



# 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.

## Welcome

Thank you for choosing Quartz for your health insurance needs. We are excited to have you as part of the Quartz Community. Our team is dedicated to ensuring you have a collaborative and resourceful experience.

This guide was designed for group administrators and will help you access a variety of resources and information. Please read this manual carefully and keep it as a handy reference. We look forward to providing quality health insurance benefits and supporting you with the customer success you deserve.

### **If you have questions we can help.**

Please call Customer Success at **(800) 362-3310** for more information about your plan or with questions on any section in this manual.

## Enrolling methods

**MyPlanTools** is our secure online tool for employers. Within **MyPlanTools**, you can:

- Add, change, and terminate 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 Success 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 the group in the group application and approved by Quartz
- 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)
- A substitute worker

Refer to the eligibility and enrollment sections of your group master policy agreement and certificate of coverage 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.

Generally, 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 (special enrollment), or at the next annual enrollment period.

The waiver of coverage section must be completed for all eligible dependents who are not being enrolled under an employee's group health coverage. The waiver must be completed in full, including the reason for waiving, signature, and date.

- **Small employer groups:** The waiver section on an application for coverage must be completed and signed for all dependents waiving coverage. Coverage will not be processed until this information is received

You must advise employees if there are special criteria that must be met to enroll later.

## Dependent eligibility

Eligible dependents\*\* may include:

- A covered employee's spouse
- A covered employee's minor child, stepchild, or adopted child
- A covered employee's foster child, for Illinois, Iowa, and Minnesota certificates
- A covered employee's or spouse's legal ward, for Wisconsin certificates
- A child placed for adoption with the covered employee
- A child placed in foster care with the covered employee, for Illinois, Iowa, and Minnesota certificates
- An adult child who meets criteria under the Federal Patient Protection and Affordable Care Act or Wisconsin, Illinois, Iowa, or Minnesota state laws
- A grandchild (with a valid special enrollment period) if the parent to the grandchild is covered. If the parent to the grandchild is not covered, the grandchild is not eligible. The parent to the grandchild must be under age 18

\*\*Specific eligibility rules may differ by state where your policy is sold. Please see your certificate of coverage for more information.

## 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 in which you reside
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
  - 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
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 policy documents.

## 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 they turn 26.
- Dependents may apply for coverage when they have a qualifying event or during the group's open enrollment period. Quartz must 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 their 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.
- Illinois certificate only: Dependents under the age of 30 who are military veterans, Illinois residents, and received a release or discharge other than dishonorable.

### 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.

## Quartz plan eligibility

### HMO plan eligibility:

- Subscribers must reside or work in the Quartz service area. See the HMO Employee Plan Eligibility Map (<http://quartzbenefits.com/HMOEligibilityMap>) for the current information on where an employee may live and be eligible for the HMO plan.
- Quartz considers an employee's residence to be the location in which the employee spends at least nine months out of a 12-month period. Dependents residing outside of the service area must enroll in the same plan as the employee subscriber.



### PPO plan eligibility:

- If your employer chooses to offer a PPO plan, it is available to subscribers who reside outside of the Quartz selling area as indicated on the PPO Employee Plan Eligibility Map <http://quartzbenefits.com/PPOEligibilityMap>. Dependents must enroll in the same plan as the employee subscriber.

## Enrolling new employees

- Each eligible employee who elects coverage must complete an employee application or be enrolled electronically through **MyPlanTools Enrollment Dashboard** or an 834 eligibility file.
- The completed enrollment request 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, they must complete the waiver of group coverage. The waiver of coverage section must also be completed for all eligible dependents who are not being enrolled under an employee's group health coverage. The waiver must be completed in full, including the reason for waiving, signature, and date.
  - **Small employer groups:** The waiver section on an application for coverage must be completed and signed for all dependents waiving coverage. Coverage will not be processed until this information is received
- Visit **Employer Forms and Resources** and select your state to download enrollment, waiver, and other forms. Also, you can explore our library of resources available to employers.

