

# Individual & Family Plan Options – Wisconsin 2021

## Quartz One Network

(Adams, Buffalo, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Richland, Rock, Sauk, Trempealeau, Vernon, Walworth, Waukesha, Waushara 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
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes	No
HSA Eligible?	No	No	No	No
Summary of Benefits of Coverage (SBC) Tracking ID	Q1S215110106	Q1S215101806	Q1S215101906	Q1S215403606

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

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

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

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### 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
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes	No
HSA Eligible?	No	No	No	Yes
Summary of Benefits of Coverage (SBC) Tracking ID	Q1S215110105	Q1S215101805	Q1S215101905	Q1S215403605

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### 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 Copay (PCP / Specialist)	\$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
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes	No
HSA Eligible?	No	No	No	Yes*
Summary of Benefits of Coverage (SBC) Tracking ID	Q1S215110104	Q1S215101804	Q1S215101904	Q1S215403604

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