

2018 Small Group Plan Options Wisconsin – HMO



Platinum Plans

These plans will cover about 90% of your service and you are responsible for the other 10%

Benefits	Platinum Healthy You – PCP Copay \$25 (P1)	Platinum Healthy You – PCP Copay \$20 (P2)	Platinum Healthy You – PCP Copay \$35 (P3)	Platinum Maintenance – PCP Copay \$20 (P4)
Deductible (Single / Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$0 / \$0	\$0 / \$0
Coinsurance	20%	10%	0%	0%
Maximum Out-of-Pocket	\$1,000 / \$2,000	\$1,500 / \$3,000	\$4,500 / \$9,000	\$7,350 / \$14,700
e-Visits	\$15	\$10	\$20	\$15
Office Visit Copay (PCP / Specialist)	\$25 / \$50	\$20 / \$40	\$35 / \$55	\$20 / \$40
Urgent Care Copay	\$50	\$40	\$55	\$40
Emergency Room Copay	\$100	\$150	\$250	\$500
Mental Health Outpatient Copay	\$25	\$20	\$35	\$20
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	\$2,000 per diem IP / Ded & Coins
Pharmacy Copay	\$5 / \$10 / \$35 / \$70 / \$200	\$5 / \$10 / \$35 / \$70 / \$200	\$5 / \$10 / \$35 / \$70 / \$200	\$5 / \$10 / \$35 / \$70 / \$200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Creditable Coverage	Yes	Yes	Yes	Yes
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes	Yes
HSA Eligible?	No	No	No	No

* Quartz's Value / HSA plans have an aggregate deductible. This means 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 and one person may accumulate to the entire family deductible. The "per person" maximum-out-of-pocket limit also does not apply. However, one member of a family will not pay more than \$7,350.

Underwritten by Unity Health Plans Insurance Corporation.

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Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

Benefits	Gold Healthy You – PCP Copay \$25 (G1)	Gold Healthy You – PCP Copay \$30 (G2)	Gold Deductible – \$3500 (G3)	Gold Maintenance – PCP Copay \$25 (G4)	Gold HSA \$2000* (G5)
Deductible (Single / Family)	\$1,350 / \$2,700	\$2,000 / \$4,000	\$3,500 / \$7,000	\$1,500 / \$3,000	\$2,000 / \$4,000
Coinsurance	20%	20%	0%	0%	0%
Maximum Out-of-Pocket	\$5,500 / \$11,000	\$4,000 / \$8,000	\$3,500 / \$7,000	\$7,350 / \$14,700	\$2,000 / \$4,000
e-Visits	\$15	\$20	Deductible then Coinsurance	\$15	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	\$25 / \$50	\$30 / \$60	Deductible then Coinsurance	\$25 / \$50	Deductible then Coinsurance
Urgent Care Copay	\$50	\$60	Deductible then Coinsurance	\$50	Deductible then Coinsurance
Emergency Room Copay	\$250	\$200	Deductible then Coinsurance	\$500	Deductible then Coinsurance
Mental Health Outpatient Copay	\$25	\$30	Deductible then Coinsurance	\$25	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	\$4,000 per diem IP / Ded & Coins	Deductible then Coinsurance
Pharmacy Copay	\$5 / \$10 / \$35 / \$70 / \$200	\$5 / \$10 / \$35 / \$70 / \$200	\$5 / \$10 / \$35 / \$70 / \$200	\$5 / \$10 / \$35 / \$70 / \$200	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Creditable Coverage	Yes	Yes	Yes	Yes	Yes
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes	Yes	No
HSA Eligible?	No	No	No	No	Yes*

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Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	Silver Deductible \$4250 Rx \$10 (S1)	Silver Deductible \$2000 Rx \$10 (S2)	Silver Healthy You – PCP Copay \$40 Rx \$10 (S3)	Silver HSA \$3000* (S4)	Silver HSA \$3600* (S5)
Deductible (Single / Family)	\$4,250 / \$8,500	\$2,000 / \$4,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$3,600 / \$7,200
Coinsurance	30%	40%	50%	20%	0%
Maximum Out-of-Pocket	\$7,350 / \$14,700	\$7,000 / \$14,000	\$7,350 / \$14,700	\$4,500 / \$9,000	\$3,600 / \$7,200
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	\$30	Deductible then Coinsurance	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	\$40 / \$60	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$60	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$300	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$40	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	\$5 / \$10 / \$50 / \$100 / \$225	\$5 / \$10 / \$50 / \$100 / \$225	\$5 / \$10 / \$50 / \$100 / \$225	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Creditable Coverage	Yes	Yes	Yes	Yes	Yes
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes	No	No
HSA Eligible?	No	No	No	Yes*	Yes*

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Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	Silver Deductible \$4250 Rx \$20 (S6)	Silver Deductible \$2000 Rx \$20 (S7)	Silver Healthy You - PCP Copay \$40 Rx \$20 (S8)
Deductible (Single / Family)	\$4,250 / \$8,500	\$2,000 / \$4,000	\$5,000 / \$10,000
Coinsurance	30%	40%	50%
Maximum Out-of-Pocket	\$7,350 / \$14,700	\$7,000 / \$14,000	\$7,350 / \$14,700
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	\$30
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	\$40 / \$60
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$60
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$300
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	\$40
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	\$10 / \$20 / \$50 / \$150 / \$300	\$10 / \$20 / \$50 / \$150 / \$300	\$10 / \$20 / \$50 / \$150 / \$300
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical
Creditable Coverage	Yes	Yes	Yes
Dental Coverage Available for an Additional Charge?	Yes	Yes	Yes
HSA Eligible?	No	No	No

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Bronze Plans

These plans will cover about 60% of your service and you are responsible for the other 40%

Benefits	Bronze Deductible \$6500 Rx \$10 (B1)	Bronze Deductible \$6500 Rx \$20 (B2)	Bronze HSA \$4400* (B3)	Bronze HSA \$5250* (B4)	Bronze HSA \$6550* (B5)
Deductible (Single / Family)	\$6,500 / \$13,000	\$6,500 / \$13,000	\$4,400 / \$8,800	\$5,250 / \$10,500	\$6,550 / \$13,100
Coinsurance	50%	50%	50%	30%	0%
Maximum Out-of-Pocket	\$7,350 / \$14,700	\$7,350 / \$14,700	\$6,550 / \$13,100	\$6,550 / \$13,100	\$6,550 / \$13,100
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	\$5 / \$10 / \$50 / \$100 / \$225	\$10 / \$20 / \$50 / \$150 / \$300	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Creditable Coverage	Yes	Yes	No	No	No
Dental Coverage Available for an Additional Charge?	Yes	Yes	No	No	No
HSA Eligible?	No	No	Yes*	Yes*	Yes*

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