

Individual & Family Plan Options – Wisconsin 2022

(Rock County)

Tiered Choice Plus Network

100-150% Federal Poverty Level	Network Tiers	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Urgent Care	Emergency Room	Pharmacy	Dental Coverage Available for an Additional Charge?	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Silver I305 - 06	Tier 1	\$75 / \$150	10%	\$1,000 / \$2,000	\$0	\$5 / \$10	\$5	Ded & Coins	\$10	\$100	\$5 / \$10 / 40% / 40%	Yes	No	TCS225118206
	Tier 2	\$150 / \$300	10%	\$2,000 / \$4,000	\$3	\$10 / \$20	\$10	Ded & Coins						
Silver I306 - 06	Tier 1	\$150 / \$300	20%	\$500 / \$1,000	\$0	\$10 / \$20	\$10	Ded & Coins	\$20	\$200	\$10 / \$30 / 40% / 40%	Yes	No	TCS225118306
	Tier 2	\$300 / \$600	20%	\$1,000 / \$2,000	\$10	\$20 / \$40	\$20	Ded & Coins						
Silver I305 - 05	Tier 1	\$1,000 / \$2,000	30%	\$1,500 / \$3,000	\$0	\$30 / \$50	\$30	Ded & Coins	\$50	\$300	\$10 / \$30 / 40% / 40%	Yes	No	TCS225118205
	Tier 2	\$2,000 / \$4,000	30%	\$2,900 / \$5,800	\$30	\$60 / \$100	\$60	Ded & Coins						
Silver I306 - 05	Tier 1	\$1,000 / \$2,000	40%	\$1,500 / \$3,000	\$0	\$35 / \$60	\$35	Ded & Coins	\$60	\$400	\$10 / \$30 / 40% / 40%	Yes	No	TCS225118305
	Tier 2	\$2,000 / \$4,000	40%	\$2,900 / \$5,800	\$30	\$70 / \$120	\$70	Ded & Coins						
Silver I305 - 04	Tier 1	\$3,250 / \$6,500	40%	\$5,250 / \$10,000	\$0	\$50 / \$90	\$50	Ded & Coins	\$90	\$475	\$20 / \$75 / 50% / 60%	Yes	No	TCS225118204
	Tier 2	\$6,500 / \$13,000	40%	\$6,950 / \$13,900	\$30	\$100 / \$180	\$100	Ded & Coins						
Silver I306 - 04	Tier 1	\$3,000 / \$6,000	50%	\$5,000 / \$10,000	\$0	\$60 / \$110	\$60	Ded & Coins	\$100	\$450	\$20 / \$85 / 50% / 60%	Yes	No	TCS225118304
	Tier 2	\$6,000 / \$12,000	50%	\$6,950 / \$13,900	\$30	\$120 / \$220	\$120	Ded & Coins						

Beloit One Network

100-150% Federal Poverty Level	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Urgent Care	Emergency Room	Pharmacy	Dental Coverage Available for an Additional Charge?	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Silver I301-06	\$110 / \$220	10%	\$1,300 / \$2,600	\$0	\$5 / \$10	\$5	Ded & Coins	\$10	\$100	\$5 / \$10 / 40% / 40%	Yes	No	B1S225115206
Silver I302-06	\$175 / \$350	20%	\$750 / \$1,500	\$0	\$10 / \$20	\$10	Ded & Coins	\$20	\$65	\$5 / \$10 / 40% / 40%	Yes	No	B1S225115406
Silver I303-06	\$625 / \$1,250	0%	\$625 / \$1,250	\$0	\$5 / \$10	\$5	Ded & Coins	\$10	\$50	\$5 / \$10 / 40% / 40%	Yes	No	B1S225115606
Silver I304-06 Deductible*	\$475 / \$950	0%	\$475 / \$950	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	No	B1S225403706

150-200% Federal Poverty Level	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Urgent Care	Emergency Room	Pharmacy	Dental Coverage Available for an Additional Charge?	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Silver I301-05	\$600 / \$1,200	30%	\$2,850 / \$5,700	\$0	\$25 / \$40	\$25	Ded & Coins	\$40	\$300	\$10 / \$30 / 40% / 40%	Yes	No	B1S225115205
Silver I302-05	\$500 / \$1,000	30%	\$2,600 / \$5,200	\$0	\$40 / \$70	\$40	Ded & Coins	\$70	\$250	\$5 / \$25 / 50% / 50%	Yes	No	B1S225115405
Silver I303-05	\$2,500 / \$5,000	0%	\$2,500 / \$5,000	\$0	\$15 / \$20	\$15	Ded & Coins	\$20	\$300	\$10 / \$30 / 40% / 40%	Yes	No	B1S225115605
Silver I304-05 HSA*	\$1,400 / \$2,800	0%	\$1,400 / \$2,800	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	Yes*	B1S225403705

200-250% Federal Poverty Level	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Urgent Care	Emergency Room	Pharmacy	Dental Coverage Available for an Additional Charge?	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Silver I301-04	\$4,200 / \$8,400	40%	\$6,700 / \$13,400	\$0	\$55 / \$90	\$55	Ded & Coins	\$90	\$475	\$20 / \$75 / 50% / 60%	Yes	No	B1S225115204
Silver I302-04	\$4,950 / \$9,900	30%	\$6,500 / \$13,000	\$0	\$60 / \$100	\$60	Ded & Coins	\$100	\$450	\$15 / \$50 / 50% / 60%	Yes	No	B1S225115404
Silver I303-04	\$6,500 / \$13,000	0%	\$6,500 / \$13,000	\$0	\$50 / \$90	\$50	Ded & Coins	\$90	\$650	\$20 / \$80 / 50% / 60%	Yes	No	B1S225115604
Silver I304-04 HSA*	\$3,700 / \$7,400	0%	\$3,700 / \$7,400	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	Yes*	B1S225403704

*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 \$8,700.

**Only applies to the first three office visits with PCP then deductible and coinsurance applies.

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.