MEDICARE SELECT INSURANCE

2020 OUTLINE OF COVERAGE

This Outline of Coverage is provided by Quartz Health Benefit Plans Corporation, referred to in this Outline of Coverage as “Quartz,” “we,” “us” and “our.”

The Wisconsin Insurance Commissioner has set minimum standards for Medicare Select policies. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this policy. Do not buy this policy if you did not receive the Wisconsin Guide to Health Insurance for People with Medicare.

©2019 Quartz. Quartz® is a registered trademark of Quartz Health Benefit Plans Corporation. “Quartz” refers to the family of health plan businesses that includes Quartz Health Solutions, Inc.; Quartz Health Benefit Plans Corporation; Quartz Health Plan Corporation; Quartz Health Plan MN Corporation; and Quartz Health Insurance Corporation.
**PREMIUM INFORMATION**

We can raise your premium only if we raise the premium for all policies like yours in this state. Your premium will also change when you attain the following ages: 65, 70, 75, 80 and 85. Your premium will not increase on the basis of age after age 85.

**DISCLOSURES**

Use this Outline of Coverage to compare benefits and premiums among policies.

**READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy’s most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Quartz.

**RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to Quartz at 840 Carolina Street, Sauk City, WI 53583. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all your payments directly to you.

**POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have received your new policy and are sure you want to keep it.

**NOTICE**

This policy may not fully cover all your medical costs. The Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare & You” for more details.

*Neither Quartz nor its agents are connected with Medicare.*
BASIC POLICY BENEFITS INCLUDE –

- Basic Medicare Supplement Coverage;

- **Part A Deductible**: 100% of the Part A deductible;

- **Part B Deductible**: 100% of the Part B deductible *(only)* for members eligible for Medicare before January 1, 2020;

- **Out-of-Plan Emergency Care Services**: Covered at 100%;

- **Out-of-Plan Urgent Care Services**: Covered if Prior Authorized by Quartz, but benefits outside the Service Area will be only the Medicare deductible and coinsurance up to the Medicare limiting charge;

- **Preventive Health Services Not Covered by Medicare**: 100% of Medicare-approved amount;

- **Home Health Care**: An aggregate of 365 home health care visits per year in addition to those covered by Medicare; and,

- **Foreign Travel Emergency Coverage**: 80% of billed charges for emergency care received during the first 60 days outside the United States. This benefit is subject to a $250 deductible. A lifetime maximum payment of $50,000 applies.
PREMIUM INFORMATION

This policy is issued for a defined period.
  - For members joining the plan due to special enrollment and who have an effective date of –
    - November 1st, the initial period of coverage is 14 months. For all subsequent renewals, the coverage period is the calendar year;
    - December 1st, the initial period of coverage is 13 months. For all subsequent renewals, the coverage period is the calendar year.
  - For all other members, the coverage period is the calendar year.

Premium rates are as follows –

Female with Coverage of Part B Deductible
(Eligible for Medicare Prior to 01/01/2020)

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium</th>
<th>Quarterly Premium</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-64</td>
<td>$271.00</td>
<td>$813.00</td>
<td>$3,252.00</td>
</tr>
<tr>
<td>65-69</td>
<td>$155.00</td>
<td>$465.00</td>
<td>$1,860.00</td>
</tr>
<tr>
<td>70-74</td>
<td>$177.00</td>
<td>$531.00</td>
<td>$2,124.00</td>
</tr>
<tr>
<td>75-79</td>
<td>$201.00</td>
<td>$603.00</td>
<td>$2,412.00</td>
</tr>
<tr>
<td>80-84</td>
<td>$231.00</td>
<td>$693.00</td>
<td>$2,772.00</td>
</tr>
<tr>
<td>85+</td>
<td>$281.00</td>
<td>$843.00</td>
<td>$3,372.00</td>
</tr>
</tbody>
</table>

Male with Coverage of Part B Deductible
(Eligible for Medicare Prior to 01/01/2020)

