

Offered by Quartz Health Plan Corporation



# Quartz Medicare Supplement

This Outline of Coverage is provided by **Quartz Health Plan Corporation**, referred to through this Outline of Coverage as "**Quartz**," "we" or "our."

The Wisconsin Insurance Commissioner has set standards for **Medicare supplement insurance**. This policy meets these standards. It, along with **Medicare**, may not cover all your medical costs. You should carefully review 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.**

## **CONTACT US**

If you have questions or require language assistance, please call Customer Success at (800) 362-3310. For people who are deaf, hard of hearing or speech impaired, please call (800) 877-8973 or TTY 711. You may also call through a video relay service company of your choice. Interpreter services are provided free of charge to you. We can also give you information in Braille, in large print, or other alternate formats. A Customer Success representative is available to assist you Monday through Friday from 8 a.m. to 5 p.m. You can also visit our website at **QuartzBenefits.com**.

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## WHY BUY MEDICARE SUPPLEMENT INSURANCE?

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If you currently have **Medicare** alone, you know it does not always pay 100% of the bills. Supplemental insurance, such as **Quartz Medicare Supplement**, is additional insurance that will pick up the costs after **Medicare** pays. It also covers certain benefits that **Medicare** does not. With this additional coverage, it leaves you with little to no out-of-pocket cost-sharing and gives you peace of mind that your medical expenses will be taken care of. **Quartz Medicare Supplement** provides multiple options to choose from. From these options, **Quartz** can build a **plan** that is right for you and fits your needs.

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## ENROLLMENT INFORMATION

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To enroll in **Quartz Medicare Supplement**, you need to meet the following criteria:

- ✓ You must be at least 65 years of age or under 65 with certain disabilities (e.g., End-Stage Renal Disease).
- ✓ You must reside in Wisconsin on the **effective date** of the policy.
- ✓ You must have been enrolled in **Medicare** Part A and Part B by the date your policy starts.
- ✓ You must not be covered by Medicaid (BadgerCare) or a **Medicare Advantage plan**.

To apply you must meet all eligibility requirements, fill out an application, and return it to your insurance agent.

If you join a **Medicare Advantage (MA) plan**, you cannot use **Medicare supplement insurance (Medigap)** to pay for out-of-pocket costs you have in an **MA plan**. If you already have an **MA plan**, you cannot be sold a **Medigap** policy. You can only use a **Medigap** policy if you disenroll from your **MA plan** and return to original **Medicare**.

If you are not enrolled in **Medicare** Part B or discontinue or lapse your **Medicare** Part B medical insurance, and you incur charges allowable by **Medicare**, we will pay **Medicare-eligible expenses** as if you had been insured

under **Medicare** Part B. You will be responsible for the charges that **Medicare** Part B should have covered, had you been enrolled.

### ***Open Enrollment Period***

The **Quartz Medicare Supplement** open enrollment period is the six calendar months immediately following the month you enroll in **Medicare** Parts A and B.

Coverage begins the first of the month after we accept your application and premium. It could also begin on the **effective date** you requested on your application. The **effective date** you request can be up to three months from when you completed your application.

Enrollments made during the open enrollment period are guarantee issue.

### ***Special Enrollment Period***

If you have lost or are losing other health insurance coverage, you may be guaranteed acceptance in one or more of our **Medicare Supplement plans** that we offer. You may have received a notice from your prior insurer saying that you had certain rights and were eligible for guaranteed issue or a **Medicare supplement insurance policy**. You must submit a copy of the notice from your prior insurer with your application to us. You must submit them to us no later than 63 days after your other coverage ends.

Coverage begins the first of the month after we accept your application and premium. It could also begin on the **effective date** you requested on your application. The **effective date** must be within 63 days from the termination of your previous policy.

Enrollments made during this period are guarantee issue.

### ***Other Enrollment Period(s)***

Enrollments made outside of the open enrollment period are subject to medical underwriting.

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## SERVICE LOCATIONS

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Unlike an HMO, **Quartz Medicare Supplement** gives you the option to keep the same doctor you have been seeing for years. You can also change doctors at any time. As long as you are a Wisconsin resident at the time your policy takes effect, you have complete freedom to see any **Medicare**-payable healthcare provider, anywhere in the U.S. If you move, your coverage can move with you. It's that easy.

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## PREMIUM INFORMATION

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We can only raise your premium if we raise the premium for all policies like yours in this state. Premiums may change annually on your renewal date. They also may change if you move into a new rating area. The first month's premium must be received to activate your **Quartz Medicare Supplement** coverage.

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## USE THIS OUTLINE TO COMPARE BENEFITS AND PREMIUMS AMONG POLICIES

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**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 your insurance company.

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## RIGHT TO RETURN POLICY

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If you find that you are not satisfied with your policy, you may return it to **Quartz** at 2650 Novation Parkway, Madison, 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. We will return all your payments directly to you.

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## **POLICY REPLACEMENT**

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If you are replacing another health insurance policy, do not cancel that policy until you have actually received your new **Quartz Medicare Supplement** policy and are sure you want to keep it.

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## **NOTICE**

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This policy may not fully cover all your medical costs.

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## **RENEWAL TERMS**

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As a member of **Quartz Medicare Supplement**, you will never be cancelled because of your health. As long as you continue to make your full premium payments on time, you are guaranteed renewable for life.

For your **Quartz Medicare Supplement** coverage to continue, we must receive your premium as required by the policy. Your grace period for paying premium is 31 days after the premium due date.

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## **PAYMENT OPTIONS**

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Each month you will receive a billing statement. There are several ways you can pay your premium.

### **Option 1 - Pay by Check or Money Order (cash not accepted)**

If you choose to make your monthly premium payment by check or money order, you must submit the tear-off portion of your billing statement each month with your premium payment. Premium payments should be mailed to:

Quartz Health Plan Corporation  
2650 Novation Pkwy.  
Madison, WI 53713

## **Option 2 - Online Payment**

You can pay your premium online through your MyChart account at **QuartzMyChart.com**. Don't have an account? Go to **QuartzMyChart.com** and select "SIGN UP NOW." Next, follow the easy steps for instant activation or complete the process by mail.

## **Option 3 - Phone Payment**

To pay your premium via telephone, call (800) 362-3310. This is an automated payment process. You may provide your banking information or credit/debit account information when making your payment through this option.

