

**Quartz**

# 2024 Buyers Guide

For Quartz Individual & Family plans



## Plan options to fit your needs and budget.



Quartz Individual and Family plans offer **access** to the doctors and hospitals of UW Health and many other providers. Plus, we offer extra benefits such as combined health and dental options, and many innovative health care management programs supported by outstanding local customer service.



With more than **40 years in the business**, our local Quartz Customer Success team has the experience that can support you every step of the way.



We all have aspects of our health we'd like to improve, and Quartz is your resource to help. From physical health and mental resiliency to social well-being, we'll connect you to the right program to **support you in well-living**.

**INDIVIDUAL & FAMILY BUYERS GUIDE**

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# Benefit “extras” to boost your experience

## 2024 benefit highlights:

This year, take advantage of:

- Only pay Coinsurance on durable medical equipment, making these needed items more affordable than ever (available with non-HSA plans)
- Fixed copays for labs and x-ray services
- Option to add Momentum dental and adult vision benefits (including glasses and contacts) on some plan variants
- Attractive medical benefit plan designs across all plan levels
- Virtual First offers a \$0 copay for telehealth or virtual primary care, behavioral health, and urgent care (available with non-HSA plans)

## Pharmacy highlights:

- \$0 cost to members on the Safe Harbor list of select medications and supplies
- The Value Tier Rx Outcomes benefit gives you access to lower-cost medications to help improve your health while saving you money. Value-tier medication copays are reduced to as low as \$0
- Choice90 is a 90-day supply program for eligible maintenance medications

## Advocate Champion-level service

Enrolling in an Aurora Health Care plan will give you access to our Quartz Champions - our highest level of service available to:

- Work with you to fully understand your coverage
- Help you find a doctor and enroll in health management programs and find other helpful tools and resources
- Answer questions on claims, billing, and benefits

## Questions?

Please reach out to your local insurance agent, contact the Quartz Sales Department at **(800) 926-8227**, or Quartz Customer Success at **(800) 362-3310**.



# Discover the value of a Quartz plan

Our plans have helped thousands of members on the path to a life well-lived because they're designed to meet the health care needs and budgets of our members. When you choose Quartz, you're choosing a partner with a solid foundation of provider-owned networks, supported by people who can help you navigate our plan options and your health and well-being benefits. Your health journey is your own, but you can count on us to be there with you every step of the way.

## Mental health and emotional well-being

In addition to discovering treatment options with our Behavioral Health Care Management team, we also provide treatment-focused support through benefits like Quartz mental well-being programs with AbleTo. The goal is to connect you to care for:

- Anxiety
- Bipolar disorder
- Depression
- Drug abuse
- Obsessive-compulsive disorder
- Panic disorder
- Post-traumatic stress disorder
- Substance abuse disorder
- Stress

To learn more, please contact our Behavioral Health Care Management team at **(800) 683-2300**. Quartz members also have access to mental well-being digital tools through AbleTo at [AbleTo.com/Quartz](https://AbleTo.com/Quartz).



## Your wellness rewarded

Quartz Well is our wellness program where eligible members can participate, regardless of their fitness level and goals. Participants earn points for preventive services, activities from your fitness tracker, and other healthy behaviors to redeem for gift cards.

## Live-well programs

We all have aspects of our health we'd like to improve, and Quartz is your resource to help. From physical health and mental resiliency to social well-being, we'll connect you to the right program to support you in well-living. Quartz offers programs for managing behavioral health, diabetes, obesity, hypertension, and more.



### Quality counts

Our quality standards show in everything we do—it's one reason why we are consistently recognized as a top health plan. NCQA has recognized Quartz Health Benefit Plans Corporation (QHBPC) among the nation's highest-rated health insurance plans for its commercial HMO/POS products. QHBPC's overall rating was 4.5 out of 5 in NCQA's Private Health Insurance Plan Ratings in 2022.



**4.5 out of 5**  
overall rating

### Virtual visits 24/7

Fevers and injuries don't care what time it is. Or what day of the week. That's why you have convenient access to providers 24/7 through your smartphone, tablet, or computer.



UW Health Care Anywhere



Gundersen VirtualVisit



Virtual visits with the Live Well app or [LiveWellAAH.org](https://www.livewellaaah.org)

### MyChart access on the go

Download MyChart and get immediate access to important information, alerts, premium payments, and more.



Get the app! Search for Quartz MyChart in your app store.

Message and data rates may apply. The Quartz MyChart App is powered by MyChart® licensed from Epic Systems Corporation, © 1999-2023.

### Contact your local insurance agent today

Quartz Customer Success: (800) 362-3310

Quartz Sales: (800) 926-8227

TTY: 711

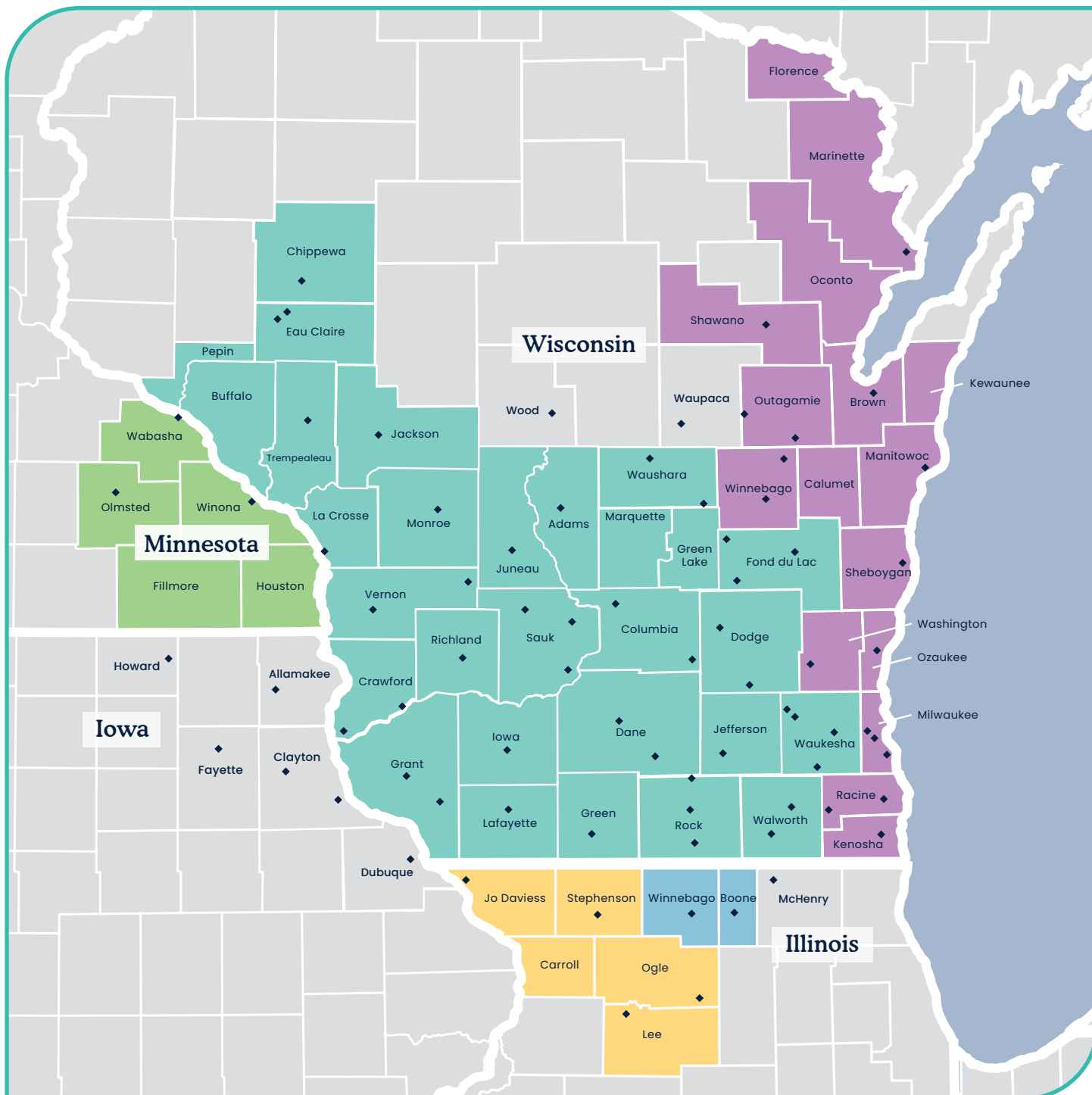
### Our promise to you

Get out there. Go live your life. Chase your passions and follow your dreams. We've got your back. Our promise is more than an idea, a vision, or a wish — it's how we do business. When we act with your needs at the forefront, everyone wins.

Get quick, online access to Quartz member information, such as:

- Member rights and responsibilities. Go to [QuartzBenefits.com/memberrights](https://www.QuartzBenefits.com/memberrights).
- Notice of Privacy Practices. Go to [QuartzBenefits.com/notice-of-privacy-practices](https://www.QuartzBenefits.com/notice-of-privacy-practices).

# 2024 Individual service area map with networks



**MAP KEY**

- ◆ Hospital location
- Quartz One
- Quartz One with Advocate Health Care
- Quartz One - IL
- Quartz Performance - IL
- Select - MN



## Iowa

### Cresco

- Regional Health Services of Howard County

### Dubuque

- MercyOne Dubuque Medical Center
- Grand River Medical Group
- UnityPoint Health - Finley Hospital

### Elkader

- MercyOne Elkader Medical Center

### Guttenberg

- Guttenberg Municipal Hospital

### Waukon

- Veterans Memorial Hospital - Waukon

### West Union

- Gundersen Palmer Lutheran Hospital and Clinics

## Illinois

### Belvidere

- SwedishAmerican Medical Center - Belvidere

### Dixon

- Katherine Shaw Bethea Hospital

### Freeport

- Freeport Memorial Hospital

### Galena

- Midwest Medical Center

### Harvard

- Mercy Harvard Hospital

### Rochelle

- Rochelle Community Hospital

### Rockford

- SwedishAmerican Women and Children's Hospital
- SwedishAmerican Hospital

## Minnesota

### Rochester

- Olmsted Medical Center - Hospital (Affiliated with Olmsted Medical Center)

### Wabasha

- Gundersen St. Elizabeth's Hospital and Clinics

### Winona

- Winona Health Services

## Wisconsin

### Altoona

- OakLeaf Surgical Hospital, L.L.C.