### Ensuring timely enrollments and avoiding enrollment delays

Quartz can 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
- Waiver of coverage as required and outlined in the enrolling new employees section above
- Primary 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 Primary Clinic, Quartz will assign a primary care clinic close to the employee's residence



- If the employee lives inside Dane County and does not list a primary clinic, Quartz will assign the “UW Welcome Center” and the **UW Health Welcome Center** will assist with setting up primary care

**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 Success at **(800) 362-3310**.

## ID cards

ID cards are issued for the following reasons:

- New coverages
- Changes to the employee's coverage including
  - Benefit plan change
  - Addition or termination of dependent(s)
  - Name change
- An employee requested an ID card

ID cards issued for new coverages will be sent out 7-10 days prior to the employee's effective date. If an enrollment form for new coverage or other changes 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 that 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><b>Loss of other coverage</b></p> <p>Life event and members can switch plans</p>	<ul style="list-style-type: none"> <li>• Quartz must receive the documentation within 31 days of the loss of the other group coverage.</li> <li>• Reasons for loss of other coverage may include: the employee’s spouse loses coverage under another plan due to loss of eligibility or the employee loses coverage due to a divorce, legal separation, or annulment.</li> <li>• Requirements for the length of the prior coverage apply.</li> <li>• Termination of another Employer’s Group Health Plan Coverage.</li> </ul> <p>During the other plan’s <b>open enrollment period</b>.</p> <ul style="list-style-type: none"> <li>○ The <b>employee</b> or <b>dependent</b> is currently covered under another employer’s group health plan; and,</li> <li>○ The <b>employee</b> or <b>dependent</b> declined to enroll under this <b>group plan</b> during the most recent <b>open enrollment</b> period due to having coverage under the other employer’s group health plan; and,</li> </ul>	<p>Quartz coverage will begin when the other coverage ends.</p>	<p>Please enroll the employee through <b>MyPlanTools</b>, an 834 file, or an employee application.</p> <p><b>Note:</b> List ALL dependents.</p>

Qualifying event	Guidelines	Effective date	Required forms
	<ul style="list-style-type: none"> <li>The other group health plan’s <b>open enrollment period</b> does not overlap with the <b>open enrollment period</b> for electing coverage under this <b>group plan</b>; and,</li> <li>The <b>employee or dependent</b> requests enrollment with this <b>group plan</b> no later than 31 days after the date on which the coverage under the other employer’s group plan is voluntarily terminated during the other employer’s group health plan <b>open enrollment period</b>.</li> </ul>		
<p><b>Marriage</b></p> <p>Life event and members can switch plans</p>	<ul style="list-style-type: none"> <li>An employee, spouse, and newly acquired dependents may apply for new coverage.</li> <li>The employee may also add their spouse and newly acquired dependents to existing coverage.</li> <li>Quartz must receive completed enrollment forms within 31 days of marriage.</li> </ul>	<p>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.</p>	<p>Please enroll the employee through <b>MyPlanTools</b>, an 834 file, or an employee application.</p> <p><b>Note:</b> List ALL dependents to be covered.</p> <p>The enrollment form must clearly indicate the date of the marriage.</p>
<p><b>Birth of a child</b></p> <p>Life event and members can switch plans</p>	<ul style="list-style-type: none"> <li>An employee may request a change from single to family coverage due to the birth of a child.</li> <li>Notify Quartz within 60 days of the birth.</li> <li>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.</li> <li>The birth of a child also creates a special enrollment period for the employee and any other dependents who are eligible under the plan.</li> <li>Quartz must receive an enrollment form within 31 days after the date of birth to enroll additional eligible dependents.</li> </ul>	<p>A newborn’s coverage becomes effective on the date of birth, and a family premium will be due.</p> <p>The effective date for the employee and dependents will be the date of the newborn child’s birth.</p>	<p>Please enroll the employee through <b>MyPlanTools</b>, an 834 file, or an employee application.</p> <p><b>Note:</b> List ALL dependents to be covered.</p>