## **GRACE PERIOD**

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Any premium not paid to us by the due date is in default. For each premium not paid when due, there is a 31-day grace period. If you do not pay your premium in full, the policy will terminate automatically at the end of the 31-day grace period, back to the first day of the month for which the premium was not paid. If you do not pay your premium by the end of the grace period, you will be responsible for any services rendered during the grace period that **Quartz** would have paid for on your behalf. You may notify us in advance if you want to end the policy.

**Neither Quartz Medicare Supplement  
nor its agents are connected with  
Medicare.**

## PREMIUM RATES

We can only raise your premium if we raise the premium for all policies like yours in this state. Premiums may change annually on your renewal date. They also may change if you move into a new rating area.

### AREA A

#### **Non-tobacco user rates**

Counties: Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, and Vernon.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	500.71	30.66	62.20	20.72	-67.66	22.34	27.95	21.57
<b>65</b>	166.91	10.23	20.72	20.72	-22.55	7.46	9.31	7.20
<b>66</b>	174.26	10.88	22.03	20.72	-23.50	7.78	9.74	7.50
<b>67</b>	182.00	11.56	23.41	20.72	-24.51	8.14	10.18	7.83
<b>68</b>	190.03	12.27	24.86	20.72	-25.54	8.46	10.60	8.17
<b>69</b>	198.47	13.02	26.39	20.72	-26.65	8.82	11.07	8.55
<b>70</b>	207.27	13.82	28.00	20.72	-27.76	9.25	11.58	8.90
<b>71</b>	216.80	14.76	29.82	20.72	-28.90	9.66	12.11	9.31
<b>72</b>	226.97	15.70	31.75	20.72	-30.14	10.12	12.67	9.75
<b>73</b>	237.48	16.74	33.83	20.72	-31.37	10.56	13.28	10.19
<b>74</b>	247.97	17.82	36.03	20.72	-32.56	11.04	13.85	10.66
<b>75</b>	258.13	18.94	38.27	20.72	-33.63	11.47	14.40	11.07
<b>76</b>	267.89	20.12	40.62	20.72	-34.64	11.91	14.98	11.47
<b>77</b>	277.48	21.32	43.06	20.72	-35.59	12.30	15.49	11.89
<b>78</b>	286.98	22.56	45.60	20.72	-36.42	12.74	16.02	12.28
<b>79</b>	296.51	23.90	48.27	20.72	-37.20	13.14	16.56	12.71
<b>80</b>	306.18	25.35	51.16	20.72	-37.84	13.56	17.11	13.09
<b>81</b>	316.24	26.94	54.31	20.72	-38.38	13.96	17.67	13.54
<b>82</b>	326.60	28.59	57.68	20.72	-38.78	14.40	18.24	13.96
<b>83</b>	336.96	30.37	61.18	20.72	-39.12	14.79	18.81	14.39
<b>84</b>	346.90	32.15	64.75	20.72	-39.37	15.24	19.39	14.80
<b>85+</b>	356.13	33.88	68.25	20.72	-39.66	15.58	19.88	15.20

**AREA A****Tobacco user rates**

Counties: Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, and Vernon.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	550.78	33.73	68.42	22.79	-74.43	24.57	30.75	23.73
<b>65</b>	183.60	11.25	22.79	22.79	-24.81	8.21	10.24	7.92
<b>66</b>	191.69	11.97	24.23	22.79	-25.85	8.56	10.71	8.25
<b>67</b>	200.20	12.72	25.75	22.79	-26.96	8.95	11.20	8.61
<b>68</b>	209.03	13.50	27.35	22.79	-28.09	9.31	11.66	8.99
<b>69</b>	218.32	14.32	29.03	22.79	-29.32	9.70	12.18	9.41
<b>70</b>	228.00	15.20	30.80	22.79	-30.54	10.18	12.74	9.79
<b>71</b>	238.48	16.24	32.80	22.79	-31.79	10.63	13.32	10.24
<b>72</b>	249.67	17.27	34.93	22.79	-33.15	11.13	13.94	10.73
<b>73</b>	261.23	18.41	37.21	22.79	-34.51	11.62	14.61	11.21
<b>74</b>	272.77	19.60	39.63	22.79	-35.82	12.14	15.24	11.73
<b>75</b>	283.94	20.83	42.10	22.79	-36.99	12.62	15.84	12.18
<b>76</b>	294.68	22.13	44.68	22.79	-38.10	13.10	16.48	12.62
<b>77</b>	305.23	23.45	47.37	22.79	-39.15	13.53	17.04	13.08
<b>78</b>	315.68	24.82	50.16	22.79	-40.06	14.01	17.62	13.51
<b>79</b>	326.16	26.29	53.10	22.79	-40.92	14.45	18.22	13.98
<b>80</b>	336.80	27.89	56.28	22.79	-41.62	14.92	18.82	14.40
<b>81</b>	347.86	29.63	59.74	22.79	-42.22	15.36	19.44	14.89
<b>82</b>	359.26	31.45	63.45	22.79	-42.66	15.84	20.06	15.36
<b>83</b>	370.66	33.41	67.30	22.79	-43.03	16.27	20.69	15.83
<b>84</b>	381.59	35.37	71.23	22.79	-43.31	16.76	21.33	16.28
<b>85+</b>	391.74	37.27	75.08	22.79	-43.63	17.14	21.87	16.72

