**Health, Dental, Vision**



 **Insurance Options**

**(Cost Per Bi-Monthly Paycheck)**

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| **Quartz HSA**Employee – $0Employee/Spouse - $141.26Employee/Child(ren) - $127.81Family coverage – $358.75* $2500/$5000 deductible
* In network only
* Out of network only for emergency
* HSA with Optum bank
* Preventative care 100%
* E-visit - $49
 | **Quartz HMO**Employee - $40.63Employee Spouse - $284.39Employee/Child(ren) – $257.31Family - $476.70* $1000/$2000 Deductible
* $30/$60 office visit co pays
* 20% coinsurance
* In Network only
* Out of Network only for emergency
* Preventative care 100%
* E-visit - $20
 | **Quartz POS**Employee - $46.01Employee Spouse – $295.70Employee/Child(ren) – $267.54Family – $493.93* $1000/$2000 in network deductible
* $2000/$4000 out of network deductible
* Copays and coinsurance dependent on if in network or out
* E-visit - $20
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| **Anthem HSA**Employee - $29.30Employee Spouse – $246.08Employee Children – $221.47Family – $468.72* $3000/$6000 Deductible
* $6000/$12000 deductible non-network
* HSA with Optum Bank
* In network office visit copay $35/$70
* Preventative Care 100%
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| **Delta Dental*** $50 /$150 Deductible
* 100% preventive
* 80% basic
* 50% major
* $1,000/year max per person
* Child orthodontia -$1,000 lifetime

**W2 Hourly**Employee – $20.73Employee/Spouse – $40.85Employee Children – $42.29Family - $73.17**Salary**Employee - $0Employee/Spouse – $20.12Employee/Children – $21.57 Family - $52.45 |
| **Delta Vision*** Exam $10 in network
* Frames $150 allowance, then 20% off balance
* Lenses $10 in network
* Contact lenses $150 allowance, then 15% off balance
* Contact lenses medically necessary covered in full

Employee - $3.25Employee/Spouse - $6.50Employee/Child(ren) - $6.64Family - $9.89 |

**Quartz Coverage**