

2019 Small Group Plan Options – Illinois HMO

(Boone, Ogle, Stephenson and Winnebago Counties)

Platinum Plans

These plans will cover about 90% of your service and you are responsible for the other 10%.

Benefits	P1901: Platinum \$0	P1902: Platinum \$500	P1903: Platinum \$1,000	P1904: Platinum Maintenance
Network	Performance Plus	Performance Plus	Performance Plus	Performance Plus
Deductible (Single / Family)	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$0/\$0
Coinsurance	0%	20%	10%	0%
Maximum Out-of-Pocket	\$4,500/\$9,000	\$1,250/\$2,500	\$1,500/\$3,000	\$7,900/\$15,800
e-Visits	\$30	\$15	\$10	\$10
Office Visit Copay (PCP / Specialist)	\$40 / \$60	\$25 / \$50	\$20 / \$40	\$20 / \$40
Urgent Care Copay	\$60	\$50	\$40	\$40
Emergency Room Copay	\$350	\$100	\$150	\$500
Mental Health Outpatient Copay	\$40	\$25	\$20	\$20
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	\$2,500 per diem IP/Ded & Coins
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
HSA Eligible?	No	No	No	No
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded
SBC	F5QMYQ	BSNV6U	ZUGSK2GHJ	SRWKF4U

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.

All plans are also available with the PHCS network for employees residing outside Quartz's service area.

Offered by Gundersen Health Plan, Inc.

QA00704 (1118)



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Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%.

Benefits	G1901: Gold \$1500	G1902: Gold \$2000	G1903: Gold \$3500	G1904: Gold Maintenance	G1905: Gold HSA \$3000 Embedded
Network	Performance Plus	Performance Plus	Performance Plus	Performance Plus	Performance
Deductible (Single / Family)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance	30%	30%	0%	0%	0%
Maximum Out-of-Pocket	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$7,900 / \$15,800	\$3,000 / \$6,000
e-Visits	\$15	\$20	Deductible then Coinsurance	\$15	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	\$25 / \$50	\$30 / \$60	Deductible then Coinsurance	\$25 / \$50	Deductible then Coinsurance
Urgent Care Copay	\$50	\$60	Deductible then Coinsurance	\$50	Deductible then Coinsurance
Emergency Room Copay	\$200	\$250	Deductible then Coinsurance	\$500	Deductible then Coinsurance
Mental Health Outpatient Copay	\$25	\$30	Deductible then Coinsurance	\$25	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	\$4,000 per diem IP/Ded & Coins	Deductible then Coinsurance
Pharmacy Copay	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	\$5 / \$10 / \$40 / \$80 / \$200	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
HSA Eligible?	No	No	No	No	Yes
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded
SBC	LG4JLG	Y4JP4BD	ULO6H6C	YRBG2Z	M2FW743I8E

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Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%.

Benefits	S1901: Silver \$2000	S1902: Silver \$4500	S1903: Silver \$5,000	S1904: Silver HSA \$4000 Embedded	S1905: Silver HSA \$5000 Embedded
Network	Performance Plus	Performance Plus	Performance Plus	Performance	Performance
Deductible (Single / Family)	\$2,000 / \$4,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance	40%	30%	50%	0%	0%
Maximum Out-of-Pocket	\$7,000 / \$14,000	\$7,900 / \$15,800	\$7,900 / \$15,800	\$4,000 / \$8,000	\$5,000 / \$10,000
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	\$30	Deductible then Coinsurance	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	\$40 / \$60	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$60	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$450	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$40	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	\$5 / \$10 / \$55 / \$125 / \$225	\$5 / \$10 / \$55 / \$125 / \$225	\$10 / \$20 / \$70 / \$150 / \$300	Deductible then Coinsurance	Deductible then Coinsurance
Dental Coverage Available for an Additional Charge?	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
HSA Eligible?	No	No	No	Yes	Yes
Embedded/Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded
SBC	ZG12NS	BJ9S7OE	Q2KINDB2V4	O9RFCSL99	G47ESNOIP

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Bronze Plans

These plans will cover about 60% of your service and you are responsible for the other 40%.

Benefits	B1901: Bronze \$6500	B1902: Bronze HSA \$6750 Embedded
Network	Performance Plus	Performance
Deductible (Single / Family)	\$6,500/\$13,000	\$6,750/\$13,500
Coinsurance	50%	0%
Maximum Out-of-Pocket	\$7,900/\$15,800	\$6,750/\$13,500
e-Visits	\$30	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	\$85/\$170	Deductible then Coinsurance
Urgent Care Copay	\$170	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	\$85	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	\$10/\$20/\$80/\$175/\$300	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single/Family)	Subject to Medical	Subject to Medical
HSA Eligible?	No	Yes
Embedded/Aggregate	Embedded	Embedded
SBC	XCCHH26Z	RHMAICVWT

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