

Individual & Family Plan Options – Illinois 2021

Quartz One Network

(Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson, and Winnebago counties)

100 - 150% of Federal Poverty Level

Benefits	Quartz One Silver I301-06	Quartz One Silver I302-06	Quartz One Silver I303-06	Quartz One Silver I304-06 Deductible*
Deductible (Single / Family)	\$110 / \$220	\$175 / \$350	\$625 / \$1,250	\$475 / \$950
Coinsurance	10%	20%	0%	0%
Maximum Out-of-Pocket	\$1,300 / \$2,600	\$750 / \$1,500	\$625 / \$1,250	\$475 / \$950
e-Visits	\$3	\$5	\$3	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$5 / \$10	\$10 / \$20	\$5 / \$10	Deductible & Coinsurance
Urgent Care Copay	\$10	\$20	\$10	Deductible & Coinsurance
Emergency Room Copay	\$100	\$65	\$50	Deductible & Coinsurance
Mental Health Outpatient Copay	\$5	\$10	\$5	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$5 / \$10 / \$70 / 40%	\$5 / \$10 / \$70 / 40%	\$5 / \$10 / \$70 / 40%	Deductible & Coinsurance
HSA Eligible?	No	No	No	No
Summary of Benefits of Coverage (SBC)	Q1S210300506	Q1S210300606	Q1S210300706	Q1S210300806

*Quartz HSA and Deductible family plans have an aggregate deductible. Aggregate means that if more than one person is covered by the plan, the “per person” deductible does not apply. The family deductible must be met before Quartz will pay benefits. One person’s claims may satisfy the entire family deductible. Likewise, the “per person” Maximum-Out-of-Pocket Limit does not apply to family plans. However, to comply with Health Care Reform rules, one member of a family will never pay more than \$8,550.

Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Quartz does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Individual & Family Plan Options – Illinois 2021

Quartz One Network

(Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson, and Winnebago counties)

150 - 200% of Federal Poverty Level

Benefits	Quartz One Silver I301-05	Quartz One Silver I302-05	Quartz One Silver I303-05	Quartz One Silver I304-05 HSA*
Deductible (Single / Family)	\$600 / \$1,200	\$500 / \$1,000	\$2,500 / \$5,000	\$1,400 / \$2,800
Coinsurance	30%	30%	0%	0%
Maximum Out-of-Pocket	\$2,850 / \$5,700	\$2,600 / \$5,200	\$2,500 / \$5,000	\$1,400 / \$2,800
e-Visits	\$10	\$25	\$5	Deductible & Coinsurance
Office Visit Copay (PCP / Specialist)	\$20 / \$40	\$35 / \$70	\$10 / \$20	Deductible & Coinsurance
Urgent Care Copay	\$40	\$70	\$20	Deductible & Coinsurance
Emergency Room Copay	\$300	\$250	\$300	Deductible & Coinsurance
Mental Health Outpatient Copay	\$20	\$35	\$10	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$10 / \$30 / \$70 / 40%	\$5 / \$25 / \$70 / 45%	\$10 / \$30 / \$70 / 40%	Deductible & Coinsurance
HSA Eligible?	No	No	No	Yes
Summary of Benefits of Coverage (SBC)	Q1S210300505	Q1S210300605	Q1S210300705	Q1S210300805

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Individual & Family Plan Options – Illinois 2021

Quartz One Network

(Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson, and Winnebago counties)

200 - 250% of Federal Poverty Level

Benefits	Quartz One Silver I301-04	Quartz One Silver I302-04	Quartz One Silver I303-04	Quartz One Silver I304-04 HSA*
Deductible (Single / Family)	\$4,200 / \$8,400	\$4,950 / \$9,900	\$6,500 / \$13,000	\$3,700 / \$7,400
Coinsurance	40%	30%	0%	0%
Maximum Out-of-Pocket	\$6,700 / \$13,400	\$6,500 / \$13,000	\$6,500 / \$13,000	\$3,700 / \$7,400
e-Visits	\$30	\$30	\$30	Deductible & Coinsurance
Office Visit (PCP/Specialty)	\$45 / \$90	\$50 / \$100	\$45 / \$90	Deductible & Coinsurance
Urgent Care Copay	\$90	\$100	\$90	Deductible & Coinsurance
Emergency Room Copay	\$500	\$450	\$650	Deductible & Coinsurance
Mental Health Outpatient Copay	\$45	\$50	\$45	Deductible & Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy Copay	\$20 / \$75 / \$150 / 45%	\$15 / \$50 / \$100 / 45%	\$20 / \$80 / \$150 / 45%	Deductible & Coinsurance
HSA Eligible?	No	No	No	Yes*
Summary of Benefits of Coverage (SBC) Tracking ID	Q1S210300504	Q1S210300604	Q1S210300704	Q1S210300804

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