



RICHLAND COUNTY
Proposal Rate Options
Effective Date: 01/01/2022

	<u>Renewal Offering</u>	<u>Alternate</u>
	HMO1-1	HMO1-2
	<u>In-Network</u>	<u>In-Network</u>
Annual Deductible (Single/Family)	\$3,000 / \$6,000	\$500 / \$1,000
Coinsurance	0%	0%
Max Out-of-Pocket (Single/Family)	\$3,000 / \$6,000	\$750 / \$1,500
Deductible Type:	Embedded	Embedded
Physician Services		
Office Visit	Ded & Coins	Ded & Coins
Specialist Visit	Ded & Coins	Ded & Coins
Emergency Services		
Urgent Care	Ded & Coins	Ded & Coins
Emergency Room	Ded & Coins	\$50 Copay
Hospital Services		
Inpatient Services	Ded & Coins	Ded & Coins
Delivery & Newborn Charges	Ded & Coins	Ded & Coins
Outpatient Services	Ded & Coins	Ded & Coins
Diagnostic Services		
Lab & X-Ray	Ded & Coins	Ded & Coins
MRI/PET/CAT Scan	Ded & Coins	Ded & Coins
Behavioral Health		
Inpatient	Ded & Coins	Ded & Coins
Transitional	Ded & Coins	Ded & Coins
Outpatient	Ded & Coins	Ded & Coins
Other Services		
Durable Medical Equipment	20% Coins	20% Coins
Therapy Services	Ded & Coins	Ded & Coins
Oral Surgery	Ded & Coins	Ded & Coins
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	\$10/\$35/\$60	\$10/\$35/\$60
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000 / \$4,000	\$2,000 / \$4,000
Additional Benefits		
	Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination	Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination
Health Care Reform		
Preventive Services	Unlimited	Unlimited
Annual Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited

Large: To view the Summary of Benefits and Coverage (SBC), go to QuartzBenefits.com/sbclookup and enter the tracking number for each plan. You may also call 1-800-362-3310 to request a free paper copy. This proposal includes coverage for state and federally mandated benefits. Please Note: 0.04% of the quoted rates are due to required fees as part of the Patient Centered Outcomes Research Institute Fee. Benefit year plans. Number of plans offered subject to underwriting approval, depending on enrollment.

<u>Coverage Type</u>	<u>Contracts</u>	<u>Rates</u>	<u>Contracts</u>	<u>Rates</u>
Single	63	\$756.34	63	\$966.40
Family	140	\$1,879.89	140	\$2,401.99
Medicare Single	0	\$605.08	0	\$773.13
Medicare Family	0	\$1,210.14	0	\$1,546.24
Medicare Split	0	\$1,361.41	0	\$1,739.51

Total Monthly Premium	\$310,834.02	\$397,161.80
Change From Current Premium	16.00%	48.22%
Line of Business Code	9000013	9000013
Payor State	WI	WI
SBC Tracking IDs:	AQIWUUC5J	FW12R3RX6
SOB Tracking IDs:	AOIWUUC5J	FW12R3RX6

These rates are based upon the facts presented by your group, the demographics of your group, and the medical benefits listed on the rate options page. Any changes to the information provided may result in a change to the monthly premiums listed.