### Appleton

- ThedaCare Regional Medical Center - Appleton
- ThedaCare Medical Center - Orthopedics, Spine, and Pain Hospital

### Baraboo

- SSM Health St. Clare Hospital - Baraboo

### Beaver Dam

- Marshfield Medical Center - Beaver Dam Hospital

### Beloit

- Beloit Health System

### Berlin

- ThedaCare Medical Center - Berlin

### Black River Falls

- Black River Memorial Hospital

### Boscobel

- Gundersen Boscobel Hospital and Clinics

### Burlington

- Aurora Medical Center - Burlington

### Chippewa Falls

- St. Joseph's Hospital - Chippewa Falls (Affiliated with Sacred Heart Hospital)

### Columbus

- Prairie Ridge Health

### Cudahy

- Aurora St. Luke's South Shore of Aurora Health Care Metro, Inc.

### Darlington

- Memorial Hospital of Lafayette County

### Dodgeville

- Upland Hills Health Hospital

### Eau Claire

- Sacred Heart Hospital

## Wisconsin (continued)

### Edgerton

- Edgerton Hospital and Health Services

### Elkhorn

- Aurora Lakeland Medical Center

### Fond du Lac

- SSM Health St Agnes Hospital – Fond du Lac

### Fort Atkinson

- Fort Memorial Hospital (Affiliated with Fort Healthcare, Inc.)

### Friendship

- Gundersen Moundview Hospital and Clinics

### Grafton

- Aurora Medical Center Grafton Hospital

### Green Bay

- Aurora BayCare Medical Center – Green Bay

### Hartford

- Aurora Medical Center Washington County

### Hillsboro

- Gundersen St. Joseph's Hospital and Clinics

### Kenosha

- Aurora Medical Center Kenosha Hospital

### La Crosse

- Gundersen Lutheran Medical Center, Inc.

### Lake Geneva

- Mercy Walworth Hospital and Medical Center

### Lancaster

- Grant Regional Health Center

### Madison

- UW Health American Family Children's Hospital
- Southwest Health Center – Madison
- UnityPoint Health – Meriter Hospital
- UW Health East Madison Hospital
- UW Health–University Hospital
- SSM Health St. Mary's Hospital – Madison
- Select Specialty Hospital – Madison

### Marinette

- Aurora Medical Center Bay Area

### Mauston

- Mile Bluff Medical Center, Inc.

### Milwaukee

- Aurora Health Care Metro St Luke's Medical Center – Hospital
- Aurora Sinai Medical Center Hospital

### Monroe

- SSM Health Monroe Hospital – Hospital

### Mount Pleasant

- Aurora Medical Center Mount Pleasant

### Mukwonago

- ProHealth Waukesha Memorial Hospital – Mukwonago

### Neenah

- Children's Hospital of Wisconsin – Fox Valley
- ThedaCare Regional Medical Center – Neenah

### New London

- ThedaCare Medical Center – New London

### Oconomowoc

- ProHealth Oconomowoc Memorial Hospital

### Oshkosh

- Aurora Medical Center Hospital – Oshkosh

### Platteville

- Southwest Health Center

### Portage

- Aspirus Divine Savior Hospital

### Prairie Du Chien

- Crossing Rivers Health Medical Center

### Prairie Du Sac

- Sauk Prairie Memorial Hospital

### Reedsburg

- Reedsburg Area Medical Center, Inc.

### Richland Center

- Richland Hospital

### Ripon

- SSM Health Ripon Community Hospital

### Shawano

- ThedaCare Medical Center – Shawano Hospital

### Sheboygan

- Aurora Medical Center Sheboygan County

## Wisconsin (continued)

### Stoughton

- Stoughton Hospital

### Summit

- Aurora Medical Center Summit Hospital

### Tomah

- Tomah Health Hospital

### Two Rivers

- Aurora Medical Center Manitowoc County

### Viroqua

- Vernon Memorial Hospital

### Watertown

- Watertown Regional Medical Center  
(Affiliated with Watertown Network, LLC)

### Waukesha

- ProHealth Waukesha Memorial Hospital

### Waupaca

- ThedaCare Medical Center - Waupaca

### Waupun

- SSM Health Waupun Memorial Hospital

### West Allis

- Aurora West Allis Medical Center

### Whitehall

- Gundersen Tri-County Hospital and Clinics

### Wild Rose

- ThedaCare Medical Center - Wild Rose

### Wisconsin Rapids

- Aspirus Riverview Hospital and Clinics

# Quartz One plan options – Wisconsin 2024

|  | Gold   |  |                          |                          |   |
|--|--|--|--------------------------|--------------------------|---|
|  | Gold I401 Value Tier Rx                                      | Gold I402 Maintenance Value Tier Rx    | Gold I403 HSA            | Gold I410 Standard       | Gold I420   |
| <b>Deductible (Single/Family)</b>      | \$2,500/\$5,000  | \$500/\$1,000                          | \$3,500/\$7,000          | \$1,500/\$3,000          | \$1,000/\$2,000   |
| <b>Coinsurance</b>                     | 30%  | 0%                                     | 0%                       | 25%                      | 40%   |
| <b>MOOP (Single/Family)</b>            | \$7,000/\$14,000   | \$9,000/\$18,000                       | \$3,500/\$7,000          | \$8,700/\$17,400         | \$8,500/\$17,000  |
| <b>Virtual Visit</b>                   | \$0  | \$0                                    | Ded & Coins              | \$30                     | \$0   |
| <b>PCP/Specialist Visit</b>            | \$30/\$60  | \$35/\$70                              | Ded & Coins              | \$30/\$60                | \$15/\$90   |
| <b>Lab/X-ray</b>                       | \$30/\$60  | \$35/\$70                              | Ded & Coins              | Ded & Coins              | \$30/\$90   |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins  | \$2,500/day IP<br>Ded & Coins OP       | Ded & Coins              | Ded & Coins              | Ded & Coins   |
| <b>Urgent Care</b>                     | \$60   | \$70                                   | Ded & Coins              | \$45                     | \$90  |
| <b>Emergency Room</b>                  | \$500  | \$500                                  | Ded & Coins              | Ded & Coins              | \$500   |
| <b>Pharmacy</b>                        | \$5/\$10/\$40/<br>50% Coins/<br>Ded & 60% Coins <sup>1</sup> | \$5/\$10/\$40/<br>50%/60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$15/\$30/\$60/<br>\$250 | \$1,250 Deductible,<br>\$0/\$10/\$45/<br>50%/Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 30% Coins  | 0% Coins                               | Ded & Coins              | 25% Coins                | 40% Coins   |
| <b>Dental &amp; Vision</b>             | No   | Optional add on                        | No                       | Optional add on          | No  |

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.
3. Applies to the first three office visits with PCP then deductible and coinsurance.  
MOOP = Maximum-Out-of-Pocket

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|  | Silver   |                          |   |                                     |   |
|--|--|--------------------------|---|-------------------------------------|---|
|  | Silver I303                                    | Silver I304 HSA          | Silver I308                                     | Silver I309 Standard                | Silver I320   |
| <b>Deductible (Single/Family)</b>      | \$7,000/\$14,000                               | \$5,500/\$11,000         | \$0/\$0   | \$5,900/\$11,800                    | \$2,500/\$5,000   |
| <b>Coinsurance</b>                     | 50%  | 0%                       | 50%   | 40%                                 | 50%   |
| <b>MOOP (Single/Family)</b>            | \$9,100/\$18,200                               | \$5,500/\$11,000         | \$9,400/\$18,800                                | \$9,100/\$18,200                    | \$9,400/\$18,800  |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins              | \$0   | \$40                                | \$0   |
| <b>PCP/Specialist Visit</b>            | \$50/\$100                                     | Ded & Coins              | \$50/\$100                                      | \$40/\$80                           | \$20/\$100  |
| <b>Lab/X-ray</b>                       | \$60/\$120                                     | Ded & Coins              | \$50/\$100                                      | Ded & Coins                         | \$40/\$100  |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                    | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins                         | Ded & Coins   |
| <b>Urgent Care</b>                     | \$100  | Ded & Coins              | \$100   | \$60                                | \$100   |
| <b>Emergency Room</b>                  | \$1,000  | Ded & Coins              | \$1,200   | Ded & Coins                         | \$1,250   |
| <b>Pharmacy</b>                        | \$10/\$35/\$150/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$600 <sup>1</sup>    | \$20/\$40/Ded &<br>\$80/Ded & \$350 | \$2,500 Deductible,<br>\$0/\$35/\$150/<br>Ded & 50% /<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                      | Ded & Coins              | 50% Coins                                       | 40% Coins                           | 50% Coins   |
| <b>Dental &amp; Vision</b>             | No   | No                       | Optional add on                                 | No                                  | Optional add on   |

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# Quartz One plan options – Wisconsin 2024

|  | Bronze   |                          |   |  |  | Catastrophic             |
|--|--|--------------------------|---|--|--|--------------------------|
|  | Bronze I201  | Bronze I203 HSA          | Bronze I204                                     | Bronze I205  | Bronze I206 Standard                             | Catastrophic I101        |
| <b>Deductible (Single/Family)</b>      | \$9,400/\$18,800   | \$7,250/\$14,500         | \$3,000/\$6,000                                 | \$0/\$0  | \$7,500/\$15,000                                 | \$9,450/\$18,900         |
| <b>Coinsurance</b>                     | 50%  | 0%                       | 50%   | 50%  | 50%  | 0%                       |
| <b>MOOP (Single/Family)</b>            | \$9,450/\$18,900   | \$7,250/\$14,500         | \$9,000/\$18,000                                | \$9,450/\$18,900   | \$9,400/\$18,800                                 | \$9,450/\$18,900         |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins              | \$0   | \$0  | \$50   | Ded & Coins              |
| <b>PCP/Specialist Visit</b>            | \$80/Ded & Coins   | Ded & Coins              | \$75/\$150                                      | \$75/\$155   | \$50/\$100                                       | Ded & Coins <sup>3</sup> |
| <b>Lab/X-ray</b>                       | Ded & Coins  | Ded & Coins              | \$75/\$150                                      | \$75/\$155   | Ded & Coins                                      | Ded & Coins              |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins  | Ded & Coins              | Ded & Coins                                     | \$3,000/day IP<br>\$2,000 OP<br>\$1,000 MRI/PET/CAT                                    | Ded & Coins                                      | Ded & Coins              |
| <b>Urgent Care</b>                     | Ded & Coins  | Ded & Coins              | \$150   | \$155  | \$75   | Ded & Coins              |
| <b>Emergency Room</b>                  | Ded & Coins  | Ded & Coins              | Ded & Coins                                     | \$1,500  | Ded & Coins                                      | Ded & Coins              |
| <b>Pharmacy</b>                        | \$15/\$35/\$200/<br>Ded & 50%/<br>Ded & 50% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$15/\$35/\$160/<br>Ded & 70% /60% <sup>1</sup> | \$15/\$35/\$180/<br>\$1,750 Ded & 50%<br>Coins/\$1,750 Ded<br>& 50% Coins <sup>1</sup> | \$25/Ded &<br>\$50/Ded &<br>\$100/Ded &<br>\$500 | Ded & Coins <sup>2</sup> |
| <b>DME</b>                             | 50% Coins  | Ded & Coins              | 50% Coins                                       | 50% Coins  | 50% Coins  | Ded & Coins              |
| <b>Dental &amp; Vision</b>             | No   | No                       | Optional add on                                 | Optional add on  | No   | No                       |

