

Offered by Quartz Health Benefit Plans Corporation



# **Health Maintenance Organization (HMO)**

# **Individual Certificate of Coverage**

State of Wisconsin

2650 Novation Parkway  
Fitchburg, WI 53713

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[QuartzBenefits.com](http://QuartzBenefits.com)

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## IMPORTANT NOTICES

### INDIVIDUAL HMO BENEFIT PLAN AN INDIVIDUAL HEALTH INSURANCE PLAN Certificate of Coverage

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Guaranteed Renewable

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#### 10-DAY RIGHT TO RETURN POLICY

If **you** are not satisfied with this **policy** for any reason **you** may, within 10 days after receipt, return it for a full refund of the **premium** paid.

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Maximum age limit for **dependent** coverage under **policy**: 26\*

\*Please see the definition of **dependent** in Article I: Definitions.

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#### IMPORTANT NOTICE CONCERNING STATEMENTS IN THE APPLICATION FOR THIS POLICY

Please re-read the copy of the application **you** kept for **your** records. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to **Quartz Health Benefit Plans Corporation (Quartz)**, 2650 Novation Pkwy., Fitchburg, WI 53713, within 10 days if any information has not been included. The application is part of the **policy**. The **policy** was issued on the basis that the answers to all questions and any other material information shown on the application are correct and complete.

This **policy** limits **covered expenses** to the **usual, customary and reasonable charge**, as defined herein, for **covered services**. This amount may be less

than the amount billed by an **out-of-network provider**. See the “Definitions” section and the “Obtaining Services” section for more detailed information.

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**OUR AGREEMENT**

Upon receipt of **your premium**, and based on the statements **you** made in **your** application, **Quartz** will provide **you** with all the benefits described in this **policy**. This insurance applies only to inpatient **covered services** when **you** are admitted on or after **your effective date** under this **policy**; it applies to all other **covered services** you receive while this **policy** is in force. Unless otherwise explicitly indicated, **Quartz** has full discretion and authority to make all determinations required to administer the **policy**, including eligibility for benefits and interpretation of terms under the **policy**.



## ARTICLE I: DEFINITIONS

The following terms are used in this ***Certificate of Coverage***:

### **Activities of Daily Living (ADL)**

The basic tasks of everyday life, such as eating, bathing, dressing, toileting and transferring.

### **Advanced Premium Tax Credit (APTC)**

Payment of the tax credits specified in section 36B of the Code (as added by Section 1401 of the Affordable Care Act) which are provided on an advance basis to an eligible individual enrolled in a Qualified Health Plan through the Health Insurance Marketplace.

### **Allowed Amount**

The maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If ***your provider charges*** more than the ***allowed amount***, ***you*** may have to pay the difference. See ***Balance Billing***.

### **Ambulatory Surgery Center**

A facility that provides treatment and care when an overnight stay is not necessary.

### **Ancillary Provider**

Anesthesiologist, radiologist, pathologist, emergency room ***physician*** and medical laboratory.

### **Appeal**

A request for ***your*** health insurer or ***plan*** to review a decision or a ***grievance*** again.

### **Attending Physician**

The ***physician*** or other health care professional who is treating ***you***.

**Autism Spectrum Disorder**

Includes any of the following:

1. Autism disorder; or,
2. Pervasive developmental disorder not otherwise specified.

**Balance Billing**

When a **provider** bills **you** for the difference between the **provider's charge** and the **allowed amount**. For example, if the **provider's charge** is \$100 and the **allowed amount** is \$70, the **provider** may bill **you** for the remaining \$30. **Balance billing** may also occur when **Quartz** denies a **claim** that was coded improperly, and the **provider** bills **you** the unpaid amount.

An **in-network provider** may not **balance bill you** for **covered services**. An **out-of-network provider** may not **balance bill you** for covered **emergency services**. With **your informed consent**, an **out-of-network provider** may **balance bill you** for non-emergent services received at an **in-network** facility.

**Behavioral Health and Substance Use Disorder Services**

The treatment of psychiatric **illness** or substance use disorders. This treatment is provided on an inpatient, outpatient, transitional and emergency care basis.

**Benefit Period (or Benefit Year)**

The 12-month period during which **deductibles, out-of-pocket expenses** and limitations accumulate.

**Benefit Rider**

An amendment to the **policy** that adds or modifies **plan benefits**.

**Care Management**

The collaborative process that promotes quality health care in a cost-effective manner and which enhances the physical, psychological and social health of individuals. The goal of **care management** is to assist patients and families in obtaining quality health care at an appropriate cost, in the appropriate setting, and to achieve positive outcomes through coordinated

efforts with **your** health care **providers**. **Care management** services are provided by a staff of health care professionals. **Quartz** reserves the right to use these services to optimize the clinical outcome, the standards of care, and the cost-effectiveness of care, and to remove barriers to well-living.

**Certificate of Coverage (or Certificate)**

This document, including any **benefit rider**, issued to **you** which sets forth the terms, conditions and limitations of **your health plan**.

**Charge**

The fee **charged** by the **provider** for the service or item provided.

**Chemotherapy**

Drugs and biologics that kill cancer cells directly, including antineoplastics, biologic response modifiers, hormone therapy, and monoclonal antibodies, and that are used to do any of the following:

1. Cure a specific cancer;
2. Control tumor growth when cure is not possible;
3. Shrink tumors before surgery or radiation therapy; or,
4. Destroy microscopic cancer cells that may be present after a tumor is removed by surgery to prevent a cancer recurrence.

**Child**

A **subscriber's** natural blood-related **child**, stepchild, legally adopted **child**, minor **child** placed in the custody of the **subscriber** for adoption, or a minor **child** for whom the **subscriber** or the **subscriber's** covered spouse has been appointed as legal guardian. Adopted children become **dependents** when the court order for adoption is signed or when the minor **child** is placed in the custody of the **subscriber** who is to be the adoptive parent, whichever occurs first.

**Claim**

A demand for payment due in exchange for health care services provided. A **claim** must have this minimum information: patient name and address, **provider** name and address, description of services provided, date of service, reason for providing service and amount **charged**.

**Co-insurance**

**Your** share of the costs of a covered health care service, calculated as a percent of the **allowed amount** for the service. **You** pay **co-insurance** plus any **deductibles you** owe. For example, if the **health insurance or plan's allowed amount** for an office visit is \$100 and **you've** met **your deductible**, **your co-insurance** payment of 20% would be \$20. The **health insurance or plan** pays the rest of the **allowed amount**.

**You** are responsible for paying **co-insurance** directly to the **provider**.

**Complaint**

Any expression of dissatisfaction to **Quartz** by **you**, or a person acting on **your** behalf, about **Quartz** or **Quartz's in-network providers**.

**Complications of Pregnancy**

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and non-emergency caesarean section are not **complications of pregnancy**.

**Confidential Matter**

Personal information concerning the medical, personal or financial affairs that **Quartz** may acquire about **you** in the course of administering **plan benefits**. **Confidential matters** also include proprietary information and financial and other information relating to **Quartz** and its **providers**.

**Confinement (or Confined)**

1. The period of time between admission to an inpatient or outpatient health care facility through the time of discharge. The health care facility may be a **hospital**, a substance use disorder treatment center, a **skilled nursing facility** or a licensed **ambulatory surgical center**; or,
2. The time spent receiving **emergency services** for **illness** or **injury** in a **hospital**.

A **hospital** swing bed **confinement** is considered the same as **confinement** in a **skilled nursing facility**. In the event a **member** is transferred from one

facility to another for the continued treatment of the same or a related condition, it is considered one **confinement**.

**Congenital**

A condition that exists at birth and is diagnosed within 12 months following birth.

**Contract Year**

The 12-month period following the **effective date** of the **policy**.

**Coordination of Benefits (“COB”)**

A process that allows **Quartz** to determine its respective payment responsibility. Through **COB**, **Quartz** determines which insurance **plan** has primary payment responsibility when an individual is covered by more than one **plan**.

**Co-payment**

A fixed amount **you** pay for a covered health care service, usually when **you** receive the service. The amount can vary by the type of covered health care. **You** are responsible for paying the **co-payment** directly to the **provider**.

**Covered Expense**

A **charge** incurred for a **covered service**.

**Covered Service**

A **medically necessary** treatment, service or supply that has been specified as a benefit in this **policy** or the **Schedule of Benefits**, for which any applicable **prior authorization** has been obtained.

**Custodial Care**

The provision of room and board, nursing care, personal care or other care that is designed to assist an individual in the **activities of daily living** (e.g., eating, dressing, assistance in walking and preparing meals). **Custodial care** is care and treatment that is generally received by an individual who has reached the maximum level of recovery in the opinion of the **plan**. In the case of an institutionalized person, **custodial care** also includes room and board,

nursing care or such other care provided to an individual for whom it cannot reasonably be expected, in the opinion of the **attending physician**, that medical or surgical treatment will enable that person to live outside an institution. **Custodial care** includes rest care, respite care and home care provided by family members. Care may be considered **custodial care** as determined by the **plan** even if (1) the **member** is under the care of a **physician**, (2) the **physician** prescribes services to support and maintain the **member's** condition, or (3) services and supplies are being provided by a registered nurse or licensed practical nurse.

For the purpose of **behavioral health** services, **custodial care** includes group homes and halfway houses for supportive and maintenance care for mental illness or substance use disorders.

### **Deductible**

The amount **you** owe for health care services **your health insurance** or **plan** covers before **your health insurance** or **plan** begins to pay. The amount of the **deductible** is stated on the **Schedule of Benefits**.

For some family **plans**, services for an individual member may begin to pay when the single **deductible** is met. For other family **plans**, the entire family **deductible** must be met before **your plan** begins to pay. Refer to **your Schedule of Benefits** for details on how **your deductible** works.