**AREA B****Non-tobacco user rates**

Counties: Milwaukee, Ozaukee, Washington, Waukesha, Racine, and Kenosha.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	600.85	36.79	74.64	24.86	-81.19	26.81	33.54	25.88
<b>65</b>	200.29	12.28	24.86	24.86	-27.06	8.95	11.17	8.64
<b>66</b>	209.11	13.06	26.44	24.86	-28.20	9.34	11.69	9.00
<b>67</b>	218.40	13.87	28.09	24.86	-29.41	9.77	12.22	9.40
<b>68</b>	228.04	14.72	29.83	24.86	-30.65	10.15	12.72	9.80
<b>69</b>	238.16	15.62	31.67	24.86	-31.98	10.58	13.28	10.26
<b>70</b>	248.72	16.58	33.60	24.86	-33.31	11.10	13.90	10.68
<b>71</b>	260.16	17.71	35.78	24.86	-34.68	11.59	14.53	11.17
<b>72</b>	272.36	18.84	38.10	24.86	-36.17	12.14	15.20	11.70
<b>73</b>	284.98	20.09	40.60	24.86	-37.64	12.67	15.94	12.23
<b>74</b>	297.56	21.38	43.24	24.86	-39.07	13.25	16.62	12.79
<b>75</b>	309.76	22.73	45.92	24.86	-40.36	13.76	17.28	13.28
<b>76</b>	321.47	24.14	48.74	24.86	-41.57	14.29	17.98	13.76
<b>77</b>	332.98	25.58	51.67	24.86	-42.71	14.76	18.59	14.27
<b>78</b>	344.38	27.07	54.72	24.86	-43.70	15.29	19.22	14.74
<b>79</b>	355.81	28.68	57.92	24.86	-44.64	15.77	19.87	15.25
<b>80</b>	367.42	30.42	61.39	24.86	-45.41	16.27	20.53	15.71
<b>81</b>	379.49	32.33	65.17	24.86	-46.06	16.75	21.20	16.25
<b>82</b>	391.92	34.31	69.22	24.86	-46.54	17.28	21.89	16.75
<b>83</b>	404.35	36.44	73.42	24.86	-46.94	17.75	22.57	17.27
<b>84</b>	416.28	38.58	77.70	24.86	-47.24	18.29	23.27	17.76
<b>85+</b>	427.36	40.66	81.90	24.86	-47.59	18.70	23.86	18.24

**AREA B****Tobacco user rates**

Counties: Milwaukee, Ozaukee, Washington, Waukesha, Racine, and Kenosha.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	660.94	40.47	82.10	27.35	-89.31	29.49	36.89	28.47
<b>65</b>	220.32	13.50	27.35	27.35	-29.77	9.85	12.29	9.50
<b>66</b>	230.02	14.36	29.08	27.35	-31.02	10.27	12.86	9.90
<b>67</b>	240.24	15.26	30.90	27.35	-32.35	10.74	13.44	10.34
<b>68</b>	250.84	16.20	32.82	27.35	-33.71	11.17	13.99	10.78
<b>69</b>	261.98	17.19	34.83	27.35	-35.18	11.64	14.61	11.29
<b>70</b>	273.60	18.24	36.96	27.35	-36.64	12.21	15.29	11.75
<b>71</b>	286.18	19.48	39.36	27.35	-38.15	12.75	15.99	12.29
<b>72</b>	299.60	20.72	41.91	27.35	-39.78	13.36	16.72	12.87
<b>73</b>	313.47	22.10	44.66	27.35	-41.41	13.94	17.53	13.45
<b>74</b>	327.32	23.52	47.56	27.35	-42.98	14.57	18.28	14.07
<b>75</b>	340.73	25.00	50.52	27.35	-44.39	15.14	19.01	14.61
<b>76</b>	353.61	26.56	53.62	27.35	-45.72	15.72	19.77	15.14
<b>77</b>	366.27	28.14	56.84	27.35	-46.98	16.24	20.45	15.69
<b>78</b>	378.81	29.78	60.19	27.35	-48.07	16.82	21.15	16.21
<b>79</b>	391.39	31.55	63.72	27.35	-49.10	17.34	21.86	16.78
<b>80</b>	404.16	33.46	67.53	27.35	-49.95	17.90	22.59	17.28
<b>81</b>	417.44	35.56	71.69	27.35	-50.66	18.43	23.32	17.87
<b>82</b>	431.11	37.74	76.14	27.35	-51.19	19.01	24.08	18.43
<b>83</b>	444.79	40.09	80.76	27.35	-51.64	19.52	24.83	18.99
<b>84</b>	457.91	42.44	85.47	27.35	-51.97	20.12	25.59	19.54
<b>85+</b>	470.09	44.72	90.09	27.35	-52.35	20.57	26.24	20.06

**AREA C**

**Non-tobacco user rates**

All other Wisconsin counties.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	530.75	32.50	65.93	21.96	-71.72	23.68	29.63	22.86
<b>65</b>	176.92	10.84	21.96	21.96	-23.90	7.91	9.87	7.63
<b>66</b>	184.72	11.53	23.35	21.96	-24.91	8.25	10.32	7.95
<b>67</b>	192.92	12.25	24.81	21.96	-25.98	8.63	10.79	8.30
<b>68</b>	201.43	13.01	26.35	21.96	-27.07	8.97	11.24	8.66
<b>69</b>	210.38	13.80	27.97	21.96	-28.25	9.35	11.73	9.06
<b>70</b>	219.71	14.65	29.68	21.96	-29.43	9.81	12.27	9.43
<b>71</b>	229.81	15.65	31.61	21.96	-30.63	10.24	12.84	9.87
<b>72</b>	240.59	16.64	33.66	21.96	-31.95	10.73	13.43	10.34
<b>73</b>	251.73	17.74	35.86	21.96	-33.25	11.19	14.08	10.80
<b>74</b>	262.85	18.89	38.19	21.96	-34.51	11.70	14.68	11.30
<b>75</b>	273.62	20.08	40.57	21.96	-35.65	12.16	15.26	11.73
<b>76</b>	283.96	21.33	43.06	21.96	-36.72	12.62	15.88	12.16
<b>77</b>	294.13	22.60	45.64	21.96	-37.73	13.04	16.42	12.60
<b>78</b>	304.20	23.91	48.34	21.96	-38.61	13.50	16.98	13.02
<b>79</b>	314.30	25.33	51.17	21.96	-39.43	13.93	17.55	13.47
<b>80</b>	324.55	26.87	54.23	21.96	-40.11	14.37	18.14	13.88
<b>81</b>	335.21	28.56	57.57	21.96	-40.68	14.80	18.73	14.35
<b>82</b>	346.20	30.31	61.14	21.96	-41.11	15.26	19.33	14.80
<b>83</b>	357.18	32.19	64.85	21.96	-41.47	15.68	19.94	15.25
<b>84</b>	367.71	34.08	68.64	21.96	-41.73	16.15	20.55	15.69
<b>85+</b>	377.50	35.91	72.35	21.96	-42.04	16.51	21.07	16.11