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium</th>
<th>Quarterly Premium</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-64</td>
<td>$298.00</td>
<td>$894.00</td>
<td>$3,576.00</td>
</tr>
<tr>
<td>65-69</td>
<td>$158.00</td>
<td>$474.00</td>
<td>$1,896.00</td>
</tr>
<tr>
<td>70-74</td>
<td>$187.00</td>
<td>$561.00</td>
<td>$2,244.00</td>
</tr>
<tr>
<td>75-79</td>
<td>$219.00</td>
<td>$657.00</td>
<td>$2,628.00</td>
</tr>
<tr>
<td>80-84</td>
<td>$264.00</td>
<td>$792.00</td>
<td>$3,168.00</td>
</tr>
<tr>
<td>85+</td>
<td>$302.00</td>
<td>$906.00</td>
<td>$3,624.00</td>
</tr>
</tbody>
</table>
### Female with No Coverage of Part B Deductible

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium</th>
<th>Quarterly Premium</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-64</td>
<td>$256.00</td>
<td>$768.00</td>
<td>$3,072.00</td>
</tr>
<tr>
<td>65-69</td>
<td>$140.00</td>
<td>$420.00</td>
<td>$1,680.00</td>
</tr>
<tr>
<td>70-74</td>
<td>$162.00</td>
<td>$486.00</td>
<td>$1,944.00</td>
</tr>
<tr>
<td>75-79</td>
<td>$186.00</td>
<td>$558.00</td>
<td>$2,232.00</td>
</tr>
<tr>
<td>80-84</td>
<td>$216.00</td>
<td>$648.00</td>
<td>$2,592.00</td>
</tr>
<tr>
<td>85+</td>
<td>$266.00</td>
<td>$798.00</td>
<td>$3,192.00</td>
</tr>
</tbody>
</table>

### Male with No Coverage of Part B Deductible

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium</th>
<th>Quarterly Premium</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-64</td>
<td>$283.00</td>
<td>$849.00</td>
<td>$3,396.00</td>
</tr>
<tr>
<td>65-69</td>
<td>$143.00</td>
<td>$429.00</td>
<td>$1,716.00</td>
</tr>
<tr>
<td>70-74</td>
<td>$172.00</td>
<td>$516.00</td>
<td>$2,064.00</td>
</tr>
<tr>
<td>75-79</td>
<td>$204.00</td>
<td>$612.00</td>
<td>$2,448.00</td>
</tr>
<tr>
<td>80-84</td>
<td>$249.00</td>
<td>$747.00</td>
<td>$2,988.00</td>
</tr>
<tr>
<td>85+</td>
<td>$287.00</td>
<td>$861.00</td>
<td>$3,444.00</td>
</tr>
</tbody>
</table>
This Medicare Select policy was developed to help meet the health care needs of people who are eligible for Medicare Parts A, B and D. It can help fill in the gaps between your Medicare coverage and your health care requirements.

THE TIME TO ENROLL

There is an open enrollment period for people who apply for this policy within six months after enrolling in Medicare Part B. Individuals who are enrolled in Medicare Part B before the age of 65 have an additional open enrollment period for six months after they turn 65. After an open enrollment period, coverage will be permitted only after approval of a medical questionnaire, unless the individual applying for coverage falls within an exception entitling them to coverage without underwriting.

HOW TO ENROLL

Simply fill out the enclosed application and Medicare Notice, and mail them with your check in the postage-paid envelope. If you have any questions, please call us toll-free at (800) 362-3310.

PRE-EXISTING CONDITION LIMITATION

Until you have been covered by this policy for six months, no benefits will be paid for medical care, advice, service or treatment for any injury or sickness or any related condition for which treatment was received within the six-month period before your coverage first became effective. However, benefits are payable under this policy for any condition covered by any other Quartz policy in effect prior to the effective date of this certificate if coverage is continuous and without lapse. In addition, the waiting period will be reduced by that period of time that a member was covered by Continuous Creditable Coverage. The waiting period will not apply to a person who is eligible for guaranteed issuance of this certificate.

COVERAGE

This Medicare Select policy supplements Medicare. It covers some hospital, skilled nursing facility, medical, surgical, and other outpatient services that are partially covered by Medicare. It will not cover all your health care expenses. This policy does not provide benefits for custodial care, such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

PRIMARY CARE PROVIDER
Quartz requires you to select a Primary Care Provider (PCP) or clinic when you enroll under this policy. Your PCP will provide many of the services that you need. Your PCP is an important part of your health care team. He or she will coordinate the health care services you receive and will keep a complete medical record to better ensure your good health. Your PCP will also refer you to a specialist when specialty care is needed.

