



Individual & Family Plan Options – Illinois 2023

Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson, and Winnebago

Quartz One

PLATINUM	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
PLATINUM I501 FIXED RX COPAY W/VISION	\$0 / \$0	20%	\$2,000 / \$4,000	\$20 / \$40	\$20 / \$40	Ded & Coins	\$40	\$150	\$5/\$10/\$25/\$150/\$300 ¹	Q1P230303100
GOLD	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
GOLD I401 VALUE TIER RX W/VISION	\$2,000 / \$4,000	30%	\$7,000 / \$14,000	\$30 / \$60	\$30 / \$60	Ded & Coins	\$60	\$250	\$5/\$10/\$40/50%/60% ¹	Q1G230303200
GOLD I402 MAINTENANCE VALUE TIER RX W/VISION	\$1,500 / \$3,000	0%	\$8,000 / \$16,000	\$35 / \$70	\$35 / \$70	\$2,500 per day IP Ded & Coins	\$70	\$500	\$5/\$10/\$40/50%/60% ¹	Q1G230303300
GOLD I403 HSA W/VISION	\$3,500 / \$7,000	0%	\$3,500 / \$7,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins ²	Q1G230300300
GOLD I405 VALUE TIER RX W/VISION	\$2,000 / \$4,000	40%	\$6,000 / \$12,000	\$25 / \$50	\$25 / \$50	Ded & Coins	\$50	Ded & Coins	\$10/\$35/\$150/50%/60% ¹	Q1G230303400
GOLD I410 STANDARD FIXED RX COPAY W/VISION	\$2,000 / \$4,000	25%	\$8,700 / \$17,400	\$30 / \$60	Ded & Coins	Ded & Coins	\$45	Ded & Coins	\$15/\$30/\$60/\$250	Q1G230303500

* Virtual Visits and Telehealth services may be available to you at reduced cost share.

1. Value Tier Rx plan.
2. Safe Harbor Prescription Drug List Available Plan.
3. Applies to the first three office visits with PCP then deductible and coinsurance.
MOOP = Maximum-Out-of-Pocket.

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.



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SILVER	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
SILVER I301 VALUE TIER RX W/VISION	\$6,000 / \$12,000	40%	\$9,000 / \$18,000	\$50 / \$100	\$50 / \$100	Ded & Coins	\$100	\$1,000	\$10/\$35/\$150/50%/60% ¹	QIS230304500
SILVER I303 VALUE TIER RX W/VISION	\$8,000 / \$16,000	50%	\$9,000 / \$18,000	\$55 / \$110	\$55 / \$110	Ded & Coins	\$110	\$1,000	\$10/\$35/\$150/50%/60% ¹	QIS230304600
SILVER I304 HSA W/VISION	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins ²	QIS230301600
SILVER I307 HSA W/VISION	\$3,000 / \$6,000	50%	\$6,000 / \$12,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins ²	QIS230305000
SILVER I308 FIXED RX COPAY W/VISION	\$0 / \$0	50%	\$9,000 / \$18,000	\$40 / \$80	\$40 / \$80	\$1,500 per day IP \$200 OP \$500 MRI/PET/CAT	\$80	\$1,000	\$10/\$35/\$150/\$300/\$500 ¹	QIS230304700

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BRONZE	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
BRONZE I201 FIXED RX COPAY W/VISION	\$9,000 / \$18,000	50%	\$9,100 / \$18,200	\$60 / \$125	\$60 / \$125	Ded & Coins	\$125	Ded & Coins	\$15/\$35/\$200/\$2,000/\$4,000 ¹	Q1B230304000
BRONZE I202 W/VISION	\$8,000 / \$16,000	50%	\$9,000 / \$18,000	\$40 / \$80	\$60 / \$120	Ded & Coins	\$80	Ded & Coins	Ded & Coins	Q1B230304100
BRONZE I203 HSA W/VISION	\$6,850 / \$13,700	0%	\$6,850 / \$13,700	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins ²	Q1B230301100
BRONZE I204 VALUE TIER RX W/VISION	\$3,000 / \$6,000	50%	\$9,000 / \$18,000	\$75 / \$150	\$75 / \$150	Ded & Coins	\$150	Ded & Coins	\$15/\$35/\$160/Ded & 70%/60% ¹	Q1B230304200
BRONZE I205 VALUE TIER RX W/VISION	\$0 / \$0 \$2,000 RX Tier 3 & 4	50%	\$9,100 / \$18,200	\$75 / \$150	\$75 / \$150	\$1,500 per day IP \$1,500 OP \$1,000 MRI/PET/CAT	\$150	\$1,250	\$15/\$35/\$160/Ded & 50%/Ded & 50% ¹	Q1B230304300
BRONZE I206 STANDARD W/VISION	\$7,500 / \$15,000	50%	\$9,000 / \$18,000	\$50 / \$100	Ded & Coins	Ded & Coins	\$75	Ded & Coins	\$25/Ded & \$50/Ded & \$100/Ded & \$500	Q1B230304400

CATASTROPHIC	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id
CATASTROPHIC I101 W/VISION	\$9,100 / \$18,200	0%	\$9,100 / \$18,200	\$0 ³ / Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Q1C230301200

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