Qualifying event	Guidelines	Effective date	Required forms
<p><b>Adoption of a child or child placed for Adoption</b></p> <p>Life event and members can switch plans</p>	<ul style="list-style-type: none"> <li>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.</li> <li>An enrollment form must be completed and sent to Quartz within 60 days of the event.</li> <li>If Quartz is notified after 60 days, but within one year of the adoption, the adopted child is eligible for coverage (MN certificate only). Quartz may add interest to any premium due as permitted by law.</li> <li>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.</li> <li>Quartz must receive an enrollment form within 31 days after the date of adoption or the date of placement to enroll additional eligible dependents.</li> </ul>	<p>The effective date for the employee and dependents will be the date of the placement or adoption, whichever occurs first.</p>	<p>Please enroll the employee through MyPlanTools, an 834 file, or an employee application.</p> <p><b>Note:</b> List ALL dependents to be covered.</p> <p>A copy of either the placement or adoption legal documents are required to enroll.</p>
<p><b>Placement of foster child</b></p> <p>* IA/IL/ MN Certificate only</p> <p>Life event and members can switch plans</p>	<ul style="list-style-type: none"> <li>An employee may request a change from single to family coverage due to the placement of a foster child.</li> <li>An enrollment form must be completed and sent to Quartz within 60 days of the event.</li> <li>A child being placed for foster care also creates a special enrollment period for the employee and any other dependents that are eligible under the plan.</li> <li>Quartz must receive an enrollment form within 31 days after the date of placement to enroll additional eligible dependents.</li> </ul>	<p>The effective date for the employee and dependents will be the date of placement.</p>	<p>Please enroll the employee through MyPlanTools, an 834 file, or an employee application.</p> <p><b>Note:</b> List ALL dependents to be covered.</p> <p>A copy of either the court order or agency document confirming the placement.</p>
<p><b>Legal guardianship</b></p> <p>*Wisconsin Certificate only</p> <p>Life event and members can switch</p>	<ul style="list-style-type: none"> <li>An employee may request a change from single to family coverage due to obtaining legal guardianship of a minor child.</li> <li>An enrollment form must be completed and sent to Quartz within 31 days of the event.</li> </ul>	<p>Coverage will be effective on the date guardianship was granted.</p>	<p>Please enroll through <b>MyPlanTools</b>, an 834 file, or an employee application.</p> <p><b>Note:</b> List all dependents to be covered</p>

Qualifying event	Guidelines	Effective date	Required forms
			A copy of the guardianship legal documents is required to enroll.
<p><b>Military veteran dependents - in conjunction with a valid SEP</b></p> <p>*IL certificate only</p>	<ul style="list-style-type: none"> <li>• Military veteran dependents under the age of 30 may apply for coverage under an employee’s plan in conjunction with a valid SEP if:               <ul style="list-style-type: none"> <li>▪ The veteran is an Illinois resident;</li> <li>▪ Not married;</li> <li>▪ Has service in the active or reserve components of the U.S. Armed Forces (including the National Guard);</li> <li>▪ Has received a release or discharge other than dishonorable</li> </ul> </li> </ul>	<p>The effective date is 1st of the month after Quartz receives the completed enrollment form.</p> <p>If Quartz receives the enrollment form between the 16th and the 31st of the month, the effective date will be 1st of the following month.</p>	<p>Please enroll the employee through <b>MyPlanTools</b>, an 834 file, or an employee application.</p> <p>A copy of the document showing the date and type of military discharge.</p>
<p><b>Active duty</b></p>	<ul style="list-style-type: none"> <li>• 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"> <li>▪ 24 months, beginning on the day of the employee’s absence for the purpose of performing service begins; or,</li> <li>▪ The period beginning on the day the employee’s absence for the purpose of performing service begins and ending on the date on which they fail to return from service or apply for a position or employment.</li> </ul> </li> <li>• See COBRA section for more information.</li> <li>• Employees called to active duty must report to the employer for reemployment as follows:               <ul style="list-style-type: none"> <li>▪ 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;</li> <li>▪ For service of more than 30 days but less than 181 days, the employee</li> </ul> </li> </ul>	<p>Member will be reinstated upon reemployment. A waiting period may not be imposed in connection with reinstatement of coverage upon reemployment.</p>	<p>Please enroll the employee through <b>MyPlanTools</b>, an 834 file, or an employee application.</p> <p><b>Note:</b> List ALL dependents to be covered</p>

