

Individual & Family Plan Options – Wisconsin 2022

(Rock County)

Tiered Choice Plus Network

Gold Plans These plans will cover about 80% of your services and you are responsible for the other 20%	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
Gold I406	Tier 1	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$0	\$35 / \$70	\$35	Ded & Coins	\$70	\$250	\$10 / \$40 / 50% / 50%	Yes	No	TCG225117900
	Tier 2	\$4,000 / \$8,000	20%	\$8,000 / \$16,000	\$30	\$70 / \$140	\$70	Ded & Coins						
Gold I407 Maintenance	Tier 1	\$1,000 / \$2,000	0%	\$4,250 / \$8,500	\$0	\$45 / \$90	\$45	\$2,000 per day IP Ded & Coins	\$90	\$500	\$10 / \$75 / 50% / 50%	Yes	No	TCG225118000
	Tier 2	\$2,000 / \$4,000	0%	\$8,500 / \$17,000	\$30	\$90 / \$180	\$90	\$4,000 per day IP Ded & Coins						
Gold I408 HSA*	Tier 1	\$2,500 / \$5,000	0%	\$2,500 / \$5,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	Yes*	TCG225406800
	Tier 2	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins						
Gold I409	Tier 1	\$2,000 / \$4,000	40%	\$4,000 / \$8,000	\$0	\$35/\$60	\$35	Ded & Coins	\$60	Ded & Coins	\$35 / \$150 / 50% / 50%	Yes	No	TCG225118100
	Tier 2	\$4,000 / \$8,000	40%	\$8,000 / \$16,000	\$30	\$70/\$120	\$70	Ded & Coins						

Silver Plans These plans will cover about 70% of your services and you are responsible for the other 30%	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	Tier 1	\$4,250 / \$8,500	40%	\$5,500 / \$11,000	\$0	\$55 / \$90	\$55	Ded & Coins	\$100	\$550	\$20 / \$85 / 50% / 60%	Yes	No	TCS225118200
	Tier 2	\$8,500 / \$17,000	40%	\$8,700 / \$17,400	\$30	\$110 / \$180	\$110	Ded & Coins						
Silver I306	Tier 1	\$4,250 / \$8,500	50%	\$7,000 / \$14,000	\$0	\$65 / \$120	\$65	Ded & Coins	\$100	\$500	\$20 / \$85 / 50% / 60%	Yes	No	TCS225118300
	Tier 2	\$8,500 / \$17,000	50%	\$8,700 / \$17,400	\$30	\$130 / \$240	\$130	Ded & Coins						

Beloit One Network

Gold Plans These plans will cover about 80% of your services and you are responsible for the other 20%	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
Gold I401	\$2,000 / \$4,000	30%	\$7,000 / \$14,000	\$0	\$35 / \$70	\$35	Ded & Coins	\$70	\$250	\$10 / \$40 / 50% / 50%	Yes	No	B1G225114600
Gold I402 Maintenance	\$1,500 / \$3,000	0%	\$7,900 / \$15,800	\$0	\$50 / \$90	\$50	\$2,000 per day IP Ded & Coins	\$90	\$500	\$10 / \$75 / 50% / 50%	Yes	No	B1G225114800
Gold I403 HSA*	\$3,000 / \$6,000	0%	\$3,000 / \$6,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	Yes*	B1G225404900
Gold I405	\$2,000 / \$4,000	40%	\$6,500 / \$13,000	\$0	\$35 / \$60	\$35	Ded & Coins	\$60	Ded & Coins	\$35 / \$150 / 50% / 50%	Yes	No	B1G225115000

Silver Plans These plans will cover about 70% of your services and you are responsible for the other 30%	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	\$4,400 / \$8,800	40%	\$8,150 / \$16,300	\$0	\$60 / \$90	\$60	Ded & Coins	\$90	\$550	\$20 / \$85 / 50% / 60%	Yes	No	B1S225115200
Silver I302	\$5,000 / \$10,000	50%	\$7,900 / \$15,800	\$0	\$60 / \$100	\$60	Ded & Coins	\$100	\$500	\$20 / \$75 / 50% / 60%	Yes	No	B1S225115400

Silver I303	\$8,500 / \$17,000	50%	\$8,700 / \$17,400	\$0	\$80 / \$160	\$80	Ded & Coins	\$300	\$700	\$35 / \$125 / 50% / 60%	Yes	No	B1S225115600
Silver I304 HSA*	\$5,250 / \$10,500	0%	\$5,250 / \$10,500	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	Yes*	B1S225403700

Bronze Plans These plans will cover about 60% of your services and you are responsible for the other 40%	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
Bronze I201	\$8,000 / \$16,000	50%	\$8,550 / \$17,100	\$0	\$80 / \$160	\$80	Ded & Coins	\$160	Ded & Coins	\$35 / \$160 / 60% / 60%	Yes	No	B1B225115800
Bronze I202	\$8,700 / \$17,400	0%	\$8,700 / \$17,400	\$0	\$60 / \$100	\$60	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Yes	No	B1B225110700
Bronze I203 HSA*	\$6,850 / \$13,700	0%	\$6,850 / \$13,700	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	Yes*	B1B225401000
Bronze I204	\$3,050 / \$6,100	50%	\$8,700 / \$17,400	\$0	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	\$30 / \$160 / Ded & 70% / 60%	Yes	No	B1B225116000

Catastrophic Only individuals under 30 years old or with a hardship exemption qualify for Catastrophic Plans	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
Catastrophic I101	\$8,700 / \$17,400	0%	\$8,700 / \$17,400	Ded & Coins	\$0** / Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	No	B1C225401100

*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.