

Quartz One plan options – Wisconsin 2024



	Gold				
	Gold I401 Value Tier Rx	Gold I402 Maintenance Value Tier Rx	Gold I403 HSA	Gold I410 Standard	Gold I420
Deductible (Single/Family)	\$2,500/\$5,000	\$500/\$1,000	\$3,500/\$7,000	\$1,500/\$3,000	\$1,000/\$2,000
Coinsurance	30%	0%	0%	25%	40%
MOOP (Single/Family)	\$7,000/\$14,000	\$9,000/\$18,000	\$3,500/\$7,000	\$8,700/\$17,400	\$8,500/\$17,000
Virtual Visit	\$0	\$0	Ded & Coins	\$30	\$0
PCP/Specialist Visit	\$30/\$60	\$35/\$70	Ded & Coins	\$30/\$60	\$15/\$90
Lab/X-ray	\$30/\$60	\$35/\$70	Ded & Coins	Ded & Coins	\$30/\$90
Hospital (Inpatient/ Outpatient)	Ded & Coins	\$2,500/day IP Ded & Coins OP	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	\$60	\$70	Ded & Coins	\$45	\$90
Emergency Room	\$500	\$500	Ded & Coins	Ded & Coins	\$500
Pharmacy	\$5/\$10/\$40/ 50% Coins/ Ded & 60% Coins ¹	\$5/\$10/\$40/ 50%/60% ¹	Ded & Coins ²	\$15/\$30/\$60/ \$250	\$1,250 Deductible, \$0/\$10/\$45/ 50%/Ded & 60% ¹
DME	30% Coins	0% Coins	Ded & Coins	25% Coins	40% Coins
Dental & Vision	No	Optional add on	No	Optional add on	No

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.
3. Applies to the first three office visits with PCP then deductible and coinsurance.
MOOP = Maximum-Out-of-Pocket

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Quartz One plan options – Wisconsin 2024



	Silver				
	Silver I303	Silver I304 HSA	Silver I308	Silver I309 Standard	Silver I320
Deductible (Single/Family)	\$7,000/\$14,000	\$5,500/\$11,000	\$0/\$0	\$5,900/\$11,800	\$2,500/\$5,000
Coinsurance	50%	0%	50%	40%	50%
MOOP (Single/Family)	\$9,100/\$18,200	\$5,500/\$11,000	\$9,400/\$18,800	\$9,100/\$18,200	\$9,400/\$18,800
Virtual Visit	\$0	Ded & Coins	\$0	\$40	\$0
PCP/Specialist Visit	\$50/\$100	Ded & Coins	\$50/\$100	\$40/\$80	\$20/\$100
Lab/X-ray	\$60/\$120	Ded & Coins	\$50/\$100	Ded & Coins	\$40/\$100
Hospital (Inpatient/Outpatient)	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$100	Ded & Coins	\$100	\$60	\$100
Emergency Room	\$1,000	Ded & Coins	\$1,200	Ded & Coins	\$1,250
Pharmacy	\$10/\$35/\$150/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$600 ¹	\$20/\$40/Ded & \$80/Ded & \$350	\$2,500 Deductible, \$0/\$35/\$150/ Ded & 50% / Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	40% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz One plan options – Wisconsin 2024



