	\$6,850 / \$13,700	\$8,550 / \$17,100
e-Visits	\$30	\$30	Deductible & Coinsurance	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$80 / \$160	\$50 / \$100	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	\$160	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Outpatient Copay	\$80	\$50	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$35 / \$160 / \$250 / 45%	Deductible & Coinsurance	Deductible & Coinsurance	\$30 / \$160 / Deductible & 70% / \$600
HSA Eligible?	No	No	Yes*	No
Summary of Benefits of Coverage (SBC) Tracking ID	SB210401000	SB210401100	SB210401200	SB210401300

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Catastrophic

Only individuals under 30 years old or with a hardship exemption qualify for Catastrophic Plans

Benefits	Quartz Select Catastrophic I101
Deductible (Single / Family)	\$8,550 / \$17,100
Coinsurance	0%
Maximum Out-of-Pocket	\$8,550 / \$17,100
e-Visits	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$0* / 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
HSA Eligible?	No
Summary of Benefits of Coverage (SBC) Tracking ID	SC210401400

*Only applies to the first three office visits with PCP, then deductible and coinsurance apply.

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