Qualifying event	Guidelines	Effective date	Required forms
	<p>must submit an application for reemployment within 14 days of release from service;</p> <ul style="list-style-type: none"> <li>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.</li> </ul>		
<p><b>Divorce or annulment</b></p> <p>As you become aware of a divorce or annulment, please notify Quartz immediately</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Please refer to your state’s continuation guidelines to determine if ex-spouse or dependents are eligible for state continuation and the entitlement length.</li> <li>If the ex-spouse or dependents elect COBRA continuation coverage, they are entitled to 36 months of coverage.</li> </ul>	<p>Non-continuation coverage ends the last day of the month following the divorce or annulment.</p>	<p>All terminations must be submitted to Quartz in writing within 30 days of the date of termination.</p> <p>The termination can be submitted through <b>MyPlanTools</b> or an 834 file.</p>
<p><b>Legal separation</b></p> <p>As you become aware of a legal separation, please notify Quartz immediately</p>	<ul style="list-style-type: none"> <li>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.</li> <li>The spouse will need to sign a waiver of group coverage form before Quartz can disenroll them.</li> </ul>	<p>Coverage ends the last day of the month following the legal separation if requested.</p> <p>If the legal separation results in a divorce, see the divorce or annulment section for ex-spouse and dependent rights.</p>	<p>All terminations must be submitted to Quartz in writing within 30 days of the date of termination.</p> <p>The termination can be submitted through <b>MyPlanTools</b> or an 834 file.</p>

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



# Employee status change

## 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 Success with any questions regarding your employer group's probate terms.

## 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. Employer groups are required to outline their specific rehire provisions, but in the absence of specific rehire provision language, Quartz will follow the provisions below. Contact Quartz Customer Success with any questions regarding your employer group's terms.

Quartz will allow the following reinstatement provisions for employees returning to work after a leave of absence due to layoff or seasonal employment:

- Employees rehired within 12 months do not need to re-satisfy group specific probate periods
- The employee has 31 days after returning to work to re-enroll
  - Coverage effective date will be 1st of the month following receipt of the application

Employees rehired after 12 months are required to re-satisfy group specific probate periods.

## Death

If an employee or dependent (including spouse) dies, their 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 Success with any questions regarding your employer group's terms.

## Disability

If an employee becomes totally disabled and takes a leave of absence, the individual 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, the individual 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, OR if the group fails to make payment on the COBRA or State continuation at 100%, the employee may be eligible for an individual plan, with loss of coverage as the Special Enrollment Period (SEP).

## No qualifying event

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), they will have to either wait until the next open enrollment period or for a valid qualifying event does occur, whichever comes first. If the employee chose not to enroll their dependent(s) in the plan when they were initially eligible, non-enrolled dependents must also wait for the next open enrollment period or for a valid qualifying event to occur, whichever comes first.

## Reporting terminations

Submit updates to Quartz:

- Electronically through **MyPlanTools** or through an 834 file
- By completing and submitting a paper employee application

## Terminations

Quartz has standard terms regarding terminations as above below. Your employer group's terms may be different. Contact Customer Success 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 31 days of the date of termination. Termination provision is generally EOM, unless in the case of death. Reasons for termination include:

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

## Medicare eligibility

Quartz should be notified as soon as possible when an employee or their dependents are eligible for Medicare to ensure proper claims processing. Employees or dependents can be eligible for Medicare for three reasons.