**AREA C**

**Tobacco user rates**

All other Wisconsin counties.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	583.83	35.75	72.53	24.16	-78.89	26.05	32.59	25.15
<b>65</b>	194.62	11.93	24.16	24.16	-26.29	8.70	10.86	8.40
<b>66</b>	203.19	12.69	25.69	24.16	-27.40	9.07	11.36	8.75
<b>67</b>	212.21	13.48	27.30	24.16	-28.58	9.49	11.87	9.13
<b>68</b>	221.57	14.31	28.99	24.16	-29.78	9.86	12.36	9.53
<b>69</b>	231.42	15.18	30.77	24.16	-31.07	10.28	12.91	9.97
<b>70</b>	241.68	16.11	32.65	24.16	-32.37	10.79	13.50	10.38
<b>71</b>	252.79	17.21	34.77	24.16	-33.70	11.26	14.12	10.86
<b>72</b>	264.65	18.31	37.02	24.16	-35.14	11.80	14.77	11.37
<b>73</b>	276.90	19.52	39.45	24.16	-36.58	12.31	15.48	11.88
<b>74</b>	289.13	20.78	42.01	24.16	-37.96	12.87	16.15	12.43
<b>75</b>	300.98	22.08	44.62	24.16	-39.21	13.37	16.79	12.91
<b>76</b>	312.36	23.46	47.36	24.16	-40.39	13.89	17.47	13.37
<b>77</b>	323.54	24.86	50.21	24.16	-41.50	14.34	18.06	13.86
<b>78</b>	334.62	26.30	53.17	24.16	-42.47	14.85	18.68	14.32
<b>79</b>	345.73	27.87	56.28	24.16	-43.38	15.32	19.31	14.82
<b>80</b>	357.01	29.56	59.65	24.16	-44.12	15.81	19.95	15.26
<b>81</b>	368.74	31.41	63.33	24.16	-44.75	16.28	20.60	15.79
<b>82</b>	380.82	33.34	67.25	24.16	-45.22	16.79	21.27	16.28
<b>83</b>	392.90	35.41	71.34	24.16	-45.61	17.25	21.93	16.78
<b>84</b>	404.49	37.49	75.50	24.16	-45.91	17.77	22.61	17.26
<b>85+</b>	415.25	39.50	79.58	24.16	-46.24	18.17	23.18	17.72

**AREA D****Non-tobacco user rates**

Policyholders who relocate out of state.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	700.99	42.92	87.08	29.01	-94.72	31.28	39.13	30.20
<b>65</b>	233.67	14.32	29.01	29.01	-31.57	10.44	13.03	10.08
<b>66</b>	243.96	15.23	30.84	29.01	-32.90	10.89	13.64	10.50
<b>67</b>	254.80	16.18	32.77	29.01	-34.31	11.40	14.25	10.96
<b>68</b>	266.04	17.18	34.80	29.01	-35.76	11.84	14.84	11.44
<b>69</b>	277.86	18.23	36.95	29.01	-37.31	12.35	15.50	11.97
<b>70</b>	290.18	19.35	39.20	29.01	-38.86	12.95	16.21	12.46
<b>71</b>	303.52	20.66	41.75	29.01	-40.46	13.52	16.95	13.03
<b>72</b>	317.76	21.98	44.45	29.01	-42.20	14.17	17.74	13.65
<b>73</b>	332.47	23.44	47.36	29.01	-43.92	14.78	18.59	14.27
<b>74</b>	347.16	24.95	50.44	29.01	-45.58	15.46	19.39	14.92
<b>75</b>	361.38	26.52	53.58	29.01	-47.08	16.06	20.16	15.50
<b>76</b>	375.05	28.17	56.87	29.01	-48.50	16.67	20.97	16.06
<b>77</b>	388.47	29.85	60.28	29.01	-49.83	17.22	21.69	16.65
<b>78</b>	401.77	31.58	63.84	29.01	-50.99	17.84	22.43	17.19
<b>79</b>	415.11	33.46	67.58	29.01	-52.08	18.40	23.18	17.79
<b>80</b>	428.65	35.49	71.62	29.01	-52.98	18.98	23.95	18.33
<b>81</b>	442.74	37.72	76.03	29.01	-53.73	19.54	24.74	18.96
<b>82</b>	457.24	40.03	80.75	29.01	-54.29	20.16	25.54	19.54
<b>83</b>	471.74	42.52	85.65	29.01	-54.77	20.71	26.33	20.15
<b>84</b>	485.66	45.01	90.65	29.01	-55.12	21.34	27.15	20.72
<b>85+</b>	498.58	47.43	95.55	29.01	-55.52	21.81	27.83	21.28

**AREA D****Tobacco user rates**

Policyholders who relocate out of state.

<b>Current Age</b>	<b>Quartz Medicare Supplement Base</b>	<b>Part A 50% Deductible</b>	<b>Part A 100% Deductible</b>	<b>Part B Deductible</b>	<b>Part B Copay/Coinsurance</b>	<b>Part B Excess Charge</b>	<b>Home Health</b>	<b>Foreign Travel Emergency</b>
<b>Under 65</b>	771.09	47.22	95.79	31.91	-104.20	34.40	43.04	33.22
<b>65</b>	257.04	15.75	31.91	31.91	-34.73	11.49	14.34	11.09
<b>66</b>	268.36	16.76	33.93	31.91	-36.19	11.98	15.00	11.55
<b>67</b>	280.28	17.80	36.05	31.91	-37.75	12.54	15.68	12.06
<b>68</b>	292.65	18.90	38.28	31.91	-39.33	13.03	16.32	12.58
<b>69</b>	305.64	20.05	40.64	31.91	-41.04	13.58	17.05	13.17
<b>70</b>	319.20	21.28	43.12	31.91	-42.75	14.25	17.83	13.71
<b>71</b>	333.87	22.73	45.92	31.91	-44.51	14.88	18.65	14.34
<b>72</b>	349.53	24.18	48.90	31.91	-46.42	15.58	19.51	15.02
<b>73</b>	365.72	25.78	52.10	31.91	-48.31	16.26	20.45	15.69
<b>74</b>	381.87	27.44	55.49	31.91	-50.14	17.00	21.33	16.42
<b>75</b>	397.52	29.17	58.94	31.91	-51.79	17.66	22.18	17.05
<b>76</b>	412.55	30.98	62.55	31.91	-53.35	18.34	23.07	17.66
<b>77</b>	427.32	32.83	66.31	31.91	-54.81	18.94	23.85	18.31
<b>78</b>	441.95	34.74	70.22	31.91	-56.09	19.62	24.67	18.91
<b>79</b>	456.63	36.81	74.34	31.91	-57.29	20.24	25.50	19.57
<b>80</b>	471.52	39.04	78.79	31.91	-58.27	20.88	26.35	20.16
<b>81</b>	487.01	41.49	83.64	31.91	-59.11	21.50	27.21	20.85
<b>82</b>	502.96	44.03	88.83	31.91	-59.72	22.18	28.09	21.50
<b>83</b>	518.92	46.77	94.22	31.91	-60.24	22.78	28.97	22.16
<b>84</b>	534.23	49.51	99.72	31.91	-60.63	23.47	29.86	22.79
<b>85+</b>	548.44	52.18	105.11	31.91	-61.08	23.99	30.62	23.41

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## PREMIUM CALCULATION

### Quartz Medicare Supplement Base Plan

\$ \_\_\_\_\_

#### Quartz Medicare Supplement Base Plan Optional Enhancements

Each of these riders may be purchased separately.

