This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<table>
<thead>
<tr>
<th>Get a copy of your health and claims records</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</td>
</tr>
<tr>
<td>We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask us to correct health and claims records</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</td>
</tr>
<tr>
<td>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request confidential communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</td>
</tr>
<tr>
<td>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask us to limit what we use or share</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can ask us not to use or share certain health information for treatment, payment, or our operations.</td>
</tr>
<tr>
<td>We are not required to agree to your request, and we may say “no” if it would affect your care.</td>
</tr>
</tbody>
</table>

continued on next page
YOUR RIGHTS CONTINUED

Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us using the information on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information
## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<table>
<thead>
<tr>
<th><strong>Help manage the health care treatment you receive</strong></th>
<th>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ We can use your health information and share it with professionals who are treating you.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Run our organization</strong></th>
<th>Example: We use health information about you to develop better services for you.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ We can use and disclose your information to run our organization and contact you when necessary.</td>
<td></td>
</tr>
<tr>
<td>▶ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pay for your health services</strong></th>
<th>Example: We share information about you with your dental plan to coordinate payment for your dental work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ We can use and disclose your health information as we pay for your health services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Administer your plan</strong></th>
<th>Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ We may disclose your health information to your health plan sponsor for plan administration.</td>
<td></td>
</tr>
</tbody>
</table>

*continued on next page*
**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

| Help with public health and safety issues | We can share health information about you for certain situations such as:  
- Preventing disease  
- Helping with product recalls  
- Reporting adverse reactions to medications  
- Reporting suspected abuse, neglect, or domestic violence  
- Preventing or reducing a serious threat to anyone’s health or safety |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Do research                               | We can use or share your information for health research.  
| Comply with the law                      | We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.  
| Respond to organ and tissue donation requests and work with a medical examiner or funeral director | We can share health information about you with organ procurement organizations.  
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers’ compensation, law enforcement, and other government requests | We can use or share health information about you:  
- For workers’ compensation claims  
- For law enforcement purposes or with a law enforcement official  
- With health oversight agencies for activities authorized by law  
- For special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions    | We can share health information about you in response to a court or administrative order, or in response to a subpoena. |

We never sell protected health information for marketing or fundraising purposes.

The HIPAA Privacy Rule generally does not “preempt” (or override) state privacy or other applicable laws that provide individuals with greater privacy protections. As a result, if any state privacy laws or other applicable federal laws provide for a stricter privacy standard, then we will follow the more strict state or federal laws.
OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

*Effective date: October 2, 2017*

This Notice of Privacy Practices applies to the following organizations.

- Quartz Health Benefit Plans Corporation
- Quartz Health Plan Corporation
- Quartz Health Plan MN Corporation
- Quartz Health Insurance Corporation

Questions?

Contact Quartz’s Privacy Official, 840 Carolina Street, Sauk City, WI 53583
Email: PrivacyOfficial@QuartzBenefits.com
Phone: (800) 362-3309
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: (800) 877-8973.

Hmong – Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb toog koi daim ntawv thov kev pab los yog koi 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 koi kuj yuav tau uaa qee yam uas peb kom koi ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koi thaj yuav tau baij kev pab cuam kho mob los yog kev pab them tej qoi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau uaa koi hom lus pub dawb rau koi. Hu rau (800) 362-3310. TTY / TDD: (800) 877-8973.

Vietnamese – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng băn vào dan góp hoặc hop đồng bảo hiểm qua chung trình Quartz. Xin xem ngay then chất trong thông báo này. Quý Vì có thể phải thực hiện the thông báo đúng trong thời hạn để duy trì hiệp Bund sức khỏe hoặc được trả trả thêm về chỉ phí. Quý Vì có quyền được biết thông tin này và được trả 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 您可能在特定的截止日期前採取行動 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証息 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 – ໂທລະສານບໍ່ມີມະນາຄິດສະຫຼາກ. ໂທລະສານບໍ່ມີມະນາຄິດສະຫຼາກຟ້າຍການນິຍັ່ງສະຫຼາບ ທ່ານ ໃນການສະບັບການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານຈະມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. ທ່ານມີການບໍ່ມີມະນາຄິດສະຫຼາກ Quartz ແຫຼໍ່ການນິຍັ່ງສະຫຼາບ. TTY / TDD: 711 / (800) 877-8973.