- Age in-employee or dependent turning 65
- Disability-employee or dependent qualifies for Medicare due to a disability
- End Stage Renal Disease (ESRD)-Employee or dependent qualifies for Medicare due to ESRD

As soon as you are aware of an employee or dependent who is eligible for Medicare, please send Quartz a copy of their Medicare card or contact Quartz directly to give this information.

## Coordination of benefits with Medicare

The coordination of medical benefits for a Medicare beneficiary will be determined by the following factors:

- Employment status of employee – Active vs non-active (Retiree/COBRA/Disabled)
- Size of your employer group (Based on CMS regulations for coordination of benefits)
- Reason employee or dependent is eligible for Medicare

Applies to large employer group plans-Per your certificate of coverage, if Medicare Part A and/or Part B are waived, we will determine Medicare's liability and claims will be processed as if Part A and Part B are in force, which may result in increased out-of-pocket costs for the Medicare-eligible individual. In all cases, coordination of benefits with Medicare will conform to federal statutes and regulations.

Employees should contact Social Security and Medicare to get additional information on signing up for Part A and/or Part B, and when they will be effective.

## Determining primary vs secondary

Below is a grid to assist you with employees and dependents who have Medicare. This shows who may be primary for medical benefits.

## Medicare COB chart

Member details	Situation	Primary	Secondary
<b>Age 65+</b> Actively employed employee or spouse of an active employee	Employer has less than 20 employees	Medicare	Health plan
	Employer has more than 20 employees	Health plan	Medicare
<b>Domestic partner age 65+</b> Domestic partner has group health plan coverage based on the current employment status of their partner who is the contract holder	Any size groups	Medicare	Health plan
<b>Domestic partner age 65+</b> Domestic partner has group health plan coverage based on their own employment status as the contract holder	Employer has less than 20 employees	Medicare	Health plan
	Employer has more than 20 employees	Health plan	Medicare
<b>Age 65+ (including domestic partners)</b> Retired or continuation or not active (LTD)	Any size groups	Medicare	Health plan
<b>Disabled (under age 65)</b> Actively employed employee, or spouse or domestic partner of an active employee	Employer has less than 100 employees	Medicare	Health plan
	Employer has 100 or more employees	Health plan	Medicare
<b>ESRD (under age 65) (including domestic partners)</b> Retired, active, or continuation	All group sizes	Health plan 1st 30 months	Medicare
		Medicare 31-36 months	Health plan

## COBRA and state continuation coverage

Employers are responsible for monitoring employees and their dependents for changes in status and eligibility for COBRA or state continuation 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** on our website and select your state to download the COBRA Group Continuation Notice and State Group Continuation Notice.

### Termination triggering 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

The employer is responsible for verifying COBRA eligibility before offering COBRA coverage to the individual and submitting the continuation request to Quartz.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) gives an individual the right to continue group insurance coverage at their own expense for a limited period of time. COBRA applies to employers with 20 or more employees on more than 50% 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 the individual 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
- Retirement
- Reduction in hours of the covered employee's employment resulting in a loss of eligibility for coverage

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
- Retirement of the covered employee resulting in a loss of eligibility for coverage
- Reduction in hours of the covered employment resulting in a loss of eligibility for coverage
- Divorce or legal separation of the covered employee from the employee's spouse
- Covered employee becomes entitled to Medicare
- Death of the covered employee
- 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 Success 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
- Termination of employment after insurer cancels group health plan
- Termination of retiree coverage provided under a Retiree Amendment does not result in a qualifying event, although it may be a qualifying event for covered dependents who lose coverage.