	Bronze					Catastrophic
	Bronze I201	Bronze I203 HSA	Bronze I204	Bronze I205	Bronze I206 Standard	Catastrophic I101
Deductible (Single/Family)	\$9,400/\$18,800	\$7,250/\$14,500	\$3,000/\$6,000	\$0/\$0	\$7,500/\$15,000	\$9,450/\$18,900
Coinsurance	50%	0%	50%	50%	50%	0%
MOOP (Single/Family)	\$9,450/\$18,900	\$7,250/\$14,500	\$9,000/\$18,000	\$9,450/\$18,900	\$9,400/\$18,800	\$9,450/\$18,900
Virtual Visit	\$0	Ded & Coins	\$0	\$0	\$50	Ded & Coins
PCP/Specialist Visit	\$80/Ded & Coins	Ded & Coins	\$75/\$150	\$75/\$155	\$50/\$100	Ded & Coins ³
Lab/X-ray	Ded & Coins	Ded & Coins	\$75/\$150	\$75/\$155	Ded & Coins	Ded & Coins
Hospital (Inpatient/Outpatient)	Ded & Coins	Ded & Coins	Ded & Coins	\$3,000/day IP \$2,000 OP \$1,000 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	Ded & Coins	Ded & Coins	\$150	\$155	\$75	Ded & Coins
Emergency Room	Ded & Coins	Ded & Coins	Ded & Coins	\$1,500	Ded & Coins	Ded & Coins
Pharmacy	\$15/\$35/\$200/ Ded & 50%/ Ded & 50% ¹	Ded & Coins ²	\$15/\$35/\$160/ Ded & 70% /60% ¹	\$15/\$35/\$180/ \$1,750 Ded & 50% Coins/\$1,750 Ded & 50% Coins ¹	\$25/Ded & \$50/Ded & \$100/Ded & \$500	Ded & Coins ²
DME	50% Coins	Ded & Coins	50% Coins	50% Coins	50% Coins	Ded & Coins
Dental & Vision	No	No	Optional add on	Optional add on	No	No

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
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Quartz One plan options – Wisconsin 2024



	Silver Cost Sharing Reduction (CSR) 100-150%				
	Silver I303-06	Silver I304-06 Deductible	Silver I308-06	Silver Standard I309-06	Silver I320-06
Deductible (Single/Family)	\$0/\$0	\$525/\$1,050	\$0/\$0	\$0/\$0	\$250/\$500
Coinsurance	50%	0%	50%	25%	50%
MOOP (Single/Family)	\$1,400/\$2,800	\$525/\$1,050	\$1,250/\$2,500	\$1,800/\$3,600	\$900/\$1,800
Virtual Visit	\$0	Ded & Coins	\$0	\$0	\$0
PCP/Specialist Visit	\$5/\$10	Ded & Coins	\$0/\$10	\$0/\$10	\$10/\$20
Lab/X-ray	\$5/\$10	Ded & Coins	\$10/\$10	25% Coins	\$10/\$20
Hospital (Inpatient/ Outpatient)	50% Coins	Ded & Coins	\$125/day IP \$100 OP \$100 MRI/PET/CAT	25% Coins	Ded & Coins
Urgent Care	\$10	Ded & Coins	\$10	\$5	\$20
Emergency Room	\$50	Ded & Coins	\$50	25% Coins	\$35
Pharmacy	\$0/\$5/\$15/ 50%/60% ¹	Ded & Coins ²	\$0/\$5/\$15/ \$100/\$200 ¹	\$0/\$15/\$50/\$150	\$250 Deductible \$0/\$5/\$15/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	25% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
2. Safe Harbor Prescription Drug List available plan. These plans have a list of prescriptions that have 100% coverage with \$0 out-of-pocket costs.
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Quartz One plan options – Wisconsin 2024



	Silver Cost Sharing Reduction (CSR) 150-200%				
	Silver I303-05	Silver I304-05 Deductible	Silver I308-05	Silver Standard I309-05	Silver I320-05
Deductible (Single/Family)	\$1,500/\$3,000	\$1,700/\$3,400	\$0/\$0	\$700/\$1,400	\$1,250/\$2,500
Coinsurance	50%	0%	50%	30%	50%
MOOP (Single/Family)	\$3,000/\$6,000	\$1,700/\$3,400	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000
Virtual Visit	\$0	Ded & Coins	\$0	\$20	\$0
PCP/Specialist Visit	\$20/\$50	Ded & Coins	\$25/\$60	\$20/\$40	\$10/\$45
Lab/X-ray	\$25/\$50	Ded & Coins	\$25/\$60	Ded & Coins	\$20/\$45
Hospital (Inpatient/ Outpatient)	Ded & Coins	Ded & Coins	\$300/day IP \$300 OP \$400 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$20	Ded & Coins	\$60	\$30	\$45
Emergency Room	\$100	Ded & Coins	\$250	Ded & Coins	\$80
Pharmacy	\$5/\$10/\$20/50%/ Ded & 60% ¹	Ded & Coins ²	\$5/\$10/\$20/ \$250/\$400 ¹	\$10/\$20/Ded & \$60/Ded & \$250	\$1,250 Deductible \$0/\$10/\$20/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	30% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz One plan options – Wisconsin 2024



