

Individual & Family Plan Options – Minnesota 2022

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

Quartz Select Network

Gold Plans These plans will cover about 80% of your services and you are responsible for the other 20%	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Urgent Care	Emergency Room	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Pharmacy	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Gold I401	\$2,000 / \$4,000	30%	\$7,000 / \$14,000	\$0	\$35 / \$70	\$70	\$250	\$35	Ded & Coins	\$10 / \$40 / 50% / 50%	No	SG220401900
Gold I402 Maintenance	\$1,500 / \$3,000	0%	\$7,900 / \$15,800	\$30	\$50 / \$90	\$90	\$500	\$50	\$2,500 per day IP Ded & Coins	\$10 / \$75 / 50% / 50%	No	SG220402000
Gold I403 HSA*	\$3,000 / \$6,000	0%	\$3,000 / \$6,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Yes*	SG220400300
Gold I405	\$2,000 / \$4,000	40%	\$6,500 / \$13,000	\$0	\$35 / \$60	\$60	Ded & Coins	\$35	Ded & Coins	\$35 / \$150 / 50% / 50%	No	SG220402100

Silver Plans These plans will cover about 70% of your services and you are responsible for the other 30%	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Urgent Care	Emergency Room	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Pharmacy	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Silver I301	\$4,400 / \$8,800	40%	\$8,150 / \$16,300	\$0	\$60 / \$90	\$90	\$550	\$60	Ded & Coins	\$20 / \$85 / 50% / 60%	No	SS220402700
Silver I302	\$5,000 / \$10,000	50%	\$7,900 / \$15,800	\$0	\$60 / \$100	\$100	\$500	\$60	Ded & Coins	\$20 / \$75 / 50% / 60%	No	SS220402800
Silver I303	\$8,500 / \$17,000	50%	\$8,700 / \$17,400	\$0	\$80 / \$160	\$300	\$700	\$80	Ded & Coins	\$35 / \$125 / 50% / 60%	No	SS220402900
Silver I304 HSA*	\$5,250 / \$10,500	0%	\$5,250 / \$10,500	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Yes*	SS220401800

Bronze Plans These plans will cover about 60% of your services and you are responsible for the other 40%	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Urgent Care	Emergency Room	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Pharmacy	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Bronze I201	\$8,000 / \$16,000	50%	\$8,550 / \$17,100	\$0	\$80 / \$160	\$160	Ded & Coins	\$80	Ded & Coins	\$35 / \$160 / 60% / 60%	No	SB220402500
Bronze I202	\$8,700 / \$17,400	0%	\$8,700 / \$17,400	\$0	\$60 / \$100	Ded & Coins	Ded & Coins	\$60	Ded & Coins	Ded & Coins	No	SB220401100
Bronze I203 HSA*	\$6,850 / \$13,700	0%	\$6,850 / \$13,700	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Yes*	SB220401200
Bronze I204	\$3,050 / \$6,100	50%	\$8,700 / \$17,400	\$0	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	\$30 / \$160 / Ded & 70% / 60%	No	SB220402600

Catastrophic Only individuals under 30 years old or with a hardship exemption qualify for Catastrophic Plans	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Urgent Care	Emergency Room	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Pharmacy	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Catastrophic I101	\$8,700 / \$17,400	0%	\$8,700 / \$17,400	Ded & Coins	\$0** / Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	SC220401400

*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 \$8,700.

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

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.