

This plan is offered by Quartz Health Benefit Plans Corporation



## Schedule of Benefits

9067239 - HMO Copay

Coverage Period: 1/1/2026 - 12/31/2026

Prepared for:  
ILLUMINA INC

| Medical Benefits             |                                                                                                                                                                                                                                                                                             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annual Deductible            | Individual: \$0 per Benefit Year<br>Family: \$0/individual or \$0/family per Benefit Year                                                                                                                                                                                                   |
| Coinsurance                  | 0% coinsurance                                                                                                                                                                                                                                                                              |
| Annual Maximum Out-of-Pocket | Individual: \$4,600 per Benefit Year<br>Family: \$4,600/individual or \$9,200/family per Benefit Year                                                                                                                                                                                       |
| Preventive Services          | No Charge                                                                                                                                                                                                                                                                                   |
| Dependent Age                | 26                                                                                                                                                                                                                                                                                          |
| Out-of-Pocket Limit          | If you have other family members on the plan, they each must meet the Individual Annual Maximum Out-of-Pocket limit until the Family limit has been met.<br>Manufacturer-funded cost-sharing assistance for your prescriptions will be credited to your Annual Maximum Out-of-Pocket Limit. |
| HSA Qualified Plan           | No                                                                                                                                                                                                                                                                                          |
| Prior Authorization          | Prior authorization may be required for certain services. See <a href="http://www.QuartzBenefits.com/WIPAList">www.QuartzBenefits.com/WIPAList</a> or call (800) 362-3310 for additional information.                                                                                       |

| Physician Services  |                                                                                                |
|---------------------|------------------------------------------------------------------------------------------------|
| Office Visit        | \$20 copay/visit                                                                               |
| Telehealth Services | Same as Office Visit, unless a mental well-being visit that qualifies for reduced cost-sharing |
| Virtual Visit       | \$10 copay/visit                                                                               |
| Chiropractor Visits | \$20 copay/visit                                                                               |
| Hearing Examination | \$20 copay/visit                                                                               |
| Podiatry Services   | \$20 copay/visit                                                                               |
| Vision Examination  | \$20 copay/visit; One Routine Vision exam is covered with no charge                            |

| Hospital Services *        |                                     |
|----------------------------|-------------------------------------|
| General Inpatient          | \$250 copay per inpatient admission |
| Delivery & Newborn Charges | No charge                           |
| Outpatient Services        | No charge                           |

| Emergency Services    |                                                                                                          |
|-----------------------|----------------------------------------------------------------------------------------------------------|
| Emergency Room        | \$100 copay/visit<br>Foreign claims for emergency care are subject to a \$20,000 limit per Benefit Year. |
| Emergency Room Waiver | Copay waived if admitted.                                                                                |

Questions? Visit us at [QuartzBenefits.com](http://QuartzBenefits.com) or call (800) 362-3310.

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Tracking ID: LN8QXC07L8

HMO

|                    |                                                                                                  |
|--------------------|--------------------------------------------------------------------------------------------------|
| <b>Urgent Care</b> | \$40 copay/visit                                                                                 |
| <b>Ambulance</b>   | No charge<br>Foreign claims for emergency care are subject to a \$20,000 limit per Benefit Year. |

|                                                   |                                                       |
|---------------------------------------------------|-------------------------------------------------------|
| <b>Pharmacy Benefits</b>                          |                                                       |
| <b>Preventive Medication</b>                      | No charge for medications specified on the formulary. |
| <b>Low Cost Generic</b>                           | \$5 copay                                             |
| <b>Generic   Tier 1</b>                           | \$10 copay                                            |
| <b>Preferred Brand   Tier 2</b>                   | \$35 copay                                            |
| <b>Non-Preferred Brand &amp; Generic   Tier 3</b> | \$60 copay                                            |
| <b>Specialty   Tier 4</b>                         | \$200 copay                                           |
| <b>Pharmacy Max Out-of-Pocket</b>                 | \$2,350 Individual/ \$4,700 Family per Benefit Year   |