	Silver Cost Sharing Reduction (CSR) 200–250%				
	Silver I303–04	Silver I304–04 HSA	Silver I308–04	Silver Standard I309–04	Silver I320–04
Deductible (Single/Family)	\$7,000/\$14,000	\$4,500/\$9,000	\$0/\$0	\$5,700/\$11,400	\$2,250/\$4,500
Coinsurance	50%	0%	50%	40%	50%
MOOP (Single/Family)	\$7,550/\$15,100	\$4,500/\$9,000	\$7,550/\$15,100	\$7,200/\$14,400	\$7,550/\$15,100
Virtual Visit	\$0	Ded & Coins	\$0	\$40	\$0
PCP/Specialist Visit	\$50/\$100	Ded & Coins	\$45/\$90	\$40/\$80	\$20/\$100
Lab/X-ray	\$60/\$120	Ded & Coins	\$45/\$90	Ded & Coins	\$40/\$100
Hospital (Inpatient/ Outpatient)	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$100	Ded & Coins	\$90	\$60	\$100
Emergency Room	\$1,000	Ded & Coins	\$1,200	Ded & Coins	\$1,250
Pharmacy	\$10/\$35/\$80/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$500 ¹	\$20/\$40/Ded & \$80/Ded & \$350	\$2,250 Deductible \$0/\$35/\$150/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	40% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz One plan options – Wisconsin 2024



	Platinum - Direct	Silver - Direct			
	Platinum I501	Silver I303	Silver I304 HSA	Silver I308	Silver I320 (New)
Deductible (Single/Family)	\$0/\$0	\$7,000/\$14,000	\$5,500/\$11,000	\$0/\$0	\$2,500/\$5,000
Coinsurance	20%	50%	0%	50%	50%
MOOP (Single/Family)	\$2,000/\$4,000	\$9,100/\$18,200	\$5,500/\$11,000	\$9,400/\$18,800	\$9,400/\$18,800
Virtual Visit	\$0	\$0	Ded & Coins	\$0	\$0
PCP/Specialist Visit	\$20/\$45	\$50/\$100	Ded & Coins	\$50/\$100	\$20/\$100
Lab/X-ray	\$20/\$40	\$60/\$120	Ded & Coins	\$50/\$100	\$40/\$100
Hospital (Inpatient/Outpatient)	20% Coins	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins
Urgent Care	\$45	\$100	Ded & Coins	\$100	\$100
Emergency Room	\$150	\$1,000	Ded & Coins	\$1,200	\$1,250
Pharmacy	\$5/\$10/\$25/ 50%/60% ¹	\$10/\$35/\$150/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$600 ¹	\$2,500 Deductible, \$0/\$35/\$150/ Ded & 50%/ Ded & 60% ¹
DME	20% Coins	50% Coins	Ded & Coins	50% Coins	50% Coins
Dental & Vision	Optional add on	No	No	Optional add on	Optional add on

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Quartz One & Quartz Performance plan options – Illinois 2024



	Gold				
	Gold I401	Gold I402 Maintenance	Gold I403 HSA	Gold I410 Standard	Gold I420 (New)
Deductible (Single/Family)	\$2,500/\$5,000	\$500/\$1,000	\$3,500/\$7,000	\$1,500/\$3,000	\$1,000/\$2,000
Coinsurance	30%	0%	0%	25%	40%
MOOP (Single/Family)	\$7,000/\$14,000	\$9,000/\$18,000	\$3,500/\$7,000	\$8,700/\$17,400	\$8,500/\$17,000
Virtual Visit	\$0	\$0	Ded & Coins	\$30	\$0
PCP/Specialist Visit	\$30/\$60	\$35/\$70	Ded & Coins	\$30/\$60	\$15/\$90
Lab/X-ray	\$30/\$60	\$35/\$70	Ded & Coins	Ded & Coins	\$30/\$90
Hospital (Inpatient/Outpatient)	Ded & Coins	\$2,500/day IP Ded & Coins OP	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	\$60	\$70	Ded & Coins	\$45	\$90
Emergency Room	\$500	\$500	Ded & Coins	Ded & Coins	\$500
Pharmacy	\$5/\$10/\$40/ 50% Coins/ Ded & 60% Coins ¹	\$5/\$10/\$40/ 50%/60% ¹	Ded & Coins ²	\$15/\$30/\$60/ \$250	\$1,250 Deductible, \$0/\$10/\$45/ 50%/Ded & 60% ¹
DME	30% Coins	0% Coins	Ded & Coins	25% Coins	40% Coins
Dental & Vision	No	Optional add on	No	Optional add on	No