**REFERRALS**

If your PCP wants you to receive specialty care, your PCP will refer you to a specialist in Quartz’s network. If you want to see a specialist outside of Quartz’s network, Quartz must authorize the visit before services are received. Your PCP will request this prior authorization for you.

**RENEWAL**

This policy is guaranteed renewable, although it may be canceled for nonpayment of premium or material misrepresentation or if you move outside the Quartz Service Area. Premium rates may change for your policy only if premium rates are changed for all policyholders to whom we have issued this policy.

**OUT-OF-PLAN CARE**

Quartz requires members to utilize in-plan providers for services. Exceptions are made for (1) out-of-plan emergency care, and (2) out-of-plan care that has been prior authorized by Quartz. If you receive authorized out-of-plan care or emergency care, you must submit an itemized bill and a copy of the Medicare Explanation of Benefits to Quartz so that the claim may be processed.

**QUARTZ IS COMMITTED TO QUALITY**

As your health insurance provider, our goal is to exceed your expectations in everything we do. Some of the ways we do that include –

- High member satisfaction rates that consistently show our commitment to providing excellent customer service;
- 24-Hour Callback Program. Quartz will return your call when it’s most convenient for you;
- NCQA Accreditation. Quartz has earned an Interim Accreditation from the National Committee for Quality Assurance (2018 – 2019). NCQA is a private, non-profit organization dedicated to improving health care quality; and,
- Quartz’s website offers a variety of online features including –
  - MyChart. Our secure portal that gives you access to your personal benefit and
claim information;
  - Health Topics provides online health information 24 hours a day;
  - Find a Doctor allows you to search for participating providers; and,
  - Self Help Forms allow you to change your PCP, change your address or order a new member ID card.

VALUE ADDED PROGRAMS AND SERVICES

Quartz’s commitment goes beyond helping you access quality health care. We are concerned about your overall health and well-being. That is why we offer a number of programs, including—

Quartz Well
Quartz Well is a new, personalized digital wellness program that is simple, flexible, and rewarding. It is designed to reward you for taking care of yourself. Members can earn points for tracking their steps, seeking preventive health services, getting a massage, and attending health classes. Points can be redeemed for purchases on Amazon.com, up to $100 per calendar year.

Perks & Savings℠
This is a discount program in which members can show their Quartz ID cards to participating vendors to receive savings on a variety of health and wellness products and services.

For more information about this program, please visit QuartzBenefits.com.

For more information about this Outline of Coverage or the Medicare Select Policy, please call the Quartz Sales Department at (800) 362-3310.
Outline of Coverage
2020 Medicare Select Policy — Medicare Part A Benefits

A Provider Directory is included in your enrollment package. All services under this Medicare Select policy must be obtained from participating providers except in cases of emergency or with written authorization from Quartz.

A Benefit Period begins on the first day you receive care as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>PER BENEFIT PERIOD</th>
<th>MEDICARE PAYS</th>
<th>THIS POLICY PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITALIZATION</strong></td>
<td>First 60 days</td>
<td>All but $1,408</td>
<td>$1,408</td>
<td>$0</td>
</tr>
<tr>
<td>Semiprivate room and board, general</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nursing and miscellaneous hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services and supplies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days 61—90</td>
<td>All but $352 per day</td>
<td>$352 per day</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Day 91 and after (while using 60</td>
<td>All but $704 per day</td>
<td>$704 per day</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>lifetime reserve days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once lifetime reserve days are used, an</td>
<td>$0</td>
<td>100% of Medicare</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>additional 365 lifetime days</td>
<td></td>
<td>eligible expenses**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beyond the additional</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>365 days</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>Remainder</td>
</tr>
</tbody>
</table>

**SKILLED NURSING FACILITY CARE**
You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.

<table>
<thead>
<tr>
<th>PER BENEFIT PERIOD</th>
<th>MEDICARE PAYS</th>
<th>THIS POLICY PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 20 days</td>
<td>All approved amounts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Days 21 - 100</td>
<td>All but $176 per day</td>
<td>$176 per day</td>
<td>$0</td>
</tr>
<tr>
<td>Day 101 and after</td>
<td>$0</td>
<td>$0</td>
<td>Remainder</td>
</tr>
</tbody>
</table>
This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult “Medicare and You” for more details.

