



GROUP ADMINISTRATOR'S MANUAL

Guide to Administering Your Employee Health Benefits

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Note: This manual is a summary of Quartz’s administrative guidelines and is not intended to set policy. If Quartz modifies these guidelines, we will notify you. Please refer to your Group Master Policy Agreement for additional information.

Introduction

Welcome to Quartz. We are happy to provide you with the following information about our administrative guidelines. Please read this manual carefully and contact Quartz at (800) 362-3310 with your questions or concerns. We look forward to providing you with quality health care benefits and service.

Quartz Health Solutions, Inc. is jointly owned by UW Health, Gundersen Health System and UnityPoint Health. The company manages four nationally-recognized, provider-sponsored health insurance plans: Gundersen Health Plan, Inc., Gundersen Health Plan Minnesota, Unity Health Plans Insurance Corporation and Physicians Plus Insurance Corporation. This unique collaboration between health plans and health care providers creates a smarter, more efficient and accessible system of health care. Quartz also provides services for self-funded health benefit programs.

A local leader in health and wellness, Quartz features –

- Nationally top-rated health plans;
- Access to the world-class physicians and specialists of UW Health;
- Leadership in health and wellness;
- Support for local health initiatives;
- Exceptional customer service to our members; and,
- Rewards for living a healthy lifestyle.

Quartz has offices in Onalaska, Madison, and Sauk City, Wisconsin, offering community-based health care and services to customers in southern and western Wisconsin, parts of Illinois, Iowa and Minnesota.

Enrolling Methods

[MyPlanTools](#) is our secure online tool for employers. Within [MyPlanTools](#) you can –

- Add, change and delete employee enrollment information;
- Review current enrollment for your group; and,
- Look up providers in your area and create custom directories.

You should have received your login information with your initial enrollment. If you need assistance logging in, please contact Customer Service at (800) 362-3310.

Enrollment Guidelines

Eligibility

An eligible employee is one who –

- Meets the requirements for eligibility as specified in the Group Master Policy Agreement and the Group Application;
- Works at least 30 hours per week, or if less than 30 hours, at least as many hours as specified by Quartz in the Group Application; and,
- Appears on your payroll records and is reported on your wage and tax statement.

A non-eligible employee is –

- Contracted (i.e., receives a 1099); or,
- A substitute worker.

Refer to the Eligibility and Enrollment sections of your Group Master Policy Agreement for specifics regarding your employees' eligibility for coverage.

Newly-eligible employees and their dependents are eligible to enroll when their employment status meets the employer's eligibility criteria as set forth in the Group Master Policy Agreement and the Group Application. The probationary period is noted on the Group Application.

Quartz must receive the completed and signed Employee Application within 31 days from the date they are first eligible to enroll.

If new employees and their dependents initially waive coverage they may become eligible later due to a qualified status change or event.

You must advise employees if there is special criteria that must be met to enroll later. Please see the Late Enrollee section for additional information.

Dependent Eligibility

Eligible dependents include –

- A covered employee's spouse;
- A covered employee's minor child, stepchild or adopted child;
- A covered employee's legal ward;
- A covered employee's grandchild (so long as the grandchild's parent is a covered dependent and under age 18);
- A child placed for adoption with the covered employee; and,
- An adult child who meets criteria under the Federal Patient Protection and Affordable Care Act or Wisconsin State law.

Domestic Partner Eligibility

Domestic Partners* are two individuals who, together, meet all the following criteria –

1. Are 18 years of age or older;
2. Are competent to enter into a contract;
3. Are not legally married to, nor the domestic partner of, any other person;
4. Are not related by marriage;
5. Are not related by blood closer than permitted under the marriage laws of the State of Wisconsin;
6. Have entered into the domestic partner relationship voluntarily, willingly and without reservation;
7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes all of the following –
 - Living together as a couple;
 - Mutual support of each other;
 - Mutual caring and commitment to one another;
 - Mutual fidelity;
 - Mutual responsibility for each other's welfare; and,
 - Joint responsibility for the necessities of life;
8. Have been living together as a couple for at least six months prior to registration with the Subscriber's employer; and,
9. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.

**Not all group plans cover Domestic Partners or the children of Domestic Partners. Please refer to your Group Master Policy Agreement.*

Adult Dependent Eligibility

Adult Children under age 26 –

- Dependents under 26, married or unmarried, may remain on their parents' plan until the end of the month in which
- Dependents may apply for coverage using the Dependent Mandate Rule, when they have a qualifying event or during the group's open enrollment period. Quartz needs to receive an application from the group within 31 days for the dependent to be added.