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.
3. Applies to the first three office visits with PCP then deductible and coinsurance.  
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|  | Silver Cost Sharing Reduction (CSR) 100-150% |                           |   |                         |   |
|--|--|---------------------------|---|-------------------------|---|
|  | Silver I303-06                               | Silver I304-06 Deductible | Silver I308-06                                | Silver Standard I309-06 | Silver I320-06  |
| <b>Deductible (Single/Family)</b>      | \$0/\$0                                      | \$525/\$1,050             | \$0/\$0                                       | \$0/\$0                 | \$250/\$500   |
| <b>Coinsurance</b>                     | 50%  | 0%                        | 50%   | 25%                     | 50%   |
| <b>MOOP (Single/Family)</b>            | \$1,400/\$2,800                              | \$525/\$1,050             | \$1,250/\$2,500                               | \$1,800/\$3,600         | \$900/\$1,800   |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins               | \$0   | \$0                     | \$0   |
| <b>PCP/Specialist Visit</b>            | \$5/\$10                                     | Ded & Coins               | \$0/\$10                                      | \$0/\$10                | \$10/\$20   |
| <b>Lab/X-ray</b>                       | \$5/\$10                                     | Ded & Coins               | \$10/\$10                                     | 25% Coins               | \$10/\$20   |
| <b>Hospital (Inpatient/Outpatient)</b> | 50% Coins                                    | Ded & Coins               | \$125/day IP<br>\$100 OP<br>\$100 MRI/PET/CAT | 25% Coins               | Ded & Coins   |
| <b>Urgent Care</b>                     | \$10   | Ded & Coins               | \$10  | \$5                     | \$20  |
| <b>Emergency Room</b>                  | \$50   | Ded & Coins               | \$50  | 25% Coins               | \$35  |
| <b>Pharmacy</b>                        | \$0/\$5/\$15/<br>50%/60% <sup>1</sup>        | Ded & Coins <sup>2</sup>  | \$0/\$5/\$15/<br>\$100/\$200 <sup>1</sup>     | \$0/\$15/\$50/\$150     | \$250 Deductible<br>\$0/\$5/\$15/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                    | Ded & Coins               | 50% Coins                                     | 25% Coins               | 50% Coins   |
| <b>Dental &amp; Vision</b>             | No   | No                        | Optional add on                               | No                      | Optional add on   |

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# Quartz One plan options – Wisconsin 2024

|  | Silver Cost Sharing Reduction (CSR) 150-200% |                           |   |                                  |  |
|--|--|---------------------------|---|----------------------------------|--|
|  | Silver I303-05                               | Silver I304-05 Deductible | Silver I308-05                                | Silver Standard I309-05          | Silver I320-05   |
| <b>Deductible (Single/Family)</b>      | \$1,500/\$3,000                              | \$1,700/\$3,400           | \$0/\$0                                       | \$700/\$1,400                    | \$1,250/\$2,500  |
| <b>Coinsurance</b>                     | 50%  | 0%                        | 50%   | 30%                              | 50%  |
| <b>MOOP (Single/Family)</b>            | \$3,000/\$6,000                              | \$1,700/\$3,400           | \$3,000/\$6,000                               | \$3,000/\$6,000                  | \$2,500/\$5,000  |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins               | \$0   | \$20                             | \$0  |
| <b>PCP/Specialist Visit</b>            | \$20/\$50                                    | Ded & Coins               | \$25/\$60                                     | \$20/\$40                        | \$10/\$45  |
| <b>Lab/X-ray</b>                       | \$25/\$50                                    | Ded & Coins               | \$25/\$60                                     | Ded & Coins                      | \$20/\$45  |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                  | Ded & Coins               | \$300/day IP<br>\$300 OP<br>\$400 MRI/PET/CAT | Ded & Coins                      | Ded & Coins  |
| <b>Urgent Care</b>                     | \$20   | Ded & Coins               | \$60  | \$30                             | \$45   |
| <b>Emergency Room</b>                  | \$100  | Ded & Coins               | \$250   | Ded & Coins                      | \$80   |
| <b>Pharmacy</b>                        | \$5/\$10/\$20/50%/Ded & 60% <sup>1</sup>     | Ded & Coins <sup>2</sup>  | \$5/\$10/\$20/\$250/\$400 <sup>1</sup>        | \$10/\$20/Ded & \$60/Ded & \$250 | \$1,250 Deductible<br>\$0/\$10/\$20/Ded & 50%/Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                    | Ded & Coins               | 50% Coins                                     | 30% Coins                        | 50% Coins  |
| <b>Dental &amp; Vision</b>             | No   | No                        | Optional add on                               | No                               | Optional add on  |

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|  | Silver Cost Sharing Reduction (CSR) 200-250%  |                          |   |                                     |   |
|--|---|--------------------------|---|-------------------------------------|---|
|  | Silver I303-04                                | Silver I304-04 HSA       | Silver I308-04                                  | Silver Standard I309-04             | Silver I320-04  |
| <b>Deductible (Single/Family)</b>      | \$7,000/\$14,000                              | \$4,500/\$9,000          | \$0/\$0   | \$5,700/\$11,400                    | \$2,250/\$4,500   |
| <b>Coinsurance</b>                     | 50%   | 0%                       | 50%   | 40%                                 | 50%   |
| <b>MOOP (Single/Family)</b>            | \$7,550/\$15,100                              | \$4,500/\$9,000          | \$7,550/\$15,100                                | \$7,200/\$14,400                    | \$7,550/\$15,100  |
| <b>Virtual Visit</b>                   | \$0   | Ded & Coins              | \$0   | \$40                                | \$0   |
| <b>PCP/Specialist Visit</b>            | \$50/\$100                                    | Ded & Coins              | \$45/\$90                                       | \$40/\$80                           | \$20/\$100  |
| <b>Lab/X-ray</b>                       | \$60/\$120                                    | Ded & Coins              | \$45/\$90                                       | Ded & Coins                         | \$40/\$100  |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                   | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins                         | Ded & Coins   |
| <b>Urgent Care</b>                     | \$100   | Ded & Coins              | \$90  | \$60                                | \$100   |
| <b>Emergency Room</b>                  | \$1,000                                       | Ded & Coins              | \$1,200   | Ded & Coins                         | \$1,250   |
| <b>Pharmacy</b>                        | \$10/\$35/\$80/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$500 <sup>1</sup>    | \$20/\$40/Ded &<br>\$80/Ded & \$350 | \$2,250 Deductible<br>\$0/\$35/\$150/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                     | Ded & Coins              | 50% Coins                                       | 40% Coins                           | 50% Coins   |
| <b>Dental &amp; Vision</b>             | No  | No                       | Optional add on                                 | No                                  | Optional add on   |

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.
3. Applies to the first three office visits with PCP then deductible and coinsurance.  
MOOP = Maximum-Out-of-Pocket

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# Quartz One plan options – Wisconsin 2024

|  | Platinum - Direct                      | Silver - Direct                                |                          |   |  |
|--|--|--|--------------------------|---|--|
|  | Platinum I501                          | Silver I303                                    | Silver I304 HSA          | Silver I308                                     | Silver I320 (New)  |
| <b>Deductible (Single/Family)</b>      | \$0/\$0                                | \$7,000/\$14,000                               | \$5,500/\$11,000         | \$0/\$0   | \$2,500/\$5,000  |
| <b>Coinsurance</b>                     | 20%                                    | 50%  | 0%                       | 50%   | 50%  |
| <b>MOOP (Single/Family)</b>            | \$2,000/\$4,000                        | \$9,100/\$18,200                               | \$5,500/\$11,000         | \$9,400/\$18,800                                | \$9,400/\$18,800   |
| <b>Virtual Visit</b>                   | \$0                                    | \$0  | Ded & Coins              | \$0   | \$0  |
| <b>PCP/Specialist Visit</b>            | \$20/\$45                              | \$50/\$100                                     | Ded & Coins              | \$50/\$100                                      | \$20/\$100   |
| <b>Lab/X-ray</b>                       | \$20/\$40                              | \$60/\$120                                     | Ded & Coins              | \$50/\$100                                      | \$40/\$100   |
| <b>Hospital (Inpatient/Outpatient)</b> | 20% Coins                              | Ded & Coins                                    | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins  |
| <b>Urgent Care</b>                     | \$45                                   | \$100  | Ded & Coins              | \$100   | \$100  |
| <b>Emergency Room</b>                  | \$150                                  | \$1,000  | Ded & Coins              | \$1,200   | \$1,250  |
| <b>Pharmacy</b>                        | \$5/\$10/\$25/<br>50%/60% <sup>1</sup> | \$10/\$35/\$150/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$600 <sup>1</sup>    | \$2,500 Deductible,<br>\$0/\$35/\$150/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 20% Coins                              | 50% Coins                                      | Ded & Coins              | 50% Coins                                       | 50% Coins  |
| <b>Dental &amp; Vision</b>             | Optional add on                        | No   | No                       | Optional add on                                 | Optional add on  |