Please note:

- **Quartz One** network is available in Jo Daviess, Lee, Stephenson, Carroll, and Ogle counties
- **Quartz Performance** network is available in Boone and Winnebago counties. It includes all Quartz One providers except Freeport Health Network (FHN) and SSM Monroe.

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Quartz One & Quartz Performance plan options – Illinois 2024



	Silver				
	Silver I303	Silver I304 HSA	Silver I308	Silver Standard I309	Silver I320
Deductible (Single/Family)	\$7,000/\$14,000	\$5,500/\$11,000	\$0/\$0	\$5,900/\$11,800	\$2,500/\$5,000
Coinsurance	50%	0%	50%	40%	50%
MOOP (Single/Family)	\$9,100/\$18,200	\$5,500/\$11,000	\$9,400/\$18,800	\$9,100/\$18,200	\$9,400/\$18,800
Virtual Visit	\$0	Ded & Coins	\$0	\$40	\$0
PCP/Specialist Visit	\$50/\$100	Ded & Coins	\$50/\$100	\$40/\$80	\$20/\$100
Lab/X-ray	\$60/\$120	Ded & Coins	\$50/\$100	Ded & Coins	\$40/\$100
Hospital (Inpatient/Outpatient)	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$100	Ded & Coins	\$100	\$60	\$100
Emergency Room	\$1,000	Ded & Coins	\$1,200	Ded & Coins	\$1,250
Pharmacy	\$10/\$35/\$150/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$600 ¹	\$20/\$40/ Ded & \$80/ Ded & \$350 ¹	\$2,500 Deductible \$0/\$35/\$150/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	40% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz One & Quartz Performance plan options – Illinois 2024



	Bronze					Catastrophic
	Bronze I201	Bronze I203 HSA	Bronze I204	Bronze I205	Bronze I206 Standard	Catastrophic I101
Deductible (Single/Family)	\$9,400/\$18,800	\$7,250/\$14,500	\$5,000/\$10,000	\$0/\$0	\$7,500/\$15,000	\$9,450/\$18,900
Coinsurance	50%	0%	50%	50%	50%	0%
MOOP (Single/Family)	\$9,450/\$18,900	\$7,250/\$14,500	\$9,450/\$18,900	\$9,450/\$18,900	\$9,400/\$18,800	\$9,450/\$18,900
Virtual Visit	\$0	Ded & Coins	\$0	\$0	\$50	Ded & Coins
PCP/Specialist Visit	\$80/Ded & Coins	Ded & Coins	\$85/\$250	\$75/\$155	\$50/\$100	Ded & Coins ³
Lab/X-ray	Ded & Coins	Ded & Coins	\$100/\$250	\$75/\$155	Ded & Coins	Ded & Coins
Hospital (Inpatient/Outpatient)	Ded & Coins	Ded & Coins	Ded & Coins	\$3,000/day IP \$2,000 OP \$1,000 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	Ded & Coins	Ded & Coins	\$250	\$155	\$75	Ded & Coins
Emergency Room	Ded & Coins	Ded & Coins	Ded & Coins	\$1,500	Ded & Coins	Ded & Coins
Pharmacy	\$15/\$35/\$200/\$500/\$750 ¹	Ded & Coins ²	\$15/\$35/\$160/\$750/\$1,250 ¹	\$15/\$35/\$180/\$1,750 Ded & 50% Coins/\$1,750 Ded & 50% Coins ¹	\$25/Ded & \$50/Ded & \$100/Ded & \$500	Ded & Coins ²
DME	50% Coins	Ded & Coins	50% Coins	50% Coins	50% Coins	Ded & Coins
Dental & Vision	No	No	Optional add on	Optional add on	No	No