Adult Children over age 26 –

- Dependents under 27 years of age at the time they were called to federal active duty in the National Guard or in a reserve component of the U.S. Armed Forces while attending, on a full-time basis, an institution of higher education may be eligible for coverage so long as the dependent applied to an institution of higher education as a full-time student within 12 months from the date the dependent has fulfilled his or her active duty obligation.

- Dependents who are or become incapable of self-support because of a physical or mental disability that is expected to be of a long-continued or indefinite duration may continue or resume their status as dependents, regardless of age or student status, as long as they remain so disabled.

Special Rules Related to Medicaid and Children Health Insurance Programs (CHIP)

- An employee or dependent may request a special enrollment within 60 days of losing or being determined as eligible for Medicaid or a child health plan under title XXI of the Social Security Act, if the employee or dependent had existing coverage at the time coverage was previously offered under the group's plan.

Enrolling New Employees

- Each eligible employee who elects coverage must complete an Employee Application or be enrolled electronically through [MyPlanTools](#) and an 834 file.
- The completed enrollment form must be received by Quartz within 31 days of the date the employee becomes eligible for coverage.
- If a new employee does not wish to enroll, he / she must complete the Waiver of Group Coverage.
- Visit Employer Forms and Resources and select your state to download enrollment and other forms. Also, you can explore our library of resources available to employers.

Ensuring Timely Enrollments and Avoiding Enrollment Delays

Quartz is able to enroll employees only when the employer provides complete and accurate information. Before you submit an enrollment form to Quartz, be sure to include the following information –

- Date of hire and hours worked per week;
- Group name and group number;
- Date and signature;
- Full names – do not use abbreviations or nicknames;
- Eligible dependent names, dates of birth and primary care physician (PCP) information;
- Tax ID number or Social Security Number for the employee and each dependent;
- PCP and clinic for each family member. Some helpful hints if employee leaves this area blank –
 - If the employee lives outside of Dane County and does not list a PCP, you may write “ASSIGN” in the space and Quartz will assign a PCP and clinic close to the employee's residence.
 - If the employee lives inside Dane County and does not list a PCP, you may write “Welcome Center” in the space and the [UW Health Welcome Center](#) will assist with selecting a PCP.

Note: If the enrollment form is submitted via paper, please make sure the enrollment form is legible to avoid any processing delays.

Government Mandate to Collect Social Security Numbers

The federal government has enacted a mandatory insurer reporting requirement as part of the Medicare, Medicaid and SCHIP Extension Act of 2007 that requires health insurance issuers to attempt to collect Social Security Numbers for all covered employees and spouses over age 45. The federal government also requires health insurance issuers to attempt to collect Social Security Numbers for reporting minimum essential coverage. Because of these requirements, we will contact you and your employees if we do not receive this information OR completed opt-out forms (for SCHIP reporting only). If you have any questions about employee enrollment, please contact Customer Service at (800) 362-3310.

ID Cards

ID cards are issued for the following reasons –

- New coverages;
- Renewal coverages;
- Changes to the employee's coverage;
- Primary care physician or clinic change;
- A change was made to the employee's name, group information or dependents; or,
- An employee requested an ID Card.

ID cards issued for new coverages or renewal coverages will be sent out 7-10 days prior to the employee's effective date or renewal date. If an enrollment form for a new coverage or renewal coverage is not received 10 business days prior to the requested effective date, the ID card may be delayed and may not be received prior to the effective date.

ID cards can also be generated and printed on-demand by the employee from MyChart or by the employer using [MyPlanTools](#).

Change in Status / Qualifying Events

A change in status may be considered a qualifying event, creating a special enrollment period which allows an eligible employee who satisfied the group's probationary period to enroll in the plan after having initially waived the coverage. It may also allow an employee to add a spouse or dependent(s) to the plan. These changes often affect the employee's premium rate.

Please refer to the qualifying event chart on the following pages to determine the type of event, when the coverage becomes effective and what documentation is needed to enroll.

It is important to report these changes to Quartz as soon as you become aware of them so we can process changes to your membership in a timely manner. Please keep a copy of each submission for your records.