The **deductible** may not apply to all services. Only **charges** that qualify as **covered expenses** may be used to satisfy the **deductible**.

### **Dependent**

One or more of the following:

1. A **subscriber's** lawful spouse;
2. A **child** under the age of 26;
3. A **subscriber's** adult **child** who satisfies all of the following:
  - The **child** is a full-time student; and,
  - The **child** was under 27 years of age when he or she was called to federal active duty in the National Guard or in a reserve

component of the U.S. Armed Forces while the **child** was attending, on a full-time basis, an institution of higher education, and applied to an institution of higher education as a full-time student within 12 months from the date the **child** has fulfilled his or her active duty obligation;

4. A **subscriber's** grandchild who meets one of the requirements below:
  - Is a **child** born to a covered **dependent child** who is under the age of 18. The **dependent** grandchild is covered until the end of the month in which the covered **dependent child** turns 18; or,
  - Is a tax dependent of the **subscriber**. The **dependent** grandchild is covered until the end of the month in which the **dependent** grandchild turns age 26.

If a **member** is the father of a **child** born outside of marriage, the **child** does not qualify as a **dependent** unless and until there is a court order declaring paternity, or on the date the acknowledgment of paternity is filed with the Wisconsin Department of Health Services, or its equivalent if the birth was outside the State of Wisconsin. Once a **child** becomes eligible for coverage, coverage will be effective according to the rules specified in the "Eligibility and Effective Date of Coverage" section of this **certificate**.

A **dependent** who is entitled to benefits under **Medicare** Part A or enrolled under **Medicare** Part B is not eligible for **coverage** under this **certificate**.

#### **Developmental or Learning Disability or Delay**

A condition due to a **congenital** abnormality, trauma, deprivation or disease that interrupts or delays the sequence and rate of normal growth, development and maturation, but excluding **Autism Spectrum Disorder**.

#### **Disenrollment**

Coverage under the **plan** has ended or has been revoked by **Quartz**.

#### **Drug Formulary**

A set of generic and brand name drugs that **physicians** and pharmacists use to prescribe and fill prescriptions. **Quartz's drug formulary** is designed to provide the desired medical results while controlling the cost of

pharmaceuticals. **Quartz's drug formulary** is reviewed and updated on a regular basis. Prescriptions covered by **Quartz** must adhere to the **drug formulary**.

**Durable Medical Equipment (DME)**

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for **DME** may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

**Effective Date**

The date on which **your** coverage under this **policy** becomes effective.

**Emergency Medical Condition**

An **illness, injury**, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm. It is a condition that manifests itself by acute symptoms of sufficient severity, including severe pain that a lack of immediate medical attention will likely result in any of the following:

1. Serious jeopardy to the person's health or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn **child**;
2. Serious impairment of the person's bodily functions; or,
3. Serious dysfunction of one or more of the person's body organs or parts.

**Emergency Room Care**

**Emergency services you** get in an emergency room.

**Emergency Services**

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse. These include items or services furnished after **your** condition has been stabilized as part of outpatient observation or an inpatient or outpatient stay at a **hospital**.

**Emergent/Urgent Transportation**

Ground or air ambulance services for an **emergency medical condition**.



**Enrollment Application Form (or Enrollment Form)**

The form signed by an applicant to signify that they and any eligible **dependents** wish to become **members** of the **plan**.

**Explanation of Benefits (EOB)**

An **EOB** is a statement sent by **Quartz** to a **member** explaining what medical treatments and/or services were paid on their behalf.

**Essential Health Benefits**

**Essential health benefits** under section 1302(b) of the Patient Protection and Affordable Care Act and applicable regulations. Such benefits shall include at least the following general categories and the items and services covered with the categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and,
- Pediatric services, including oral and vision care.

**Excluded Services (also referred to as Non-Covered Services)**

Health care services that **your health insurance** or **plan** doesn't pay for or cover.

**Exclusion**

Any service or supply listed in the section entitled "Exclusions and Limitations." Those services or supplies listed as **exclusions** are not covered by **Quartz**, regardless of the **medical necessity**.

**Expedited Grievance**

A ***grievance*** where the standard resolution process might lead to:

1. Serious jeopardy to the life or health of the ***member*** or the inability of the ***member*** to regain maximum function;
2. A situation where, in the opinion of the ***physician*** with knowledge of the ***member's*** medical condition, the ***member*** would be subjected to severe pain that could not be adequately managed without the care or treatment that is the subject of the ***grievance***; or,
3. It is determined to be an ***expedited grievance*** by a ***physician*** with knowledge of the ***member's*** medical condition.

**Expedited Review**

A review process used when the standard review process would jeopardize ***your*** life, health or ability to regain maximum function.

**Expense**

The ***charge*** for a ***covered service*** or supply that ***Quartz*** determines is the ***usual, customary and reasonable charge***. An ***expense*** is incurred on the date ***you*** receive the service or supply.

**Experimental or Investigative Treatments and Services**

Drugs, devices, equipment, treatment, or procedures which do not meet one or more of the following criteria, as determined by ***Quartz***:

- Full and final approval has been granted by the U.S. Food and Drug Administration (FDA) for the treatment of the patient's medical condition;
- The research and experimental stage of the development of the treatment or service have been completed; and,
- The scientific evidence must permit conclusions concerning the effect on health outcomes for the specific condition or indication it will be used for.

A procedure, treatment or device may be considered ***experimental or investigational*** even if the ***provider*** has performed, prescribed, recommended, ordered or approved it, or if it is the only available procedure or treatment for the condition. ***Quartz*** considers all services, procedures, and

treatment with Category III codes to be **experimental, investigational** and/or **emerging technology**.

**Extended Care Facility**

A health care facility, or a distinct part of a health care facility, which has been accredited for that purpose by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Community Health Accreditation Program or **Medicare** as a **skilled nursing facility**.

**External Review**

A review of **Quartz's** decision conducted by an **independent review organization**.

**Grievance**

A **complaint** that **you** communicate to **your health insurer** or **plan**. It is any dissatisfaction with the provision of services or claims practices or the administration of a **Quartz health plan** that is expressed in writing to **Quartz** by or on behalf of a **member**.

**Habilitative Services**

Health care services and devices that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a **child** who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Health Insurance**

A contract that requires **your** health insurer to pay some or all of **your** health care costs in exchange for a **premium**.

**Health Plan (or Benefit Plan or Plan)**

The overall program of health services insured and administered by **Quartz**.

**Health Questionnaire**

The part of the **Enrollment Form** that requests information to develop the **premium** rate.

**Home Health Care**

Health care services a person receives at home.

**Home Health Care Services**

Services to treat an **illness** or **injury** for which a **member** was or could have been hospitalized or **confined** in a **skilled nursing facility**. This term shall have the same meaning as defined by the more liberal of Title XVIII of the Social Security Act or s. 632.895 (1) (b), Wis. Stats.

**Hospice Care**

Palliative care services provided to a **member** whose **attending physician** certifies that they have a life-limiting condition. Care is available on an intermittent basis with on-call services available on a 24-hour basis. **Hospice care** services ease pain and make the **member** as comfortable as possible. **Hospice care** must be provided through a licensed **provider** approved by **Quartz**.

**Hospice Services**

Services to provide comfort and support for persons in the last stages of a terminal **illness** and their families.

**Hospital**

An acute care facility which:

1. Provides inpatient diagnostic and therapeutic services for surgical or medical diagnosis, treatment and care of injured and sick persons by or under the supervision of staff or duly licensed **physicians**; and,
2. Provides continuous nursing service by or under the supervision of registered professional nurses; and,
3. Is not a federal **hospital** or, other than incidentally, a place for rest, a place for the aged or a nursing home; and,
4. Operates as an acute care general or psychiatric **hospital** under applicable state or local laws.

**Hospital Outpatient Care**

Care in a **hospital** that usually doesn't require an overnight stay.

**Hospitalization**

Care in a **hospital** that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Identification Card (or ID Card)**

The card that **Quartz** issues to **members** to indicate that they are entitled to receive **covered services**.

**Illness (or Sickness)**

A condition or disease that causes the loss of, or affects, a normal body function, other than those conditions that result from an **injury**.

**Immediate Family**

The spouse of the **subscriber**; the **dependents**, parents, grandparents, brothers and sisters of the **subscriber** and their spouses.

**Independent Review Organization (IRO)**

An entity certified under State or Federal law to review **Quartz's** decisions. Please refer to the "Complaint and Grievance" section for a description of the independent review process.

**Infertility**

The inability to establish pregnancy within one year by a **member** and the **member's** covered spouse, or by a **member** and the **member's** Domestic Partner, who are (1) both of reproductive age, and (2) both expect pregnancy to be accomplished by unprotected sex.

**Informed Consent**

When an **out-of-network provider** operating at an **in-network** facility notifies **you** that their services are not considered **in-network** for **your Quartz** plan, and **you** agree that the **provider** may **balance bill you** for costs that **Quartz** does not cover.

**Injury**

Harm or damage to **you** resulting from an accident, independent of all other causes.

**In-Network Co-insurance**

The percent **you** pay of the **allowed amount** for covered health care services to **providers** who contract with **your health insurance** or **plan**. **In-network co-insurance** usually costs **you** less than **out-of-network co-insurance**.

**In-Network Co-payment**

A fixed amount **you** pay for covered health care services to **providers** who contract with **your health insurance** or **plan**. **In-network co-payments** usually are less than **out-of-network co-payments**.

**In-Network Provider**

Any person or entity, public or private, that:

1. Has entered into a contract to provide or arrange for the provision of **plan benefits** to **Quartz members**; or,
2. Provides services through and in accordance with the **provider network** associated with the **member's benefit plan**; or,
3. Is an **ancillary provider** providing services through an **in-network provider**.