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Quartz One & Quartz Performance plan options – Illinois 2024



	Silver Cost Sharing Reduction (CSR) 100–150%				
	Silver I303–06	Silver I304–06 Deductible	Silver I308–06	Silver Standard I309–06	Silver I320–06
Deductible (Single/Family)	\$0/\$0	\$525/\$1,050	\$0/\$0	\$0/\$0	\$250/\$500
Coinsurance	50%	0%	50%	25%	50%
MOOP (Single/Family)	\$1,400/\$2,800	\$525/\$1,050	\$1,250/\$2,500	\$1,800/\$3,600	\$900/\$1,800
Virtual Visit	\$0	Ded & Coins	\$0	\$0	\$0
PCP/Specialist Visit	\$5/\$10	Ded & Coins	\$0/\$10	\$0/\$10	\$10/\$20
Lab/X-ray	\$5/\$10	Ded & Coins	\$10/\$10	25% Coins	\$10/\$20
Hospital (Inpatient/ Outpatient)	50% Coins	Ded & Coins	\$125/day IP \$100 OP \$100 MRI/PET/CAT	25% Coins	Ded & Coins
Urgent Care	\$10	Ded & Coins	\$10	\$5	\$20
Emergency Room	\$50	Ded & Coins	\$50	25% Coins	\$35
Pharmacy	\$0/\$5/\$15/ 50%/60% ¹	Ded & Coins ²	\$0/\$5/\$15/ \$100/\$200 ¹	\$0/\$15/\$50/\$150	\$250 Deductible \$0/\$5/\$15/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	25% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz One & Quartz Performance plan options – Illinois 2024



	Silver Cost Sharing Reduction (CSR) 150-200%				
	Silver I303-05	Silver I304-05 Deductible	Silver I308-05	Silver Standard I309-05	Silver I320-05
Deductible (Single/Family)	\$1,500/\$3,000	\$1,700/\$3,400	\$0/\$0	\$700/\$1,400	\$1,250/\$2,500
Coinsurance	50%	0%	50%	30%	50%
MOOP (Single/Family)	\$3,000/\$6,000	\$1,700/\$3,400	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000
Virtual Visit	\$0	Ded & Coins	\$0	\$20	\$0
PCP/Specialist Visit	\$20/\$50	Ded & Coins	\$25/\$60	\$20/\$40	\$10/\$45
Lab/X-ray	\$25/\$50	Ded & Coins	\$25/\$60	Ded & Coins	\$20/\$45
Hospital (Inpatient/ Outpatient)	Ded & Coins	Ded & Coins	\$300/day IP \$300 OP \$400 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$20	Ded & Coins	\$60	\$30	\$45
Emergency Room	\$100	Ded & Coins	\$250	Ded & Coins	\$80
Pharmacy	\$5/\$10/\$20/ 50%/Ded & 60% ¹	Ded & Coins ²	\$5/\$10/\$20/ \$250/\$400 ¹	\$10/\$20/Ded & \$60/Ded & \$250	\$1,250 Deductible \$0/\$10/\$20/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	30% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz One & Quartz Performance plan options – Illinois 2024