Special Enrollment – Qualifying Event Chart

Qualifying Event	Guidelines	Effective Date	Required Forms
<p>Loss of other coverage</p> <p><i>Life Event and members are able to switch plans</i></p>	<ul style="list-style-type: none"> An employee who initially waives coverage because he/she has other group health insurance coverage may enroll with Quartz upon the loss of the other group coverage. Quartz must receive the documentation within 31 days of the loss of the other group coverage. Reasons for loss of other coverage may include: the employee’s spouse loses coverage under another plan or the employee loses coverage due to a divorce, legal separation or annulment. Requirements for the length of the prior coverage apply (see late enrollment). 	<ul style="list-style-type: none"> Quartz coverage will begin when the other coverage ends. 	<ul style="list-style-type: none"> Please enroll the employee through MyPlanTools, an 834 file or an Employee Application. Note: List ALL dependents to be covered.
<p>Marriage</p> <p><i>Life Event and members are able to switch plans</i></p>	<ul style="list-style-type: none"> An employee, spouse and newly acquired dependents may apply for new coverage. The employee may also add his/her spouse and newly acquired dependents to existing coverage. Quartz must receive completed enrollment forms within 31 days of marriage. 	<ul style="list-style-type: none"> Coverage for the spouse and dependents will be effective on the date of marriage or on the first of the month following the date of marriage 	<ul style="list-style-type: none"> Please enroll the employee through MyPlanTools, an 834 file or an Employee Application. Note: List ALL dependents to be covered. The enrollment form must clearly indicate the date of the marriage.
<p>Birth of a Child</p> <p><i>Life Event and members are able to switch plans</i></p>	<ul style="list-style-type: none"> An employee may request a change from single to family coverage due to the birth of a child. Notify Quartz within 60 days of the birth. You can also notify Quartz within one year of the birth. A family premium plus interest is due from the date of birth as permitted by law. The birth of a child also creates a special enrollment period for the employee and any other dependents who are eligible under the plan. Quartz must receive an enrollment form within 31 days after the date of birth to enroll additional eligible dependents. 	<ul style="list-style-type: none"> A newborn’s coverage becomes effective on the date of birth, and a family premium will be due. The effective date for the employee and dependents will be the date of the newborn child’s birth. 	<ul style="list-style-type: none"> Please enroll the employee through MyPlanTools, an 834 file or an Employee Application. Note: List ALL dependents to be covered.
<p>Adoption of a Child or Child Placed for Adoption</p> <p><i>Life Event and members are able to switch plans</i></p>	<ul style="list-style-type: none"> An employee may request a change from single to family coverage due to the adoption of a child or a child being placed for adoption. An enrollment form must be completed and sent to Quartz within 60 days of the event. If Quartz is notified after 60 days, but within one year of the adoption, the adopted child is eligible for coverage. Quartz may add interest to any premium due as permitted by law. If Quartz is not notified within one year after the adoption, enrollment will be subject to our policy for late enrollees. Adoption of a child or child being placed for adoption also creates a special enrollment period for the employee and any other dependents that are eligible under the plan. Quartz must receive an enrollment form within 31 days after the date of adoption or the date of placement to enroll additional eligible dependents. 	<ul style="list-style-type: none"> The effective date for the employee and dependents will be the date of the placement or adoption, whichever occurs first. 	<ul style="list-style-type: none"> Please enroll the employee through MyPlanTools, an 834 file or an Employee Application. Note: List ALL dependents to be covered. A copy of either the placement or adoption legal documents are required to enroll.

Qualifying Event	Guidelines	Effective Date	Required Forms
<p>Active Duty</p>	<ul style="list-style-type: none"> • If an employee is called to active duty, the employee (and family when applicable) must be allowed to elect to continue coverage for the lesser of – <ul style="list-style-type: none"> ○ 24 months, beginning on the day of the employee’s absence for the purpose of performing service begins; or, ○ The period beginning on the day the employee’s absence for the purpose of performing service begins, and ending on the date on which s/he fails to return from service or apply for a position or employment. • See COBRA section for more information. • Employees called to active duty must report to the employer for reemployment as follows – <ul style="list-style-type: none"> ○ For service of less than 31 days, the employee must return at the beginning of the next regularly scheduled work period on the first full day after release from service, taking into account safe travel home plus an eight-hour rest period; ○ For service of more than 30 days but less than 181 days, the employee must submit an application for reemployment within 14 days of release from service; ○ For service of more than 180 days up to 5 years, an application for reemployment must be submitted within 90 days of release from service. 	<ul style="list-style-type: none"> • Member will be reinstated upon reemployment. A waiting period may not be imposed in connection with reinstatement of coverage upon reemployment. 	<ul style="list-style-type: none"> • Please enroll the employee through MyPlanTools, an 834 file or an Employee Application. • Note: List ALL dependents to be covered.
<p>Divorce or Annulment</p> <p><i>As you become aware of a divorce, or annulment, please notify Quartz immediately</i></p>	<ul style="list-style-type: none"> • In the case of divorce or annulment, an employee’s ex-spouse and children (biological, step, or adopted) may be eligible for COBRA or State continuation coverage. • If the ex-spouse or dependents elect State continuation coverage, they are entitled to 18 months of coverage. • If the ex-spouse or dependents elect COBRA continuation coverage, they are entitled to 36 months of coverage 	<ul style="list-style-type: none"> • Non-continuation coverage ends the last day of the month following the divorce or annulment. 	<ul style="list-style-type: none"> • All terminations must be submitted to Quartz in writing within 30 days of the date of termination. • The termination can be submitted through MyPlanTools or an 834 file.
<p>Legal Separation</p> <p><i>As you become aware of a legal separation, please notify Quartz immediately</i></p>	<ul style="list-style-type: none"> • A legal separation does not require that the spouse of the employee be removed from the plan, although an employee may remove a spouse from coverage due to legal separation. • The spouse will need to sign a Waiver of Group Coverage form before Quartz can disenroll him or her. 	<ul style="list-style-type: none"> • Coverage ends the last day of the month following the legal separation, if requested. • If the legal separation results in a divorce, see the Divorce or Annulment section for ex-spouse and dependent rights. 	<ul style="list-style-type: none"> • All terminations must be submitted to Quartz in writing within 30 days of the date of termination. • The termination can be submitted through MyPlanTools or an 834 file.