|                          |                                     |
|--------------------------|-------------------------------------|
| <b>Behavioral Health</b> |                                     |
| <b>Inpatient</b>         | \$250 copay per inpatient admission |
| <b>Transitional</b>      | No charge                           |
| <b>Outpatient</b>        | \$20 copay/visit                    |

|                            |                |
|----------------------------|----------------|
| <b>Diagnostic Services</b> |                |
| <b>Lab</b>                 | No charge      |
| <b>X-Ray</b>               | No charge      |
| <b>MRI/MRA Scan</b>        | \$50 copay/day |
| <b>PET Scan</b>            | \$50 copay/day |
| <b>CAT Scan</b>            | \$50 copay/day |

|                                      |                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------|
| <b>Other Services</b>                |                                                                                       |
| <b>Durable Medical Equipment</b>     | 20% coinsurance                                                                       |
| <b>Home Health Care Services</b>     | No charge                                                                             |
| <b>Home Health Care Limit</b>        | 60 visits per Benefit Year                                                            |
| <b>Hospice Services</b>              | No charge                                                                             |
| <b>Skilled Nursing Care Facility</b> | No charge                                                                             |
| <b>Skilled Nursing Care Limit</b>    | 90 days per confinement                                                               |
| <b>Therapy Services</b>              | No charge                                                                             |
| <b>Therapy Limit</b>                 | 40 visits combined for Physical, Speech, and Occupational therapy and Pulmonary Rehab |
| <b>TMJ Benefits</b>                  | \$20 copay/visit                                                                      |

\* Hospital Services – Includes daily hospital room and board, surgical, anesthesia and miscellaneous hospital services.

# EXCLUSIONS AND LIMITATIONS

*THIS IS A SUMMARY ONLY. FOR A COMPLETE LIST OF EXCLUSIONS,  
PLEASE SEE YOUR CERTIFICATE OF COVERAGE.*

## SURGICAL SERVICES

- Procedures to correct obesity. This exclusion does not apply to bariatric surgery services covered in the Certificate of Coverage.
- Plastic or cosmetic surgery
- Reconstructive surgery unless the purpose is to correct a functional defect
- Breast augmentation (This does not apply to reconstruction of affected tissue incident to mastectomy.)
- Refractive eye surgery for vision correction

## MEDICAL SERVICES

- Examinations required for employment, licensing, or insurance; or any third-party request, including court-ordered treatment that does not otherwise qualify for coverage
- Immunizations covered by an employer, educational institution or other third party
- Expenses for the preparation and presentation of medical reports and records
- Weight control programs
- Psychological and Neuropsychological testing for educational purposes
- Custodial care and Maintenance and Supportive care and / or therapy

## AMBULANCE SERVICES

- Travel and transportation for a consultation or to receive non-emergent treatment

## THERAPIES

- Maintenance and Supportive Care and / or Therapy for chronic conditions
- Relationship counseling
- Vocational rehabilitation, including work-hardening programs
- Massage therapy

## DENTAL SERVICES

- Routine dental procedures (e.g., cleanings, extraction of teeth, root canals, and filling or recapping of teeth).

## REPRODUCTIVE SERVICES

- Reversal of voluntary sterilization procedures and related procedures
- Home delivery for childbirth
- Charges related to surrogate mother services when the surrogate is not a Quartz member

## OUTPATIENT PRESCRIPTION DRUGS

- Prescription drugs prescribed for cosmetic purposes or for conditions or treatments that are not covered
- Prescription drugs not approved by the Federal Food and Drug Administration

## DURABLE MEDICAL EQUIPMENT & DISPOSABLE MEDICAL SUPPLIES

- Foot pads, bunion covers, batteries, antiseptics, tape, over-the-counter shoe inserts, supports and elastic bandages; orthopedic shoes
- Comfort or convenience items (e.g., home monitoring devices, personal sound amplification products (PSAPs), etc.); back-up supplies, equipment or prosthesis
- Customization of vehicles and / or lifts for wheelchairs and scooters; any and all modifications to a member's home and items associated with home modifications
- Repair or replacement of supplies, equipment or prosthesis if lost, stolen or nonfunctional due to misuse, abuse or neglect