**NOTICE:** When your Medicare Part A hospital benefits are exhausted, Quartz stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy’s “Core Benefits.”

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>PER BENEFIT PERIOD</th>
<th>MEDICARE PAYS</th>
<th>THIS POLICY PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT PSYCHIATRIC CARE</strong></td>
<td></td>
<td>190 days per lifetime</td>
<td>175 days per lifetime</td>
<td>Remainder</td>
</tr>
<tr>
<td>Inpatient psychiatric care in a participating provider psychiatric hospital.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BLOOD</strong></td>
<td>First three pints</td>
<td>$0</td>
<td>Three pints</td>
<td>$0</td>
</tr>
<tr>
<td>Additional amounts</td>
<td>100%</td>
<td></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>HOSPICE AND RESPITE CARE</strong></td>
<td></td>
<td></td>
<td>Medicare-eligible expenses (except for drugs which are not covered).</td>
<td>$0</td>
</tr>
<tr>
<td>Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient psychiatric care in a participating provider psychiatric hospital.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>PER BENEFIT PERIOD</th>
<th>MEDICARE PAYS</th>
<th>THIS POLICY PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT PSYCHIATRIC CARE</strong></td>
<td></td>
<td>190 days per lifetime</td>
<td>175 days per lifetime</td>
<td>Remainder</td>
</tr>
<tr>
<td>Inpatient psychiatric care in a participating provider psychiatric hospital.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BLOOD</strong></td>
<td>First three pints</td>
<td>$0</td>
<td>Three pints</td>
<td>$0</td>
</tr>
<tr>
<td>Additional amounts</td>
<td>100%</td>
<td></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>HOSPICE AND RESPITE CARE</strong></td>
<td></td>
<td></td>
<td>Medicare-eligible expenses (except for drugs which are not covered).</td>
<td>$0</td>
</tr>
<tr>
<td>Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient psychiatric care in a participating provider psychiatric hospital.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Outline of Coverage
2020 Medicare Select Policy — Medicare Part B Benefits

A Provider Directory is included in your enrollment package. **All services under this Medicare Select policy must be obtained from participating providers except in cases of emergency or with written authorization from Quartz.**

Once you have been billed $198 of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<table>
<thead>
<tr>
<th>MEDICARE PART B BENEFITS</th>
<th>PER CALENDAR YEAR</th>
<th>MEDICARE PAYS</th>
<th>THIS POLICY PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL EXPENSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.</td>
<td>First $198 of Medicare approved amounts</td>
<td>$0</td>
<td>If eligible for Medicare before 01/01/2020: $198</td>
<td>If eligible for Medicare before 01/01/2020: $0</td>
</tr>
<tr>
<td></td>
<td>Remainder of Medicare approved amounts</td>
<td>Generally 80%</td>
<td>Generally 20%</td>
<td>$0</td>
</tr>
<tr>
<td>BLOOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First three pints</td>
<td>$0</td>
<td>First three pints</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Remainder of Medicare approved amounts*</td>
<td>Generally 80%</td>
<td>Generally 20%</td>
<td>$0</td>
</tr>
<tr>
<td>CLINICAL LABORATORY SERVICES</td>
<td></td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tests for diagnostic services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICARE PART B BENEFITS</td>
<td>PER CALENDAR YEAR</td>
<td>MEDICARE PAYS</td>
<td>THIS POLICY PAYS</td>
<td>YOU PAY</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------</td>
<td>---------------</td>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>HOME HEALTH CARE</td>
<td></td>
<td>100% of charges for visits considered medically necessary by Medicare</td>
<td>365 visits for medically necessary services per policy year</td>
<td>Charges beyond 365 visits per policy year</td>
</tr>
<tr>
<td>PREVENTIVE MEDICAL CARE BENEFITS NOT COVERED BY MEDICARE</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Preventive Care covered under the Affordable Care Act; vision and hearing examinations; mammograms; office visits with the Member’s Primary Care Provider

*Once you have been billed $198 of Medicare approved amounts for covered services (that are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare and You” for more details.