*Choose one type of coverage:*

#### **Part A 100% Deductible Rider**

\$ \_\_\_\_\_

We'll pay 100% of your **Medicare** Part A **deductible** of \$1,632 during the first 60 days of a **confinement**.

**or**

#### **Part A 50% Deductible Rider**

\$ \_\_\_\_\_

We'll pay 50% of your **Medicare** Part A **deductible** of \$1,632 during the first 60 days of a **confinement**.

*Choose one type of coverage:*

#### **Part B Deductible Rider (only for applicants who were Medicare-eligible before 01/01/2020)**

\$ \_\_\_\_\_

We'll pay your **Medicare** Part B **deductible** of \$240 each **calendar year**.

**or**

#### **Part B Copay/Coinsurance Rider**

\$ \_\_\_\_\_

Your **copayment** or **coinsurance** will be the lesser of \$20 per office visit, or \$50 per emergency room visit, or the **Medicare** Part B **coinsurance**. The **Medicare** Part B medical **deductible** will apply.

#### **Part B Excess Charges Rider**

\$ \_\_\_\_\_

We'll pay the difference between what **Medicare** approves for payment and the amount charged by the provider, if your provider does not accept **Medicare** assignment. The difference shall be no more than the actual charge or the limiting charge allowed by **Medicare**, whichever is less.

**Home Health Rider**

\$ \_\_\_\_\_

We'll pay benefits for an additional 325 **home health care** visits each **calendar year**, up to a total of 365 visits per year, in addition to those covered by **Medicare**.

**Foreign Travel Emergency Rider**

\$ \_\_\_\_\_

We'll pay 80% of expenses associated with the emergency medical care you receive outside the U.S. that begins in the first 60 days of a trip, after you satisfy a **deductible** of \$250, up to a lifetime maximum benefit of \$50,000.

**BASE POLICY and SELECTED OPTIONAL RIDERS**  
**TOTAL MONTHLY PREMIUM**

\$ \_\_\_\_\_

In addition to this Outline of Coverage, **Quartz** will send an annual notice to you 30 days prior to the of **Medicare** changes that will describe these changes and the changes in your **Medicare Supplement** coverage.

**BENEFIT TABLE**

The amounts listed in the benefit table are based on 2024 **Medicare deductible** and **coinsurance** amounts. They are subject to change. These benefits apply only to **Medicare**-approved services unless otherwise noted.

**NOTE:** A **benefit period** begins on the first day you receive services as an inpatient in a hospital. It 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	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<b>PART A BENEFITS</b>				
<b>Hospitalization per benefit period:</b> Inpatient services such as semi-private room and board, general nursing, and miscellaneous hospital services and supplies	<b>Base Plan</b>			
	<i>Days 1-60:</i> <b>Medicare</b> pays all but the \$1,632 Part A <b>deductible</b>	<i>Days 1-60:</i> Quartz <b>Medicare Supplement</b> pays \$0		<i>Days 1-60:</i> You pay \$1,632 Part A <b>deductible</b> with Quartz <b>Medicare Supplement</b>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<b>Part A 100% Deductible Rider</b>				
	<p><i>Days 1-60:</i>  <b>Medicare</b> pays all but the \$1,632 Part A <b>deductible</b></p>		<p><i>Days 1-60:</i>  <u>Medicare Part A 100% Deductible Rider*</u> with Quartz <b>Medicare Supplement</b> pays the \$1,632 <b>deductible</b></p>	<p><i>Days 1-60:</i>            You pay \$0 Part A <b>deductible</b> with Quartz <b>Medicare Supplement</b> and the optional benefit</p>
<b>Part A 50% Deductible Rider</b>				
	<p><i>Days 1-60:</i>  <b>Medicare</b> pays all but the \$1,632 Part A <b>deductible</b></p>		<p><i>Days 1-60:</i>  <u>Medicare Part A 50% Deductible Rider***</u> with Quartz <b>Medicare Supplement</b> pays \$816 of the <b>deductible</b></p>	<p><i>Days 1-60:</i>            You pay \$816 Part A <b>deductible</b> with Quartz <b>Medicare Supplement</b> and the optional benefit</p>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
	<i>Days 61-90:</i> <b>Medicare</b> pays all but \$408 per day	<i>Days 61-90:</i> Quartz <b>Medicare Supplement</b> pays \$408 per day		<i>Days 61-90:</i> You pay \$0 with Quartz <b>Medicare Supplement</b>
	<i>60 lifetime reserve days:</i> <b>Medicare</b> pays all but \$816 per day	<i>60 lifetime reserve days:</i> Quartz <b>Medicare Supplement</b> pays \$816 per day		<i>60 lifetime reserve days:</i> You pay \$0 with Quartz <b>Medicare Supplement</b>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
	<p><i>Days beyond the <b>lifetime reserve days</b>: <b>Medicare</b> does not cover any expenses</i></p>	<p><i>Days beyond the <b>lifetime reserve days</b>: Quartz <b>Medicare Supplement</b> pays 100% of Part A <b>Medicare-eligible expenses</b> for an additional 365 lifetime days**</i></p>		<p><i>Days beyond the <b>lifetime reserve days</b>: You pay \$0 of Part A <b>Medicare-eligible expenses</b> for an additional 365 lifetime days** with Quartz <b>Medicare Supplement</b></i></p>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<p><b>Inpatient Psychiatric Care: In an in-network psychiatric hospital per benefit period. Medicare</b> limits the number of inpatient psychiatric benefit days to a lifetime limit of 190 days. Quartz <b>Medicare Supplement</b> covers an additional 175 days for a combined lifetime limit of 365 days.</p>	<b>Base Plan</b>			
	<p><i>Days 1-60:</i> <b>Medicare</b> pays all but the \$1,632 Part A <b>deductible</b></p>	<p><i>Days 1-60:</i> Quartz <b>Medicare Supplement</b> pays \$0</p>		<p><i>Days 1-60:</i> You pay \$1,632 Part A <b>deductible</b> with Quartz <b>Medicare Supplement</b></p>
	<b>Part A 100% Deductible Rider</b>			
<p><i>Days 1-60:</i> <b>Medicare</b> pays all but the \$1,632 Part A <b>deductible</b></p>		<p><i>Days 1-60:</i> <u>Medicare Part A 100% Deductible Rider*</u> with Quartz <b>Medicare Supplement</b> pays the \$1,632 <b>deductible</b></p>	<p><i>Days 1-60:</i> You pay \$0 Part A <b>deductible</b> with Quartz <b>Medicare Supplement</b> and the optional benefit</p>	

