Individual & Family Plan Options – Illinois 2022

(Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson and Winnebago counties)

Quartz One Network

Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Urgent Care	Emergency Room	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Pharmacy	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
\$110 / \$220	10%	\$1,300 / \$2,600	\$0	\$5 / \$10	\$10	\$100	\$5	Ded & Coins	\$5 / \$10 / 40% / 40%	No	Q1S220302306
\$175 / \$350	20%	\$750 / \$1,500	\$0	\$10 / \$20	\$20	\$65	\$10	Ded & Coins	\$5 / \$10 / 40% / 40%	No	Q1S220302406
\$625 / \$1,250	0%	\$625 / \$1,250	\$0	\$5 / \$10	\$10	\$50	\$5	Ded & Coins	\$5 / \$10 / 40% / 40%	No	Q1S220302506
\$475 / \$950	0%	\$475 / \$950	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No	Q1S220300806
	\$110 / \$220 \$175 / \$350 \$625 / \$1,250	\(\text{Single/Family}\) \(\text{Coinsurance}\) \(\preceq 110 / \preceq 520 \) \(\preceq 1575 / \preceq 350 \) \(\preceq 625 / \preceq 1,250 \) \(\preceq 625 / \prec	(Single/Family) Coinsurance (Single/Family) \$110 / \$220 10% \$1,300 / \$2,600 \$175 / \$350 20% \$750 / \$1,500 \$625 / \$1,250 0% \$625 / \$1,250	(Single/Family) Coinsurance (Single/Family) Virtual Visits \$110 / \$220 10% \$1,300 / \$2,600 \$0 \$175 / \$350 20% \$750 / \$1,500 \$0 \$625 / \$1,250 0% \$625 / \$1,250 \$0	(Single/Family) Coinsurance (Single/Family) Virtual Visits (PCP/Specialist) \$110 / \$220 10% \$1,300 / \$2,600 \$0 \$5 / \$10 \$175 / \$350 20% \$750 / \$1,500 \$0 \$10 / \$20 \$625 / \$1,250 0% \$625 / \$1,250 \$0 \$5 / \$10	(Single/Family) Coinsurance (Single/Family) Virtual Visits (PCP/Specialist) Urgent Care \$110 / \$220 10% \$1,300 / \$2,600 \$0 \$5 / \$10 \$10 \$175 / \$350 20% \$750 / \$1,500 \$0 \$10 / \$20 \$20 \$625 / \$1,250 0% \$625 / \$1,250 \$0 \$5 / \$10 \$10	(Single/Family) Coinsurance (Single/Family) Virtual Visits (PCP/Specialist) Urgent Care Emergency Room \$110 / \$220 10% \$1,300 / \$2,600 \$0 \$5 / \$10 \$10 \$100 \$175 / \$350 20% \$750 / \$1,500 \$0 \$10 / \$20 \$20 \$65 \$625 / \$1,250 0% \$625 / \$1,250 \$0 \$5 / \$10 \$10 \$50	(Single/Family) Coinsurance (Single/Family) Virtual Visits (PCP/Specialist) Urgent Care Emergency Room Outpatient \$110 / \$220 10% \$1,300 / \$2,600 \$0 \$5 / \$10 \$10 \$100 \$5 \$175 / \$350 20% \$750 / \$1,500 \$0 \$10 / \$20 \$20 \$65 \$10 \$625 / \$1,250 0% \$625 / \$1,250 \$0 \$5 / \$10 \$10 \$50 \$5	Deductible Coinsurance Maximum Out-of-Pocket (Single/Family) Virtual Visits Office Visit (PCP/Specialist) Urgent Care Emergency Room Mental Health Outpatient Outpatient MRI/PET/CAT \$110 / \$220	Deductible Coinsurance Maximum Out-of-Pocket (Single/Family) Virtual Visits Office Visit (PCP/Specialist) Urgent Care Emergency Room Mental Health Outpatient (Inpatient/Outpatient) Pharmacy	Deductible Coinsurance C

150-200% Federal Poverty Level	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Urgent Care	Emergency Room	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Pharmacy	HSA Eligible?	Summary of Benefits and Coverage (SBC) Tracking ID
Silver 1301-05	\$600 / \$1,200	30%	\$2,850/ \$5,700	\$0	\$25 / \$40	\$40	\$300	\$25	Ded & Coins	\$10 / \$30 / 40% / 40%	No	Q1S220302305
Silver 1302-05	\$500 / \$1,000	30%	\$2,600 / \$5,200	\$0	\$40 / \$70	\$70	\$250	\$40	Ded & Coins	\$5 / \$25 / 50% / 50%	No	Q1S220302405
Silver 1303-05	\$2,500 / \$5,000	0%	\$2,500 / \$5,000	\$0	\$15 / \$20	\$20	\$300	\$15	Ded & Coins	\$10 / \$30 / 40% / 40%	No	Q1S220302505
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	Yes*	Q1S220300805

200-250% Federal Poverty Level	Deductible (Single/Family)	Coinsurance	Maximum Out-of-Pocket (Single/Family)	Virtual Visits	Office Visit (PCP/Specialist)	Urgent Care	Emergency Room	Mental Health Outpatient	Hospital (Inpatient/Outpatient) MRI/PET/CAT	Pharmacy	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	\$90	\$500	\$55	Ded & Coins	\$20 / \$75 / 50% / 60%	No	Q1S220302304
Silver 1302-04	\$4,950 / \$9,900	30%	\$6,500 / \$13,000	\$0	\$60 / \$100	\$100	\$450	\$60	Ded & Coins	\$15 / \$50 / 50% / 60%	No	Q1S220302404
Silver 1303-04	\$6,500 / \$13,000	0%	\$6,500 / \$13,000	\$0	\$50 / \$90	\$90	\$650	\$50	Ded & Coins	\$20 / \$80 / 50% / 60%	No	Q1S220302504
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	Yes*	Q1S220300804

^{*}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.

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.



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