**Intensive-Level Services**

Evidence-based behavioral therapy that is designed to help an individual with **Autism Spectrum Disorder** overcome the cognitive, social, and behavioral deficits associated with that disorder.

**Long-term Therapy**

Any therapy that does not meet **Quartz's** criteria for **short-term therapy**.

**Maintenance and Supportive Care and/or Therapy**

These terms are often used interchangeably to refer to therapies that seek to prevent disease in the absence of significant symptoms or to prevent deterioration of a condition once maximum therapeutic benefit has been achieved, even if symptoms are still present. The determination of what

constitutes ***maintenance and supportive care and/or therapy*** is made by ***Quartz's medical director*** after reviewing the ***member's*** case history and/or treatment plan.

**Medicaid**

A program instituted pursuant to the federal "Grants to States for Medical Assistance Program." This program is governed by Title XIX of the United States Social Security Act, as it is now or hereafter amended.

**Medical Director**

A ***physician*** appointed by ***Quartz*** to serve as the ***plan's*** final decision-maker for determining whether a service, device, treatment or supply is eligible for coverage under the ***plan***.

**Medically Necessary**

Health care services or supplies needed to prevent, diagnose or treat an ***illness, injury***, condition, disease or its symptoms and that meet accepted standards of medicine.

**Medically Necessary Services, Treatments or Supplies**

A service, treatment, procedure, ***prescription drug***, device or supply provided by a ***hospital, physician*** or other health care ***provider*** that is required to identify or treat a ***member's illness*** or ***injury*** and which is, as determined by the ***plan***:

1. Consistent with the symptoms or diagnosis and treatment of a ***member's illness*** or ***injury***;
2. Appropriate under the standards of acceptable medical practice to treat that ***illness*** or ***injury***;
3. Not solely for the convenience of the ***member, physician, hospital*** or other health care ***provider***;
4. The most appropriate supply or level of service that can be safely provided to the ***member*** and which accomplishes the desired end result in the most economical manner; and,
5. Not primarily for cosmetic improvement of the ***member's*** appearance, regardless of psychological benefit.

The **member's attending physician** or service provider makes decisions regarding service and treatment. The **plan**, through its **medical director** or pharmacists, using criteria developed by Medical Management and other recognized sources, has the authority to determine whether a service, treatment, procedure, **prescription drug**, device or supply is **medically necessary** and eligible for coverage under the **plan**. **Quartz** may also delegate criteria development and **medical necessity** reviews to other entities.

**Medicare**

Title XVIII, Parts A, B, C and D of the United States Social Security Act, as it is now or hereafter amended.

**Member**

The **subscriber** and any **dependents** covered under a **policy** issued by **Quartz**.

**Out-of-Network Co-insurance**

The percent **you** pay of the **allowed amount** for covered health care services received from **out-of-network providers**. **Out-of-network co-insurance** usually costs **you** more than **in-network co-insurance**.

**Out-of-Network Co-payment**

A fixed amount **you** pay for covered health care services received from **out-of-network providers**. **Out-of-network co-payments** usually are more than **in-network co-payments**.

**Out-of-Network Provider**

A **provider**, supplier or facility that:

1. Does not have a signed contract to provide or arrange for the provision of **plan benefits** to **Quartz members**; or,
2. Has a contract to provide or arrange for the provision of **plan benefits** to **Quartz members** but is not part of the **provider network** associated with the **member's benefit plan**; or,
3. Is an **ancillary provider** providing services through an **out-of-network provider**.



This **plan** does not generally cover non-urgent or non-emergency services received from an **out-of-network provider**. If **you** receive **prior authorization** or a **referral** for services through an **out-of-network provider**, **you** may be subject to **balance billing**.

### **Out-of-Pocket**

A portion of a **covered expense** for which the **member** is responsible for making payment. The **expense** may be incurred because of applicable **co-insurance**, **co-payment** or **deductible** amounts or because a **charge** exceeds the **usual, customary and reasonable charge**.

### **Out-of-Pocket Limit**

The most **you** pay during a **policy** period (usually a year) before **your health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes **your premium**, **balance-billed** charges or health care **your health insurance** or **plan** doesn't cover. Some **health insurance** or **plans** don't count all of **your co-payments**, **deductibles**, **co-insurance** payments, **out-of-network** payments or other expenses toward this limit.

### **Physician**

A person holding an active, unrestricted license to practice medicine and/or surgery under Wisconsin law or under the laws of the state in which he or she practices.

### **Physician Services**

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

### **Plan**

A benefit **your** employer, union or other group sponsor provides to **you** to pay for **your** health care services.

### **Plan Benefits**

Medical, **hospital**, **behavioral health and substance use disorder**, Chiropractic, **home health care**, **skilled nursing facility**, **emergency care** and other specified **covered services** as defined in this **policy**, the **Schedule of**

**Benefits** and **benefit riders** to which a **member** is entitled by membership in the **plan**.

### **Policy**

An agreement between **Quartz** and a **subscriber** wherein **Quartz** agrees to provide a **health plan** to the **subscriber** and his/her eligible **dependents**. The **policy** sets forth all of the obligations, rights and responsibilities of the parties. The **policy** includes all of the following:

1. This **Certificate of Coverage**;
2. The **Schedule of Benefits** and our **Prior Authorization List**;
3. Any **Benefit Riders**;
4. All **Applications** and **Enrollment Forms**; and,
5. The **Provider Network Directory**.

### **Policyholder**

The person to whom **Quartz** has issued this **policy** for the benefit of the **members** on the **policy**. The **policyholder** is legally responsible for payment of **premium** under this **policy**.

### **Post-Intensive-Level Services**

Therapy for an individual with **Autism Spectrum Disorder** that occurs after the completion of treatment with **intensive-level services** and that is designed to sustain and maximize gains made during treatment with **intensive-level services** or, for an individual who has not and will not receive **intensive-level services**, therapy that will improve the individual's condition.

### **Premium**

The amount that must be paid for **your health insurance** or **plan**. **Your premium** payment is due monthly.

### **Prescription Drug Coverage**

A **health plan** that helps pay for **prescription drugs** and medications.

### **Prescription Drugs**

Drugs and medications that by law require a prescription.

**Preventive Health Services**

1. Evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force (USPSTF);
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
3. With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. With respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph; and,
5. The current recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention shall be considered the most current.

**Primary Care Provider or Primary Care Physician (“PCP”)**

A **physician** (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), physician assistant (PA), or nurse practitioner who provides, coordinates or helps a patient access a range of health care services. At the time of enrollment, each **member** must select a **primary care provider** to provide and coordinate medical care. **You** must choose a **PCP** listed in **Quartz’s Provider Network Directory**.

**Prior Authorization**

The process by which **Quartz** gives prior written approval for coverage of specific **covered services**, treatment, **durable medical equipment (DME)**, **prescription drugs** and supplies. The purpose of **prior authorization** is to determine and authorize the following:

1. The specific type and extent of care, **DME, prescription drug** or supply that is necessary;
2. The number of visits, or the period of time, during which care will be provided;

3. The name of the **provider** to whom the **member** is being referred; and,
4. Whether the **member** should receive coverage for the services of an **out-of-network provider** because needed services are not available from **in-network providers**.

**Prior authorization** does not guarantee that services will be fully covered. Coverage is determined by the terms and conditions of the **policy**. Services and items requiring **prior authorization** are listed on **Quartz's** website at **QuartzBenefits.com/WIPAList**; however, different requirements may apply if **you** seek services outside of **Quartz's service area**. Contact **Quartz** Customer Success for details on the **prior authorization** process.

### **Provider**

A **physician** (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, trained, certified or accredited as required by state law.

### **Provider Network (or Network)**

The facilities, **providers**, organizations and suppliers who have contracted with or on behalf of **Quartz** to provide **plan benefits** to **members**. Visit **QuartzBenefits.com/FindADoctor** or contact **Quartz** Customer Success for assistance in navigating the **provider network**.

### **Provider Network Directory**

A listing of **physicians** and other **providers** who are available to provide health care services to **members**. Printable directories can be found at <https://quartzbenefits.com/ProviderDirectoryPDFs>.

### **Qualifying Payment Amount**

The amount that **we** use to calculate **your** cost-sharing for:

- **Emergency services** received **out-of-network**;
- Some ancillary services received from an **out-of-network provider** at an **in-network** facility; and,
- Services received from an **out-of-network provider** at an **in-network** facility without **your informed consent**.

It is based on the median contracted rate for **in-network providers** in the geographic region. In the situations above, **out-of-network providers** may not **balance bill you** after **you** pay the cost-sharing due based on the **qualifying payment amount**. This **cost-sharing** will be based on the **in-network benefit level** and will accumulate towards the annual **deductible** and **maximum out-of-pocket**. This is required under the No Surprises Act, which prohibits “surprise billing” or **balance billing** in many circumstances. If **you** have questions regarding what constitutes a “surprise” or “balance” bill, please call Customer Success or visit **QuartzBenefits.com**.

### **Quartz**

The marketing name for **Quartz Health Benefit Plans Corporation**, its plan administrator, and the overall program of health benefits that are insured and administered pursuant to the **policy. Quartz Health Benefit Plans Corporation** is a health maintenance organization that operates pursuant to Chapters 609 and 611, Wis. Stat., or any succeeding provisions of Wisconsin law.

### **QuartzBenefits.com**

A comprehensive website resource to guide **you** through **your health plan** benefits and educate **you** about **Quartz’s** health and wellness programs. The internet domain name for this site is **QuartzBenefits.com**.

### **Reconstructive Surgery**

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

**Reconstructive surgery** includes breast reconstruction following a covered mastectomy or due to a congenital condition.

### **Referrals and Standing Referrals**

A written form that authorizes **you** to receive coverage for certain health care services. The purpose is to determine and authorize the following:

1. The specific type and extent of care that is necessary;
2. The number of visits or the period of time during which care will be provided; and,
3. The **provider** to whom the **member** is being referred.