### Continuation period

For the covered employee:

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



- 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 coverage ends

COBRA 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 COBRA coverage
- The date the qualified beneficiary becomes entitled to Medicare benefits after electing COBRA 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 COBRA coverage (e.g., fraud)
- The date on which the applicable period of COBRA coverage ends

## COBRA coverage and the health insurance marketplace

Employees who are eligible for COBRA coverage, or who have exhausted COBRA 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

### Employer's responsibilities

The employer is responsible for verifying continuation eligibility before offering continuation coverage to the individual and submitting the continuation request to Quartz.

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.

- 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 the individual 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

State	Who is eligible to continue coverage	Coverage ends
Wisconsin	<ul style="list-style-type: none"> <li>• A terminated employee and dependents (unless the covered employee was terminated for misconduct)</li> <li>• A former spouse of a covered employee whose coverage ends because of divorce or annulment</li> <li>• The covered spouse and/or dependents of a covered employee who has died</li> </ul> <p>Employer is responsible for confirming the above individuals have been continuously covered under the group policy during the entire three-month period preceding termination from the health plan before the continuation request is submitted to Quartz for processing.</p> <p>If additional information is needed, please see <a href="https://oci.wi.gov/Documents/Consumers/PI-023.pdf">oci.wi.gov/Documents/Consumers/PI-023.pdf</a></p>	<p>Coverage ends on the earliest of the following dates:</p> <ul style="list-style-type: none"> <li>• The date those covered establish residence outside of Wisconsin</li> <li>• The end of the period for which the last premium was paid on time</li> <li>• The date on which the applicable period of continuation coverage ends</li> <li>• The date the former spouse loses eligibility for group coverage if those who elected coverage are doing so as the divorced</li> </ul>
Illinois	<ul style="list-style-type: none"> <li>• An employee subscriber whose eligibility for group coverage terminates (unless terminated for misconduct on the job)</li> <li>• Former spouse/partner in civil union if the divorce, annulment, or dissolution of the civil union occurred while dependent coverage is in effect</li> <li>• An employee dies while dependent coverage is in effect and the dependent is a surviving dependent spouse, partner in civil union, or child of the employee</li> </ul> <p>Employer is responsible for confirming the above individuals have been continuously covered under the group policy during the entire three-month period preceding termination from the health plan before the continuation request is submitted to Quartz for processing</p> <p>If additional information is needed, please see <a href="https://idoi.illinois.gov/">https://idoi.illinois.gov/</a></p>	<p>Coverage ends as soon as one of the following events occurs:</p> <ul style="list-style-type: none"> <li>• 12 months elapse following the termination from the group health plan, or when twenty-four months elapse, if eligible for Illinois spousal continuation under 215 ILCS 5/367.2 or dependent child continuation under 215 ILCS 5/367.2-5</li> <li>• The end of the period for which the last premium was paid on time</li> <li>• The date the group policy is terminated</li> <li>• The date on which the covered individual becomes eligible for</li> </ul>