	Silver Cost Sharing Reduction (CSR) 200-250%				
	Silver I303-04	Silver I304-04 HSA	Silver I308-04	Silver Standard I309-04	Silver I320-04
Deductible (Single/Family)	\$7,000/\$14,000	\$4,500/\$9,000	\$0/\$0	\$5,700/\$11,400	\$2,250/\$4,500
Coinsurance	50%	0%	50%	40%	50%
MOOP (Single/Family)	\$7,550/\$15,100	\$4,500/\$9,000	\$7,550/\$15,100	\$7,200/\$14,400	\$7,550/\$15,100
Virtual Visit	\$0	Ded & Coins	\$0	\$40	\$0
PCP/Specialist Visit	\$50/\$100	Ded & Coins	\$45/\$90	\$40/\$80	\$20/\$100
Lab/X-ray	\$60/\$120	Ded & Coins	\$45/\$90	Ded & Coins	\$40/\$100
Hospital (Inpatient/ Outpatient)	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$100	Ded & Coins	\$90	\$60	\$100
Emergency Room	\$1,000	Ded & Coins	\$1,200	Ded & Coins	\$1,250
Pharmacy	\$10/\$35/\$80/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$500 ¹	\$20/\$40/ Ded & \$80/ Ded & \$350	\$2,250 Deductible \$0/\$35/\$150/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	40% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz One & Quartz Performance plan options – Illinois 2024



	Platinum - Direct	Silver - Direct			
	Platinum I501	Silver I303	Silver I304 HSA	Silver I308	Silver I320
Deductible (Single/Family)	\$0/\$0	\$7,000/\$14,000	\$5,500/\$11,000	\$0/\$0	\$2,500/\$5,000
Coinsurance	20%	50%	0%	50%	50%
MOOP (Single/Family)	\$2,000/\$4,000	\$9,100/\$18,200	\$5,500/\$11,000	\$9,400/\$18,800	\$9,400/\$18,800
Virtual Visit	\$0	\$0	Ded & Coins	\$0	\$0
PCP/Specialist Visit	\$20/\$45	\$50/\$100	Ded & Coins	\$50/\$100	\$20/\$100
Lab/X-ray	\$20/\$40	\$60/\$120	Ded & Coins	\$50/\$100	\$40/\$100
Hospital (Inpatient/Outpatient)	20% Coins	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins
Urgent Care	\$45	\$100	Ded & Coins	\$100	\$100
Emergency Room	\$150	\$1,000	Ded & Coins	\$1,200	\$1,250
Pharmacy	\$5/\$10/\$25/ \$75/\$150 ¹	\$10/\$35/\$150/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$600 ¹	\$2,500 Deductible, \$0/\$35/\$150/ Ded & 50%/ Ded & 60% ¹
DME	20% Coins	50% Coins	Ded & Coins	50% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz Select plan options – Minnesota 2024



	Gold				
	Gold I401	Gold I402 Maintenance	Gold I403 HSA	Gold I410 Standard	Gold I420 (New)
Deductible (Single/Family)	\$2,500/\$5,000	\$500/\$1,000	\$3,500/\$7,000	\$1,500/\$3,000	\$1,000/\$2,000
Coinsurance	30%	0%	0%	25%	40%
MOOP (Single/Family)	\$7,000/\$14,000	\$9,000/\$18,000	\$3,500/\$7,000	\$8,700/\$17,400	\$8,500/\$17,000
Virtual Visit	\$0	\$0	Ded & Coins	\$30	\$0
PCP/Specialist Visit	\$30/\$60	\$35/\$70	Ded & Coins	\$30/\$60	\$15/\$90
Lab/X-ray	\$30/\$60	\$35/\$70	Ded & Coins	Ded & Coins	\$30/\$90
Hospital (Inpatient/Outpatient)	Ded & Coins	\$2,500/day IP Ded & Coins OP	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	\$60	\$70	Ded & Coins	\$45	\$90
Emergency Room	\$500	\$500	Ded & Coins	Ded & Coins	\$500
Pharmacy	\$5/\$10/\$40/ 50% Coins/ Ded & 60% Coins ¹	\$5/\$10/\$40/ 50%/60% ¹	Ded & Coins ²	\$15/\$30/\$60/ \$250	\$1,250 Deductible, \$0/\$10/\$45/ 50%/Ded & 60% ¹
DME	30% Coins	0% Coins	Ded & Coins	25% Coins	40% Coins
Dental & Vision	No	Optional add on	No	Optional add on	No

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Quartz Select plan options – Minnesota 2024