Requests for **referrals** must be submitted to **Quartz** for consideration and review before the requested services are obtained. Such services will be covered only if the **referral** request is authorized by **Quartz** before services are obtained.

No **referral** is necessary for obstetrical or gynecological care provided by **in-network providers** who specialize in obstetrics or gynecology.

If **you** receive a **referral** to an **out-of-network provider, you** may be subject to **balance billing**.

### **Rehabilitation Services**

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

### **Rescission/Rescind**

A cancellation or discontinuance of coverage that has retroactive effect. However, a cancellation or discontinuance of coverage is not a **rescission** if:

- The cancellation or discontinuance of coverage has only a prospective effect; or,
- The cancellation or discontinuance of coverage is effective retroactively to the extent it is attributable to a failure to timely pay required **premiums** or contribution towards the cost of coverage.

### **Rider**

An amendment to the **health plan** that either adds benefits to the **covered services** outlined in the **policy** or excludes coverage for a specified condition for a particular **member**.

### **Schedule of Benefits**

A summary of the **covered services** provided by the **policy**. The **Schedule of Benefits** lists the **co-payment, co-insurance** and **deductible** amounts that may apply to the **covered services** under the **policy**.

**Service Area**

The counties within which **Quartz** is authorized by the Wisconsin Office of the Commissioner of Insurance to do business and where **Quartz** has determined that there are enough **in-network providers** to serve its **members**.

**Short-term Therapy**

Physical, speech, occupational, manipulative or respiratory therapy that is likely to significantly improve a **member's** condition within 60 days from the date the therapy begins, as determined by **Quartz**.

**Skilled Nursing Care**

Services from licensed nurses in **your** own home or in a nursing home. Skilled care services are from technicians and therapists in **your** own home or in a nursing home. Skilled care must be **medically necessary** as determined by **Quartz**. Services to support **activities of daily living (ADL)**, even if provided by a licensed, registered or practical nurse, are not skilled care.

**Skilled Nursing Facility**

A facility that is licensed by the State of Wisconsin, or another state, that maintains and provides all of the following:

1. Permanent and full-time bed care facilities for resident patients;
2. **Physician services** available at all times;
3. A registered nurse or **physician** in charge and on full-time duty and one or more registered nurses or licensed vocational or practical nurses on full-time duty;
4. A daily record for each patient; and,
5. Continuous **skilled nursing care** for patients during convalescence from **illness** or **injury**.

A **skilled nursing facility** is not, except by coincidence, any of the following:

1. A rest home;
2. A home for care of the aged; or,
3. A facility engaged in the care and treatment of alcoholics, drug addicts or persons with psychiatric disorders.

**Skilled Nursing Facility Services**

The health care services provided by a **skilled nursing facility** or **extended care facility** as part of its licensed operations. These services must be designated as **covered services** by **Quartz**.

**Sound Natural Tooth**

A tooth that would not have required restoration in the absence of trauma or **injury**, or a tooth with restoration limited to composite or amalgam filling, but not a tooth with crowns or a tooth that has had root canal therapy.

**Specialist**

A **Physician specialist** focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-**physician specialist** is a **provider** who has more training in a specific area of health care.

**Subscriber**

The person to whom **Quartz** has issued this **policy**.

**Telehealth**

A remote scheduled appointment with **your** usual **provider** during clinic hours using a telephone call or video chat. Unless otherwise disclosed in **your Schedule of Benefits**, cost-sharing for a **telehealth visit** is the same as an in-person visit.

**Third Party Examinations, Services and/or Supplies**

Services and/or supplies that are provided primarily at the request of, for the protection of, or to meet the requirements of, a party other than the **member**. These services and supplies are not considered to be **covered services** unless:

1. The service and/or supply is otherwise **medically necessary**; or,
2. The service and/or supply is mandated by state or federal law.

**Total Disability (or Totally Disabled)**

For a **subscriber**, this term means that, because of an **illness** or **injury**, they are at all times unable to perform the duties of the job or occupation for



which they are reasonably qualified for wage or profit. **Total disability** also means that the **subscriber** cannot engage in any job or occupation for wage or profit.

For a **dependent, total disability** means a disability that prevents a person from engaging in substantially all of the usual and customary activities of a person in good health and of the same age and gender.

**Quartz's** Medical Management staff make the determination as to whether or not a **member** is **totally disabled**.

### **Urgent Care**

Care for an **illness, injury** or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

### **Urgent Care Services**

Those services that are warranted by **illness, injury** or symptoms where delay in the receipt of the care or treatment would jeopardize the **member's** health or result in a disability. These services include treatment received from health care professionals and health care facilities.

### **Usual, Customary and Reasonable (UCR)**

The amount paid for a medical service in a geographic area based on what **providers** in the area usually **charge** for the same or similar medical service. The **UCR** amount sometimes is used to determine the **allowed amount**.

### **Usual, Customary and Reasonable Charge**

The reasonable dollar amount **charge** for the services and supplies provided by a health care **provider**. The **usual, customary and reasonable charge** is not more than the following:

1. The **usual charge**, which is the fee **charged** by the **provider** for a service or item to the majority of their patients;
2. The **customary charge**, which is the fee that falls within a range of the **usual charges** of most **providers** in a geographic area that will

generate a statistically credible claims distribution for the same or similar service;

3. The **reasonable charge**, as determined by **Quartz**, which considers the complexity of a given treatment required for a particular case;
4. An amount developed by **Quartz** or its vendors using current publicly-available data reflecting fees typically reimbursed to **providers** or facilities for the same or similar services, adjusted for geographical differences where applicable; or,
5. A **charge** negotiated by **Quartz** with an **in-network provider**. If a **provider** is not an **in-network provider**, **Quartz** will pay based on the **usual, customary and reasonable** amount as determined by **Quartz**.

**You** may request the amount that **Quartz** has determined to be the **usual, customary and reasonable charge** by completing a Determination of Benefits Worksheet available at [QuartzBenefits.com/WIMaterials](http://QuartzBenefits.com/WIMaterials) or by contacting **Quartz** Customer Success. **You** must furnish the **provider's** name, address, the actual **charge**, the appropriate procedure code and the date of service. **You** may also be provided an advance **Explanation of Benefits (EOB)** if **your provider** notifies **us** that **you** are scheduled to receive services, as required under federal law.

### **Virtual Visit**

An on-demand consultation with a **provider** using a computer or mobile device; no appointment is needed. Based on **your** responses to a series of questions, the **provider** may give a diagnosis, suggest follow-up care, and/or prescribe medication. Compared to a **telehealth** or office visit, **virtual visits** may be covered at reduced cost-sharing, depending on **your benefit plan**.

### **We, Us, and Our**

**Quartz Health Benefit Plans Corporation**, referred to in this **policy** as "**Quartz**," and its plan administrator. These shorthand terms may also be used to refer to subcontractors performing administrative tasks on behalf of **Quartz**.

### **You and Your**

A **member** enrolled in a **Quartz health plan**.

## ARTICLE II: OBTAINING SERVICES

As a **member** of **Quartz's Individual HMO Benefit Plan**, **you** are entitled to benefits that are **covered services** whenever **you** obtain such health care services through **your primary care provider** or with an approved **referral** to an **in-network provider** in accordance with the guidelines set forth in this section of **your Certificate of Coverage**. Preventive care, as well as treatment for **illness** or **injury**, is a **covered service** as stated in the **Certificate of Coverage**. **You** should obtain such services through **your** chosen **primary care provider**. This **policy** does not pay or reimburse **you** for services **you** administer to **yourself**, even if **you** are a **provider**. Benefits that are **covered services** are described in this **certificate**, the **Schedule of Benefits** and any **benefit rider** attached to this **certificate**.

If **your plan** includes a **deductible**, the **deductible** must be paid in full before **Quartz** will make any payment for **covered services** that are subject to **deductible**. Once the **deductible** has been satisfied, any **co-payments** or **co-insurance** required may apply toward satisfaction of the **annual out-of-pocket expense** limit. For specific information, refer to the **Schedule of Benefits**.

### Prior Authorization

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**Prior authorization** may be required for **you** to receive coverage for certain **covered services**. A request for **prior authorization** must be made before **you** obtain the services. Also, if **you** or **your primary care provider** believe that **you** need to obtain health care services from an **out-of-network provider**, **you** must obtain **prior authorization** from **Quartz** before **you** obtain the services. **In-network providers** will submit a **prior authorization** request on your behalf. If a **prior authorization** is not obtained when one is required, the services will not be considered a **covered service**.

A list of services requiring **prior authorization** is available at **QuartzBenefits.com/WIPAList**; however, different requirements may apply if

**you** seek services outside of **Quartz's service area**. **You** may contact **Quartz** Customer Success or consult **your in-network primary care provider** to obtain information about **prior authorization**.

**Prior authorization** does not guarantee that services will be fully covered. Coverage is determined at the time a claim is made and according to the terms and conditions of **your health plan**. If **you** receive **prior authorization** for services through an **out-of-network provider**, **you** may be subject to **balance billing**.

## Primary Care Provider

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At the time **you** enroll in the **plan**, **you** and each of **your** covered **dependents** must select an **in-network primary care provider (PCP)**. Each **member** may select a different **PCP**. **Your PCP** will provide primary health care services and will coordinate the care **you** receive from other health care professionals.

**You** may change **your PCP** by visiting **QuartzBenefits.com/WIMaterials** or by contacting **Quartz** Customer Success. The change will be effective no later than the first day of the following month. The change will be made as long as the new **provider** is accepting additional patients.