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# Quartz One & Quartz Performance plan options – Illinois 2024

|   | Gold   |  |                          |                          |   |
|---|--|--|--------------------------|--------------------------|---|
|   | Gold I401  | Gold I402<br>Maintenance               | Gold I403 HSA            | Gold I410<br>Standard    | Gold I420 (New)   |
| <b>Deductible<br/>(Single/Family)</b>       | \$2,500/\$5,000  | \$500/\$1,000                          | \$3,500/\$7,000          | \$1,500/\$3,000          | \$1,000/\$2,000   |
| <b>Coinsurance</b>                          | 30%  | 0%                                     | 0%                       | 25%                      | 40%   |
| <b>MOOP<br/>(Single/Family)</b>             | \$7,000/\$14,000   | \$9,000/\$18,000                       | \$3,500/\$7,000          | \$8,700/\$17,400         | \$8,500/\$17,000  |
| <b>Virtual Visit</b>                        | \$0  | \$0                                    | Ded & Coins              | \$30                     | \$0   |
| <b>PCP/Specialist Visit</b>                 | \$30/\$60  | \$35/\$70                              | Ded & Coins              | \$30/\$60                | \$15/\$90   |
| <b>Lab/X-ray</b>                            | \$30/\$60  | \$35/\$70                              | Ded & Coins              | Ded & Coins              | \$30/\$90   |
| <b>Hospital (Inpatient/<br/>Outpatient)</b> | Ded & Coins  | \$2,500/day IP<br>Ded & Coins OP       | Ded & Coins              | Ded & Coins              | Ded & Coins   |
| <b>Urgent Care</b>                          | \$60   | \$70                                   | Ded & Coins              | \$45                     | \$90  |
| <b>Emergency Room</b>                       | \$500  | \$500                                  | Ded & Coins              | Ded & Coins              | \$500   |
| <b>Pharmacy</b>                             | \$5/\$10/\$40/<br>50% Coins/<br>Ded & 60% Coins <sup>1</sup> | \$5/\$10/\$40/<br>50%/60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$15/\$30/\$60/<br>\$250 | \$1,250 Deductible,<br>\$0/\$10/\$45/<br>50%/Ded & 60% <sup>1</sup> |
| <b>DME</b>                                  | 30% Coins  | 0% Coins                               | Ded & Coins              | 25% Coins                | 40% Coins   |
| <b>Dental &amp; Vision</b>                  | No   | Optional add on                        | No                       | Optional add on          | No  |

**Please note:**

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# Quartz One & Quartz Performance plan options – Illinois 2024

|  | Silver   |                          |   |   |   |
|--|--|--------------------------|---|---|---|
|  | Silver I303                                    | Silver I304 HSA          | Silver I308                                     | Silver Standard I309                                  | Silver I320   |
| <b>Deductible (Single/Family)</b>      | \$7,000/\$14,000                               | \$5,500/\$11,000         | \$0/\$0   | \$5,900/\$11,800                                      | \$2,500/\$5,000   |
| <b>Coinsurance</b>                     | 50%  | 0%                       | 50%   | 40%   | 50%   |
| <b>MOOP (Single/Family)</b>            | \$9,100/\$18,200                               | \$5,500/\$11,000         | \$9,400/\$18,800                                | \$9,100/\$18,200                                      | \$9,400/\$18,800  |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins              | \$0   | \$40  | \$0   |
| <b>PCP/Specialist Visit</b>            | \$50/\$100                                     | Ded & Coins              | \$50/\$100                                      | \$40/\$80   | \$20/\$100  |
| <b>Lab/X-ray</b>                       | \$60/\$120                                     | Ded & Coins              | \$50/\$100                                      | Ded & Coins   | \$40/\$100  |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                    | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins   | Ded & Coins   |
| <b>Urgent Care</b>                     | \$100  | Ded & Coins              | \$100   | \$60  | \$100   |
| <b>Emergency Room</b>                  | \$1,000  | Ded & Coins              | \$1,200   | Ded & Coins   | \$1,250   |
| <b>Pharmacy</b>                        | \$10/\$35/\$150/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$600 <sup>1</sup>    | \$20/\$40/<br>Ded & \$80/<br>Ded & \$350 <sup>1</sup> | \$2,500 Deductible<br>\$0/\$35/\$150/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                      | Ded & Coins              | 50% Coins                                       | 40% Coins   | 50% Coins   |
| <b>Dental &amp; Vision</b>             | No   | No                       | Optional add on                                 | No  | Optional add on   |

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 2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.  
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|  | Bronze                                       |                          |  |  |   | Catastrophic             |
|--|--|--------------------------|--|--|---|--------------------------|
|  | Bronze I201                                  | Bronze I203 HSA          | Bronze I204                                    | Bronze I205  | Bronze I206 Standard                                | Catastrophic I101        |
| <b>Deductible (Single/Family)</b>      | \$9,400/\$18,800                             | \$7,250/\$14,500         | \$5,000/\$10,000                               | \$0/\$0  | \$7,500/\$15,000                                    | \$9,450/\$18,900         |
| <b>Coinsurance</b>                     | 50%  | 0%                       | 50%  | 50%  | 50%   | 0%                       |
| <b>MOOP (Single/Family)</b>            | \$9,450/\$18,900                             | \$7,250/\$14,500         | \$9,450/\$18,900                               | \$9,450/\$18,900   | \$9,400/\$18,800                                    | \$9,450/\$18,900         |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins              | \$0  | \$0  | \$50  | Ded & Coins              |
| <b>PCP/Specialist Visit</b>            | \$80/Ded & Coins                             | Ded & Coins              | \$85/\$250                                     | \$75/\$155   | \$50/\$100  | Ded & Coins <sup>3</sup> |
| <b>Lab/X-ray</b>                       | Ded & Coins                                  | Ded & Coins              | \$100/\$250                                    | \$75/\$155   | Ded & Coins   | Ded & Coins              |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                  | Ded & Coins              | Ded & Coins                                    | \$3,000/day IP<br>\$2,000 OP<br>\$1,000 MRI/PET/CAT                                    | Ded & Coins   | Ded & Coins              |
| <b>Urgent Care</b>                     | Ded & Coins                                  | Ded & Coins              | \$250  | \$155  | \$75  | Ded & Coins              |
| <b>Emergency Room</b>                  | Ded & Coins                                  | Ded & Coins              | Ded & Coins                                    | \$1,500  | Ded & Coins   | Ded & Coins              |
| <b>Pharmacy</b>                        | \$15/\$35/\$200/<br>\$500/\$750 <sup>1</sup> | Ded & Coins <sup>2</sup> | \$15/\$35/\$160/<br>\$750/\$1,250 <sup>1</sup> | \$15/\$35/\$180/<br>\$1,750 Ded & 50%<br>Coins/\$1,750 Ded<br>& 50% Coins <sup>1</sup> | \$25/<br>Ded & \$50/<br>Ded & \$100/<br>Ded & \$500 | Ded & Coins <sup>2</sup> |
| <b>DME</b>                             | 50% Coins                                    | Ded & Coins              | 50% Coins                                      | 50% Coins  | 50% Coins   | Ded & Coins              |
| <b>Dental &amp; Vision</b>             | No   | No                       | Optional add on                                | Optional add on  | No  | No                       |

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 2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.  
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 MOOP = Maximum-Out-of-Pocket

# Quartz One & Quartz Performance plan options – Illinois 2024

|   | Silver Cost Sharing Reduction (CSR) 100-150% |                              |   |                            |   |
|---|--|------------------------------|---|----------------------------|---|
|   | Silver I303-06                               | Silver I304-06<br>Deductible | Silver I308-06                                | Silver Standard<br>I309-06 | Silver I320-06  |
| <b>Deductible<br/>(Single/Family)</b>       | \$0/\$0                                      | \$525/\$1,050                | \$0/\$0                                       | \$0/\$0                    | \$250/\$500   |
| <b>Coinsurance</b>                          | 50%  | 0%                           | 50%   | 25%                        | 50%   |
| <b>MOOP<br/>(Single/Family)</b>             | \$1,400/\$2,800                              | \$525/\$1,050                | \$1,250/\$2,500                               | \$1,800/\$3,600            | \$900/\$1,800   |
| <b>Virtual Visit</b>                        | \$0  | Ded & Coins                  | \$0   | \$0                        | \$0   |
| <b>PCP/Specialist Visit</b>                 | \$5/\$10                                     | Ded & Coins                  | \$0/\$10                                      | \$0/\$10                   | \$10/\$20   |
| <b>Lab/X-ray</b>                            | \$5/\$10                                     | Ded & Coins                  | \$10/\$10                                     | 25% Coins                  | \$10/\$20   |
| <b>Hospital (Inpatient/<br/>Outpatient)</b> | 50% Coins                                    | Ded & Coins                  | \$125/day IP<br>\$100 OP<br>\$100 MRI/PET/CAT | 25% Coins                  | Ded & Coins   |
| <b>Urgent Care</b>                          | \$10   | Ded & Coins                  | \$10  | \$5                        | \$20  |
| <b>Emergency Room</b>                       | \$50   | Ded & Coins                  | \$50  | 25% Coins                  | \$35  |
| <b>Pharmacy</b>                             | \$0/\$5/\$15/<br>50%/60% <sup>1</sup>        | Ded & Coins <sup>2</sup>     | \$0/\$5/\$15/<br>\$100/\$200 <sup>1</sup>     | \$0/\$15/\$50/\$150        | \$250 Deductible<br>\$0/\$5/\$15/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                                  | 50% Coins                                    | Ded & Coins                  | 50% Coins                                     | 25% Coins                  | 50% Coins   |
| <b>Dental &amp; Vision</b>                  | No   | No                           | Optional add on                               | No                         | Optional add on   |

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|   | Silver Cost Sharing Reduction (CSR) 150-200% |                              |   |                                     |  |
|---|--|------------------------------|---|-------------------------------------|--|
|   | Silver I303-05                               | Silver I304-05<br>Deductible | Silver I308-05                                | Silver Standard<br>I309-05          | Silver I320-05   |
| <b>Deductible<br/>(Single/Family)</b>           | \$1,500/\$3,000                              | \$1,700/\$3,400              | \$0/\$0                                       | \$700/\$1,400                       | \$1,250/\$2,500  |
| <b>Coinsurance</b>                              | 50%  | 0%                           | 50%   | 30%                                 | 50%  |
| <b>MOOP<br/>(Single/Family)</b>                 | \$3,000/\$6,000                              | \$1,700/\$3,400              | \$3,000/\$6,000                               | \$3,000/\$6,000                     | \$2,500/\$5,000  |
| <b>Virtual Visit</b>                            | \$0  | Ded & Coins                  | \$0   | \$20                                | \$0  |
| <b>PCP/Specialist<br/>Visit</b>                 | \$20/\$50                                    | Ded & Coins                  | \$25/\$60                                     | \$20/\$40                           | \$10/\$45  |
| <b>Lab/X-ray</b>                                | \$25/\$50                                    | Ded & Coins                  | \$25/\$60                                     | Ded & Coins                         | \$20/\$45  |
| <b>Hospital<br/>(Inpatient/<br/>Outpatient)</b> | Ded & Coins                                  | Ded & Coins                  | \$300/day IP<br>\$300 OP<br>\$400 MRI/PET/CAT | Ded & Coins                         | Ded & Coins  |
| <b>Urgent Care</b>                              | \$20   | Ded & Coins                  | \$60  | \$30                                | \$45   |
| <b>Emergency Room</b>                           | \$100  | Ded & Coins                  | \$250   | Ded & Coins                         | \$80   |
| <b>Pharmacy</b>                                 | \$5/\$10/\$20/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup>     | \$5/\$10/\$20/<br>\$250/\$400 <sup>1</sup>    | \$10/\$20/Ded &<br>\$60/Ded & \$250 | \$1,250 Deductible<br>\$0/\$10/\$20/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                                      | 50% Coins                                    | Ded & Coins                  | 50% Coins                                     | 30% Coins                           | 50% Coins  |
| <b>Dental &amp; Vision</b>                      | No   | No                           | Optional add on                               | No                                  | Optional add on  |

