

Offered by Quartz Health Benefit Plans Corporation



## MEDICARE SELECT INSURANCE

### 2024 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.**

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## **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 2650 Novation Parkway, Fitchburg, WI 53713. 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 1<sup>st</sup>, the initial period of coverage is 14 months. For all subsequent renewals, the coverage period is the calendar year;
  - December 1<sup>st</sup>, 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)**

<b>Age</b>	<b>Monthly Premium</b>	<b>Quarterly</b>	<b>Annual</b>
0-64	\$336.00	\$1,008.00	\$4,032.00
65-69	\$193.00	\$579.00	\$2,316.00
70-74	\$219.00	\$657.00	\$2,628.00
75-79	\$248.00	\$744.00	\$2,976.00
80-84	\$285.00	\$855.00	\$3,420.00
85+	\$347.00	\$1,041.00	\$4,164.00

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

<b>Age</b>	<b>Monthly Premium</b>	<b>Quarterly</b>	<b>Annual</b>
0-64	\$368.00	\$1,104.00	\$4,416.00
65-69	\$196.00	\$588.00	\$2,352.00
70-74	\$233.00	\$699.00	\$2,796.00
75-79	\$271.00	\$813.00	\$3,252.00
80-84	\$327.00	\$981.00	\$3,924.00
85+	\$375.00	\$1,125.00	\$4,500.00

**Female with No Coverage of Part B Deductible**

<b>Age</b>	<b>Monthly Premium</b>	<b>Quarterly</b>	<b>Annual</b>
0-64	\$317.00	\$951.00	\$3,804.00
65-69	\$173.00	\$519.00	\$2,076.00
70-74	\$201.00	\$603.00	\$2,412.00
75-79	\$231.00	\$693.00	\$2,772.00
80-84	\$267.00	\$801.00	\$3,204.00
85+	\$329.00	\$987.00	\$3,948.00

## Male with No Coverage of Part B Deductible

Age	Monthly Premium	Quarterly	Annual
0-64	\$352.00	\$1,056.00	\$4,224.00
65-69	\$177.00	\$531.00	\$2,124.00
70-74	\$214.00	\$642.00	\$2,568.00
75-79	\$253.00	\$759.00	\$3,036.00
80-84	\$309.00	\$927.00	\$3,708.00
85+	\$356.00	\$1,068.00	\$4,272.00

## Pre-Medicare Part D Product - Including Drug Benefit

Age	Monthly Premium	Quarterly	Annual
0-64	\$584.00	\$1,752.00	\$7,008.00
65-69	\$584.00	\$1,752.00	\$7,008.00
70-74	\$584.00	\$1,752.00	\$7,008.00
75-79	\$584.00	\$1,752.00	\$7,008.00
80-84	\$584.00	\$1,752.00	\$7,008.00
85+	\$584.00	\$1,752.00	\$7,008.00

## Pre-Medicare Part D Product - Excluding Drug Benefit

Age	Monthly Premium	Quarterly	Annual
0-64	\$561.00	\$1,683.00	\$6,732.00
65-69	\$561.00	\$1,683.00	\$6,732.00
70-74	\$561.00	\$1,683.00	\$6,732.00
75-79	\$561.00	\$1,683.00	\$6,732.00
80-84	\$561.00	\$1,683.00	\$6,732.00
85+	\$561.00	\$1,683.00	\$6,732.00

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 **in-network providers**; and,
  - Self-help forms allow you to change your **PCP**, change your address, or order a new member ID card.

## WELLNESS PROGRAM

**Quartz** may provide a wellness program to **members** which may include health management and fitness. Terms and conditions may apply. Participation in **Quartz's** wellness program(s) is voluntary. From time to time,

**Quartz** may offer incentives to encourage you to participate in a wellness program. The program components and incentives are not covered services and do not alter or affect your covered services. You and your **primary care provider** can discuss whether participation is right for **you**.

## Outline of Coverage

### 2024 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 in-network 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.

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>HOSPITALIZATION</b> Semiprivate room and board, general nursing and miscellaneous <b>hospital</b> services and supplies.	First 60 days	All but \$1,632	\$1,632	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Day 91 and after (while using 60 lifetime reserve days)	All but \$816 per day	\$816 per day	\$0
	Once lifetime reserve days are used, an additional 365 lifetime days	\$0	100% of Medicare-eligible expenses**	\$0
	Beyond the additional 365 days	\$0	\$0	Remainder

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>SKILLED NURSING FACILITY CARE</b> You must meet Medicare's requirements, including having been in a <b>hospital</b> for at least three days and entered a Medicare-approved facility within 30 days after leaving the <b>hospital</b> .	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204.00 per day	\$204.00 per day	\$0
	Day 101 and after	\$0	\$0	Remainder
<b>INPATIENT PSYCHIATRIC CARE</b> Inpatient psychiatric care in an <b>in-network provider</b> psychiatric <b>hospital</b> .		190 days per lifetime	175 days per lifetime	Remainder
<b>BLOOD</b>	First three pints	\$0	Three pints	\$0
	Additional amounts	100%	\$0	\$0

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<p><b>HOSPICE AND RESPITE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</p>		All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care.	Medicare-eligible expenses (except for drugs which are not covered).	\$0

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.”

## Outline of Coverage

### 2024 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 in-network providers except in cases of emergency or with written authorization from Quartz.**

Once you have been billed \$240 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.