**NOTE:** All services under Quartz’s Medicare Select policy must be obtained from participating providers except in cases of emergency or written authorization from Quartz’s Medical Director.

- For emergency care inside or outside the Service Area, Quartz will pay the deductible and the provider’s actual charges not covered by Medicare;
- For emergency care outside the United States, Quartz will pay all providers’ actual charges. For authorized referral services, we pay the difference between Medicare Part B eligible charges and actual charges; and,
If a Non-Participating provider does not submit claims for emergency service or an authorized referral service provided to you, please send the claims to Quartz at –

Quartz Claims Department
840 Carolina Street
Sauk City, WI 53583-1374
POLICY BENEFITS

- Local access and convenience;
- No claim forms when you use participating providers;
- Access to more than 50 hospitals, including University of Wisconsin Hospital & Clinics;
- Fixed cost protection;
- 100% of Part A deductible;
- 100% of Part B deductible (for those eligible for Medicare before 01/01/2020);
- An aggregate of 365 home health care visits per year in addition to those covered by Medicare; and,
- After a deductible of $250, 80% of expenses associated with emergency medical care received outside the USA during the first 60 days of a trip. This benefit is subject to a $50,000 lifetime maximum.

ADDITIONAL BENEFITS

- Routine office calls and physical examinations;
- Other medical services provided by your PCP;
- Consultation ordered by your PCP;
- Outpatient hospital and clinic services;
- Radiation therapy, including materials and technician services;
- Durable Medical Equipment;
- Prosthetic devices (initial acquisition only);
- Blood transfusions;
- Emergency ambulance services;
- Dental care (only for surgery of the jaw or related structures or for setting fractures of the jaw or facial bone);
- Physical, speech, occupational and cardiac rehabilitative therapy if prescribed by a participating physician and provided by a licensed therapist;
- Examinations for eyes and hearing; mammograms;
- Papanioulou (PAP) tests, pelvic exams and associated laboratory fees performed by a participating physician or nurse practitioner;
- Equipment and supplies for the treatment of diabetes as specified in the policy;
- Treatment of kidney disease (transplants, dialysis);
- Chiropractic coverage provided by participating chiropractors;
- Breast reconstruction of affected tissue following a mastectomy;
- Anesthesia and facility charges for dental care, under certain conditions as specified in the policy;
- Routine patient care administered as part of a cancer clinical trial; and,
- 30 days in a skilled nursing home if confinement is for continued treatment of a medical or surgical condition.
LIMITATIONS AND EXCLUSIONS

Quartz does not cover —

1. Expenses for which the Member is compensated by Medicare;
2. Services that Medicare does not cover, unless the policy specifically covers them;
3. Services that Quartz is not legally obliged to cover (e.g., services provided by free clinics or free government programs). Quartz does not have to pay any part of such free service, even if such service would otherwise be covered as a Quartz benefit;
4. Services covered under any present or future governmental agency or law. This includes —
   ▪ Workers’ Compensation;
   ▪ Employer Liability Law;
   ▪ “No Fault” auto insurance; and,
   ▪ Veteran’s Administration service-connected disabilities or conditions;
5. Services that you need as a result of war or an act of war;
6. Services relating to pre-existing conditions, until your policy has been in effect for six consecutive months;
7. Personal comfort or convenience items. These include —
   ▪ In-Hospital TV and telephone;
   ▪ Private Hospital room, unless medically necessary; and,
   ▪ Housekeeping services and meal services as part of home health care;
8. Charges for eyeglasses or contact lenses, unless eligible under Medicare;
9. Charges for hearing aids, unless eligible under Medicare;
10. Charges for orthopedic shoes or other supporting devices for the feet unless —
    ▪ The shoes or devices are for a person with diabetes or peripheral vascular disease; and,
    ▪ The shoes or devices meet the Medicare standard of medical necessity;
11. Charges for routine foot care, such as removing corns, warts and calluses, nail trimming, and other routine hygiene care;
12. Charges for Custodial Care;
13. Charges for, or connected with, cosmetic surgery;
14. Charges for, or connected with, reconstructive surgery unless (1) it is performed mainly to achieve a significant improvement in body function, and (2) Quartz’s Medical Director has determined the surgery is medically necessary;
15. Charges for services provided by family or household members, unless authorized by Quartz;
16. Charges for dentures and dental care or treatment. This includes filling, removal or replacement of teeth, dental X-rays, root canal therapy, surgery for impacted teeth, other surgical procedures involving the teeth or the structures directly supporting them, and charges for dental anesthesia unless prior authorized by Quartz;
17. Hospital charges for non-covered dental procedures;
18. Charges for, or connected with, travel or transportation. However, ambulance transportation is covered;
19. Expenses incurred before the effective date of your insurance policy or after the policy
20. Charges for any service provided by a physician, chiropractor, podiatrist or dentist acting outside the scope of authority as defined by the appropriate regulating or licensing authority;