State	Who is eligible to continue coverage	Coverage ends
		<p>Medicare or becomes covered by any other insured or uninsured plan that provides hospital, surgical, or medical coverage for an individual in a group</p> <ul style="list-style-type: none"> <li>The date a former spouse of the employee remarries</li> </ul>
Iowa	<ul style="list-style-type: none"> <li>Covered employees and all their covered dependents who lose medical coverage through their employer who:               <ul style="list-style-type: none"> <li>Are not covered under Medicare</li> <li>Are not covered under another group insurance plan</li> </ul> </li> </ul> <p>Employer is responsible for confirming the above individuals have been continuously covered under the group policy during the entire three-month period preceding termination from the health plan before the continuation request is submitted to Quartz for processing</p> <p>The following events ARE NOT qualifying events:</p> <ul style="list-style-type: none"> <li>A dependent child ceasing to be a dependent</li> <li>Loss of continuation rights under COBRA</li> <li>Multiple qualifying events are not recognized</li> </ul> <p>If additional information is needed, please see <a href="http://iid.iowa.gov">iid.iowa.gov</a></p>	<p>Coverage ends as soon as one of the following events occurs:</p> <ul style="list-style-type: none"> <li>Nine months elapse following the termination from the group health plan</li> <li>The date on which the covered individual becomes eligible for Medicare or becomes insured by another group insurance policy</li> <li>The end of the period for which the last premium was paid on time</li> <li>If the person is a former spouse and remarries</li> <li>The date the group policy is terminated</li> </ul>
Minnesota	<ul style="list-style-type: none"> <li>A terminated employee and covered dependents (unless the covered employee was terminated for misconduct)</li> <li>An employee who had a reduction in hours below min. required hrs. (and covered dependents)</li> <li>Continuation coverage may be extended to spouse and dependents of an employee who were covered under the plan in the event of the employee's death</li> <li>A former spouse or covered dependents of a covered employee whose coverage ends because of divorce</li> <li>Employee Medicare entitlement-coverage may be extended to covered spouse/dependent children of a covered employee who became entitled to Medicare if the coverage would end because the employee became entitled to Medicare</li> <li>Employee total disability-coverage may be extended to employee and covered spouse/dependent children if a covered employee who becomes totally disabled while employed</li> <li>End of dependent eligibility-covered dependent children may be extended coverage when they cease to be eligible</li> </ul>	<p>Coverage ends as soon as one of the following events occurs:</p> <ul style="list-style-type: none"> <li>Termination event: 18 months or covered under another group health plan</li> <li>Death of Employee: Spouse/Dependents become covered under another group health plan; coverage would have ended under the policy had the employee lived, or the date on which coverage otherwise ended under the policy</li> <li>Divorce: Spouse/Dependents become covered under another group health plan or the date on which coverage otherwise ended under the policy</li> <li>Medicare entitlement: 36 months or; spouse/dependents become</li> </ul>

State	Who is eligible to continue coverage	Coverage ends
	under the plan If additional information is needed, please see <a href="https://mn.gov/commerce/industries/insurance">mn.gov/commerce/industries/insurance</a>	covered under another group health plan; or the date on which coverage otherwise ended under the policy  <ul style="list-style-type: none"> <li>• End of dependent eligibility: 36 months or; dependent becomes covered under another group health plan, or the date on which coverage otherwise ended under the policy</li> </ul>

### 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.

## 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 a payment was previously made, or credit was applied for the changes. If an enrollment change that you previously submitted is not addressed in your next invoice, please contact Quartz Customer Success.

### Mid-month effective dates and terminations

- 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
- These rules exist because Quartz does not prorate premium billing for partial months

### Reconcile payments

Quartz recommends that you reconcile your billing invoice on a monthly basis. 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.

## How to pay your premium invoice

The following forms of payment are accepted:

- **Company check.** Mail payment to the PO Box listed on your monthly invoice.
- **Automated Clearing House (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.
- **Online.** 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 an **Appointment of Authorized Representative 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 Health Insurance Portability and



Accountability Act (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 Success 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.

## 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 members personally identifiable and protected health information from written reports when possible.

## 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, it may not be covered unless your plan has out-of-network benefits or the member received an approved referral. The out-of-network provider may bill Quartz for payment or may charge the member for payment of the out-of-network treatment. If the out-of-network provider bills Quartz, the member does not need to do anything. If the out-of-network provider bills the member, the member may complete a **Member Reimbursement Form** on Quartz's website to seek reimbursement according to their plan benefits. The Member Reimbursement Form will need to have a proof of purchase and details of the services. To get the details of the services, the member may request the out-of-network provider to provide them a claim copy or itemization of the service/cost.

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
- Provider Tax ID Number

## Workers' Compensation Coverage

If an employee experiences a work-related illness or injury, they must submit the claims for treatment immediately to their 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.