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> In or out of the <b>hospital</b> and outpatient <b>hospital</b> treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts	\$0	If eligible for Medicare before 01/01/2020: \$240 If eligible for Medicare on or after 01/01/2020: \$0	If eligible for Medicare before 01/01/2020: \$0 If eligible for Medicare on or after 01/01/2020: \$240
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0

<b>MEDICARE PART B BENEFITS</b>	<b>PER CALENDAR YEAR</b>	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<b>BLOOD</b>	First three pints  Remainder of Medicare-approved amounts*	\$0  Generally 80%	First three pints  Generally 20%	\$0  \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services.		100%	\$0	\$0
<b>HOME HEALTH CARE</b>		100% of charges for visits considered <b>medically necessary</b> by Medicare	365 visits for <b>medically necessary</b> services per policy year	Charges beyond 365 visits per policy year



MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>PREVENTIVE MEDICAL CARE BENEFITS NOT COVERED BY MEDICARE</b> Preventive care covered under the Affordable Care Act; vision and hearing examinations; mammograms; office visits with the <b>member's Primary Care Provider</b>		\$0	100%	\$0  Charges for services not administered or ordered by your doctor or consistent with policy requirements

\*Once you have been billed \$240 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 **in-network 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 an **out-of-network 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  
2650 Novation Pkwy.  
Fitchburg, WI 53713

## **POLICY BENEFITS**

- Local access and convenience;
- No claim forms when you use **in-network providers**;
- Access to more than 50 **hospitals**, including the 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 the 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 an ***in-network physician*** and provided by a licensed therapist;
- Examinations for eyes and hearing; mammograms;
- Papanicolaou (Pap) tests, pelvic exams, and associated laboratory fees performed by an ***in-network 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 in-network 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. Routine foot care, unless related to a disease affecting the lower limbs, such as peripheral vascular disease or diabetes, as covered under Medicare guidelines;
  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 terminates;
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, 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 an **out-of-network 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 **in-network 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. Pharmacy supply fees and dispensing fees on medical benefit drugs dispensed for self-administration at the patient's home;

41. Coverage for skilled nursing home care beyond what is covered by Medicare and the 30-day **skilled nursing care** mandate provided by Wisconsin law;
42. Coverage for home health care beyond what is covered by Medicare and the 365 visits required by Wisconsin law;
43. Coverage for **maintenance and supportive care and/or therapy**;
44. Any federal, state or local taxes imposed on services or goods; shipping and handling charges; and,
45. 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  
2650 Novation Pkwy.  
Fitchburg, WI 53713

You may also send an email to [AppealsSpecialists@QuartzBenefits.com](mailto: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 the 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 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, including sexual orientation and gender identity.

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 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, including sexual orientation and gender identity, you can file a grievance with –

Kristie Breunig, Compliance Officer  
2650 Novation Parkway  
Madison, 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, Kristie Breunig, 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](http://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](http://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](http://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 xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Quartz. Saib cov caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Vietnamese** – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Quartz. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (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訊息 請在本通知中查看重要的日期 您可能要在特定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, потребуются 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** – ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໃບສະໝັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີ່ສໍາຄັນ ໃນຫນັງສືແຈ້ງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາ ທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ ຫຼື ຊ່ວຍເຫຼືອດ້ານຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີ (800) 362 3310. TTY / TDD: 711 / (800) 877 8973.

**German** – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Quartz. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Arabic** – يحتوي هذا الإشعار على معلومات مهمة. يتضمن هذا الإشعار معلومات هامة حول طلبك أو تغطيتك عبر Quartz. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى إجراء تدابير معينة وفقاً لمواعيد معينة من أجل الحفاظ على تغطيتك الصحية أو المساعدة في التكاليف. لديك الحق في الحصول على هذه المعلومات TTY / TDD: 711 / (800) 877-8973 / (800) 362-3310.

**French** – Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Quartz. Rechercher les dates clés dans le présent avis. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Korean** – 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Quartz을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. (800) 362-3310 로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

**Tagalog** – Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Quartz. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Cushite** – Oroomiffa XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Amharic** – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. (መስማት ለተሳናቸው: 711 / (800) 877-8973).

**Karen** – ၵၢ်သ့ၵ်သး- န့ၵ်ကတိၢ် ကညိၢ် ကျိၢ်အသိၢ်, န့ၵ်န့ၵ် ကျိၢ်အတၢ်မၤတၢ်လၢ တလၢၵ်သ့ၵ်သးန့ၵ်လိၢ်. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Mon-Khmer, Cambodian** – ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Serbocroatian** – OBAVJEŠTENJE: Ako govorite srpskohrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (800) 362-3310 TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711 / (800) 877-8973.

**Thai** – เร็ยณ: ถำ คุณพศุ ภาษาไทยคุณสามารถใข้ บริการช่วยเหลื่อทางภาษาได้ฟรี ฐ โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Gujarati** – સુચના: જો તમે ગુજરાતી બોલતા છે, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Urdu** – خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (800) 362-3310. TTY / TDD: 711 / (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: 711 / (800) 877-8973.

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

**Pennsylvanian Dutch** – Die Bekanntmachung gebt wíchdichi Auskunft. Die Bekanntmachung gebt wíchdichi Auskunft baut dei Application oder Coverage mit Quartz. Geb Acht fer wíchdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Kannscht du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

**Polish** – To ogłoszenie zawiera ważne informacje. To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Quartz. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod (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 तारीखों को देखना न भूलें। स्वास्थ्य कवरेज जारी रखने या खर्च में मदद के लिए आपको कुछ तय तारीखों तक कार्रवाई करनी जरूरी है। आपके पास अपनी भाषा में, बिना किसी शुल्क के इस जानकारी और सहायता को पाने का अधिकार है। (800) 362-3310. TTY / TDD: 711 / (800) 877-8973 पर कॉल करें।

**Albanian** – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Quartz. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerri veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Somali** – FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawimada luuqada, ayaa waxaa laguugu siinayaa bilaash, waa lagu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.