## Select

| 100-150\% | Deductible (Single/Family) | Coins | MOOP (Single/Family) | PCP / Specialist Visit* | Lab / Xray | Hospital Inpatient/ Outpatient | Urgent Care* | Emergency Room | Pharmacy | SBC Tracking Id <br> Base | SBC Tracking Id <br> w/Vision \& Dental |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SILVER I303-06 VALUE TIER RX | \$0 / \$0 | 50\% | \$1,400 / \$2,800 | \$5 / \$10 | \$5 / \$10 | Ded \& Coins | \$10 | \$50 | \$0/\$5/\$15/50\%/60\% ${ }^{1}$ | SS2404004806 | N/A |
| SILVER I304-06 | \$525 / \$1,050 | 0\% | \$525 / \$1,050 | Ded \& Coins | Ded \& Coins | Ded \& Coins |  <br> Coins | Ded \& Coins | Ded \& Coins | SS2404000906 | N/A |
| SILVER I308-06 VALUE TIER RX W/FIXED COPAY | \$0 / \$0 | 50\% | \$1,250 / \$2,500 | \$0 / \$10 | \$10 | ```$125 per day IP $100 MRI/PET/CAT``` | \$10 | \$50 | \$0/\$5/\$15/\$100/\$200' | SS2404003706 | SS2405003706 |
| SILVER I309-06 STANDARD | \$0 / \$0 | 25\% | \$1,800 / \$3,600 | \$0 / \$10 | Ded \& Coins | Ded \& Coins | \$5 | Ded \& Coins | \$0/\$15/\$50/\$150 | SS2404003806 | N/A |
| SILVER I320-06 VALUE TIER RX | \$250 / \$500 | 50\% | \$900 / \$1,800 | \$10 / \$20 | \$10 / \$20 | Ded \& Coins | \$20 | \$35 | \$0/\$5/\$15/Ded \& 50\%/Ded \& 60\% ${ }^{1}$ | SS2404004906 | SS2405004906 |

[^0]1. Value Tier Rxplan
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-Pock
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Individual \& Family Plan Options - Minnesota 2024
Fillmore, Houston, Olmsted, Wabasha, and Winona

| 150-200\% | Deductible (Single/Family) | Coins | MOOP (Single/Family) | PCP / Specialist Visit* | Lab / Xray | Hospital Inpatient/ Outpatient | Urgent Care* | Emergency Room | Pharmacy | SBC Tracking ld <br> Base | SBC Tracking Id W/Vision \& Dental |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SILVER I303-05 VALUE TIER RX | \$1,500 / 3,000 | 50\% | \$3,000 / \$6,000 | \$20 / \$50 | \$25 / \$50 | Ded \& Coins | \$20 | \$100 | $\begin{gathered} \$ 5 / \$ 10 / \$ 20 / 50 \% / \text { Ded \& } \\ 60 \%^{1} \end{gathered}$ | SS2404004805 | N/A |
| SILVER 1304-05 | \$1,700 / 3,400 | 0\% | \$1,700 / \$3,400 | Ded \& Coins | Ded \& Coins | Ded \& Coins |  <br> Coins | Ded \& Coins | Ded \& Coins | SS2404000905 | N/A |
| SILVER I308-05 VALUE TIER RX W/FIXED COPAY | \$0 / \$0 | 50\% | \$3,000 / \$6,000 | \$25 / \$60 | \$25 / \$60 | $\begin{gathered} \text { \$300 per day } \\ \text { IP } \\ \$ 300 \text { OP } \\ \$ 400 \\ \text { MRI/PET/CAT } \end{gathered}$ | \$60 | \$250 | \$5/\$10/\$20/\$250/\$400 | SS2404003705 | $\underline{\text { SS2405003705 }}$ |
| SILVER I309-05 STANDARD | \$700 / \$1,400 | 30\% | \$3,000 / \$6,000 | \$20 / \$40 | Ded \& Coins | Ded \& Coins | \$30 | Ded \& Coins | $\begin{gathered} \$ 10 / \$ 20 / \text { Ded } \& \$ 60 / \text { Ded } \\ \& \$ 250 \end{gathered}$ | SS2404003805 | N/A |
| SILVER I320-05 VALUE TIER RX | \$1,250 / \$2,500 | 50\% | \$2,500 / \$5,000 | \$10/\$45 | \$20 / \$45 | Ded \& Coins | \$45 | \$80 | \$0/\$10/\$20/Ded \& 50\%/Ded \& 60\% ${ }^{1}$ | $\underline{\text { SS2404004905 }}$ | SS2405004905 |

[^1]1. Value Tier Rxplan
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Individual \& Family Plan Options - Minnesota 2024
Fillmore, Houston, Olmsted, Wabasha, and Winona

| 200-250\% | Deductible (Single/Family) | Coins | MOOP (Single/Family) | PCP / Specialist Visit* | Lab / Xray | Hospital Inpatient/ Outpatient | Urgent Care* | Emergency Room | Pharmacy | SBC Tracking Id <br> Base | SBC Tracking Id W/Vision \& Dental |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SILVER I303-04 VALUE TIER RX | \$7,000 / \$14,000 | 50\% | \$7,550 / \$15,100 | \$50 / \$100 | \$60 / \$120 | Ded \& Coins | \$100 | \$1,000 | $\begin{gathered} \$ 10 / \$ 35 / \$ 80 / 50 \% / \text { Ded \& } \\ 60 \%^{1} \end{gathered}$ | SS2404004804 | N/A |
| SILVER I304-04 HSA | \$4,500 / \$9,000 | 0\% | \$4,500 / \$9,000 | Ded \& Coins | Ded \& Coins | Ded \& Coins | Ded \& Coins | Ded \& Coins | Ded \& Coins ${ }^{2}$ | SS2404000904 | N/A |
| SILVER I308-04 VALUE TIER RX W/FIXED COPAY | \$0 / \$0 | 50\% | \$7,550 / \$15,100 | \$45 / \$90 | \$45 / \$90 | $\begin{gathered} \text { \$1,500 per day } \\ \text { IP } \\ \$ 400 \text { OP } \\ \$ 500 \\ \text { MRI/PET/CAT } \end{gathered}$ | \$90 | \$1,200 | \$10/\$35/\$150/\$300/\$500 | SS2404003704 | SS2405003704 |
| SILVER I309-04 <br> STANDARD | \$5,700 / \$11,400 | 40\% | \$7,200 / \$14,400 | \$40 / \$80 | Ded \& Coins | Ded \& Coins | \$60 | Ded \& Coins | \$20/\$40/Ded \& \$80/Ded \& \$350 | $\underline{\text { SS2404003804 }}$ | N/A |
| SILVER I320-04 VALUE TIER RX | \$2,250 / \$4,500 | 50\% | \$7,550 / \$15,100 | \$20 / \$100 | \$40 / \$100 | Ded \& Coins | \$100 | \$1,250 | \$0/\$35/\$150/Ded \& $50 \% /$ Ded \& 60\%' | $\underline{\text { SS2404004904 }}$ | SS2405004904 |

[^2]1. Value Tier Rxplan
2. Safe Harbor Prescription Drug List Available Plan.
3. Safe Harbor Prescription Drug List Available Plan.
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[^0]:    * Virtual Visits and Telehealth services may be available to you at reduced cost share.

[^1]:    * Virtual Visits and Telehealth services may be available to you at reduced cost share

[^2]:    * Virtual Visits and Telehealth services may be available to you at reduced cost share

