

Medical Benefits - Quartz

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Comprehensive and preventative healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventative care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. The Summary of Benefits and Coverage can be found on the [Gorman HR Hub](#).

	POS—Quartz Network 1000		HMO—Quartz Network 1000	
	*Health Reimbursement Arrangement available		Affiliated with UW Health	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year deductible (embedded)				
Individual	\$1,000	\$2,000/\$1,000*	\$1,000	N/A
Family	\$2,000	\$4,000/\$2,000*	\$2,000	N/A
Plan year out-of-pocket maximum (embedded)- Includes deductible				
Individual	\$2,000	\$4,000	\$2,000	N/A
Family	\$4,000	\$8,000	\$4,000	N/A
Your costs for covered care				
Preventive Services	\$0	40% after deductible	\$0	N/A
Office Visits Primary	\$30 copay	40% after deductible	\$30 copay	N/A
Office Visits Specialty	\$60 copay	40% after deductible	\$60 copay	N/A
Emergency Room	\$100 copay per visit		\$100 copay per visit	
Urgent Care	\$60 copay per visit	40% after deductible	\$60 copay per visit	
Hospital/Surgical	20% after deductible	40% after deductible	20% after deductible	N/A
Diagnostic Lab & X-Ray	20% after deductible	40% after deductible	20% after deductible	N/A
Prescription Drugs				
Prescription Drug Out-of-pocket maximum	\$2,350 single \$4,700 family	N/A	\$2,350 single \$4,700 family	N/A
Tier one	\$10 copay	N/A	\$10 copay	N/A
Tier two	\$35 copay	N/A	\$35 copay	N/A
Tier three	\$60 copay	N/A	\$60 copay	N/A
Tier four	\$200 copay	N/A	\$200 copay	N/A
Value Tier	\$5 Rx Outcomes	N/A	\$5 Rx Outcomes	N/A

* Health Reimbursement Arrangement on the Quartz POS plan reimburse expenses up to \$1,000 single/\$2,000 family, keeping the deductibles at \$1,000 single/\$2,000 family. (Gorman pays for the last \$1,000 of the deductible for single coverage, and the last \$2,000 of the deductible for family coverage.)

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	POS—Quartz Network 3000		HMO—Quartz Network 3000	
	*Health Reimbursement Arrangement available		Affiliated with UW Health	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year deductible (embedded)				
Individual	\$3,000	\$6,000	\$3,000	N/A
Family	\$6,000	\$12,000	\$6,000	N/A
Plan year out-of-pocket maximum (embedded)- Includes deductible				
Individual	\$5,550	\$11,100	\$5,550	N/A
Family	\$11,100	\$22,200	\$11,100	N/A
Your costs for covered care				
Preventive Services	\$0	40% after deductible	\$0	N/A
Office Visits Primary	\$30 copay	40% after deductible	\$30 copay	N/A
Office Visits Specialty	\$60 copay	40% after deductible	\$60 copay	N/A
Emergency Room	\$100 copay per visit		\$100 copay per visit	
Urgent Care	\$60 copay per visit	40% after deductible	\$60 copay per visit	
Hospital/Surgical	20% after deductible	40% after deductible	20% after deductible	N/A
Diagnostic Lab & X-Ray	20% after deductible	40% after deductible	20% after deductible	N/A
Prescription Drugs				
Prescription Drug Out-of-pocket maximum	\$2,350 single \$4,700 family	N/A	\$2,350 single \$4,700 family	N/A
Tier one	\$10 copay	N/A	\$10 copay	N/A
Tier two	\$35 copay	N/A	\$35 copay	N/A
Tier three	\$60 copay	N/A	\$60 copay	N/A
Tier four	\$200 copay	N/A	\$200 copay	N/A
Value Tier	\$5 Rx Outcomes	N/A	\$5 Rx Outcomes	N/A

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