21. Charges for services that are not required in accordance with accepted standards of medical, surgical or psychiatric practice;

22. Charges for equipment and appliances that are not prescribed for the treatment of illness or injury;

23. Charges for examinations for employment, licensing, insurance, adoption or participation in athletics. This exclusion does not apply to court-ordered mental health services pursuant to s. 609.65, Wis. Stat.;

24. Charges for preparing and presenting medical reports;

25. Transplants and transplant-related charges not approved by Medicare; prescription drugs related to covered and non-covered transplants;

26. Reversals of voluntary sterilization and related procedures;

27. Hypnotherapy;

28. Vocational rehabilitation;

29. Procedures Quartz considers to be experimental or investigational, unless the procedure is covered by Medicare. The following criteria are used by the Medical Director to determine if the treatment is experimental or investigational –
   - The medical technology affects health outcome;
   - The net health outcome is beneficial, demonstrable and repeatable;
   - The beneficial outcome is better than that achieved under established alternatives; and,
   - The effect is attainable under the usual conditions of medical practice (i.e., outside of investigational settings);

30. Physical, speech and occupational therapy and psychotherapy are not covered for the following conditions: learning disabilities; developmental delay; communication delay, perceptual disorders; sensory deficit disorders; mental retardation and related conditions. Maintenance and Supportive Care and / or Therapy for chronic conditions is not covered;

31. Testing, treatment and therapies that are related to treating the conditions listed in paragraph 30, above, are not covered;

32. Psychological and neuropsychological testing for the evaluation of learning disorders;

33. When not authorized in writing by Quartz’s Medical Director, non-emergency services of a non-participating physician or provider, non-emergency services received outside Quartz’s Service Area, or any hospital or medical care or service not provided for in the policy;

34. Services, including non-physician services, provided by health care providers who are not participating providers. The following are exceptions to this exclusion –
   - With written authorization from Quartz before services are rendered;
   - Emergencies in the Service Area when the PCP cannot readily be reached; and,
   - Emergency care or Urgent Care services received outside the Service Area;

35. Unless covered by Medicare, stomach-limiting and bypass procedures to (1) correct
obesity, (2) treat the complications of obesity or chronic conditions associated with obesity, or (3) treat gastroesophageal reflux disease. Treatment of complications arising from such procedures and removal of excess skin resulting from weight loss are also excluded;

36. Penile implants and other erection devices;
37. Breast augmentation or reduction, except for breast reconstruction of affected tissue incident to a mastectomy; any treatment for complications resulting from such uncovered procedures;
38. Repairs or replacement for durable medical equipment unless prior authorized by Quartz;
39. Prescription drugs;
40. Coverage for skilled nursing home care beyond what is covered by Medicare and the 30-day Skilled Nursing Care mandate provided by Wisconsin law;
41. Coverage for home health care beyond what is covered by Medicare and the 365 visits required by Wisconsin law;
42. Coverage for Maintenance and Supportive Care and / or Therapy;
43. Any federal, state or local taxes imposed on services or goods; shipping and handling charges; and,
44. If the member chooses not to enroll under Medicare Part B, expenses for what Medicare Part B would have covered if the member had been insured under Medicare Part B.
IMPORTANT INFORMATION ABOUT APPEAL AND GRIEVANCE RIGHTS

You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). See the Certificate of Coverage for complete detail.