**Quartz** reserves the right to modify the list of **plan providers** at any time.

## Referrals and Standing Referrals

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**Your primary care provider** is responsible for providing and coordinating **your** health care. Depending upon the rules of the **provider network** to which **your primary care provider** belongs, **you** may need to obtain a **referral** or **standing referral** before **you** obtain specialty care. Please ask **your primary care provider** if a **referral** is required, or contact **Quartz** Customer Success for information.

A **referral** determines and authorizes:

1. The type and extent of care that is necessary;
2. The number of visits or period of time during which care will be provided; and,
3. The **provider** to whom the **member** is being referred.

Depending on whether the referred-to **provider** is located inside or outside **Quartz's service area** and what type of care is sought, additional **medical necessity** review may be required by other entities.

If **you** receive a **referral** to an **out-of-network provider**, **you** may be subject to **balance billing**.

## Behavioral Health Services

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For assistance in accessing **behavioral health services**, contact Behavioral Health Care Management at (800) 683-2300.

## Non-Emergency Care

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Elective (**non-emergency**) health care services are **covered services** only if **you** receive the services from **your primary care provider** or other **in-network provider**. Services must be obtained in accordance with any applicable **referral** and **prior authorization** requirements. Coverage is subject to all of the terms, conditions, limitations and **exclusions** stated in the **Certificate of Coverage** and **Schedule of Benefits**.

## Emergency Care

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**You** do not need **prior authorization** or a **referral** to access **emergency services**. If **you** experience an **emergency medical condition**, seek immediate care from the nearest health care **provider**, then contact **your**

**primary care provider** to arrange for follow-up care from an **in-network provider**. Follow-up care will not be covered as **emergency services**.

Medical treatment that **you** receive on an emergency basis for an **illness** or an **injury** that is not an **emergency medical condition** will not be considered a **covered service**.

## Urgent Care

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If **you** need **urgent care services**, call **your primary care provider** for instructions if possible. Otherwise, seek treatment at the nearest urgent care facility.

If **you** receive **urgent care services** from an **out-of-network provider**, **you** should notify **Quartz** within three business days of receiving the care, or as soon as medically feasible. Contact **Quartz** Customer Success to provide this notice.

## Special Provisions Relating to Full-Time Students

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### Behavioral Health and Substance Use Disorder Benefits

A full-time student attending a school (other than a primary or secondary school) located in the State of Wisconsin but outside **Quartz's service area** will be covered for a clinical assessment of nervous or mental disorders, or substance use disorders. If it is recommended as a result of that assessment, the student will be covered for up to five visits to an outpatient treatment facility or to another health care **provider**. That **provider** must be located in reasonably close proximity to the school in which the student is enrolled. After the student has completed five such visits, **Quartz** will review the student's condition and determine whether it is appropriate for the student to continue treatment with that same **provider**.

**Quartz** will not provide coverage for this treatment if it is determined that the nature of the treatment would prevent the student from attending school on a regular basis. **Quartz** reserves the right to make this determination.

**Dependents Attending School Outside Quartz’s Service Area**

**Quartz** will provide limited coverage for elective (**non-emergency**) services for **dependents** who are full-time students at an accredited school located outside **Quartz’s service area**. This coverage is subject to the **deductible** shown in the **Schedule of Benefits**. Coverage is limited to 50% of the **usual, customary and reasonable charge** as determined by **Quartz**. All services must be **prior authorized** by **Quartz’s** Medical Management or Behavioral Health Care Management Departments to be eligible for coverage and must be obtained through a **provider** located in reasonably close proximity to the school in which the student is enrolled. Call (866) 895-8143 to authorize medical services, or (800) 683-2300 to authorize behavioral health services. Medical Management and Behavioral Health Care Management will not authorize a service after the service has been obtained.

The school must be:

- An accredited, post-secondary vocational, technical or adult education school; or,
- An accredited college or university that provides a schedule of courses or classes and whose principal activity is the provision of an education.

In order to be eligible for coverage under this section, the student must attend the school in person. Online attendance does not qualify.

**Students on Medical Leave**

If a **dependent** over age 26 who is a full-time student must take a **medically necessary** leave of absence from school due to **illness** or **injury**, **Quartz** will continue to provide coverage for the **dependent** if they, or an individual acting on their behalf, submits documentation and certification of **medical necessity** for the leave of absence from the **dependent’s attending physician**. The date on which the **dependent** ceases to be a full-time student

## ARTICLE II: OBTAINING SERVICES

due to the **medically necessary** leave of absence is the date on which continuation of coverage under this provision begins.

**Quartz** will continue to provide coverage to the **dependent** until any of the following events occurs:

- The **dependent**, or an individual acting on their behalf, advises **Quartz** that the **dependent** does not intend to return to school full-time;
- The **dependent** becomes employed full-time;
- The **dependent** obtains other **health insurance** coverage;
- The **dependent** marries;
- Coverage of the person through whom the **dependent** has coverage under this **plan** is discontinued or not renewed; or,
- One year has elapsed since the **dependent's** coverage continuation began and the **dependent** has not returned to school on a full-time basis.

Full-time student status is defined by the school in which the student is enrolled. **Quartz** may require proof of attendance. Coverage begins on the day the student becomes a full-time student and ends on the day they are no longer a full-time student, or the last day of the month in which they attain the limiting age, whichever occurs sooner.



## ARTICLE III: COVERED SERVICES

**Members** are entitled to **covered services** subject to the terms and conditions of the **health plan**, as described in this **Certificate of Coverage**, the **Schedule of Benefits** and any **benefit riders** attached to this **certificate**.

Services and supplies are covered only when they are **medically necessary**. Services and supplies are **covered services** only if they are (1) provided by or at the direction of an **in-network provider**, and (2) provided in accordance with the guidelines set forth in the "Obtaining Services" section of this **certificate**. **Plan benefits** are described in this **Certificate of Coverage**, the **Schedule of Benefits** and any applicable **benefit riders**.

**NOTE:** If **Quartz** has **prior authorized** benefits to be received from an **out-of-network provider**, the benefits to be paid are limited to the **usual, customary and reasonable charge**. This amount may be less than the billed **charge**.

Some or all **covered services** may be subject to **co-payment, co-insurance** and **deductible** amounts. For specific information, refer to the **Schedule of Benefits**.

### Important Notice

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**You** may contact **Quartz** Customer Success before receiving services from an **out-of-network provider** to determine if a **provider's charge** will be within **Quartz's usual, customary and reasonable charge** range. A Benefits Determination Worksheet may be completed at **QuartzBenefits.com/WIMaterials**. If **you** call, **you** must provide **Quartz** with the following information:

1. The **provider's** estimated **charge**;
2. The CPT code of the service(s) to be obtained;
3. The **provider's** name and zip code; and,
4. The anticipated date of service.

## **Professional and Related Services**

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Professional and related services include medical, surgical and other services listed in this **Certificate of Coverage**. Benefits are subject to (1) any **deductible, co-payment, co-insurance** and other limitations shown on the **Schedule of Benefits**, and (2) all other terms and conditions outlined in this **certificate**. Specific services require **prior authorization**. Failure to obtain **prior authorization** when necessary will result in a reduction of the benefit paid.

### **Ambulance Services**

**Quartz** covers **emergent/urgent transportation** to the nearest **hospital** that can provide the required level of care when it is clear that **emergency services** are needed and medical care is required during transport. In non-emergent, non-urgent situations, transportation between **hospitals** requires **prior authorization** by **Quartz**. **Emergent/urgent transportation** services are not covered when the **member** is not actually transported (e.g., if an ambulance is called but the **member** is transported to the **hospital** by a friend instead).

### **Anesthesia Services**

#### **General Anesthesia**

Covered when connected with the medical and surgical benefits described in this **certificate**.

#### **Dental Anesthesia**

Anesthesia services for dental care are covered under certain circumstances subject to **prior authorization** requirements. These services are covered if any of the following applies:

- The **member** has a chronic disability that meets all of the conditions under s. 230.04(9r)(a)(2), Wis. Stat.; or,
- The **member** has a medical condition that requires hospitalization or general anesthesia for dental care.

**Autism Spectrum Disorder**

Treatment for the condition of **Autism Spectrum Disorder**:

- Services to a **member** with a primary verified diagnosis of **Autism Spectrum Disorder** made by a **provider** skilled in testing and in the use of empirically validated tools specific for **Autism Spectrum Disorder**. **Quartz** may require a second opinion from a **provider** that is mutually agreeable to the **member** or the **member's** parent and **Quartz**. **Quartz** may require that the assessment include both a standardized parent interview as well as a direct structured observation of social and communicative behavior and play;
- The treatment is prescribed by a **physician** and provided by any of the following who are qualified to provide **intensive-level services** or **post-intensive-level services**:
  - A psychiatrist;
  - A person who practices psychology;
  - A social worker who is certified or licensed to practice psychotherapy;
  - A paraprofessional working under the supervision of a **provider** listed under the prior three bulleted items;
  - A professional working under the supervision of a certified outpatient mental health clinic;
  - A speech-language pathologist;
  - An occupational therapist; or,
  - A behavioral analyst who is licensed under s. 440.312, Wis. Stat.;
- For **intensive-level services**, the maximum coverage provided per insured per **benefit year** for services:
  - Based on a treatment plan developed by a qualified **provider** that includes at least 20 hours per week over a six-month period of time of evidence-based behavioral intensive therapy, treatment and services;
  - The majority of services are provided to the **member** when the parent or legal guardian is present;
  - Does not exceed four cumulative years of **intensive-level services**, measured from the date the **intensive-level services** first commenced; and,

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- Progress is assessed and documented throughout the course of treatment. Such documentation will be provided to **Quartz** at its request;
- For **post-intensive-level services**, the maximum coverage provided per insured per **benefit year** for services:
  - Based upon a treatment plan that includes specific therapy goals that are clearly defined, directly observed and continually measured and that address the characteristics of **Autism Spectrum Disorders**; and
  - Progress is assessed and documented throughout the course of treatment. Such documentation will be provided to **Quartz** at its request;
- The duration required for treatment does not need to be met if it is determined by a supervising professional, in consultation with the insured's physician, that less treatment is medically appropriate;
- The **member** or the **member's** authorized representative must provide notice to **Quartz** if the **member** is unable to receive **intensive-level services** for an extended period of time. Such notice must indicate the reason or reasons the **member**, the **member's** family or care giver are unable to comply with an **intensive-level services** treatment. **Quartz** may not deny **intensive-level services** to an insured for failing to maintain at least 20 hours per week of evidence-based behavioral therapy if notice is provided as specified in this section or if the **member** can document that the failure to maintain at least 20 hours per week of evidence-based therapy was due to waiting for waiver program services.