Note: Your employer group may have different eligibility or probate requirements. Please contact Customer Service with any questions regarding this language.

Employee Status Changes

Part-time to Full-time or Temporary to Permanent Employment

An employee who changes from part-time to full-time employment on a permanent basis or from temporary to permanent employment will typically be eligible for coverage after serving the probationary period as a permanent employee listed in the Group Application. The probationary period is established based on the employer's stated probate in the Group Master Policy Agreement and the Group Application. For insurance purposes, the date of hire is the first day of the change in status.

Contact Quartz Customer Service with any questions regarding your employer group's probate terms.

Note: Quartz may require payroll documentation to verify the job status change.

Return from Leave of Absence or Layoff

Quartz has standard probate and coverage terms for leave of absence or layoff, as outlined below. Your employer group's terms may be different. Contact Quartz Customer Service with any questions regarding your employer group's terms. If an employee terminates his/her health coverage while on a leave of absence or due to a layoff, the employee will not be required to satisfy the new employee waiting period if he/she returns from the leave of absence or layoff within 90 days.

The employee has 31 days after returning to work to re-enroll. If an employee returns to work within 30 days of termination of coverage, the employee will have no lapse in coverage.

If an employee returns after 30 days, but within 90 days, coverage will be effective the first of the month following receipt of the Employee Application.

Death

If an employee or dependent (including spouse) dies, his/her coverage will end on the date of death. In the case of an employee's death, the surviving dependents' coverage may continue through the end of the month in which the employee died.

The group should offer COBRA/State Continuation coverage to the dependent(s) of the deceased employee. It is the group's responsibility to notify dependents of their continuation rights under COBRA / State Continuation law. If the surviving family members elect to continue coverage, they must complete a new enrollment form.

Note: Quartz has standard terms as outlined above. Your employer group's terms may be different. Contact Quartz Customer Service with any questions regarding your employer group's terms.

Disability

If an employee becomes totally disabled and takes a leave of absence, he/she may continue coverage under the group health plan at the group rate under COBRA or State continuation law. Written notification must be submitted to notify Quartz of the disability leave of absence.

If the employee ceases to be disabled, but does not return to work, he/she may have the right to continue coverage for a period of time, but not longer than 18 months.

Note: In this case, continuation coverage due to a disability leave of absence runs concurrently with the continuation period due to termination of employment. After continuation coverage is exhausted, the employee may convert to an individual plan, if he/she applies within 31 days of the loss of group coverage. Please contact Customer Service for more information regarding continuation and conversion coverage.

Moving Out of the Quartz Service Area (HMO Plans only)

All eligible employees may enroll in the HMO plan if they live or work in our service area.

Late Enrollee

An employee who waives coverage or who does not enroll when initially eligible may decide to apply at a later date as a late enrollee. He or she may apply as a late enrollee by submitting an enrollment form. Quartz will review the information and determine if the employee and any dependents meet the guidelines for enrollment. If Quartz determines that an employee is eligible, but has not had a qualifying event (e.g., marriage, birth or adoption of a child, or loss of other qualifying coverage), he / she will have to either wait until the next open enrollment (if applicable), or serve a 12-month waiting period before coverage becomes effective. Eligible dependents may also have to either wait until the next open enrollment (if applicable), or serve a 12-month waiting period if the employee chose not to enroll the dependents when they were initially eligible.

Twelve-Month Waiting Period

If the employee did not have other qualifying group health insurance coverage he / she may enroll as a late enrollee after either waiting until the next open enrollment (if applicable), or serving a 12-month waiting period before coverage becomes effective. The employee should complete the enrollment form and submit it to Quartz immediately. The waiting period will begin the first of the month following Quartz's receipt of the enrollment form. Quartz will hold the application and will contact the employer at least 30 days prior to the effective date of coverage to verify that the employee is still employed and eligible for the insurance.

