



# Individual & Family Plan Options – Minnesota 2023

Fillmore, Houston, Olmsted, Wabasha, and Winona

## Select

GOLD	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
GOLD I401 VALUE TIER RX W/VISION	\$2,000 / \$4,000	30%	\$7,000 / \$14,000	\$30 / \$60	\$30 / \$60	Ded & Coins	\$60	\$250	\$5/\$10/\$40/50%/60% <sup>1</sup>	<a href="#">SG230403100</a>
GOLD I402 MAINTENANCE VALUE TIER RX W/VISION	\$1,500 / \$3,000	0%	\$8,000 / \$16,000	\$35 / \$70	\$35 / \$70	\$2,500 per day IP Ded & Coins	\$70	\$500	\$5/\$10/\$40/50%/60% <sup>1</sup>	<a href="#">SG230403200</a>
GOLD I403 HSA W/VISION	\$3,500 / \$7,000	0%	\$3,500 / \$7,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins <sup>2</sup>	<a href="#">SG230400300</a>
GOLD I405 VALUE TIER RX W/VISION	\$2,000 / \$4,000	40%	\$6,000 / \$12,000	\$25 / \$50	\$25 / \$50	Ded & Coins	\$50	Ded & Coins	\$10/\$35/\$150/50%/60% <sup>1</sup>	<a href="#">SG230403300</a>
GOLD I410 STANDARD W/VISION	\$2,000 / \$4,000	25%	\$8,700 / \$17,400	\$30 / \$60	Ded & Coins	Ded & Coins	\$45	Ded & Coins	\$15/\$30/\$60/\$250	<a href="#">SG230403400</a>

\* Virtual Visits and Telehealth services may be available to you at reduced cost share.

1. Value Tier Rx plan.
2. Safe Harbor Prescription Drug List Available Plan.
3. Applies to the first three office visits with PCP then deductible and coinsurance.  
MOOP = Maximum-Out-of-Pocket.

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	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
SILVER I301 VALUE TIER RX W/VISION	\$6,000 / \$12,000	40%	\$9,000 / \$18,000	\$50 / \$100	\$50 / \$100	Ded & Coins	\$100	\$1,000	\$10/\$35/\$150/50%/60% <sup>1</sup>	<a href="#">SS230403500</a>
SILVER I303 VALUE TIER RX W/VISION	\$8,000 / \$16,000	50%	\$9,000 / \$18,000	\$55 / \$110	\$55 / \$110	Ded & Coins	\$110	\$1,000	\$10/\$35/\$150/50%/60% <sup>1</sup>	<a href="#">SS230403600</a>
SILVER I304 HSA W/VISION	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins <sup>2</sup>	<a href="#">SS230400900</a>
SILVER I307 HSA W/VISION	\$3,000 / \$6,000	50%	\$6,000 / \$12,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins <sup>2</sup>	<a href="#">SS230404400</a>
SILVER I308 VALUE TIER RX W/VISION	\$0 / \$0	50%	\$9,000 / \$18,000	\$40 / \$80	\$40 / \$80	\$1,500 per day IP \$200 OP \$500 MRI/PET/CAT	\$80	\$1,000	\$10/\$35/\$150/\$300/\$500 <sup>1</sup>	<a href="#">SS230403700</a>
SILVER I309 STANDARD W/VISION	\$5,800 / \$11,600	40%	\$8,900 / \$17,800	\$40 / \$80	Ded & Coins	Ded & Coins	\$60	Ded & Coins	\$20/\$40/Ded & \$80/Ded & \$350	<a href="#">SS230403800</a>

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BRONZE	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
BRONZE I201 VALUE TIER RX W/VISION	\$9,100 / \$18,200	0%	\$9,100 / \$18,200	\$50 / \$100	\$50 / \$100	Ded & Coins	\$100	Ded & Coins	\$15/\$35/\$160/Ded & Coins/Ded & Coins <sup>1</sup>	<a href="#">SB230403900</a>
BRONZE I202 W/VISION	\$8,000 / \$16,000	50%	\$9,000 / \$18,000	\$40 / \$80	\$60 / \$120	Ded & Coins	\$80	Ded & Coins	Ded & Coins	<a href="#">SB230404000</a>
BRONZE I203 HSA W/VISION	\$6,850 / \$13,700	0%	\$6,850 / \$13,700	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins <sup>2</sup>	<a href="#">SB230401200</a>
BRONZE I204 VALUE TIER RX W/VISION	\$3,000 / \$6,000	50%	\$9,000 / \$18,000	\$75 / \$150	\$75 / \$150	Ded & Coins	\$150	Ded & Coins	\$15/\$35/\$160/Ded & 70%/60% <sup>1</sup>	<a href="#">SB230404100</a>
BRONZE I205 VALUE TIER RX W/VISION	\$0 / \$0 \$2,000 RX Tier 3 & 4	50%	\$9,100 / \$18,200	\$75 / \$150	\$75 / \$150	\$1,500 per day IP \$1,500 OP \$1,000 MRI/PET/CAT	\$150	\$1,250	\$15/\$35/\$160/Ded & 50%/Ded & 50% <sup>1</sup>	<a href="#">SB230404200</a>
BRONZE I206 STANDARD W/VISION	\$7,500 / \$15,000	50%	\$9,000 / \$18,000	\$50 / \$100	Ded & Coins	Ded & Coins	\$75	Ded & Coins	\$25/Ded & \$50/Ded & \$100/Ded & \$500	<a href="#">SB230404300</a>
CATASTROPHIC	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
CATASTROPHIC I101 W/VISION	\$9,100 / \$18,200	0%	\$9,100 / \$18,200	\$0 <sup>3</sup> / Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	<a href="#">SC230401400</a>

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