



# Individual & Family Plan Options – Illinois 2024

Carroll, Jo Daviess, Lee, Ogle, and Stephenson

## 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 Base	SBC Tracking Id W / Vision & Dental
PLATINUM I501 VALUE TIER RX	\$0 / \$0	20%	\$2,000 / \$4,000	\$20 / \$45	\$20 / \$40	Ded & Coins	\$45	\$150	\$5/\$10/\$25/50%/60% <sup>1</sup>	<a href="#">QIP240303100</a>	<a href="#">QIP240403100</a>

\* 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.  
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GOLD	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id Base	SBC Tracking Id W / Vision & Dental
GOLD I401 VALUE TIER RX – IL	\$2,500 / \$5,000	30%	\$7,000 / \$14,000	\$30 / \$60	\$30 / \$60	Ded & Coins	\$60	\$500	\$5/\$10/\$40/50%/Ded & 60% <sup>1</sup>	<a href="#">QIG240305100</a>	N/A
GOLD I402 MAINTENANCE VALUE TIER RX – IL	\$500 / \$1,000	0%	\$9,000 / \$18,000	\$35 / \$70	\$35 / \$70	\$2,500 per day IP Ded & Coins	\$70	\$500	\$5/\$10/\$40/50%/60% <sup>1</sup>	<a href="#">QIG240303300</a>	<a href="#">QIG240403300</a>
GOLD I403 HSA – IL	\$3,500 / \$7,000	0%	\$3,500 / \$7,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins <sup>2</sup>	<a href="#">QIG240300300</a>	N/A
GOLD I410 STANDARD W/FIXED RX COPAY – IL	\$1,500 / \$3,000	25%	\$8,700 / \$17,400	\$30 / \$60	Ded & Coins	Ded & Coins	\$45	Ded & Coins	\$15/\$30/\$60/\$250	<a href="#">QIG240303500</a>	<a href="#">QIG240403500</a>
GOLD I420 VALUE TIER RX – IL	\$1,000 / \$2,000	40%	\$8,500 / \$17,000	\$15 / \$90	\$30 / \$90	Ded & Coins	\$90	\$500	\$0/\$10/\$45/50%/Ded & 60% <sup>1</sup>	<a href="#">QIG240305200</a>	N/A

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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  Base	SBC Tracking Id  W / Vision & Dental
SILVER I303 VALUE TIER RX	\$7,000 / \$14,000	50%	\$9,100 / \$18,200	\$50 / \$100	\$60 / \$120	Ded & Coins	\$100	\$1,000	\$10/\$35/\$150/50%/Ded & 60% <sup>1</sup>	<a href="#">QIS240305700</a>	N/A
SILVER I304 HSA	\$5,500 / \$11,000	0%	\$5,500 / \$11,000	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins <sup>2</sup>	<a href="#">QIS240301600</a>	N/A
SILVER I308 FIXED RX COPAY	\$0 / \$0	50%	\$9,400 / \$18,800	\$50 / \$100	\$50 / \$100	\$1,500 per day IP \$400 OP \$500 MRI/PET/CAT	\$100	\$1,200	\$10/\$35/\$150/\$300/\$600 <sup>1</sup>	<a href="#">QIS240304700</a>	<a href="#">QIS240404700</a>
SILVER I309 STANDARD – IL	\$5,900 / \$11,800	40%	\$9,100 / \$18,200	\$40 / \$80	Ded & Coins	Ded & Coins	\$60	Ded & Coins	\$20/\$40/Ded & \$80/Ded & \$350	<a href="#">QIS240303900</a>	N/A
SILVER I320 VALUE TIER RX	\$2,500 / \$5,000	50%	\$9,400 / \$18,800	\$20 / \$100	\$40 / \$100	Ded & Coins	\$100	\$1,250	\$0/\$35/\$150/Ded & 50%/Ded & 60% <sup>1</sup>	<a href="#">QIS240305800</a>	<a href="#">QIS240405800</a>

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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  Base	SBC Tracking Id  W / Vision & Dental
BRONZE I201 VALUE TIER RX W/FIXED COPAY – IL	\$9,400 / \$18,800	50%	\$9,450 / \$18,900	\$80 / Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	\$15/\$35/\$200/\$500/\$750 <sup>1</sup>	<a href="#">Q1B240304000</a>	N/A
BRONZE I203 HSA – IL	\$7,250 / \$14,500	0%	\$7,250 / \$14,500	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins <sup>2</sup>	<a href="#">Q1B240301100</a>	N/A
BRONZE I204 VALUE TIER RX – IL	\$5,000 / \$10,000	50%	\$9,450 / \$18,900	\$85 / \$250	\$100 / \$250	Ded & Coins	\$250	Ded & Coins	\$15/\$35/\$160/\$750/\$1,250 <sup>1</sup>	<a href="#">Q1B240308100</a>	<a href="#">Q1B240404200</a>
BRONZE I205 VALUE TIER RX – IL	\$0 / \$0 \$2,000 RX Tier 3 & 4	50%	\$9,450 / \$18,900	\$75 / \$155	\$75 / \$155	\$3,000 per day IP \$2,000 OP \$1,000 MRI/PET/CAT	\$155	\$1,500	\$15/\$35/\$180/Ded & 50%/Ded & 50% <sup>1</sup>	<a href="#">Q1B240304300</a>	<a href="#">Q1B240404300</a>
BRONZE I206 STANDARD – IL	\$7,500 / \$15,000	50%	\$9,400 / \$18,800	\$50 / \$100	Ded & Coins	Ded & Coins	\$75	Ded & Coins	\$25/Ded & \$50/Ded & \$100/Ded & \$500	<a href="#">Q1B240304400</a>	N/A

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CATASTROPHIC	Deductible (Single/Family)	Coins	MOOP (Single/Family)	PCP / Specialist Visit*	Lab / Xray	Hospital Inpatient/ Outpatient	Urgent Care*	Emergency Room	Pharmacy	SBC Tracking Id Base	SBC Tracking Id W / Vision & Dental
CATASTROPHIC II01 – IL	\$9,450 / \$18,900	0%	\$9,450 / \$18,900	\$0 <sup>3</sup> / Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	<a href="#">Q1C240301200</a>	N/A

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