## 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 resources that may be helpful to you:

### MyPlanTools for employers

Log in to the secure **MyPlanTools** portal to access the information you need to manage your group's health insurance plan. You can:

- Enroll employees online
- Download a membership report
- Confirm benefit eligibility
- Print ID cards
- Access benefit information
- View premium bills
- Set up recurring automatic premium payments
- Message Customer Success
- Manage account information

### MyChart

Quartz members can view their claims and benefits, update their personal information, view prior authorizations and send messages to Quartz Customer Success 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 **Drug Formulary Information** page and follow the prompts to view the formulary for your plan. See what medications are covered and at what level.

### Employer well-being

Healthy, engaged employees can contribute to a company's mission while focusing on their personal well-being. Call Quartz's Clinical Programs Department at **(877) 204-9577** or email [wellnessadmin@QuartzBenefits.com](mailto:wellnessadmin@QuartzBenefits.com) to take advantage of well-being resources such as:

- Wellness topic presentations
- Employer well-being toolkits to promote Quartz resources and clinical programs

- Consultation for well-being planning
- Health assessments and clinical programs

## 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 refer back to an article.

## Health and well-being resources

Quartz cares about whole health. This means supporting our members when they're sick while aspiring to keep them healthy. These offerings empower our members to achieve physical health, mental resiliency, and social well-being and belonging.

### Quartz Well

Quartz Well is a personal wellness program that rewards members for healthy choices. Earn points for tracking healthy behaviors, keeping up with preventive care, and making progress toward well-being goals. Choose ways to earn points and create lasting healthy habits with our science-backed program, in collaboration with Virgin Pulse. With over 120 healthy behaviors to track, you can make progress toward your well-being goals and earn rewards for a healthier you. Visit <https://quartzbenefits.com/health-wellness-program/quartz-well/> for further details.

## Clinical and care management programs

Quartz and its network of providers are committed to improving the health of our members by working together to give everyone the tools and opportunity for a life well-lived.

Clinical innovation towards population health results in improvement of member health and positively impacts medical spend trend. We achieve this through:

- Evidence-informed clinical programs designed to prevent, treat, and reverse the most prevalent and costly chronic conditions
- Interoperability efforts in collaboration with our provider network to provide more seamless care
- Assessment and treatment of the whole member in alignment with our care model that advances the physical health, mental resiliency, and social well-being and belonging of our members and their communities
- Evolving health care to meet the needs of different groups of people (equity) at different times in their lives (access)

Quartz's clinical strategy and innovation team monitors the continuous improvement of care and services offered to Quartz members. The department serves to monitor and evaluate the quality and appropriateness of clinical care objectively and systematically. This includes services that provide equitable resources for advancing knowledge, providing tools, and supporting the patient-provider relationship in our membership. Clinical programs include:

- Type 2 diabetes and obesity reversal treatment
- Quartz Nourishing Meal Program
- Quartz In-Control for hypertension and congestive heart failure
- Healthy Beginnings and Healthy Futures to combat disparities in maternal and child health
- Mental resiliency program

These health programs actualize the Quartz care model and supports members with a curated journey to support their life well-lived. Members can self-select health priorities, tools, programs, and services including:

- Eating well
- Mental resiliency
- Social belonging and connectedness
- Tobacco/nicotine cessation
- Medication adherence
- Mindful movement and routine exercise

## Contact us

### Phone

- Call Customer Success 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 or you may request a callback online via **QuartzBenefits.com/contact-quartz**.
  - **Note:** In your voicemail, include 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

- Send us your questions or concerns from **MyPlanTools**.

### Mail

- Quartz, 2650 Novation Parkway, Fitchburg, WI 53713

### Patient resources

Help setting up a primary care provider or clinic is a phone call away. Refer your employees to:

- Advocate Aurora Health Patient Resources **(833) 528-7672**
- UW Health Welcome Center **(608) 820-3325**
- UnityPoint Health – Meriter Patient Representatives **(608) 417-6462**
- Gundersen Patient Access Registration **(608) 775-0601**

### Connect on social media

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

