

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.

Gomarrik Hub.	POS—Quartz Network 1000		HMO—Quartz Network 1000		
	*Health Reimbursemer	nt Arrangement available Affiliated with		h 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 ma	ximum (embedded)- Inc	ludes deductible	_		
Individual	\$2,000	\$4,000	\$2,000	N/A	
Family	\$4,000	\$8,000	\$4,000	N/A	
Your costs for covered care	9				
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 copa	\$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	N/A	\$2,350 single	N/A	
	\$4,700 family		\$4,700 family		
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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			HMO—Quartz Network 3000	
*Health Reimbursement	t Arrangement available Affiliated wit		h UW Health	
In-network	Out-of-network	In-network	Out-of-network	
embedded)				
\$3,000	\$6,000	\$3,000	N/A	
\$6,000	\$12,000	\$6,000	N/A	
imum (embedded)- Inc	ludes deductible			
\$5,550	\$11,100	\$5,550	N/A	
\$11,100	\$22,200	\$11,100	N/A	
\$0	40% after deductible	\$0	N/A	
\$30 copay	40% after deductible	\$30 copay	N/A	
\$60 copay	40% after deductible	\$60 copay	N/A	
\$100 copay per visit		\$100 copay per visit		
\$60 copay per visit	40% after deductible	\$60 copay per visit		
20% after deductible	40% after deductible	20% after deductible	N/A	
20% after deductible	40% after deductible	20% after deductible	N/A	
\$2,350 single	N/A	\$2,350 single	N/A	
\$4,700 family		\$4,700 family		
\$10 copay	N/A	\$10 copay	N/A	
\$35 copay	N/A	\$35 copay	N/A	
\$60 copay	N/A	\$60 copay	N/A	
\$200 copay	N/A	\$200 copay	N/A	
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	In-network mbedded) \$3,000 \$6,000 imum (embedded)- Ind \$5,550 \$111,100 \$30 copay \$30 copay \$60 copay per visit \$60 copay per visit \$60 copay per visit \$20% after deductible \$2,350 single \$4,700 family \$10 copay \$10 copay \$2,350 single \$4,700 family \$10 copay \$10 copay <	In-network Out-of-network mbedded) \$3,000 \$6,000 \$6,000 \$12,000 inum (embedded)-I-Udes deductible \$5,550 \$11,100 \$11,100 \$22,200 \$0 \$0% after deductible \$0 40% after deductible \$30 copay 40% after deductible \$30 copay 40% after deductible \$100 cop-y per visit 40% after deductible \$100 copay per visit 40% after deductible \$20% after deductible 40% after deductible \$2,350 single N/A \$4,700 family N/A \$10 copay N/A \$60 copay N/A <td>In-network Out-of-network In-network mbedded) \$3,000 \$6,000 \$3,000 \$\$3,000 \$6,000 \$12,000 \$6,000 \$\$6,000 \$12,000 \$6,000 \$12,000 imum (embedded)- Includes deductible \$5,550 \$11,100 \$5,550 \$\$11,100 \$22,200 \$11,100 \$100 \$\$0 40% after deductible \$0 \$100 \$\$0 40% after deductible \$30 copay \$100 copay \$60 copay 40% after deductible \$60 copay \$100 copay \$100 copay \$100 copay \$20% after deductible \$40% after deductible \$60 copay \$20% after deductible \$40% after deductible \$20% after deductible \$20% after deductible \$20% after deductible \$20% after deductible \$2,350 single N/A \$2,350 single \$4,700 family \$10 copay \$40 \$10 copay N/A \$35 copay \$60 copay N/A \$35 copay </td>	In-network Out-of-network In-network mbedded) \$3,000 \$6,000 \$3,000 \$\$3,000 \$6,000 \$12,000 \$6,000 \$\$6,000 \$12,000 \$6,000 \$12,000 imum (embedded)- Includes deductible \$5,550 \$11,100 \$5,550 \$\$11,100 \$22,200 \$11,100 \$100 \$\$0 40% after deductible \$0 \$100 \$\$0 40% after deductible \$30 copay \$100 copay \$60 copay 40% after deductible \$60 copay \$100 copay \$100 copay \$100 copay \$20% after deductible \$40% after deductible \$60 copay \$20% after deductible \$40% after deductible \$20% after deductible \$20% after deductible \$20% after deductible \$20% after deductible \$2,350 single N/A \$2,350 single \$4,700 family \$10 copay \$40 \$10 copay N/A \$35 copay \$60 copay N/A \$35 copay	

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