

## Medical Benefits Overview

Benefit Coverage	Quartz Health Benefit Plans Traditional Plan with HRA HMO	Quartz Health Benefit Plans Corporation Traditional Plan with HRA POS	
	Schedule of Benefits	POS In-Network	POS Out-of-Network
<b>Annual Deductible</b>			
Individual	\$2,000	\$2,000	\$4,000
Family	\$4,000	\$4,000	\$8,000
Coinsurance	100%	100%	80%
<b>Maximum Out-of-Pocket*</b>			
Individual	\$2,000	\$2,000	\$5,000
Family	\$4,000	\$4,000	\$10,000
<b>Physician Office Visit</b>			
Primary Care	\$25 copay per visit	\$25 copay per visit	80% after deductible
Specialty Care	\$25 copay per visit	\$25 copay per visit	80% after deductible
<b>Preventive Care</b>			
Adult Periodic Exams	100%	100%	80% after deductible
Well-Child Care	100%	100%	80% after deductible
<b>Diagnostic Services</b>			
X-ray and Lab Tests	100% after deductible	100% after deductible	80% after deductible
Complex Radiology	100% after deductible	100% after deductible	80% after deductible
Urgent Care Facility	\$25 copay per visit	\$25 copay per visit	80% after deductible
Emergency Room Facility Charges*	\$150 copay per visit	\$150 copay per visit	\$150 copay per visit
Inpatient Facility Charges	100% after deductible	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	100% after deductible	80% after deductible
<b>Mental Health</b>			
Inpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient	\$25 copay per visit	\$25 copay per visit	80% after deductible
<b>Substance Abuse</b>			
Inpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient	\$25 copay per visit	\$25 copay per visit	80% after deductible
<b>Other Services</b>			
Chiropractic	\$25 copay per visit	100% after deductible	80% after deductible
<b>Retail Pharmacy (30 Day Supply)</b>			
Generic (Tier 1)	\$10 copay	\$10 copay	\$10 copay
Preferred (Tier 2)	\$35 copay	\$35 copay	\$35 copay
Non-Preferred (Tier 3)	\$60 copay	\$60 copay	\$60 copay
Preferred Specialty (Tier 4)	\$200 copay	\$200 Copay	Not covered

**Employee Contributions (Monthly)**

<b>HRA HMO Plan</b>	
Employee	\$102.48
Employee & Dep(s)	\$260.78
<b>POS HRA Plan</b>	
Employee	\$169.14
Employee & Dep(s)	\$430.40

<b>Benefit Coverage</b>	<b>Quartz Health Benefit Plans HDHP with HSA HMO Plan</b>	<b>Quartz Health Benefit Plans Corporation HDHP with HSA POS Plan – Buy Up</b>	
	<b>Schedule of Benefits</b>	<b>POS In-Network</b>	<b>POS Out-of-Network</b>
<b>Annual Deductible</b>			
Individual	\$2,000	\$2,000	\$4,000
Family	\$4,000	\$4,000	\$8,000
Coinsurance	100%	100%	80%
<b>Maximum Out-of-Pocket*</b>			
Individual	\$2,000	\$2,000	\$5,000
Family	\$4,000	\$4,000	\$10,000
<b>Physician Office Visit</b>			
Primary Care	100% after deductible	100% after deductible	80% after deductible
Specialty Care	100% after deductible	100% after deductible	80% after deductible
<b>Preventive Care</b>			
Adult Periodic Exams	100%	100%	80% after deductible
Well-Child Care	100%	100%	80% after deductible
<b>Diagnostic Services</b>			
X-ray and Lab Tests	100% after deductible	100% after deductible	80% after deductible
Complex Radiology	100% after deductible	100% after deductible	80% after deductible
Urgent Care Facility	100% after deductible	100% after deductible	80% after deductible
Emergency Room Facility Charges*	100% after deductible	100% after deductible	\$150 copay per visit
Inpatient Facility Charges	100% after deductible	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	100% after deductible	80% after deductible
<b>Mental Health</b>			
Inpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient	100% after deductible	100% after deductible	80% after deductible
<b>Substance Abuse</b>			
Inpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient	100% after deductible	100% after deductible	80% after deductible
<b>Retail Pharmacy (30 Day Supply)</b>			

Benefit Coverage	Quartz Health Benefit Plans HDHP with HSA HMO Plan	Quartz Health Benefit Plans Corporation HDHP with HSA POS Plan – Buy Up	
	Schedule of Benefits	POS In-Network	POS Out-of-Network
Generic (Tier 1)	100% after deductible	100% after deductible	Not covered
Preferred (Tier 2)	100% after deductible	100% after deductible	Not covered
Non-Preferred (Tier 3)	100% after deductible	100% after deductible	Not covered
Preferred Specialty (Tier 4)	100% after deductible	100% after deductible	Not covered

### Employee Contributions (Monthly)

HSA HMO Plan	
Employee	\$59.12
Employee & Dep(s)	\$173.30
POS HSA Plan	
Employee	\$139.74
Employee & Dep(s)	\$378.46