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# Quartz One & Quartz Performance plan options – Illinois 2024

|  | Silver Cost Sharing Reduction (CSR) 200-250%  |                          |   |  |   |
|--|---|--------------------------|---|--|---|
|  | Silver I303-04                                | Silver I304-04<br>HSA    | Silver I308-04                                  | Silver Standard<br>I309-04               | Silver I320-04  |
| <b>Deductible (Single/Family)</b>      | \$7,000/\$14,000                              | \$4,500/\$9,000          | \$0/\$0   | \$5,700/\$11,400                         | \$2,250/\$4,500   |
| <b>Coinsurance</b>                     | 50%   | 0%                       | 50%   | 40%                                      | 50%   |
| <b>MOOP (Single/Family)</b>            | \$7,550/\$15,100                              | \$4,500/\$9,000          | \$7,550/\$15,100                                | \$7,200/\$14,400                         | \$7,550/\$15,100  |
| <b>Virtual Visit</b>                   | \$0   | Ded & Coins              | \$0   | \$40                                     | \$0   |
| <b>PCP/Specialist Visit</b>            | \$50/\$100                                    | Ded & Coins              | \$45/\$90                                       | \$40/\$80                                | \$20/\$100  |
| <b>Lab/X-ray</b>                       | \$60/\$120                                    | Ded & Coins              | \$45/\$90                                       | Ded & Coins                              | \$40/\$100  |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                   | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins                              | Ded & Coins   |
| <b>Urgent Care</b>                     | \$100   | Ded & Coins              | \$90  | \$60                                     | \$100   |
| <b>Emergency Room</b>                  | \$1,000                                       | Ded & Coins              | \$1,200   | Ded & Coins                              | \$1,250   |
| <b>Pharmacy</b>                        | \$10/\$35/\$80/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$500 <sup>1</sup>    | \$20/\$40/<br>Ded & \$80/<br>Ded & \$350 | \$2,250 Deductible<br>\$0/\$35/\$150/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                     | Ded & Coins              | 50% Coins                                       | 40% Coins                                | 50% Coins   |
| <b>Dental &amp; Vision</b>             | No  | No                       | Optional add on                                 | No                                       | Optional add on   |

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|  | Platinum - Direct                         | Silver - Direct                                |                          |   |  |
|--|---|--|--------------------------|---|--|
|  | Platinum I501                             | Silver I303                                    | Silver I304 HSA          | Silver I308                                     | Silver I320  |
| <b>Deductible (Single/Family)</b>      | \$0/\$0                                   | \$7,000/\$14,000                               | \$5,500/\$11,000         | \$0/\$0   | \$2,500/\$5,000  |
| <b>Coinsurance</b>                     | 20%                                       | 50%  | 0%                       | 50%   | 50%  |
| <b>MOOP (Single/Family)</b>            | \$2,000/\$4,000                           | \$9,100/\$18,200                               | \$5,500/\$11,000         | \$9,400/\$18,800                                | \$9,400/\$18,800   |
| <b>Virtual Visit</b>                   | \$0                                       | \$0  | Ded & Coins              | \$0   | \$0  |
| <b>PCP/Specialist Visit</b>            | \$20/\$45                                 | \$50/\$100                                     | Ded & Coins              | \$50/\$100                                      | \$20/\$100   |
| <b>Lab/X-ray</b>                       | \$20/\$40                                 | \$60/\$120                                     | Ded & Coins              | \$50/\$100                                      | \$40/\$100   |
| <b>Hospital (Inpatient/Outpatient)</b> | 20% Coins                                 | Ded & Coins                                    | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins  |
| <b>Urgent Care</b>                     | \$45                                      | \$100  | Ded & Coins              | \$100   | \$100  |
| <b>Emergency Room</b>                  | \$150                                     | \$1,000  | Ded & Coins              | \$1,200   | \$1,250  |
| <b>Pharmacy</b>                        | \$5/\$10/\$25/<br>\$75/\$150 <sup>1</sup> | \$10/\$35/\$150/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$600 <sup>1</sup>    | \$2,500 Deductible,<br>\$0/\$35/\$150/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 20% Coins                                 | 50% Coins                                      | Ded & Coins              | 50% Coins                                       | 50% Coins  |
| <b>Dental &amp; Vision</b>             | No  | No   | Optional add on          | No  | Optional add on  |

**Please note:**

- **Quartz One** network is available in Jo Daviess, Lee, Stephenson, Carroll, and Ogle counties
- **Quartz Performance** network is available in Boone and Winnebago counties. It includes all Quartz One providers except Freeport Health Network (FHN) and SSM Monroe.

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 2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.  
 3. Applies to the first three office visits with PCP then deductible and coinsurance.  
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# Quartz Select plan options – Minnesota 2024

|  | Gold   |  |                          |                          |   |
|--|--|--|--------------------------|--------------------------|---|
|  | Gold I401  | Gold I402 Maintenance                  | Gold I403 HSA            | Gold I410 Standard       | Gold I420 (New)   |
| <b>Deductible (Single/Family)</b>      | \$2,500/\$5,000  | \$500/\$1,000                          | \$3,500/\$7,000          | \$1,500/\$3,000          | \$1,000/\$2,000   |
| <b>Coinsurance</b>                     | 30%  | 0%                                     | 0%                       | 25%                      | 40%   |
| <b>MOOP (Single/Family)</b>            | \$7,000/\$14,000   | \$9,000/\$18,000                       | \$3,500/\$7,000          | \$8,700/\$17,400         | \$8,500/\$17,000  |
| <b>Virtual Visit</b>                   | \$0  | \$0                                    | Ded & Coins              | \$30                     | \$0   |
| <b>PCP/Specialist Visit</b>            | \$30/\$60  | \$35/\$70                              | Ded & Coins              | \$30/\$60                | \$15/\$90   |
| <b>Lab/X-ray</b>                       | \$30/\$60  | \$35/\$70                              | Ded & Coins              | Ded & Coins              | \$30/\$90   |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins  | \$2,500/day IP<br>Ded & Coins OP       | Ded & Coins              | Ded & Coins              | Ded & Coins   |
| <b>Urgent Care</b>                     | \$60   | \$70                                   | Ded & Coins              | \$45                     | \$90  |
| <b>Emergency Room</b>                  | \$500  | \$500                                  | Ded & Coins              | Ded & Coins              | \$500   |
| <b>Pharmacy</b>                        | \$5/\$10/\$40/<br>50% Coins/<br>Ded & 60% Coins <sup>1</sup> | \$5/\$10/\$40/<br>50%/60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$15/\$30/\$60/<br>\$250 | \$1,250 Deductible,<br>\$0/\$10/\$45/<br>50%/Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 30% Coins  | 0% Coins                               | Ded & Coins              | 25% Coins                | 40% Coins   |
| <b>Dental &amp; Vision</b>             | No   | Optional add on                        | No                       | Optional add on          | No  |

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
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|  | Silver   |                          |   |  |  |
|--|--|--------------------------|---|--|--|
|  | Silver I303                                    | Silver I304 HSA          | Silver I308                                     | Silver I309 Standard                     | Silver I320  |
| <b>Deductible (Single/Family)</b>      | \$7,000/\$14,000                               | \$5,500/\$11,000         | \$0/\$0   | \$5,900/\$11,800                         | \$2,500/\$5,000  |
| <b>Coinsurance</b>                     | 50%  | 0%                       | 50%   | 40%                                      | 50%  |
| <b>MOOP (Single/Family)</b>            | \$9,100/\$18,200                               | \$5,500/\$11,000         | \$9,400/\$18,800                                | \$9,100/\$18,200                         | \$9,400/\$18,800   |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins              | \$0   | \$40                                     | \$0  |
| <b>PCP/Specialist Visit</b>            | \$50/\$100                                     | Ded & Coins              | \$50/\$100                                      | \$40/\$80                                | \$20/\$100   |
| <b>Lab/X-ray</b>                       | \$60/\$120                                     | Ded & Coins              | \$50/\$100                                      | Ded & Coins                              | \$40/\$100   |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                    | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins                              | Ded & Coins  |
| <b>Urgent Care</b>                     | \$100  | Ded & Coins              | \$100   | \$60                                     | \$100  |
| <b>Emergency Room</b>                  | \$1,000  | Ded & Coins              | \$1,200   | Ded & Coins                              | \$1,250  |
| <b>Pharmacy</b>                        | \$10/\$35/\$150/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$600 <sup>1</sup>    | \$20/\$40/<br>Ded & \$80/<br>Ded & \$350 | \$2,500 Deductible,<br>\$0/\$35/\$150/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                      | Ded & Coins              | 50% Coins                                       | 40% Coins                                | 50% Coins  |
| <b>Dental &amp; Vision</b>             | No   | No                       | Optional add on                                 | No                                       | Optional add on  |