A Grievance means any dissatisfaction with Quartz expressed in writing, including –
- Provision of services;
- Determination to reform or rescind a policy; and,
- Claims practices.

You can file an appeal by sending it to –
Quartz
Attn: Reconsideration Committee
840 Carolina Street
Sauk City, WI 53583-1374

You may also send an email to AppealsSpecialists@QuartzBenefits.com. As part of your appeal, you can supply additional information and ask for copies of your claim information.

When processing your grievance, Quartz will provide you with –
- A Receipt of Grievance Acknowledgement (within five days of receipt of a grievance);
- A written notification of the time and place for the grievance meeting (at least seven calendar days before the meeting); and,
- The Resolution of a Grievance (within 30 days).

If Quartz is unable to resolve the grievance within 30 calendar days, the time period may be extended an additional 30 calendar days. If an extension is necessary, Quartz will provide written notification to you and your authorized representative, if applicable, including all of the following –
- Notification that Quartz has not resolved the grievance;
- When resolution of the grievance may be expected; and,
- The reason additional time is needed.
Non-Discrimination & Language Access

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 Service 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.

We provide free aids and services to people with disabilities to communicate effectively with us, 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 interpreter
- Information written in other languages

If you need these services, contact Customer Service 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 –

Kristie Meier, Compliance Officer
840 Carolina Street
Sauk City, WI 53583
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, Kristie Meier, 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 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

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.

For help to translate or understand this, please call (800) 362-3310, TTY: 711 / (800) 877-8973.

Spanish – Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Quartz. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310.

TTY / TDD: 711 / (800) 877-8973.

Hmong – Tsab ntawv tshaj xø no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xø no muaj cov ntshiab lus tseem ceeb txog køj daim ntawv thov kev pab los yog køj qhov kev pav cuam los ntawv Quartz. Saib cov caij nyoog los yog tej hnhub tseem ceeb uas sau rau hauv daim ntawv no kom zoi. Tej zaum køj kuj yuav tau ua qee yam uas peb kom køj ua tsis pub dhaov cov caij nyoog uas teev tseg rau hauv daim ntawv no mas køj thiaj yuav txai kev pav cuam kó mo los yog kev pav txaij køj kev pav lus tseem ceeb laom seng laom maw. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau uaj køj hım los pub dawb rau køj, Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.


Chinese – 本通知含有重要的訊息 本通知對於您透過 Quartz 所提出的申請或保險有重要的日期 您可能要在特殊的截止日期之前採取行動，以保留您的健康保險或有助於省錢 您有權利免費以您的母語得到幫助和訊息 請致電 (800) 362-3310：711 / (800) 877-8973.

Russian – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Quartz. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 362-3310.

TTY / TDD: 711 / (800) 877-8973.

Laotian – ເວົາການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ. ເວົາການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ ຈະໃຊ້ເວົາການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ ຈະໃຊ້ເວົາການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. ການค່າງຕອບງານເພື່ອເຂົ້າຂໍ້າ Quartz. ການຕັ້ງການຂອງຜູ້ທີ່ຈະເຂົ້າຂໍ້າ Quartz. 樾生 (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hindi – इस सूचना में महत्वपूर्ण जानकारी शामिल है। इस सूचना में Quartz से जुड़े आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी शामिल है। इस सूचना में महत्वपूर्ण जानकारी के लिए देखें ना भूलें। स्वास्थ्य कवरेज आपके रखने या रखने में मदद के लिए आपके कॉर्पस तथा साइटों के तकालीफ करने जा रहे हैं। आपके लिए आपकी शादी या समाज की परंपरा को पाने का अधिकार है। (800) 362-3310.

TTY / TDD: (800) 877-8973 पर कॉल करें।


Thai – เปรียบ: ถ้าคุณเห็นภาษาไทยคุณสมาร์ทโปรซื้อมั่วนำทางภาษาไทย หรือโทร (800) 362-3310. TTY / TDD: (800) 877-8973.

Italian – ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (800) 362-3310. TTY / TDD: (800) 877-8973.

Greek – ΓΡΑΜΜΑΤΕΙΟ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.