### **Behavioral Health and Substance Use Disorder Services**

Covers **medically necessary** inpatient, outpatient, transitional treatment and **emergency services** for the treatment of psychiatric and nervous disorders and substance use disorders. Elective (**non-emergency**) services must be provided by **in-network providers**. A range of digital care options may also be available and are covered when received through **in-network providers** or a **Quartz**-sponsored **care management** program.

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Transitional treatment services are services for the treatment of mental **illness** and substance use disorders. These are:

- Services provided in day treatment programs by **in-network providers** who are certified by the appropriate credentialing body in their state;
- Services for persons with chronic mental **illness** provided through a community support program certified by the appropriate credentialing body in their state;
- Services provided in residential treatment programs by **in-network providers** certified by the appropriate credentialing body in their state;
- Services provided in partial hospitalization programs by **in-network providers** who are certified by the appropriate credentialing body in their state; and,
- Services provided in intensive outpatient programs by **in-network providers** who are certified by the appropriate credentialing body in their state.

Transitional treatment services are subject to the same **co-payment, co-insurance, deductibles** and maximum amount limitations as **hospital outpatient care**.

Emergency **behavioral health services** provided by an emergency room or crisis stabilization program certified by the appropriate credentialing body in their state are covered for persons who are experiencing a behavioral health crisis or who are in a situation likely to turn into a behavioral health crisis if emergency support is not provided.

**Behavioral health (mental health) services** coverage applies to nervous and mental disorders listed in the most current edition of the American Psychiatric Association Diagnostic and Statistical Manual. Coverage is excluded for relationship counseling.

**Co-payments, co-insurance** and **deductibles** may apply to **behavioral health and substance use disorder services**. For specifics on the level of

benefits and limitations for the **contract year**, refer to **your Schedule of Benefits**.

For assistance in accessing **behavioral health and substance use disorder services**, contact Behavioral Health Care Management at (800) 683-2300.

### **Biofeedback**

With **prior authorization**, biofeedback is covered for the treatment of:

- Headaches;
- Spastic Torticollis or Spasmodic Torticollis; and,
- Pediatric voiding dysfunction. Biofeedback coverage for pediatric voiding dysfunction is limited to eight visits per lifetime.

Biofeedback is not covered for muscle wasting, muscle spasm, muscle weakness, adult urinary or stress incontinence, or any other condition not listed as covered.

### **Breast Reconstruction**

Services include:

- Breast reconstruction due to a **congenital** condition;
- Mastectomy and reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and,
- Treatment of physical complications at all stages of the mastectomy, including lymphedema.

### **Chiropractic Services**

Services must be received from an **in-network provider**. Benefits are not available for care that is **maintenance and supportive care** or **long-term therapy**.

## **Clinical Trials**

### **Definitions**

**Approved clinical trial** means a Phase I, Phase II, Phase III, or Phase IV **clinical trial** that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition. **Quartz:**

- May not deny the qualified individual participation in an approved **clinical trial** with respect to the treatment of cancer or another life-threatening disease or condition;
- May not deny (or limit or impose additional conditions on) the coverage of routine patient costs for items and services furnished in connection with participation in the trial; and,
- May not discriminate against the individual on the basis of the individual's participation in the trial.

**Life-threatening condition** means any disease or condition from which the likelihood of death is probable, unless the course of the disease or condition is interrupted.

To be considered a **qualifying clinical trial**, a **clinical trial** must be approved or funded by one or more of the following:

- A federally-funded trial, such as:
  - The National Institutes of Health;
  - The Centers for Disease Control and Prevention;
  - The Agency for Health Care Research and Quality;
  - The Centers for Medicare & Medicaid Services;
  - Cooperative group or center of any of the entities listed above;
  - The Department of Defense;
  - The Department of Veterans Affairs;
  - The Department of Energy;
  - A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or,
- A study or investigation conducted under an investigational new drug application reviewed by the FDA; or,

- A drug trial that is exempt from having such an investigational new drug application.

The **clinical trial** must have a written protocol that describes a scientifically sound study and have been approved by all relevant institutional review boards (IRBs) before participants are enrolled in the trial. **We** may, at any time, request documentation about the trial to confirm that the **clinical trial** meets current standards for scientific merit and has the relevant IRB approvals.

The subject or purpose of the trial must be the evaluation of an item or service that meets the definition of a **covered health service** and is not otherwise excluded under the **policy**.

#### **Covered Benefits**

Routine patient care costs incurred during participation in a **qualifying clinical trial** for the treatment of a **life-threatening condition**. Benefits include the reasonable and necessary items and services used to diagnose and treat complications arising from participation in a **qualifying clinical trial**. Benefits are available only when the **member** is clinically eligible for participation in the **clinical trial** as defined by the researcher. Benefits are not available for preventive **clinical trials**.

**Routine patient care** costs for **clinical trials** include:

- **Covered health services** for which benefits are typically provided absent a **clinical trial**;
- **Covered health services** required solely for the provision of the Investigational item or service, the clinically appropriate monitoring of the effects of the item or service, or the prevention of complications; and,
- **Covered health services** needed for reasonable and necessary care arising from the provision of an Investigational item or service.

#### **Non-Covered Benefits**

Routine costs for **clinical trials** do not include:



- The **experimental or investigational service** or item. The only exceptions to this are:
  - Certain Category B devices as defined by Center for Medicare and Medicaid Services;
  - Certain promising interventions for patients with terminal illnesses; or,
  - Other items and services that meet specified criteria in accordance with our medical policy guidelines.
- Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and,
- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

### **Diabetes Management Services**

Certain diabetes management outpatient services may be covered with no cost-sharing when **you** are participating in a **Quartz care management** program and these personalized prevention plan services are received from select **in-network** pharmacists. Services may be provided in person or via **telehealth**.

### **Diabetic Self-Management Education**

A diabetic self-management education program is covered. See “If you visit a health care provider’s office or clinic” on the **Schedule of Benefits**.

### **Diagnostic Services**

Radiology, laboratory and other diagnostic tests are covered when ordered by an **in-network provider** as part of a physical examination or when authorized by **Quartz**. Pap tests and pelvic examinations are **covered services** as deemed appropriate by an **in-network provider, in-network nurse practitioner** or **in-network physician assistant**. Vision screenings are covered for diabetic **members** and **members** under age 19 only. Hearing screenings are covered when performed to determine the need for correction. Dental x-rays are covered only when performed in conjunction with covered procedures.

**Quartz** covers blood tests to detect lead exposure.

Screening for the presence of breast cancer and examination by low-dose mammography is covered. Diagnostic mammograms are covered when **medically necessary**.

Screening for colorectal cancer is covered for **members** 45 years of age or older and for **members** under 45 years of age at high risk for colorectal cancer.

### **Drugs and Biologicals**

Self-administered **prescription drugs** are obtained at pharmacies. Some pharmacies may be attached to or inside other facilities, like **hospitals**. These **prescription drugs** are covered only when a **Prescription Drug Benefit Rider** has been made a part of this **policy**. Coverage for **prescription drugs** is subject to the **Quartz drug formulary** available at **QuartzBenefits.com/formulary**. Review the **Schedule of Benefits** for specific information on the extent of coverage for this benefit.

In contrast, certain drugs are administered by a health care **provider** and follow **your** medical benefits. For example, drugs received while confined in a **hospital** or administered in a facility on an outpatient basis are subject to **your** medical benefits.

Disposable diabetic supplies include needles, syringes, alcohol swabs, lancets, lancing devices and blood and urine test strips. Disposable diabetic supplies, **prescription drugs** and insulin are covered and are subject to **Quartz's drug formulary**. Certain covered continuous glucose monitors available from a pharmacy are also subject to **Quartz's drug formulary**. You can view the most current **drug formulary** by visiting **QuartzBenefits.com**.

If a **Prescription Drug Benefit Rider** is part of this **plan**, diabetic testing reagents, supplies, certain continuous glucose monitors, **prescription drugs** and insulin are covered subject to the terms and conditions of the **Prescription Drug Benefit Rider**. If the **Prescription Drug Benefit Rider** is not

part of this **plan**, these items are covered under the medical benefit as **durable medical equipment (DME)**.

Orally administered **chemotherapy** drugs are covered and are subject to **Quartz's drug formulary**. If a **Prescription Drug Benefit Rider** is part of this **plan**, orally administered **chemotherapy** drugs are covered subject to the terms and conditions of the **Prescription Drug Benefit Rider**. If the **Prescription Drug Benefit Rider** is not part of this **plan**, these items are covered under the medical benefit and are subject to a \$100 **co-payment** for a 30-day supply.

Anti-hemophilic factor products covered under the medical benefit must be **prior authorized**. Anti-hemophilic factor products must be obtained and administered consistent with an approved **prior authorization**. Coverage may be limited to **providers** specifically contracted by **Quartz** to provide anti-hemophilic factor products. To obtain the list of contracted **providers**, please visit **our** website or call Customer Success.