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.
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# Quartz Select plan options – Minnesota 2024

|  | Bronze                                       |                          |  |  |   | Catastrophic             |
|--|--|--------------------------|--|--|---|--------------------------|
|  | Bronze I201                                  | Bronze I203 HSA          | Bronze I204                                    | Bronze I205  | Bronze I206 Standard                                | Catastrophic I101        |
| <b>Deductible (Single/Family)</b>      | \$9,400/\$18,800                             | \$7,250/\$14,500         | \$3,000/\$6,000                                | \$0/\$0  | \$7,500/\$15,000                                    | \$9,450/\$18,900         |
| <b>Coinsurance</b>                     | 50%  | 0%                       | 50%  | 50%  | 50%   | 0%                       |
| <b>MOOP (Single/Family)</b>            | \$9,450/\$18,900                             | \$7,250/\$14,500         | \$9,000/\$18,000                               | \$9,450/\$18,900   | \$9,400/\$18,800                                    | \$9,450/\$18,900         |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins              | \$0  | \$0  | \$50  | Ded & Coins              |
| <b>PCP/Specialist Visit</b>            | \$80/Ded & Coins                             | Ded & Coins              | \$75/\$150                                     | \$75/\$155   | \$50/\$100  | Ded & Coins <sup>3</sup> |
| <b>Lab/X-ray</b>                       | Ded & Coins                                  | Ded & Coins              | \$75/\$150                                     | \$75/\$155   | Ded & Coins   | Ded & Coins              |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                  | Ded & Coins              | Ded & Coins                                    | \$3,000/day IP<br>\$2,000 OP<br>\$1,000 MRI/PET/CAT                                    | Ded & Coins   | Ded & Coins              |
| <b>Urgent Care</b>                     | Ded & Coins                                  | Ded & Coins              | \$150  | \$155  | \$75  | Ded & Coins              |
| <b>Emergency Room</b>                  | Ded & Coins                                  | Ded & Coins              | Ded & Coins                                    | \$1,500  | Ded & Coins   | Ded & Coins              |
| <b>Pharmacy</b>                        | \$15/\$35/\$200/<br>\$500/\$750 <sup>1</sup> | Ded & Coins <sup>2</sup> | \$15/\$35/\$160/<br>Ded & 70%/60% <sup>1</sup> | \$15/\$35/\$180/<br>\$1,750 Ded & 50%<br>Coins/\$1,750 Ded<br>& 50% Coins <sup>1</sup> | \$25/<br>Ded & \$50/<br>Ded & \$100/<br>Ded & \$500 | Ded & Coins <sup>2</sup> |
| <b>DME</b>                             | 50% Coins                                    | Ded & Coins              | 50% Coins                                      | 50% Coins  | 50% Coins   | Ded & Coins              |
| <b>Dental &amp; Vision</b>             | No   | No                       | Optional add on                                | Optional add on  | No  | No                       |

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.
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|  | Silver Cost Sharing Reduction (CSR) 100-150% |                           |   |                         |   |
|--|--|---------------------------|---|-------------------------|---|
|  | Silver I303-06                               | Silver I304-06 Deductible | Silver I308-06                                | Silver Standard I309-06 | Silver I320-06  |
| <b>Deductible (Single/Family)</b>      | \$0/\$0                                      | \$525/\$1,050             | \$0/\$0                                       | \$0/\$0                 | \$250/\$500   |
| <b>Coinsurance</b>                     | 50%  | 0%                        | 50%   | 25%                     | 50%   |
| <b>MOOP (Single/Family)</b>            | \$1,400/\$2,800                              | \$525/\$1,050             | \$1,250/\$2,500                               | \$1,800/\$3,600         | \$900/\$1,800   |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins               | \$0   | \$0                     | \$0   |
| <b>PCP/Specialist Visit</b>            | \$5/\$10                                     | Ded & Coins               | \$0/\$10                                      | \$0/\$10                | \$10/\$20   |
| <b>Lab/X-ray</b>                       | \$5/\$10                                     | Ded & Coins               | \$10/\$10                                     | 25% Coins               | \$10/\$20   |
| <b>Hospital (Inpatient/Outpatient)</b> | 50% Coins                                    | Ded & Coins               | \$125/day IP<br>\$100 OP<br>\$100 MRI/PET/CAT | 25% Coins               | Ded & Coins   |
| <b>Urgent Care</b>                     | \$10   | Ded & Coins               | \$10  | \$5                     | \$20  |
| <b>Emergency Room</b>                  | \$50   | Ded & Coins               | \$50  | 25% Coins               | \$35  |
| <b>Pharmacy</b>                        | \$0/\$5/\$15/<br>50%/60% <sup>1</sup>        | Ded & Coins <sup>2</sup>  | \$0/\$5/\$15/<br>\$100/\$200 <sup>1</sup>     | \$0/\$15/\$50/\$150     | \$250 Deductible<br>\$0/\$5/\$15/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                    | Ded & Coins               | 50% Coins                                     | 25% Coins               | 50% Coins   |
| <b>Dental &amp; Vision</b>             | No   | No                        | Optional add on                               | No                      | Optional add on   |

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
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# Quartz Select plan options – Minnesota 2024

|  | Silver Cost Sharing Reduction (CSR) 150-200% |                           |   |  |  |
|--|--|---------------------------|---|--|--|
|  | Silver I303-05                               | Silver I304-05 Deductible | Silver I308-05                                | Silver Standard I309-05                  | Silver I320-05   |
| <b>Deductible (Single/Family)</b>      | \$1,500/\$3,000                              | \$1,700/\$3,400           | \$0/\$0                                       | \$700/\$1,400                            | \$1,250/\$2,500  |
| <b>Coinsurance</b>                     | 50%  | 0%                        | 50%   | 30%                                      | 50%  |
| <b>MOOP (Single/Family)</b>            | \$3,000/\$6,000                              | \$1,700/\$3,400           | \$3,000/\$6,000                               | \$3,000/\$6,000                          | \$2,500/\$5,000  |
| <b>Virtual Visit</b>                   | \$0  | Ded & Coins               | \$0   | \$20                                     | \$0  |
| <b>PCP/Specialist Visit</b>            | \$20/\$50                                    | Ded & Coins               | \$25/\$60                                     | \$20/\$40                                | \$10/\$45  |
| <b>Lab/X-ray</b>                       | \$25/\$50                                    | Ded & Coins               | \$25/\$60                                     | Ded & Coins                              | \$20/\$45  |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                  | Ded & Coins               | \$300/day IP<br>\$300 OP<br>\$400 MRI/PET/CAT | Ded & Coins                              | Ded & Coins  |
| <b>Urgent Care</b>                     | \$20   | Ded & Coins               | \$60  | \$30                                     | \$45   |
| <b>Emergency Room</b>                  | \$100  | Ded & Coins               | \$250   | Ded & Coins                              | \$80   |
| <b>Pharmacy</b>                        | \$5/\$10/\$20/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup>  | \$5/\$10/\$20/<br>\$250/\$400 <sup>1</sup>    | \$10/\$20/<br>Ded & \$60/<br>Ded & \$250 | \$1,250 Deductible<br>\$0/\$10/\$20/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                    | Ded & Coins               | 50% Coins                                     | 30% Coins                                | 50% Coins  |
| <b>Dental &amp; Vision</b>             | No   | No                        | Optional add on                               | No                                       | Optional add on  |

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|  | Silver Cost Sharing Reduction (CSR) 200-250%  |                          |   |  |   |
|--|---|--------------------------|---|--|---|
|  | Silver I303-04                                | Silver I304-04 HSA       | Silver I308-04                                  | Silver Standard I309-04                  | Silver I320-04  |
| <b>Deductible (Single/Family)</b>      | \$7,000/\$14,000                              | \$4,500/\$9,000          | \$0/\$0   | \$5,700/\$11,400                         | \$2,250/\$4,500   |
| <b>Coinsurance</b>                     | 50%   | 0%                       | 50%   | 40%                                      | 50%   |
| <b>MOOP (Single/Family)</b>            | \$7,550/\$15,100                              | \$4,500/\$9,000          | \$7,550/\$15,100                                | \$7,200/\$14,400                         | \$7,550/\$15,100  |
| <b>Virtual Visit</b>                   | \$0   | Ded & Coins              | \$0   | \$40                                     | \$0   |
| <b>PCP/Specialist Visit</b>            | \$50/\$100                                    | Ded & Coins              | \$45/\$90                                       | \$40/\$80                                | \$20/\$100  |
| <b>Lab/X-ray</b>                       | \$60/\$120                                    | Ded & Coins              | \$45/\$90                                       | Ded & Coins                              | \$40/\$100  |
| <b>Hospital (Inpatient/Outpatient)</b> | Ded & Coins                                   | Ded & Coins              | \$1,500/day IP<br>\$400 OP<br>\$500 MRI/PET/CAT | Ded & Coins                              | Ded & Coins   |
| <b>Urgent Care</b>                     | \$100   | Ded & Coins              | \$90  | \$60                                     | \$100   |
| <b>Emergency Room</b>                  | \$1,000                                       | Ded & Coins              | \$1,200   | Ded & Coins                              | \$1,250   |
| <b>Pharmacy</b>                        | \$10/\$35/\$80/<br>50%/Ded & 60% <sup>1</sup> | Ded & Coins <sup>2</sup> | \$10/\$35/\$150/<br>\$300/\$500 <sup>1</sup>    | \$20/\$40/<br>Ded & \$80/<br>Ded & \$350 | \$2,250 Deductible<br>\$0/\$35/\$150/<br>Ded & 50%/<br>Ded & 60% <sup>1</sup> |
| <b>DME</b>                             | 50% Coins                                     | Ded & Coins              | 50% Coins                                       | 40% Coins                                | 50% Coins   |
| <b>Dental &amp; Vision</b>             | No  | No                       | Optional add on                                 | No                                       | Optional add on   |

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# 2024 Momentum dental coverage

## Optional family dental

| Adult benefits   | In-network      | Out-of-network | Benefit maximum                  |
|--|-----------------|----------------|----------------------------------|
| <b>Cleanings/X-rays (Class A)</b><br>Includes exams, X-rays, bitewings, cleanings, and fluoride.   | 100% coverage   | No coverage    | 1 visit per 6 months             |
| <b>Basic restorative (Class B)</b><br>Includes therapeutic pulpotomy, repair/adjustment of dentures and oral surgery procedures such as wisdom tooth or other tooth extractions. Benefit limits may apply to posterior composite fillings. | 20% coinsurance | No coverage    | \$1,000 benefit maximum per year |
| <b>Major restorative (Class C)</b><br>Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants, and occlusal guards.   | 50% coinsurance | No coverage    |                                  |
| <b>Orthodontics</b>  | Not covered     | Not covered    | Not covered                      |

| Pediatric (up to age 19) benefits  | In-network      | Out-of-network | Benefit maximum      |
|--|-----------------|----------------|----------------------|
| <b>Cleanings/X-rays (Class A)</b><br>Includes exams, X-rays, bitewings, cleanings, fluoride, sealants, and space maintainers.  | 100% coverage   | No coverage    | 1 visit per 6 months |
| <b>Basic restorative (Class B)</b><br>Includes therapeutic pulpotomy, repair/adjustment of dentures and oral surgery procedures such as wisdom tooth or other tooth extractions. Benefit limits may apply to posterior composite fillings; age limits may apply to certain procedures. | 30% coinsurance | No coverage    | No benefit maximum   |
| <b>Major restorative (Class C)</b><br>Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants, and occlusal guards.   | 50% coinsurance | No coverage    | No benefit maximum   |
| <b>Orthodontics</b><br>Covered only when medically necessary. No waiting limits apply.   | 50% coinsurance | No coverage    | No benefit maximum   |

# Your **prescription coverage** with Quartz

## What we cover and your costs

Individual and Family plans offer several plan options with prescription drug (Rx) coverage. You can choose one of these plan options when you enroll.

