Individual & Family Plan Options – Wisconsin 2021

Beloit One Network

(Rock County)

100 - 150% of Federal Poverty Level

Benefits	Beloit One Silver I301-06	Beloit One Silver I302-06	Beloit One Silver I303-06	Beloit 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	B1S215110506	B1S215104406	B1S215102406	B1S215403706

*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 – Wisconsin 2021

Beloit One Network

(Rock County)

150 - 200% of Federal Poverty Level

Benefits	Beloit One Silver I301-05	Beloit One Silver I302-05	Beloit One Silver I303-05	Beloit 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	B1S215110505	B1S215104405	B1S215102405	B1S215403705

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Individual & Family Plan Options – Wisconsin 2021

Beloit One Network

(Rock County)

200 - 250% of Federal Poverty Level

Benefits	Beloit One Silver I301-04	Beloit One Silver I302-04	Beloit One Silver I303-04	Beloit 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	B1S215110504	B1S215104404	B1S215102404	B1S215403704

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