Note: Quartz cannot guarantee that the employee and/or dependents will be approved for coverage as late enrollees. Do not assume that coverage will begin when requested. Quartz will notify the employee and employer of the coverage effective date.

Medicare Eligibility

An employee or his/her spouse is eligible for Medicare benefits the first day of the month in which they turn age 65. If Medicare coverage is elected, please send Quartz a copy of the member's Medicare insurance card as soon as possible.

The coordination of medical benefits and the Quartz premium rate for this individual will be determined by the following factors –

- Whether the subscriber is an active employee; and,
- Size of the employer group.

Groups with Fewer than 20 Eligible Employees

The employee (actively working or retired) or his/her spouse may be eligible to keep Quartz only as a Medicare "carve-out" plan.

A carve-out plan pays secondary to Medicare while maintaining the same benefits as the group plan. Carve-out plans are only allowed on non-ACA plans.

Quartz's premium may be reduced depending on the number of family members covered under the carve-out plan.

Groups with 20 or More Eligible Employees

If your employee is still actively working, Quartz will remain the primary payer. The plan and premium rate will not change.

Check your policy documents for information regarding retired employees and spousal benefits.

If you have any questions about the appropriate health premium rate classification, please contact Quartz Customer Service.

Reporting Terminations

Ways to submit updates to Quartz –

- Electronically through [MyPlanTools](#);
- Electronically through an 834 file; or,
- Completing and submitting a paper Employee Application.

If you would like more information on [MyPlanTools](#) and have not received your password to log in, please contact Customer Service at (800) 362-3310.

Terminations

Quartz has standard terms regarding terminations as outlined below. Your employer group's terms may be different. Contact Customer Service with any questions regarding your employer group's terms. Complete the date of termination (the date the Group is no longer responsible for the employee's premium) and provide the reason for termination. All terminations must be submitted to Quartz in writing within 30 days of the date of termination. Listed below are some reasons for termination –

- Retirement;
- Resignation;
- Death;
- Layoff;
- Dismissal;
- Leave of absence (identify type of leave); and,
- Reduction in hours worked.

COBRA, State Continuation and Conversion Coverage

Employers are responsible for monitoring employees and their dependents for changes in status and eligibility for coverage.

It is extremely important for employers to know their obligations under COBRA and State continuation law. The purpose of this section is to provide an overview of COBRA and State continuation law. It is not a complete guide and is not a substitute for legal counsel. We advise each employer to discuss these matters with legal counsel or to participate in COBRA seminars and workshops that are available from several sources.

Visit [Employer Forms and Resources](#) and select your state to download the COBRA Group Continuation Notice and State Group Continuation Notice.

Termination of COBRA or State Continuation Coverage

Coverage ends the last day of the month following termination of employment.

The premium must be paid for the entire month, even though the employee may be employed for only part of the month. Quartz does not prorate premiums for terminated employees.

Employers with 20 or More Employees are Governed by COBRA

COBRA is the acronym for the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA gives an individual the right to continue group insurance coverage at his/her own expense for a limited period of time. COBRA applies to employers with 20 or more employees on more than 50 percent of the employer's typical business days in the previous calendar year.

Under COBRA, a qualified beneficiary is an individual who experiences a qualifying event and is therefore eligible to continue group coverage if he/she was covered under the group health plan on the day before the qualifying event occurred. The qualified beneficiary may be an employee, an employee's spouse or former spouse, or an employee's dependent child.

A qualifying event is an event that results in loss of coverage under an employer's group plan.

Qualifying Events

The following are qualifying events for the covered employee –

- Voluntary or involuntary termination of the covered employee's employment other than by reason of gross misconduct. **Note:** A retirement is considered a termination of employment; or,
- Reduction in hours of the covered employee's employment.

The following are qualifying events for the covered employee's spouse or dependent children –

- Voluntary or involuntary termination of the covered employee's employment other than by reason of gross misconduct. **Note:** A retirement is considered a termination of employment;
- Reduction in hours of the covered employee's employment;
- Divorce or legal separation of the covered employee from the employee's spouse;
- Covered employee becomes entitled to Medicare;
- Death of the covered employee; or,
- For dependent children only: loss of "dependent child" status under the generally applicable requirements of the plan.

Bankruptcy of an employer may also be a qualifying event. Contact Customer Service if there is a bankruptcy filing.