### What are my Pharmacy options?

- HSA plans include a Safe Harbor list of select medications and supplies at \$0 cost to members
- The Value Tier Rx benefit gives you access to lower-cost medications to help improve your health while saving you money. Value-tier medication copays are reduced to as low as \$0
- Choice90 is a 90-day supply program for eligible maintenance medications

### Review your prescription drug needs

- If you are taking any medications, review the covered drug list that applies to you at [QuartzBenefits.com/formulary](https://www.QuartzBenefits.com/formulary). If your medications are not listed on the formulary, call Customer Success at **(800) 362-3310** or speak with your doctor to learn about other options
- Our Choice90 Program makes it easy to get a 90-day supply of the medicine you get most often. For more information, visit [QuartzBenefits.com/choice90](https://www.QuartzBenefits.com/choice90)
- If your medication requires prior authorization, ask your doctor about changing to a different option or submit a prior authorization request form. If you are in the process of changing your PCP/PCC, you can request a New Member Drug Supply within your first 90 days as a Quartz member. Visit [QuartzBenefits.com/pharmacy](https://www.QuartzBenefits.com/pharmacy) for more information

## What is a formulary (drug list)?

A formulary is a list of covered drugs that your Quartz Individual & Family plan helps pay for. Our Pharmacy and Therapeutics committee (made up of doctors and pharmacists) select the covered drugs listed and ensure there are many affordable, safe, and effective drug options for our Individual & Family plan members.

Generally, we will cover the drugs listed in our formulary if the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed.

To search Quartz's formulary, go to [QuartzBenefits.com/formulary](https://www.QuartzBenefits.com/formulary).



### We're here to help

For help finding a certain drug or to request a printed formulary be sent to you, please contact Customer Success at **(800) 362-3310 (TTY: 711)**, or [CustomerService@QuartzBenefits.com](mailto:CustomerService@QuartzBenefits.com).

# Your enrollment experience made easy

## When to enroll

Typically, there are two scenarios allowing you to enroll in health insurance:

- During the annual Open Enrollment Period
- Qualifying for a Special Enrollment Period (for qualifying life events)

## Let's break it down

### Open Enrollment Period

Open enrollment is the annual enrollment period. Anyone can enroll during this timeframe. Enroll by December 15 for coverage to be effective January 1.



### Special enrollment period

Special enrollment takes place outside the annual Open Enrollment Period. The opportunity to enroll is triggered by a qualifying life event, **including, but not limited to:**

- Loss of insurance coverage (retirement, job status change, etc.)
- Marriage/divorce
- Moving into the service area
- Birth/adoption of child(ren)

Loss of coverage is the most common qualifying life event. With most qualifying life events, there is a 60-day timeframe from the event in which you can enroll. Additional documentation may also be required for submission within a specified timeframe from the event.

**Important:** If you lose coverage due to job loss and select COBRA, you must first exhaust your COBRA benefits before enrolling in a new plan.

## Ways to enroll

Whether you've already selected a Quartz plan or need help finding the right one, we're here to help. To connect or apply, call your local insurance agent. You can also call Quartz Sales at (800) 926-8227 or visit [Quartzbenefits.com/find-a-plan](https://www.Quartzbenefits.com/find-a-plan) for more information.

## Accessing Care

Quartz wants you to receive the care you need when you need it. You may need different types of care depending on your situation. Below is a summary of how to access care to meet your needs:

|                               |   |
|-------------------------------|---|
| Routine Care                  | Contact your PCP.   |
| Specialty or After-Hours Care | For specialty care, contact your PCP clinic. They will tell you how to get appropriate care. For after-hours care, our Virtual Visit benefit gives you access 24/7 to nonemergency care provided by a physician or other qualified health care professional – at no extra charge.   |
| Urgent Care                   | Go to a participating urgent care center if your injury is not life-threatening, but needs prompt attention.  |
| Emergency Care                | Go to the nearest hospital or call 911.   |
| Behavioral Health Care        | You can call a provider directly to schedule an outpatient appointment. If you need assistance finding a provider or have questions about behavioral health services, including alcohol and drug treatment services, call our Behavioral Health Care Management team at <b>(800) 683-2300</b> . Quartz members also have access to an on-demand self-care app plus coaching and therapy through AbleTo. To check eligibility and get started go to <b><a href="https://www.ableto.com/quartz">AbleTo.com/Quartz</a></b> . |



# Let's get started!

Choose the right level of care for your situation

|               | Virtual visit   | Telehealth   | Primary care   | Urgent care   | Emergency care  |
|---------------|---|--|--|---|---|
| Description   | An on-demand appointment with a health care provider via your smartphone, tablet, or computer   | A scheduled appointment with your usual provider during clinic hours, via video chat or phone call   | Regular, nonemergency care. Face-to-face appointment with your provider in their clinic or office  | In-person, walk-in care at designated locations, usually with extended hours  | In-person care 24/7 when help is needed right away to prevent an adverse health outcome   |
| Hours         | 24/7  | Normal clinic hours  | Normal clinic hours  | Extended hours  | 24/7  |
| Cost          | \$  | \$\$   | \$\$   | \$\$\$  | \$\$\$\$  |
| When to use   | For urgent, nonemergency symptoms, like: <ul style="list-style-type: none"> <li>• Cough</li> <li>• Headaches</li> <li>• Nausea</li> <li>• Rashes</li> <li>• Sore throat</li> <li>• Sprains</li> </ul> | For service outside of the clinic, including: <ul style="list-style-type: none"> <li>• Routine visits</li> <li>• Surgery follow-ups</li> <li>• Mental health services</li> <li>• Screenings</li> </ul> | For in-clinic services, for instance: <ul style="list-style-type: none"> <li>• Routine checkups</li> <li>• Annual physicals</li> <li>• Preventive screenings</li> <li>• Vaccinations</li> <li>• Non-urgent injuries and illness</li> </ul> | For health issues or injuries that need prompt attention, but are not serious enough for emergency care, such as: <ul style="list-style-type: none"> <li>• Sprains and strains</li> <li>• Ear pain or infection</li> <li>• Rashes and insect bites</li> <li>• Sore or strep throat</li> </ul> | For serious and/or life-threatening situations, for example: <ul style="list-style-type: none"> <li>• Chest pain or heart attack</li> <li>• Shortness of breath</li> <li>• Major illness</li> <li>• Traumatic injury</li> </ul> |
| How to access | Set up an account ahead of time so you're prepared if you are sick or injured. Learn more at <a href="https://QuartzBenefits.com/digitaltools">QuartzBenefits.com/digitaltools</a>                    | Call your provider's office to schedule a telehealth visit (if available) and get connection instruction   | Call your primary care provider or clinic to schedule ahead of time  | Call your primary care provider or clinic first, day or night. They will advise you if you should go to urgent care   | <b>Call 911</b> or go to the nearest hospital emergency department for immediate help   |

## Innovative programs for your health and wellness

Our motivation is to keep you healthy, so we focus on more programs and resources highlighting your whole health. Quartz well-living programs focus on your mind, body, well-being, and more. To learn about these services, visit [QuartzBenefits.com/HealthPrograms](https://QuartzBenefits.com/HealthPrograms).

## Digital tools for your health

- **MyChart** is your "one-stop-shop" for immediate access to benefits, claim details, plan documents, and more - all organized for access when needed. Visit [QuartzMyChart.com](https://QuartzMyChart.com) or download the app from your app store.
- **Healthwise** is an online knowledgebase that helps you learn about health conditions and self-care tips. Visit [QuartzBenefits.com/HealthTopics](https://QuartzBenefits.com/HealthTopics).

## Easy payment options

Payment options for care are convenient, including online with MyChart, or by phone, mail, Electric Funds Transfer, or Automated Clearing House. Find more at [QuartzBenefits.com/BillingOptions](https://QuartzBenefits.com/BillingOptions).

## Preventive services covered under the Affordable Care Act

Under the Affordable Care Act, some preventive health care services are covered at no cost to you when delivered by a provider within your plan's network. **However, if a new or existing health problem is discussed during a preventive health care visit, a separate office visit will be billed as required by national coding and billing guidelines. This means you may be subject to out-of-pocket charges (copay, coinsurance, or deductible) for these additional services.**

Quartz covers routine physical exams, routine gynecological exams, routine child health exams, and immunizations related to preventive services covered under the Affordable Care Act for covered children up to age 26.

### Covered preventive services for adults

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
  - **Alcohol misuse** screening and counseling
  - **Anxiety** screening, once annually
  - **Blood Pressure** screening for all adults
  - **Blood Pressure** screening outside the clinical setting for adults age 40 or older
  - **Chlamydia Infection** screening
  - **Cholesterol** screening for adults of certain ages or at higher risk
  - **Colorectal Cancer** screening for adults ages 45 to 75
  - **Depression** screening for adults
  - **Diabetes (Type 2)** screening for adults who are overweight
  - **Diet counseling** for adults at higher risk for chronic disease
  - **Falls prevention** exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 and older who are at increased risk for falls
  - **Gonorrhea** screening
  - **Hepatitis B** screening for non-pregnant adults at high risk for infection
  - **Hepatitis C** screening for adults ages 18 to 79
  - **HIV** screening for everyone ages 15 to 65 and others at increased risk
  - **HIV Preexposure Prophylaxis (PrEP)** drugs for everyone ages 15 to 65 and others at increased risk
  - **Immunization vaccines** for adults — doses, recommended ages, and populations vary:
 

|                              |                          |
|------------------------------|--------------------------|
| • Diphtheria                 | • Meningococcal          |
| • Hepatitis A                | • Mumps                  |
| • Hepatitis B                | • Pertussis              |
| • Herpes Zoster*             | (Whooping Cough)         |
| • Human Papillomavirus (HPV) | • Rubella                |
| • Inactivated Poliovirus     | • SARS-CoV-2 (COVID-19)  |
| • Influenza (Flu Shot)       | • Tetanus                |
| • Measles                    | • Varicella (Chickenpox) |
- \*Depending on the Zoster vaccine, it may be covered as early as age 50.*
- **Lung Cancer** screening of adults ages 50 to 80 years with a history of smoking
  - **Obesity** prevention, screening, and counseling
  - **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk

