

SUMMARY OF BENEFITS

Baraboo School District		Quartz HMO Plan		7/1/2019
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	CARRIER BENEFIT	
In-Network Individual Deductible	\$500	\$7,400	\$7,900	
In-Network Family Deductible	\$1,000	\$14,800	\$15,800	
Prescription Individual Deductible	\$0	N/A	\$0	
Prescription Family Deductible	\$0	N/A	\$0	
In-Network Individual Coinsurance Limit	\$0	N/A	\$0	
In-Network Family Coinsurance Limit	\$0	N/A	\$0	
In-Network Coinsurance %	0%	N/A	0%	
Primary Care Office Visit Copay	\$0	\$45	\$45	
Specialist Office Copay	\$80	\$45	\$125	
Other (Chiro) Office Copay	\$0	\$45	\$45	
Preventive Care / Screening / Immunization	\$0	\$0	\$0	
Diagnostic Test X-Ray	Member portion of deductible	Remaining Deductible	Ded & Coin	
Diagnostic Test- Lab Bloodwork	Member portion of deductible	Remaining Deductible	Ded & Coin	
Imaging (CT/Pet Scans, MRIs)	Member portion of deductible	Remaining Deductible	Ded & Coin	
Tier 1 RX Retail Copay	\$0	\$20	\$20	
Tier 1 RX Mail Order Copay	N/A	N/A	N/A	
Tier 2 RX Retail Copay	\$40	\$20	\$60	
Tier 2 RX Mail Order Copay	N/A	N/A	N/A	
Tier 3 RX Retail Copay	\$100	\$20	\$120	
Tier 3 RX Mail Order Copay	N/A	N/A	N/A	
Tier 4 RX Retail Copay	\$155	\$20	\$175	
Tier 4 RX Mail Order Copay	N/A	N/A	N/A	
Outpatient Surgery Facility Fee	Member portion of deductible	Remaining Deductible	Ded & Coin	
Outpatient Surgery Physcian / Surgeon Fee	Member portion of deductible	Remaining Deductible	Ded & Coin	
Emergency Room Care	\$200	\$300	\$500	
Emergency Medical Transportation	Member portion of deductible	Remaining Deductible	Ded & Coin	
Urgent Care	\$100	\$25	\$125	
Inpatient Hospital Facility Fee	Member portion of deductible	Remaining Deductible	Ded & Coin	
In-Patient Surgery Physcian / Surgeon Fee	Member portion of deductible	Remaining Deductible	Ded & Coin	
Mental - Behavioral Health / Substance Use Disorder Outpatient Services	\$80	\$45	\$125	
Mental - Behavioral Health / Substance Use Disorder Inpatient Services	Member portion of deductible	Remaining Deductible	Ded & Coin	
Prenatal and Postnatal Care	Member portion of deductible	Remaining Deductible	Ded & Coin	
Delivery and All Inpatient Services	Member portion of deductible	Remaining Deductible	Ded & Coin	
Home Health Care	Member portion of deductible	Remaining Deductible	Ded & Coin	
Rehabilitation Services	Member portion of deductible	Remaining Deductible	Ded & Coin	
Habilitative Services	Member portion of deductible	Remaining Deductible	Ded & Coin	
Skilled Nursing Care	Member portion of deductible	Remaining Deductible	Ded & Coin	
Durable Medical Equipment	Member portion of deductible	Remaining Deductible	Ded & Coin	
Hospice Service	Member portion of deductible	Remaining Deductible	Ded & Coin	

Deductibles are determined on a PLAN year basis.

All claims must be submitted within 3 months of the end of the plan year.

Deductible is Embedded



Please have your provider swipe the Difference Card for the following amounts:

Primary Care Swipe -	\$45
Specialist Swipe -	\$45
ER Visit Swipe -	\$300
Urgent Care Swipe -	\$25
RX Swipe -	\$20

Call 888.343.2110 with any questions.

CONTACT US

Monday - Friday
8AM to 8PM Eastern

888.343.2110

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