Not Qualifying Events

The following are not qualifying events –

- A change in insurance carriers;
 - Replacement of one insured health plan with a less generous plan is not a qualified event.
- Filing for divorce if legal separation preceded the divorce;
 - If legal separation precedes the divorce and results in a loss of coverage, then the legal separation will be the qualifying event. Otherwise, the entry of the divorce decree is the triggering event.
- Employee drops coverage for spouse or dependents;
- Employee's resignation from Union; or,
- Termination of employment after insurer cancels group health plan.

Continuation Period

For the covered employee –

- Voluntary or involuntary termination of the covered employee's employment other than by reason of gross misconduct. **Note:** A retirement is considered a termination of employment: 18 months
- Reduction in hours of the covered employee's employment: 18 months

For the covered employee's spouse or dependent children –

- Voluntary or involuntary termination of the covered employee's employment other than by reason of gross misconduct. **Note:** A retirement is considered a termination of employment: 18 months
- Reduction in hours of the covered employee's employment: 18 months

- Divorce or legal separation of the covered employee from the employee's spouse: 36 months
- Covered employee becomes entitled to Medicare: If the employee is entitled to Medicare less than 18 months before the qualifying event, COBRA coverage can last until 36 months after the date the employee becomes entitled to Medicare
- Death of the covered employee: 36 months
- For dependent children only, loss of "dependent child" status under the generally applicable requirements of the plan: 36 months
- If one of the qualified beneficiaries is disabled and meets certain requirements, all of the qualified beneficiaries of in that family are entitled to an 11-month extension of continuation coverage for a maximum of 29 total months.

When COBRA Continuation Coverage Ends

COBRA continuation coverage ends on the earliest of the following dates –

- The end of the period for which the last premium was paid on time;
- The date the employer ceases to maintain any group health plan;
- The date the qualified beneficiary begins coverage under another group health plan after electing continuation coverage;

- The date the qualified beneficiary becomes entitled to Medicare benefits after electing continuation coverage;
- The date Quartz determines that the qualified beneficiary has engaged in conduct that would justify the plan in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (e.g., fraud); or,
- The date on which the applicable period of continuation coverage ends.

COBRA Continuation Coverage and the Health Insurance Marketplace

Employees who are eligible for COBRA continuation coverage, or who have exhausted COBRA continuation coverage, are eligible for enrollment in a plan offered on the Health Insurance Marketplace. Employees can navigate to [healthcare.gov](https://www.healthcare.gov) to obtain a Marketplace quote.

Employers with Fewer Than 20 Employees are Governed by State Continuation Law

The continuation rights under state continuation law are more limited than under COBRA. Under Wisconsin law, the individuals who are eligible to continue coverage are:

- A terminated employee and dependents (unless the covered employee was terminated for misconduct);
- A former spouse of a covered employee whose coverage ends because of divorce or annulment; and,
- The covered spouse and/or dependents of a covered employee who has died.

The above individuals must have been covered under the group plan on the day before the qualifying event in order to be eligible for continuation or conversion coverage. If additional information is needed, please see oci.wi.gov/Documents/Consumers/PI-023.pdf.

Note: Those dependent children who reach the limiting age do not have the right to continue coverage.

Employer's Responsibilities

The employer is responsible for notifying members of their continuation rights in a timely manner. The employer is also responsible for collecting premiums during the continuation period and submitting them to Quartz in a timely manner.

When a member terminates employment, the employer should notify Quartz through [MyPlanTools](#), an 834 file or by submitting a written termination request. Note:

A new enrollment form / employee application must be submitted if the individual electing continuation coverage is a spouse or dependent child. Visit [Employer Forms and Resources](#) and select your state to download the appropriate form.

Quartz will update that member's future termination date. The names of individuals on State continuation will appear in the COBRA section of your billing statement.

We recommend that you terminate an employee from the plan if you are not certain he/she will elect to continue coverage. We can reinstate members retroactively after they have elected coverage and paid the necessary premiums. Please refer to the Billing Invoice Section for premium payment options.

Dependent Children No Longer Meeting Eligibility Requirements

Quartz will notify the employer that the dependent has been removed from the policy due to no longer meeting eligibility requirements.

When you receive a notice from Quartz that a dependent has been removed from the policy, you must send continuation information to the identified dependent as soon as possible.

Note: State law requires an employer to notify eligible individuals of the right to continue or convert group coverage within five days after the employer receives notice to terminate coverage.

When State Continuation Coverage Ends

State continuation coverage ends on the earliest of the following dates:

- The date those covered establish residence outside of Wisconsin;
- The end of the period for which the last premium was paid on time;
- The date on which the applicable period of continuation coverage ends;
- The date on which the covered individual becomes eligible for coverage under another group policy; or,
- The date the former spouse loses eligibility for group coverage, if those who elected coverage are doing so as the divorced.