- **Skin Cancer** counseling for children, adolescents, and young adults aged 10 to 24 who have fair skin
- **Statin** preventive medication for adults aged 40 to 75 at high risk for cardiovascular disease
- **Syphilis** screening for all adults at higher risk
- **Tobacco use** screening for all adults and cessation interventions for tobacco users
- **Tuberculosis Infection** screening for adults at higher risk for infection
- **Unhealthy drug use** screening for adults

### Covered preventive services for women, including pregnant women

- **Anemia** screening on a routine basis for pregnant women
- **Bacteriuria** urinary tract or other infection screening for pregnant women
- **Breast Cancer Genetic Test Counseling (BRCA)** for women at higher risk for breast cancer
- **Breast Cancer Mammography** screenings every one to two years for women age 40 and older, including 3D mammography screenings
- **Breast Cancer Chemoprevention** counseling for women at higher risk
- **Breast Cancer Preventive** medications
- **Breastfeeding** comprehensive support and counseling from trained providers and access to breastfeeding and milk storage supplies for pregnant and nursing women
- **Cervical Cancer** screening for sexually active women
- **Contraceptives** Food and Drug Administration-approved contraceptive methods, sterilization procedures, patient education and counseling, and follow-up care, as prescribed by a health care provider for women with reproductive capacity. This does not apply to health plans sponsored by certain exempt "religious employers."
- **Diabetes (Type 2)** screening for undiagnosed women with a history of Gestational Diabetes
- **Domestic and interpersonal violence** screening and counseling for all women
- **Folic Acid** supplements for women who may become pregnant
- **Gestational Diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- **Healthy weight** counseling for pregnant women

- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **Human Immunodeficiency Virus (HIV)** screening and counseling for sexually active women
- **Human Papillomavirus (HPV)** DNA test every three years for women with normal cytology results who are 30 or older
- **Low-dose Aspirin** used as a preventive medication for pregnant women who are at high risk for preeclampsia (after 12 weeks of gestation)
- **Osteoporosis screening** for women age 60 and older depending on risk factors
- **Preeclampsia** screening for all pregnant women
- **Perinatal depression** screening for pregnant or postpartum women at increased risk
- **Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk
- **Sexually Transmitted Infections (STI)** counseling for sexually active women at increased risk
- **Syphilis** screening for all pregnant women or other women at increased risk
- **Tobacco use** screening and interventions for all women and expanded counseling for pregnant tobacco users
- **Well-woman visits** to obtain recommended services for women aged 65 and younger
- **Urinary incontinence** screening for all women
- **Hematocrit or Hemoglobin** screening for children
- **Hemoglobinopathies or sickle cell** screening for newborns
- **Hepatitis B** infection risk assessment for newborns or screening for non-pregnant adolescents at high risk for infection
- **HIV screening** for adolescents and young adults at higher risk
- **Immunization** vaccines for children from birth to age 18 – doses, recommended ages, and recommended populations vary:
  - Diphtheria
  - Haemophilus influenzae type B
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus (HPV)
  - Inactivated Poliovirus
  - Influenza (Flu Shot)
  - Measles
  - Meningococcal
  - Mumps
  - Pertussis (Whooping Cough)
  - Pneumococcal\*\*
  - Rotavirus
  - Rubella
  - SARS-CoV-2 (COVID-19)
  - Tetanus
  - Varicella (Chickenpox)

\*\*Pneumococcal vaccine has age/medical requirements. Dosage, age, and populations vary.

### Covered preventive services for children

- **Alcohol and drug use** assessments for adolescents
- **Anxiety screening** once annually
- **Autism screening** for children at 18 and 24 months
- **Behavioral, social, and emotional** screening for children and adolescents
- **Blood Pressure** screening for children ages 0 to 17
- **Cervical Dysplasia** screening for sexually active females
- **Congenital Hypothyroidism** screening for newborns
- **Depression and suicide risk** screening for adolescents
- **Developmental screening** for children under age 3
- **Dyslipidemia screening** for children at higher risk of lipid disorders ages 1 to 17 years
- **Fluoride application** to the primary teeth of all infants and children up to age five, starting at the age of primary tooth eruption
- **Fluoride Chemoprevention** supplements for children aged 6 months to 5 years without fluoride in their water source
- **Gonorrhea** preventive medication for the eyes of all newborns
- **Hearing screening** periodically until age 21
- **Height, weight, and body mass index** measurements for children ages 0 to 17 years
- **Iron supplements** for children ages 6 to 12 months at risk for anemia
- **Lead screening** for children at risk of exposure
- **Medical history** for all children throughout development ages 0 to 17 years
- **Obesity** screening and counseling
- **Oral health** risk assessment for young children ages 0 to 10
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infections (STI)** prevention counseling and screening for adolescents at higher risk
- **Skin Cancer** counseling for infants, children, and younger adults ages 6 months to 24 years who have fair skin
- **Tobacco** use counseling and education for school-aged children and adolescents
- **Tuberculin** testing for children at higher risk of tuberculosis ages 0 to 17
- **Vision** screening for all children, including screening for amblyopia for ages 6 months to 5 years. A vision screening is a simple test to detect potential problems with vision, usually performed in a pediatrician's office. It is different than a diagnostic vision exam performed by an optometrist

For more detailed information on preventive care, visit [HealthCare.gov](https://www.healthcare.gov) or contact Customer Success at (800) 362-3310.

Source: [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/)

This flyer applies to Individual policies issued on or after 3/24/2010, and all Group health plans offered by Quartz Health Benefit Plans Corporation.



## Non-Discrimination & Language Access

Quartz is the brand name for a group of companies committed to your health: Quartz Health Benefit Plans Corporation, Quartz Health Insurance Corporation, Quartz Health Plan Corporation, and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to all Quartz companies.

For assistance understanding these materials in a language other than English, call (800) 362-3310, and a Customer Success representative will assist you. TTY users should call 711 or (800) 877-8973.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex, including sexual orientation and gender identity.

We provide free aids and services to people with disabilities to communicate effectively with us, such as –

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide free language services to people whose primary language is not English, such as –

- Qualified interpreter
- Information written in other languages

If you need these services, contact Customer Success at (800) 362-3310.

If you believe we failed to provide these services or discriminated in another way on the basis of race, color,

national origin, age, disability, or sex, including sexual orientation and gender identity, you can file a grievance with –

Kristie Breunig, Compliance Officer  
 2650 Novation Parkway  
 Madison, WI 53713  
 Phone: (800) 362-3310  
 TTY: 711 or toll-free (800) 877-8973  
 Fax: (608) 644-3500  
 Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kristie Breunig, Compliance Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at:

U.S. Department of Health and Human Services  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, D.C. 20201  
 (800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace in certain states. To learn more, visit the Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov).

### For help to translate or understand this, please call (800) 362-3310, TTY: 711 / (800) 877-8973.

**Spanish** – Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Quartz. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Hmong** – Tsaib ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsaib ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Quartz. Saib cov caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiab yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Vietnamese** – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Quartz. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Chinese** – 本通知含有重要的訊息 本通知對於您透過 Quartz 所提出的申請或保險有重要的訊息 請在本通知中查看重要的日期 您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢 您有權利免費以您的母語得到幫助和訊息 請致電 (800) 362-3310 : 711 / (800) 877-8973.

**Russian** – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Quartz. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Laotian** – ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໃບສະຫມັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີ່ສໍາຄັນ ໃນຫນັງສືແຈ້ງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາ ທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ ຫຼື ຊ່ວຍເຫຼືອດ້ານຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີ (800) 362 3310. TTY / TDD: 711 / (800) 877 8973.



**German** – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Quartz. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu erhalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Arabic** – يحتوي هذا الإشعار على معلومات مهمة. يتضمن هذا الإشعار معلومات هامة حول طلبك أو تغطيتك عبر Quartz. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى إجراء تدابير معينة وفقاً لمواعيد معينة من أجل الحفاظ على تغطيتك الصحية أو المساعدة في التكاليف. لديك الحق في الحصول على هذه المعلومات TTY / TDD: 711 / (800) 877-8973 / (800) 362-3310.

**French** – Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Quartz. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Korean** – 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Quartz을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. (800) 362-3310로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

**Tagalog** – Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Quartz. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Cushite** – Oroomiffa XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Amharic** – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ (800) 362-3310. (መስማት ለተሳናቸው: 711 / (800) 877-8973).

**Karen** – ၵၢ်သ့ၵ်ၵ်သး- န့ၵ်ကတိၢ် ကညိၢ် ကျိၢ်အထိၢ်. န့ၵ်န့ၵ် ကျိၢ်အတၢ်မၤစၢၤလၢ တလၢၵ်သ့ၵ်သ့ၵ်န့ၵ်လၢ. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Mon-Khmer, Cambodian** – ប្រយ័ត្ន បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយប្លុកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំបុត្រអ៊ីអិល ចុះផ្សាយ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Serbocroatian** – OBAVJEŠTENJE: Ako govorite srpskohrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (800) 362-3310 TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711 / (800) 877-8973.

**Thai** – เรียบ: ถ้า คุณพูด ภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไทยได้ฟรี โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Gujarati** – સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ઝોન કરો (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Urdu** – خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Italian** – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Greek** – ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Pennsylvanian Dutch** – Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Quartz. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage balde kannscht, oder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Kannscht du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

**Polish** – To ogłoszenie zawiera ważne informacje. To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Quartz. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Hindi** – इस सूचना में महत्वपूर्ण जानकारी शामिल है। इस सूचना में Quartz से जुड़े आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी शामिल है। इस सूचना में महत्वपूर्ण तारीखों को देखना न भूलें। स्वास्थ्य कवरेज जारी रखने या खर्च में मदद के लिए आपको कुछ तय तारीखों तक कार्रवाई करनी ज़रूरी है। आपके पास अपनी भाषा में, बिना किसी शुल्क के इस जानकारी और सहायता को पाने का अधिकार है। (800) 362-3310. TTY / TDD: 711 / (800) 877-8973 पर कॉल करें।

**Albanian** – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Quartz. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerri veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Somali** – FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawimada luuqada, ayaa waxaa laguugu siinayaa bilaash, waa lagu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.

INDIVIDUAL & FAMILY BUYERS GUIDE

# Notes

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## INDIVIDUAL & FAMILY BUYERS GUIDE

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# Quartz<sup>®</sup>

For questions or assistance,  
please reach out to your local  
insurance agent, the Quartz Sales  
Department at **(800) 926-8227**,  
or Quartz Customer Success at  
**(800) 362-3310**.