

Quartz Senior Preferred (HMO) BetterLife Wellness Registration Form

Quartz Senior Preferred SwedishAmerican plans provide the opportunity for members to enroll in BetterLife Wellness under Health and Wellness benefits as listed in the 2020 Evidence of Coverage, Chapter 4, Medical Benefits Chart. Refer to the Membership Benefits section within this document for the eligible services and requirements. Enrollment in BetterLife Wellness is for one year with the option to re-enroll every year thereafter.

Member Information

SwedishAmerican BetterLife Wellness Enrollment Date:

Member ID Number (from your Senior Preferred ID card):

First Name: MI: Last Name:

Gender: Date of Birth (mm/dd/yyyy): Phone Number (include area code):

City: State: ZIP:

Email:

Member Benefits / Requirements

- \$25 annual membership fee
- Access to the following:
 - Advanced health risk assessment and biometric screenings
 - Health coaching session to review health screen results and discuss goals
 - Wellness education sessions taught by credentialed professionals
 - Invitation to Annual Wellness Fair
 - 30-day trial membership to the YMCA upon completion of health risk assessment and biometric screenings
- 15% off BetterLife Wellness retail services including:
 - Therapeutic Massage
 - Weight Management Programs
 - Healthy Cooking Classes
 - Grocery Tours
 - Smoking Cessation Programs

How to Enroll

Please send completed form and payment to:

BetterLife Wellness
1415 East State St., Suite A3
Rockford, IL 61104

For questions about enrolling in SwedishAmerican BetterLife Wellness, contact us in one of the following ways:

- Phone: (779) 696-9700
- Fax: (779) 696-8505
- Email: betterlifewellness@swedishamerican.org

Important Information

This information is not a complete description of benefits. Contact Customer Service for more information at **(800) 394-5566 or TTY 711**, Monday through Friday, 8 a.m. to 8 p.m. October 1 through March 31, we're also available Saturdays and Sundays from 8 a.m. to 8 p.m.

Limitations, copayments and restrictions may apply. Benefits and / or copayments / coinsurance may change on January 1 of each year. Quartz Senior Preferred HMO is a Medicare Advantage plan with a Medicare contract. Enrollment in Quartz Senior Preferred depends on contract renewal

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-394-5566 (TTY: 711)。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

Arabic: إذا تتكثرت ركة غلا، نإف تامدخ ةدعاسملا وغلایة رفاوتت كل ناجملا. لصتا مقرب 711 (مقر: 1-800-394-5566). ةظوحلم: قتاها مصلا مكبلاو.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-394-5566 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

Amharic: ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-394-5566 (መስማት ለተሳናቸው: 711)።

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).

NOTICE OF NONDISCRIMINATION

Senior Preferred is the marketing name operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. 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 interpreters
 - Information written in other languages

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

If you believe that we have 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.