	Silver				
	Silver I303	Silver I304 HSA	Silver I308	Silver I309 Standard	Silver I320
Deductible (Single/Family)	\$7,000/\$14,000	\$5,500/\$11,000	\$0/\$0	\$5,900/\$11,800	\$2,500/\$5,000
Coinsurance	50%	0%	50%	40%	50%
MOOP (Single/Family)	\$9,100/\$18,200	\$5,500/\$11,000	\$9,400/\$18,800	\$9,100/\$18,200	\$9,400/\$18,800
Virtual Visit	\$0	Ded & Coins	\$0	\$40	\$0
PCP/Specialist Visit	\$50/\$100	Ded & Coins	\$50/\$100	\$40/\$80	\$20/\$100
Lab/X-ray	\$60/\$120	Ded & Coins	\$50/\$100	Ded & Coins	\$40/\$100
Hospital (Inpatient/Outpatient)	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$100	Ded & Coins	\$100	\$60	\$100
Emergency Room	\$1,000	Ded & Coins	\$1,200	Ded & Coins	\$1,250
Pharmacy	\$10/\$35/\$150/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$600 ¹	\$20/\$40/ Ded & \$80/ Ded & \$350	\$2,500 Deductible, \$0/\$35/\$150/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	40% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.
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Quartz Select plan options – Minnesota 2024



	Bronze					Catastrophic
	Bronze I201	Bronze I203 HSA	Bronze I204	Bronze I205	Bronze I206 Standard	Catastrophic I101
Deductible (Single/Family)	\$9,400/\$18,800	\$7,250/\$14,500	\$3,000/\$6,000	\$0/\$0	\$7,500/\$15,000	\$9,450/\$18,900
Coinsurance	50%	0%	50%	50%	50%	0%
MOOP (Single/Family)	\$9,450/\$18,900	\$7,250/\$14,500	\$9,000/\$18,000	\$9,450/\$18,900	\$9,400/\$18,800	\$9,450/\$18,900
Virtual Visit	\$0	Ded & Coins	\$0	\$0	\$50	Ded & Coins
PCP/Specialist Visit	\$80/Ded & Coins	Ded & Coins	\$75/\$150	\$75/\$155	\$50/\$100	Ded & Coins ³
Lab/X-ray	Ded & Coins	Ded & Coins	\$75/\$150	\$75/\$155	Ded & Coins	Ded & Coins
Hospital (Inpatient/Outpatient)	Ded & Coins	Ded & Coins	Ded & Coins	\$3,000/day IP \$2,000 OP \$1,000 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	Ded & Coins	Ded & Coins	\$150	\$155	\$75	Ded & Coins
Emergency Room	Ded & Coins	Ded & Coins	Ded & Coins	\$1,500	Ded & Coins	Ded & Coins
Pharmacy	\$15/\$35/\$200/\$500/\$750 ¹	Ded & Coins ²	\$15/\$35/\$160/Ded & 70%/60% ¹	\$15/\$35/\$180/\$1,750 Ded & 50% Coins/\$1,750 Ded & 50% Coins ¹	\$25/Ded & \$50/Ded & \$100/Ded & \$500	Ded & Coins ²
DME	50% Coins	Ded & Coins	50% Coins	50% Coins	50% Coins	Ded & Coins
Dental & Vision	No	No	Optional add on	Optional add on	No	No

1. Value Tier Rx plan. These plans have a reduced copay for eligible maintenance medications.

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Quartz Select plan options – Minnesota 2024