Conversion Coverage

When a member's state continuation period ends, Quartz will send information to the member regarding his / her rights to convert coverage to an individual insurance plan. This information is sent 90 days before the end of his / her continuation period.

Billing Invoice

You will receive either an email notification that your invoice is available or a paper invoice from Quartz between the 10th and 15th day of each month. **Note:** A paper bill charge of \$25 per invoice will be assessed (only for groups with more than 50 total employees). The premium payment is due on the first day of the month for the coverage period.

How to Read Your Invoice

The invoice has four sections –

1. An alphabetical listing of current enrollment showing the premium for each employee;
2. An alphabetical listing of any people continuing coverage under COBRA or State continuation;
3. An alphabetical listing of all retroactive additions, terminations and changes, along with the appropriate charges and/or credits with the members' names; and,
4. A listing of payments applied to your account since the last billing cycle.

How to Handle Billing and Enrollment Adjustments

Employee additions, deletions or other adjustments will appear on your invoice whether payment was previously made or credit was applied for the changes. If an enrollment change which you previously submitted is not addressed in your next invoice, please contact Quartz's Group Records Department.

Mid-Month Adjustments

- If the effective date for the subscriber is between the 1st and the 15th of the month, you will be billed for that month's premium.
- If the effective date for the subscriber is between the 16th and the end of the month, you will not be billed for that month's premium
- If the termination date for the subscriber is between the 1st and the 14th of the month, you will not be billed for that month's premium.
- If the termination date for the subscriber is between the 15th and the end of the month,

you will be billed for that month's entire premium. This is because Quartz does not prorate for a half month.

Reconcile Payments

We strongly urge you to pay your total monthly invoice amount by the date it is due. Credits and charges will appear on a subsequent invoice. Quartz will adjust the invoice total for any retroactive charges and credits.

COBRA / State Continuation Member Direct Billing

For your convenience, Quartz can direct bill people continuing coverage under COBRA or state continuation. Please note that the member is then responsible for paying the monthly invoice. Contact Quartz's Group Records Department for more information.

How to Pay Your Premium Invoice

Quartz recommends that you reconcile your billing invoice on a monthly basis. The following forms of payment are accepted –

- Business checking or savings. Mail payment to Quartz, P.O. Box 78730, Milwaukee, WI 53278-0730.
- ACH withdrawal with a checking or savings account. Quartz can automatically withdraw your premium from your bank account on the due date specified on your monthly invoice. Feel free to contact Quartz's Billing Department at (800) 362-3310 for more information on this service.
- Quartz can automatically charge your premium to your credit card on the due date specified on your monthly invoice. Contact Quartz's Billing Department at (800) 362-3310 for more information on this service.
- You can use the online premium payment option attached to your premium invoice email to pay your invoice on the date you choose. You can also use the Pay Bill link within [MyPlanTools](#).

Confidentiality Policy

Quartz has policies and procedures designed to safeguard the confidentiality of members' protected health information. The Privacy & Security Committee sets standards for external parties who work with Quartz, such as practitioners and providers. The Privacy & Security Committee also –

- Develops strategies to promote the detection of privacy or security incidents; and,
- Creates and approves new or updated policies and procedures for maintaining the privacy and security of members' protected health information.

The following is a brief summary of how Quartz uses and protects member information. For additional information, reference Quartz's [Notice of Privacy Practices](#).

General Policy

Our policies and procedures establish guidelines for the proper handling of records and information used to administer health plan benefits. When responding to a request for information, Quartz's policy is to release only the information necessary to respond to the request.

Authorization for Release of Information

In cases where Quartz needs to obtain or disclose member information for purposes other than treatment, payment or health care operations, the member will be asked to complete and sign a General Authorization form that gives Quartz permission to obtain or disclose the information. Quartz must generally obtain a completed General Authorization form when information is to be used for the following purposes –

- Release of information to a family member, person with power of attorney, employer or attorney;
- Use and disclosure of protected health information for marketing purposes; or,
- Disclosure of protected health information that constitutes a sale of the protected health information.

In instances where a member is unable to provide authorization, Quartz may require a valid court order or other written proof of legal authority prior to disclosing information. Members and employers can access a [Prior Authorization Request Form](#) on Quartz's website.

Member Access to Medical Records

Quartz does not maintain original medical records. Members may access their medical records by contacting their practitioner's office or the provider of care, such as a hospital. Members must follow the practitioner's or provider's procedures for accessing medical information.