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Inpatient Psychiatric Care (continued)	<b>Part A 50% Deductible Rider</b>			
	<i>Days 1-60:</i> <b>Medicare</b> pays all but the \$1,632 Part A <b>deductible</b>		<i>Days 1-60:</i> <u>Medicare Part A 50% Deductible Rider</u> *** with Quartz <b>Medicare Supplement</b> pays \$816 of the <b>deductible</b>	<i>Days 1-60:</i> You pay \$816 Part A <b>deductible</b> with Quartz <b>Medicare Supplement</b> and the optional benefit
	<i>Days 61-90:</i> <b>Medicare</b> pays all but \$408 per day	<i>Days 61-90:</i> Quartz <b>Medicare Supplement</b> pays \$408 per day		<i>Days 61-90:</i> You pay \$0 with Quartz <b>Medicare Supplement</b>
<i>60 lifetime reserve days:</i> <b>Medicare</b> pays all but \$816 per day	<i>60 lifetime reserve days:</i> Quartz <b>Medicare Supplement</b> pays \$816 per day		<i>60 lifetime reserve days:</i> You pay \$0 with Quartz <b>Medicare Supplement</b>	

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<b>Inpatient Psychiatric Care</b> (continued)	Days beyond the <b>lifetime reserve days</b> : <b>Medicare</b> does not cover any expenses	Days beyond the <b>lifetime reserve days</b> : Quartz <b>Medicare Supplement</b> pays 100% of all Part A <b>Medicare-eligible expenses up to a lifetime limit of 365 days**</b>		Days beyond the <b>lifetime reserve days</b> : You pay \$0 of Part A <b>Medicare-eligible expenses up to a lifetime limit of 365 days**</b> with Quartz <b>Medicare Supplement</b>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<p><b>Skilled Nursing Facility Care (Swing Bed) per benefit period:</b> You must have been in a hospital for at least three days and entered a <b>Medicare</b>-approved facility within 30 days after leaving the hospital. <b>Skilled nursing care</b> and qualifying hospital swing bed care are considered the same. See the policy for additional information.</p>	<p><i>Days 1-20:</i> <b>Medicare</b> pays 100%</p>	<p><i>Days 1-20:</i> <b>Quartz Medicare Supplement</b> pays \$0</p>		<p><i>Days 1-20:</i> You pay \$0 with Part A <b>Medicare</b></p>
	<p><i>Days 21-100:</i> <b>Medicare</b> pays all but \$204 per day</p>	<p><i>Days 21-100:</i> <b>Quartz Medicare Supplement</b> pays \$204 per day</p>		<p><i>Days 21-100:</i> You pay \$0 with <b>Quartz Medicare Supplement</b></p>
	<p><i>Days over 100:</i> <b>Medicare</b> does not cover any expenses</p>	<p><i>Days over 100:</i> <b>Quartz Medicare Supplement</b> does not cover any expenses</p>		<p><i>Days over 100:</i> You pay 100% of all expenses</p>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<b>Non-qualified Medicare Stay or benefits for qualified stay exhausted.</b>	<b>Medicare</b> does not cover any expenses	Days 1-30: <b>Quartz Medicare Supplement</b> pays 100%		
<b>Blood, first 3 pints</b>	<b>Medicare</b> pays \$0	<b>Quartz Medicare Supplement</b> pays 100%		You pay \$0 with <b>Quartz Medicare Supplement</b>
<b>Hospice Care:</b> Your doctor must certify that you are terminally ill.	<b>Medicare</b> pays all but limited <b>copayments</b> and <b>coinsurance</b> for outpatient drugs and inpatient respite care	<b>Quartz Medicare Supplement</b> pays 100% of any <b>copayment</b> or <b>coinsurance</b> amount		You pay \$0 with <b>Quartz Medicare Supplement</b>

\*These are optional riders. You may purchase these benefits if you pay an additional premium.

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

\*\*\*This optional rider may reduce your premium when you pay 50% of **Medicare** Part A **deductible**.

This 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.

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<b>PART B BENEFITS</b>				
<b>Medical Expenses:</b> Includes <b>Medicare</b> -eligible expenses for physician services; inpatient and outpatient medical services and supplies; physical, occupational and speech therapy; diagnostic tests; <b>durable medical equipment</b> .	<b>Base Plan</b>			
	<b>Medicare</b> , in general, pays 80% after Part B <b>deductible</b> *	<b>Quartz Medicare Supplement</b> , in general, pays 20% after Part B <b>deductible</b> *		You pay \$240 Part B <b>deductible</b> *
	<b>Part B Deductible Rider</b> <b>(only if Medicare-eligible before 01/01/2020)</b>			
<b>Medicare</b> , in general, pays 80% after Part B <b>deductible</b> *	<b>Quartz Medicare Supplement</b> , in general, pays 20% after Part B <b>deductible</b> *	<u>Medicare Part B Deductible Rider</u> ** with <b>Quartz Medicare Supplement</b> pays \$240 Part B <b>deductible</b>	You pay \$0 Part B <b>deductible</b> * with <b>Quartz Medicare Supplement</b> and the optional benefit	