	Silver Cost Sharing Reduction (CSR) 100–150%				
	Silver I303–06	Silver I304–06 Deductible	Silver I308–06	Silver Standard I309–06	Silver I320–06
Deductible (Single/Family)	\$0/\$0	\$525/\$1,050	\$0/\$0	\$0/\$0	\$250/\$500
Coinsurance	50%	0%	50%	25%	50%
MOOP (Single/Family)	\$1,400/\$2,800	\$525/\$1,050	\$1,250/\$2,500	\$1,800/\$3,600	\$900/\$1,800
Virtual Visit	\$0	Ded & Coins	\$0	\$0	\$0
PCP/Specialist Visit	\$5/\$10	Ded & Coins	\$0/\$10	\$0/\$10	\$10/\$20
Lab/X-ray	\$5/\$10	Ded & Coins	\$10/\$10	25% Coins	\$10/\$20
Hospital (Inpatient/ Outpatient)	50% Coins	Ded & Coins	\$125/day IP \$100 OP \$100 MRI/PET/CAT	25% Coins	Ded & Coins
Urgent Care	\$10	Ded & Coins	\$10	\$5	\$20
Emergency Room	\$50	Ded & Coins	\$50	25% Coins	\$35
Pharmacy	\$0/\$5/\$15/ 50%/60% ¹	Ded & Coins ²	\$0/\$5/\$15/ \$100/\$200 ¹	\$0/\$15/\$50/\$150	\$250 Deductible \$0/\$5/\$15/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	25% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz Select plan options – Minnesota 2024



	Silver Cost Sharing Reduction (CSR) 150-200%				
	Silver I303-05	Silver I304-05 Deductible	Silver I308-05	Silver Standard I309-05	Silver I320-05
Deductible (Single/Family)	\$1,500/\$3,000	\$1,700/\$3,400	\$0/\$0	\$700/\$1,400	\$1,250/\$2,500
Coinsurance	50%	0%	50%	30%	50%
MOOP (Single/Family)	\$3,000/\$6,000	\$1,700/\$3,400	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000
Virtual Visit	\$0	Ded & Coins	\$0	\$20	\$0
PCP/Specialist Visit	\$20/\$50	Ded & Coins	\$25/\$60	\$20/\$40	\$10/\$45
Lab/X-ray	\$25/\$50	Ded & Coins	\$25/\$60	Ded & Coins	\$20/\$45
Hospital (Inpatient/ Outpatient)	Ded & Coins	Ded & Coins	\$300/day IP \$300 OP \$400 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$20	Ded & Coins	\$60	\$30	\$45
Emergency Room	\$100	Ded & Coins	\$250	Ded & Coins	\$80
Pharmacy	\$5/\$10/\$20/ 50%/Ded & 60% ¹	Ded & Coins ²	\$5/\$10/\$20/ \$250/\$400 ¹	\$10/\$20/ Ded & \$60/ Ded & \$250	\$1,250 Deductible \$0/\$10/\$20/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	30% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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Quartz Select plan options – Minnesota 2024



	Silver Cost Sharing Reduction (CSR) 200-250%				
	Silver I303-04	Silver I304-04 HSA	Silver I308-04	Silver Standard I309-04	Silver I320-04
Deductible (Single/Family)	\$7,000/\$14,000	\$4,500/\$9,000	\$0/\$0	\$5,700/\$11,400	\$2,250/\$4,500
Coinsurance	50%	0%	50%	40%	50%
MOOP (Single/Family)	\$7,550/\$15,100	\$4,500/\$9,000	\$7,550/\$15,100	\$7,200/\$14,400	\$7,550/\$15,100
Virtual Visit	\$0	Ded & Coins	\$0	\$40	\$0
PCP/Specialist Visit	\$50/\$100	Ded & Coins	\$45/\$90	\$40/\$80	\$20/\$100
Lab/X-ray	\$60/\$120	Ded & Coins	\$45/\$90	Ded & Coins	\$40/\$100
Hospital (Inpatient/ Outpatient)	Ded & Coins	Ded & Coins	\$1,500/day IP \$400 OP \$500 MRI/PET/CAT	Ded & Coins	Ded & Coins
Urgent Care	\$100	Ded & Coins	\$90	\$60	\$100
Emergency Room	\$1,000	Ded & Coins	\$1,200	Ded & Coins	\$1,250
Pharmacy	\$10/\$35/\$80/ 50%/Ded & 60% ¹	Ded & Coins ²	\$10/\$35/\$150/ \$300/\$500 ¹	\$20/\$40/ Ded & \$80/ Ded & \$350	\$2,250 Deductible \$0/\$35/\$150/ Ded & 50%/ Ded & 60% ¹
DME	50% Coins	Ded & Coins	50% Coins	40% Coins	50% Coins
Dental & Vision	No	No	Optional add on	No	Optional add on

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