Disclosure of Information to Employers

Quartz provides certain types of information to employers as permitted by law. Quartz can provide any employer summary health information (as defined by HIPAA) for purposes of obtaining premium bids, or modifying, amending or terminating the group health plan. Quartz can also provide information that has been de-identified in accordance with HIPAA. Contact Quartz Customer Service if you are "hands on" with protected health information and perform plan administration functions. Quartz must obtain additional legal documentation from employers considered "hands on" who perform plan administration functions.

Treatment Setting

Practitioners and providers are expected to implement confidentiality policies and procedures that address the disclosure of protected health information, patient access to protected health information, and the storage and protection of protected health information. Quartz reviews practitioner confidentiality processes during pre-contractual site visits for PCPs and certain specialty care practitioners.

Claims

When a member visits an in-network provider, it is the in-network provider's responsibility to submit claims to Quartz on behalf of the member. If a member sees an out-of-network health care provider, that provider may bill Quartz, but it is ultimately the member's responsibility to submit a completed claim form to Quartz. A member may request a copy of the claim from the provider and submit it to Quartz. A member can also obtain a claim form at QuartzBenefits.com.

A medical claim is required and must contain all the necessary information listed below in order to be processed for payment –

- Member name;
- Date of birth;
- Date of service;
- Diagnosis codes;
- Procedure codes;
- Billing amount;
- Provider Name and Address; and,
- Provider Tax ID Number.

Quality Improvement

Data for quality improvement measures are collected from claims, pharmacy records and other medical records. Quartz protects this information by reviewing records in non-public areas and excluding personally identifiable member protected health information from written reports when possible.

Workers' Compensation Coverage

If an employee experiences a work-related illness or injury, he / she must submit the claims for treatment immediately to his / her Workers' Compensation insurance carrier. Quartz does not provide coverage for services to treat an illness or injury arising from, or incurred during the course of any employment for wage or profit. If the Workers' Compensation insurance carrier determines that it is not responsible, Quartz will provide coverage according to the terms and conditions of the policy.

Customer Service

Quartz is committed to providing superior customer service. That's one reason we offer multiple options to reach us. Choose the option that's easiest for you on the last page.

Website

Quartz frequently updates our website. We encourage you to visit [QuartzBenefits.com](https://www.QuartzBenefits.com) regularly to see what's new. Here are some areas that may be helpful to you –

MyPlanTools for Employers

Log in to [MyPlanTools](#) to access and manage your group's health insurance information. You can confirm enrollment, enroll employees online, view benefit information and contact Enrollment Services through a secure portal.

MyChart

Quartz members can view their claims and benefits, update their personal information, view prior authorizations and send messages to Quartz Customer Service all through [MyChart](#), our secure online member portal. Plus, members who receive care from UW Health can review portions of their UW Health medical information.

Forms and Resources

Find forms, helpful links and other resources at [Forms and Resources](#).

Find a Doctor

Use [Find a Doctor](#), our provider lookup tool, to search for available primary care physicians (PCPs), specialists, hospitals and urgent care centers.

Prescription Drug Formulary

Go to our [Provider page](#) and choose an underwriting company to view the formulary for that plan. See what medications are covered and at what level.

Workplace Wellness

Call Quartz's Sales Department at (800) 926-8227 or sales@QuartzBenefits.com to take advantage of workplace resources such as –

- Wellness topic presentations;
- Employer wellness communications toolkit;
- Group consultation and wellness planning; and,
- Health assessments and screening events.

Health & Wellness

Rewards may be available to your employees for participating in weight loss programs, attending health education classes, as well as receiving integrative medicines services. Learn more at [Workplace Wellness](#).

Health Topics

Use the [Healthwise® Knowledgebase](#) to research symptoms, diagnoses, treatments and get helpful tips on self-care.

Newsletters

Quartz produces a quarterly employer [Connection Newsletter](#) that provides you with important information about your health plan as well as wellness resources to share with your employees. In addition to the current issue, we provide access to past issues in case you want to reference something or you missed a previous issue.

Contact Us

Phone

- Call Customer Service at (800) 362-3310.
- Call Back Program – If you are unable to contact us during regular business hours, you may call and leave a voicemail message including your name, subscriber number, telephone number where you can be reached and the best time for a representative to return your call. Messages are checked during regular business hours.

Online

- Email your questions or concerns via Ask an Expert within MyPlanTools.

Mail

- Quartz, 840 Carolina Street, Sauk City, WI 53583

UW Health Patient Resources

If you would like assistance selecting a UW Health primary care physician, call UW Health Patient Resources at (608) 821-4819 or (800) 552-4255.

Connect on Social Media

- Facebook: facebook.com/quartzhealthsolutions
- Twitter: twitter.com/QuartzBenefits
- LinkedIn: linkedin.com/company/quartz-health-solutions
- Instagram: instagram.com/quartzhealth