### Part B Copay/Coinsurance Rider

<p><b>Medicare</b>, in general, pays 80% after Part B <b>deductible*</b></p>		<p><u>Medicare Part B Copayment</u> or <u>Coinsurance Rider***</u> with <b>Quartz Medicare Supplement</b> pays amounts exceeding \$20 for an <i>office visit</i> or over \$50 for an <i>emergency room visit</i> after Part B <b>deductible*</b></p>	<p>You pay no more than \$20 for an <i>office visit</i> or \$50 for an <i>emergency room visit</i> after Part B <b>deductible*</b> with <b>Quartz Medicare Supplement</b> and the optional benefit</p>
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SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<b>Excess Part B charges:</b> Expenses charged to you by an out-of-network <b>Medicare</b> provider in excess of the <b>Medicare</b> -approved amount.	<b>Part B Excess Charges Rider</b>			
	<b>Medicare</b> does not cover excess Part B charges	<b>Quartz Medicare Supplement</b> without the optional benefit does not cover excess Part B charges	<u>Medicare Part B Excess Charges Rider</u> ** with <b>Quartz Medicare Supplement</b> pays 100% of the Part B excess charges up to the <b>Medicare</b> limiting charge	You pay \$0 of the excess Part B expenses up to the <b>Medicare</b> limiting charge with <b>Quartz Medicare Supplement</b> and the optional benefit
<b>Blood, first 3 pints</b>	<b>Medicare</b> pays \$0	<b>Quartz Medicare Supplement</b> pays 100%		You pay \$0 with <b>Quartz Medicare Supplement</b>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<b>Chiropractic Services</b>	<b>Medicare</b> pays 80% of charges for chiropractic manipulation only after Part B <b>deductible*</b>	<b>Quartz Medicare Supplement</b> pays 20% of <b>Medicare-</b> covered charges and the full <b>usual, customary and reasonable charges</b> for <b>medically necessary</b> chiropractic charges after Part B <b>deductible*</b>		You pay for charges in excess of the full <b>usual, customary and reasonable charge</b> for <b>medically necessary</b> chiropractic services after Part B <b>deductible*</b> with <b>Quartz Medicare Supplement</b>
<b>Clinical Laboratory Services:</b> Tests for diagnostic services.	<b>Medicare</b> pays 100% of approved services	<b>Quartz Medicare Supplement</b> pays \$0		You pay \$0 for <b>Medicare-</b> approved services

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<p><b>Home Health Care:</b> Your doctor must certify that you would need to be in the hospital or skilled nursing home if the home care was not available to you.</p>	<b>Base Plan</b>			
	<p><b>Medicare</b> pays 100% for <b>medically necessary</b> visits when you meet certain criteria</p>	<p><b>Quartz Medicare Supplement</b> pays for up to 40 visits in addition to the visits provided by <b>Medicare</b> in a 12-month period</p>		<p>You pay \$0 for up to 40 visits in a 12-month period with <b>Quartz Medicare Supplement</b></p>
	<b>Home Health Rider</b>			
	<p><b>Medicare</b> pays 100% for <b>medically necessary</b> visits when you meet certain criteria</p>		<p>Additional <u>Home Health Care Rider**</u> with <b>Quartz Medicare Supplement</b> pays for up to a total of 365 lifetime visits in addition to the visits provided by <b>Medicare</b> in a 12-month period</p>	<p>You pay \$0 for up to a total of 365 lifetime visits per year with <b>Quartz Medicare Supplement</b> and the optional benefit</p>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
<p><b>Preventive Services not covered by Medicare:</b> Includes routine eye and routine hearing exams.</p>	<p><b>Medicare</b> does not cover any expenses</p>	<p><b>Quartz Medicare Supplement</b> pays 100% of preventive services not covered by <b>Medicare</b> up to \$1,000 per <b>calendar year</b></p>		<p>You pay any amount exceeding \$1,000 per <b>calendar year</b> for preventive services not covered by <b>Medicare</b> with <b>Quartz Medicare Supplement</b></p>

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Emergency Medical Services Incurred While Traveling Outside of the United States	<b>Base Plan</b>			
	<p><b>Medicare</b> does not cover most emergency medical services outside of the United States</p>	<p><b>Quartz Medicare Supplement</b> does not cover most emergency medical services outside of the United States</p>		<p>You pay 100% of all medical expenses while traveling outside of the United States</p>
	<b>Foreign Travel Emergency Rider</b>			
<p><b>Medicare</b> does not cover most emergency medical services outside of the United States</p>		<p><u>Foreign Travel Emergency Rider</u>** with <b>Quartz Medicare Supplement</b> pays 80% <b>coinsurance</b> after \$250 <b>deductible</b> for all eligible emergency medical expenses incurred within the first 60 days of your trip, up to a lifetime maximum benefit of \$50,000</p>	<p>You pay \$250 <b>deductible</b> and 20% <b>coinsurance</b> for emergency medical expenses up to a lifetime maximum benefit of \$50,000 with <b>Quartz Medicare Supplement</b> and the optional benefit</p>	

\*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**.

\*\*These are optional riders. You may purchase these benefits if you pay an additional premium. Note: The Part B Deductible Rider may only be purchased by persons who became eligible for **Medicare** before 01/01/2020.

\*\*\*This is an optional rider that may decrease your premium when you pay **copayments** for medical and emergency room visits.

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## LIMITATIONS AND EXCLUSIONS

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*Excluded* means that the **plan** does not cover these services.

The list below describes some services and items that are not covered under any conditions. It also describes some that are excluded only under specific conditions. See the policy for a complete list of exclusions.

- Personal comfort items;
- Routine physical exams and any related diagnostic, x-ray, and laboratory tests covered by **Medicare**;
- Eye exams and hearing exams, except as stated in the policy;
- Orthopedic and/or therapeutic shoes or other supporting devices for the feet;
- Routine foot care not covered by **Medicare**;
- **Custodial care**, including **maintenance care or supportive care**;
- Cosmetic surgery, except as stated in the policy;
- Outpatient prescription drugs;
- Professional services not provided by a payable provider, except as required by law;
- Chiropractic care unless covered by **Medicare** or required by Wisconsin law;
- Routine immunizations, except as eligible under **Medicare** and except as stated in the policy;
- Preparation, fitting, or purchase of eyeglasses or hearing aids, unless covered by **Medicare**;
- Dental care, dentures, treatment, filling, removal or replacement of teeth; dental x-rays, root canals, surgery for impacted teeth, or other surgical procedures to the teeth or supporting structures;
- Nursing home care costs beyond what is covered by **Medicare** and the additional 30-day skilled nursing;
- If you terminate your **Medicare** coverage, expenses, which would have been covered by **Medicare**;
- Your **Medicare** Part A **deductible**, unless you purchase the Medicare

100% Part A Deductible Rider or the Medicare 50% Part A Deductible Rider;

- Your **Medicare** Part B **deductible**, unless you purchase the Medicare Part B Deductible Rider (only allowed for persons eligible for **Medicare** before 01/01/2020);
- Physician charges above **Medicare's** approved charge, unless you purchase the Medicare Part B Excess Charges Rider;
- If you choose not to maintain **Medicare** Part B coverage, expenses for what **Medicare** Part B would have covered if you had been insured under **Medicare** Part B;
- **Home health care** beyond 40 visits, unless you purchase the Home Health Care Rider; and,
- Most healthcare services received outside the U.S., unless you purchase the Foreign Travel Emergency Rider.