Other drugs or biologic products may be covered under the medical benefit, subject to **prior authorization**. To control costs, **Quartz** may require **members** to receive designated products from select **in-network providers**. If the drug is authorized, the authorization letter may identify for the **member** and prescribing **physician** where the designated medical benefit drug may be administered. Failure to obtain the drug at an approved **in-network provider** will result in a denial of coverage for the designated drug.

### **Durable Medical Equipment (DME) and Medical Supplies**

**Durable Medical Equipment (DME)** and medical supplies must be **medically necessary** and provided by an **in-network provider** to qualify for coverage.

Enteral feedings and medical foods necessary to treat genetic disorders are covered as medical supplies. Coverage is limited to:

- Ketogenic formula for bottle or enterally-fed children under the age of two with intractable seizures;

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- Prescribed oral nutrition or supplementation for patients with inborn errors of metabolism or inherited metabolic disease, including Maple Syrup Urine Disease (MSUD) and Phenylketonuria (PKU); and,
- Feeding through a tube to treat an anatomical or motility disorder of the gastrointestinal tract that prevents food from reaching the small bowel, disease of the small bowel that impairs absorption of an oral diet, a central nervous system/neuromuscular condition that significantly impairs the ability to safely ingest oral nutrition.

Infant formulas for conditions other than those listed above, whether provided orally or through a tube, are not covered.

The purchase or repair of **DME** may require **prior authorization** to be eligible for coverage (except for the purchase of hearing aids, which do not require **prior authorization**). Please review **your** Summary of Benefits and Coverage (SBC) for information on **prior authorization** requirements. If **you** have any questions regarding a specific item, contact **Quartz** Customer Success. See Article IV: Exclusions and Limitations for a listing of items that are excluded from coverage.

In comparing equipment alternatives, **Quartz** considers whether distinct medical advantages justify greater cost or more frequent replacement. Thus, **we** do not cover added costs for equipment that has no advantage over a suitable alternative other than convenience or personal preference. **We** also do not cover repair or replacement of equipment damaged because of negligent use or abuse. **We** reserve the right to determine whether to rent or purchase. If more than one piece of **durable medical equipment** can meet **your** functional needs, benefits are available only for the equipment that meets the minimum specifications for **your** needs. Exhaustion of an active warranty is required before **Quartz** will replace **durable medical equipment** (except for the replacement of insulin infusion pumps required by Wisconsin law).

The following items are examples of covered **DME** (standard models only):

- Initial acquisition of prosthetic devices including artificial limbs, face, eyes, ears and nose;

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- Splints, trusses, crutches, orthopedic braces and appliances;
- Rental of mechanical equipment or the purchase of such equipment, at **Quartz's** option;
- Initial lens(es) following cataract surgery;
- IUDs, diaphragms and implantable contraceptives;
- Breast pumps and supplies; and,
- Other medical equipment and supplies as approved by **Quartz**.

Durable diabetic equipment also includes glucometers, insulin infusion pumps and all supplies required for use with insulin infusion pumps, and original batteries. Coverage for insulin infusion pumps is limited to one pump in a **benefit year** and is subject to **medical necessity**. Disposable diabetic supplies are covered subject to the "Drugs and Biologicals" section, above.

Appliances and equipment will be replaced and covered provided that:

- The item is no longer useful or has exceeded its reasonable lifetime under normal use and is still **medically necessary**; or,
- The **member's** condition has significantly changed such that the original equipment is no longer appropriate;
- The member has exhausted the warranty period on the **DME** item. This requirement does not apply to insulin infusion pumps pursuant to s. 632.895 (6), Wis. Stat.;
- The replacement is not a "deluxe" model or "more advanced technology" model than required; and,
- The replacement request has been **prior authorized** by **Quartz**.

Supplies and equipment that are not primarily intended for medical use (e.g., air conditioners, exercise bicycles, filter vacuum cleaners) are not covered. Disposable medical supplies and equipment are not covered unless provided in conjunction with a **home health care services** visit.

**DME** and medical supplies may be subject to **co-payment, co-insurance, deductibles** and maximum amount limitations. Refer to **your Schedule of Benefits** for details or contact **Quartz** Customer Success.

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Hearing aids and cochlear implants, and the cost of treatment related to hearing aids and cochlear implants, including procedures for the implantation of cochlear devices, that are prescribed by a **physician**, or by an audiologist licensed under Ch. 459, Subch. II, Wis. Stat., in accordance with accepted professional medical or audiological standards are covered subject to the following conditions and limitations:

- The **member** must be certified as deaf or hearing impaired by a physician or audiologist;
- Coverage of the cost of hearing aids is limited to the cost of one hearing aid per ear per **member** once every three years;
- Prescribed hearing aids must be obtained from an **in-network provider** and are limited to specific models. To obtain the list of covered hearing aid models, visit **QuartzBenefits.com/hearingaids** or contact **Quartz** Customer Success. **Quartz** will also cover the cost of over-the-counter hearing aids in lieu of prescribed hearing aids.
  - If the hearing aid that is recommended to you is not on the list of covered models, including over-the-counter models, coverage will be limited to \$1,500 per ear every three years;
- Costs of treatment related to hearing aids such as ear molds and fittings are covered; and,
- Hearing aids are subject to the **co-payment, co-insurance, deductibles** and maximum amount limitations for **DME**.

Benefits under this section do not include bone anchored hearing aids, except that bone anchored hearing aids are covered for:

- **Members** with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or,
- For **members** with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.

### **Emergency Services**

Services for the treatment of accident, **injury** or sudden **illness** are covered when provided at the nearest emergency room.

Review **your Schedule of Benefits** to determine if a **co-payment** or **co-insurance** applies. If **you** are admitted for an inpatient hospitalization directly from the emergency room, the **co-payment** will be waived.

Services recommended as follow-up to emergency treatment are not covered as **emergency services**. **Prior authorization** for follow-up services is required unless the services are provided by **your primary care provider**.

### **Extraction and Replacement of Sound Natural Teeth Because of Accidental Injury**

If **sound natural teeth** are damaged due to trauma to the teeth or jaw, **Quartz** covers repair, extraction and replacement of non-restorable natural teeth by implant, dentures or bridges. Treatment must begin within three months after the accident (unless extenuating circumstances exist, such as prolonged **hospitalization** or the presence of fixation wires from fracture care), and will be covered for a maximum of 12 months after treatment begins. Accidents caused by chewing are not covered. Repair and replacement of a **member's** dental implants damaged during an accident are not covered.

### **Gender Dysphoria**

Services for the treatment of **gender dysphoria** may require **prior authorization**.

### **Habilitative Services**

**Medically necessary** physical and occupational therapy, speech-language pathology, other services, and habilitative devices for people with disabilities. Vocational therapy and custodial services are not covered.

### **Home Health Care Services**

**Home health care services** means care and treatment of a **member** under a plan of care. These services must consist of one or more of the following:

- Part-time or intermittent home nursing care by, or supervised by, a registered nurse;
- Part-time or intermittent home health aide services that are **medically necessary** as part of the home care plan. Services must be

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supervised by a registered nurse or medical social worker and consist of caring for the patient;

- Physical, respiratory, occupational and speech therapy provided by a registered therapist. See “Therapy Services” in this section;
- Medical supplies, drugs and medications prescribed by a **physician**, and laboratory services performed by or on behalf of a **hospital**, if necessary under the home care plan. These supplies and services are covered to the extent that they would be covered if the **member** were hospitalized;
- Nutrition counseling provided or supervised by a registered or certified dietitian. Such services must be **medically necessary** as part of the home care plan;
- Evaluation of the need for and development of the home care plan. Evaluation must be provided by a registered nurse, physician extender or medical social worker, and approved or requested by the **attending physician**.

The home care plan must be established, approved in writing and reviewed by the **attending physician**.

**Home health care services** must be **prior authorized** by **Quartz**. **Home health care services** will not be covered unless the **attending physician** submits a treatment plan to **Quartz**. The treatment plan must certify all of the following:

- Hospitalization or **confinement** in a **skilled nursing facility** would otherwise be needed if **home health care services** were not provided;
- Necessary care and treatment are not available from the **member's immediate family** or other persons living with the **member** without causing undue hardship; and,
- The **home health care services** will be provided or coordinated by a state-licensed or **Medicare**-certified home health agency or certified rehabilitation agency.

If the **member** was hospitalized immediately before **home health care services** began, then the home care plan will initially be approved by the **physician** who was the primary **provider** of care while the **member** was



hospitalized. Up to four consecutive hours in a 24-hour period of **home health care services** will be considered as one **home health care** visit.

### **Hospice Care**

**Quartz** will provide **hospice care** if such care is determined to be **medically necessary** and is **prior authorized** by **Quartz**. Room and board in a **skilled nursing facility** are not covered.

### **Immunizations and Allergy Injections**

For children from birth to age six years, the following immunizations are covered and not subject to **deductibles, co-insurance** and **co-payments**: COVID-19, Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, *Haemophilus influenzae B*, Hepatitis A, Hepatitis B, Varicella, Influenza, Pneumococcal conjugate, Meningococcal, Human papillomavirus, and Rotavirus.

For all other **members**, appropriate and necessary immunizations and allergy injections.

### **Maternity Services**

Prenatal and postnatal care and treatment are covered, including support care that may be available through **Quartz's** contracted doula and midwifery service providers. The **member** is entitled to inpatient **hospital** services for up to 48 hours following a vaginal delivery and up to 96 hours following a cesarean section.

Care received outside the **service area** during the ninth month of pregnancy will not be covered unless it is an emergency. A normal full-term delivery is not considered to be an **emergency medical condition**.

### **Nutritional Counseling**

Nutritional counseling is covered. However, weight loss medications and services related to non-covered surgical procedures are not covered.