## GENERAL

- Any service, supply or equipment that is Experimental, Investigative or not Medically Necessary
- Services obtained without prior authorization or services that exceed the prior authorization granted
- Charges for services or items that the member has no legal obligation to pay
- Hypnotherapy
- Services rendered by a masseuse or massage therapist
- Coma Stimulation programs
- Orthoptics (eye exercise / training)
- Any condition, disability or charge resulting from or sustained as a result of being engaged in an illegal occupation or the commission or attempted commission of an assault or a criminal act
- Treatment, services and supplies that exceed any maximum benefit limit specified in this policy

*THIS IS A SUMMARY ONLY. FOR A COMPLETE LIST OF EXCLUSIONS, PLEASE SEE YOUR CERTIFICATE OF COVERAGE.*

### Proof of Claim

A Member must submit proof of claim within 90 days of the date of service. Circumstances beyond the Member's control might make this time limit unreasonable. If so, the Member must file the claim as soon as possible.

### Provider Limitations

Each member of an HMO or POS plan is required to select a Primary Care Physician (PCP) found in the Provider Directory. To access this directory online, visit our website at [QuartzBenefits.com/findadoctor](http://QuartzBenefits.com/findadoctor). There is no PCP requirement for PPO plan members.

For Behavioral Health (Mental Health) Services, please contact UW Health - Behavioral Health Care Management at (800) 683-2300 to connect with an in-network provider.



## Notice of Non-Discrimination and Availability of Language Assistance Services and Auxiliary Aids and Services

Quartz is the brand name for a group of companies committed to your health: Quartz Health Benefit Plans Corporation, Quartz Health Insurance Corporation, Quartz Health Plan Corporation, and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, "we" refers to all Quartz companies.

For assistance understanding these materials in a language other than English, call (800) 362-3310, and a Customer Success representative will assist you. TTY users should call 711 or (800) 877-8973.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). Quartz does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us and to participate in health programs or activities, such as -

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide free language services to people whose primary language is not English, such as -

- Qualified interpreters
- Information written in other languages.

If you need these services, contact Customer Success at (800) 362-3310.

If you believe we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with-

Chief Compliance Officer  
2650 Novation Parkway  
Fitchburg, WI 53713  
Phone: (800) 362-3310  
TTY: 711 or toll-free (800) 877-8973  
Fax: (608) 644-3500  
Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Chief Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html). Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace® in certain states. To learn more, visit the Health Insurance Marketplace® at [HealthCare.gov](https://HealthCare.gov).

**ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 362-3310, TTY: 711 / (800) 877-8973.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spanish - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (800) 362-3310. TTY: 711 / (800) 877-8973 o hable con su proveedor.                                                                                                                   |
| Chinese - 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (800) 362-3310. TTY: 711 / (800) 877-8973 或咨询您的服务提供商。                                                                                                                                                                                                                                                                                                                          |
| Hmong - LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 362-3310. TTY: 711 / (800) 877-8973 los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob. |
| Russian - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (800) 362-3310. TTY: 711 / (800) 877-8973 или обратитесь к своему поставщику услуг.                                                                                                   |
| Vietnamese - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 362-3310. TTY: 711 / (800) 877-8973 hoặc trao đổi với người cung cấp dịch vụ của bạn.                                                                                                                   |
| Laotian - ຄຳເຕືອນ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງມື ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 362-3310. TTY: 711 / (800) 877-8973 ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.                                                                                                                                                                                     |
| German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (800) 362-3310. TTY: 711 / (800) 877-8973 an oder sprechen Sie mit Ihrem Provider.                                                                                                   |
| Pennsylvania Dutch - LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel (800) 362-3310. TTY: 711 / (800) 877-8973 of spreek met je provider."                                                                                                                                        |
| Arabic - 1(800) 362-3310. TTY: 711 /                                                                                                                                                                                                                                                                                                                                                                                                                 |