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## MANDATED BENEFITS

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**Skilled Nursing Facilities — Medicare Supplement and Medicare Select** policies cover 30 days of **skilled nursing care** in a **skilled nursing facility**. The facility does not need to be certified by **Medicare** and the stay does not have to meet **Medicare's** definition of skilled care. No prior hospitalization may be required. The facility must be a licensed skilled care nursing facility. The care also must meet the insurance company's standards as **medically necessary**.

**Home Health Care — Medicare Supplement and Medicare Select** policies cover up to 40 home care visits per year in addition to those provided by **Medicare if you qualify**. Your doctor must certify that you would need to be in the hospital or a skilled nursing home if the home care was not available to you. Home nursing and **medically necessary** home health aide services are covered on a part-time or intermittent basis, along with physical, respiratory, occupational, or speech therapy. **Medicare supplement insurance** companies are required to offer coverage for 365 **home health care** visits in a policy year. Insurance companies may charge an additional premium for the additional coverage. **Medicare** provides coverage for all **medically necessary** home health visits. However, "**medically necessary**" is defined quite narrowly, and you must meet certain other criteria.

**Kidney Disease — Medicare Supplement and Medicare Select** policies cover inpatient and outpatient expense for dialysis, transplantation, or donor-related services of kidney disease in an amount not less than \$30,000 in any **calendar year**. Policies are not required to duplicate **Medicare** payments for kidney disease treatment.

**Diabetes Treatment — Medicare Supplement and Medicare Select** policies cover the usual and customary expenses incurred for the installation and use of an insulin infusion pump or other equipment or non-prescription supplies for the treatment of diabetes. Self-management services are also considered a covered expense. This benefit is available even if **Medicare** does not cover the claim.

**Medicare Supplement** and **Medicare Select** policies issued prior to January 1, 2006, for individuals who do not enroll in **Medicare** Part D cover prescription medication, insulin, and supplies associated with the injection of insulin. Prescription drug expenses are subject to the \$6,250 **deductible** for drug charges. This **deductible** does not apply to insulin.

**Medicare Supplement** and **Medicare Select** policies issued beginning January 1, 2006, do not cover prescription medication, insulin, and supplies associated with the injection of insulin as policies are prohibited from duplicating coverage available under **Medicare** Part D.

**Chiropractic Care – Medicare Supplement** and **Medicare Select** policies cover the usual and customary expense for services provided by a chiropractor under the scope of the chiropractor’s license. This benefit is available even if **Medicare** does not cover the claim. The care also must meet the insurance company’s standards as **medically necessary**.

**Hospital and Ambulatory Surgery Center Charges and Anesthetics for Dental Care – Medicare Supplement** and **Medicare Select** policies cover hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care for an individual with a chronic disability or an individual with a medical condition that requires hospitalization or general anesthesia for dental care. The care also must meet the insurance company’s standards as **medically necessary**.

**Breast Reconstruction – Medicare Supplement** and **Medicare Select** policies cover breast reconstruction of the affected tissue incident to a mastectomy.

**Colorectal Cancer Screening – Medicare Supplement** and **Medicare Select** policies cover colorectal cancer examinations and laboratory tests. Coverage is subject to any cost-sharing provisions, limitations, or exclusions that apply to other coverage under the policy.

**Coverage of Certain Health Care Costs in Cancer Clinical Trials – Medicare Supplement** and **Medicare Select** policies cover certain services, items, or

drugs administered in cancer clinical trials in certain situations. The coverage is subject to all terms, conditions, and restrictions that apply to other coverage under the policy, including the treatment under the policy of services performed by in-network and out-of-network providers.

**Prescription Eye Drop Refills — Medicare Supplement and Medicare Select** policies may cover prescription eye drops if covered under **Medicare** Part A or B. **Quartz** will not deny coverage of a member's request for reasons of an early refill of prescription eye drops.

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## **GRIEVANCE AND EXTERNAL REVIEW**

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If you are dissatisfied with the providing of services, our claim practices, or administration, you have the right to file a written grievance. Your grievance must be in writing, and it should be called a grievance.

We will let you know we received your grievance within five calendar days. Our Grievance and Appeals Committee will conduct a complete review of your grievance case. You will have a chance to come before the committee to present written or oral information and ask questions. We will inform you of the date and place of the committee meeting at least seven calendar days in advance.

In general, the resolution of your grievance will occur within 30 calendar days after receiving your grievance. However, we may extend this period by 30 more calendar days. If an extension is required, we must get your written or verbal permission prior to taking an extension. We will let you know in writing prior to the expiration of the first 30-day period. You must complete this grievance process before you start any legal action against us or before requesting an external review (except in limited circumstances explained in the policy).

### **External Review**

If you are not happy with the decision of the Grievance and Appeals Committee and your grievance qualifies, you may request an external review.

A neutral third party then reviews your case and makes a decision. We will inform you if your grievance qualifies for external review.

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## **GENERAL INFORMATION**

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This Outline of Coverage provides only a general description of **Quartz Medicare Supplement** benefits, limitations, and exclusions. You can find a more detailed description of coverage in the policy. The policy will be issued to you upon approval for coverage by **Quartz**. Coverage is subject to all terms and conditions of the policy and all riders.

This 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. To receive a copy of this handbook, call **(800) 633-4227**.

## **IMPORTANT**

If there's ever a discrepancy between the policy and this Outline of Coverage, the policy has final authority.



## 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 hnuv 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. ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໃບສະໜັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີ່ສໍາຄັນໃນໜ້າສື່ແຈ້ງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ 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 Auskúnt. Die Bekanntmachung gebt wíchdichi Auskúnt 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.