### **Ostomy Supplies**

Benefits for ostomy supplies are limited to the following:

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- Pouches, face plates and belts;
- Irrigation sleeves, bags and ostomy irrigation catheters; and,
- Skin barriers.

Benefits are not available for deodorants, filters, lubricants, tape, appliance cleaners, adhesive, adhesive remover, and any other items not listed above.

### **Preventive Health Services**

**Preventive Health Services** are covered at **your plan's** first renewal following 12 months after publication of the USPSTF recommendation or other federally-established guideline. **Preventive health services** are not subject to **deductibles, co-insurance, or co-payments.**

### **Primary Care Provider Services**

Services provided by the **primary care provider (PCP)** for the treatment of **illness or injury or preventive health services.**

### **Radiation Therapy and Chemotherapy**

Generally accepted therapeutic methods, such as radiology, radium or radioactive isotopes when performed and billed by an **in-network provider.**

### **Routine Foot Care**

Procedures such as removing corns or calluses, nail trimming and other routine hygiene care of the foot.

### **Second Opinion**

**Quartz** covers a second opinion from another **in-network provider. Prior authorization** is required for a second opinion from an **out-of-network provider.**

### **Surgical Services**

Recognized surgical procedures are covered, including but not limited to the following:

- Pre-operative and post-operative care and the services of assistants and consultants that are necessary for the treatment of **illness and injury;**

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- Elective sterilization procedures;
- Medically recognized procedures performed as an alternative to surgery;
- Mastectomy and reconstruction of the breast on which the mastectomy was performed and reconstruction of the other breast to produce a symmetrical appearance;
- Cataract surgery, including the placement of a standard monofocal intraocular lens implanted at the time of the surgery or as a separate subsequent surgical procedure; and,
- LINX procedure to treat gastroesophageal reflux disease (GERD).

Specialty intraocular lenses implanted at the time of cataract surgery or as a separate subsequent surgical procedure are not covered. Specialty intraocular lenses include but are not limited to toric astigmatism-correcting intraocular lenses and multifocal presbyopia-correcting intraocular lenses.

### **Telehealth Visits**

**Telehealth** visits with **in-network providers** are covered in the same manner as in-person visits. Contact **your provider's** office to see if a **telehealth visit** is available. If so, they'll schedule a time and give **you** details on how and when to connect with the **provider**.

**You** may also have access to additional therapy **telehealth** visit options for mental health and substance use disorders. Contact **Quartz** Customer Success for more information.

### **Temporomandibular Joint Treatment (TMJ)**

Diagnostic procedures and surgical and non-surgical treatment for the correction of temporomandibular joint disorders. The treatment must be **medically necessary** and all of the following criteria must apply:

- The condition is caused by **congenital**, developmental or acquired deformity, disease or **injury**;
- Under the accepted standards of the profession of the **in-network provider** rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition; and,

- The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

For purposes of this section only, non-surgical treatment may include intra-oral splint and therapy devices and appliances. These items are covered as ***durable medical equipment***.

Benefits for surgical services include arthrocentesis, arthroscopy, arthroplasty, arthrotomy, and open or closed reduction of dislocations.

### **Therapy Services**

#### **Outpatient Physical, Occupational, Speech and Hearing Therapy**

Refer to the ***Schedule of Benefits*** for specific levels of coverage.

#### **Outpatient Therapy for the Treatment of Mental Health and Substance Use Disorders**

Outpatient therapy for the treatment of mental health and substance use disorders are covered based on ***medical necessity***; no specific visit limits apply to traditional therapy services. However, ***you*** may also have access to additional therapy ***telehealth*** visit options for mental health and substance use disorders. Contact ***Quartz*** Customer Success for more information.

#### **Cardiac Rehabilitation Therapy**

Cardiac rehabilitation therapy services are covered for eligible ***members*** with a recent history of heart attack (myocardial infarct), coronary artery bypass graft (CABG), onset of stable angina pectoris, onset of decubiti angina, heart valve surgery, PTCA and cardiac transplant.

Refer to the Summary of Benefits and Coverage (SBC) for specific levels of coverage.

Benefits are not payable for behavioral or vocational counseling and maintenance cardiac rehabilitation. Phase IV cardiac rehabilitation is not covered.

**Inpatient Therapy**

Benefits are payable for inpatient medical rehabilitation. Refer to the ***Schedule of Benefits*** for specific levels of coverage.

**Post Cochlear Implant Aural Therapy**

***Long-term therapy*** and ***maintenance and supportive care and/or therapy*** are not ***covered services***.

Refer to the **Summary of Benefits and Coverage (SBC)** for specific levels of coverage.

**Transplant and Related Surgical Services**

Benefits are payable for organ or tissue transplant services. The ***charges*** must be incurred during a transplant ***benefit period*** that begins with the initial transplant evaluation while a ***member*** is insured under this ***plan***. The ***charges*** must be due to an ***injury*** or ***illness*** covered by this benefit as determined by ***Quartz***. The transplant procedure must be performed at a ***hospital*** designated by ***Quartz***. This applies to all ***plan benefits*** covered under this section. All transplant services and treatments require ***prior authorization***.

“Covered transplant procedure” means any of the following human-to-human organ or tissue transplants: cornea, heart, lung, heart with lung, liver, kidney, kidney with pancreas, and bone marrow (e.g., peripheral stem and cord blood). Bone marrow transplant for the treatment of solid tumors in adults is not covered.

“Recipient” means the insured person who receives an organ or tissue transplant.

“Organ or tissue transplant services” means the following as it relates to a covered transplant procedure: (1) organ and tissue procurement (consists of removing, preserving and transporting the donated part, as well as tissue-typing for related or unrelated donors), (2) ***hospital*** room and board and medical supplies, and (3) diagnosis, treatment, surgery and follow-up care by a ***physician***, including dressings and supplies.

### **Donor Services**

Donor services are covered only if the recipient is a **member**.

### **Special Exclusions and Limitations Applicable to Transplant Services**

Benefits are not payable for the following:

- Services not ordered by a **physician**;
- Services for which a **member** has no legal obligation to pay in the absence of insurance;
- Services for an **injury** or **illness** due to employment with an employer or self-employment that are otherwise covered by a Workers' Compensation or other occupational disease law;
- **Custodial care**;
- Services for bone marrow transplants for the treatment of solid tumors in adults, and other transplants not indicated as covered transplant procedures;
- Services received from a facility or **provider** not **prior authorized** by **Quartz**; and,
- Artificial organ implant procedures.

### **Urgent Care Services**

**Urgent care services** for the treatment of an accident, **injury** or **illness** are covered when provided by an **in-network provider** or urgent care facility. If **you** require **urgent care services**, call **your primary care provider** for instructions, if possible. Otherwise, seek care at the nearest urgent care facility.

If **you** receive **urgent care services** from an **out-of-network provider**, **you** should notify **Quartz** within three business days of receiving the services, or as soon as medically feasible. Contact **Quartz** Customer Success to provide this notice.

Once the urgent situation ends, follow-up treatment will not be covered as **urgent care services**. Follow-up treatment is subject to the same **referral** and **prior authorization** requirements as elective services.

### **Virtual Visits**

**Virtual Visits** are covered for the treatment of non-emergent medical conditions. Not all **injuries** or **illnesses** can be addressed using **virtual visits**. Cost-sharing under **your plan** will apply, even if the **provider** is not able to diagnose or treat **you** during the encounter. If necessary, **you** may be directed to another location for evaluation or treatment. **Quartz** reserves the right to determine the electronic platform used for covered **virtual visits**.

### **Vision Services**

#### **Coverage for Diabetic Members**

Routine eye care provided by an **in-network** vision care specialist (ophthalmologist or optometrist) is covered, with or without refraction.

#### **Coverage for Members under age 19**

- Routine eye care provided by an **in-network** vision care specialist (ophthalmologist or optometrist) is covered, with or without refraction;
- One pair of lenses covered every calendar year;
- One set of frames covered once every calendar year. Designer frames are not covered;
- One set of contact lenses per eye may be covered in lieu of glasses every calendar year.

Coverage under this section ends at the end of the month in which the **member** turns 19.

#### **Coverage for All Members**

**Medically necessary** contact lenses. Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression. An initial external lens per eye may be covered when determined medically necessary for each of the following reasons: (1) to heal from surgery, (2) due to a malformation of the eye, and (3) due to an injury to the eye. Any

subsequent contact lenses after the initial lens per eye for each reason (1) – (3) will not be covered. **Medically necessary** contact lenses are dispensed in lieu of other eyewear. **In-network providers** will obtain the necessary **pre-authorization** for these services.

- Examples of conditions for which contact lenses may be determined to be medically necessary include but are not limited to: Keratoconus, Keratoconjunctivitis sicca (severe dry eyes), Pathological Myopia, Aphakia, Anisometropia, Aniseikonia, Aniridia, Corneal Disorders, Post-traumatic Disorders, and Irregular Astigmatism.

## **Hospital Services Benefit**

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Inpatient and outpatient services from an **in-network** facility that are necessary for admission, diagnosis and treatment are covered. Services received from an **out-of-network** facility are covered if **prior authorized** by **Quartz** or if the services are rendered due to an **emergency medical condition**. Facility **charges** for dental anesthesia are covered.

### **Inpatient Care**

#### **Hospitals and Specialty Hospitals**

Benefits are for semi-private room, ward or intensive care unit and necessary and reasonable ancillary **hospital charges**. A private room is covered if **Quartz** determines it is **medically necessary**.

#### **Licensed Skilled Nursing Facility**

The **member** must be admitted within 24 hours of discharge from a **hospital** for continued treatment of the same condition. Care must be **skilled nursing care**. The daily rate payable under this benefit will be at least the daily minimum rate established for licensed **skilled nursing care facilities** by the Wisconsin Department of Health Services. Coverage under this benefit applies only to **skilled nursing care** that is:

- Certified as **medically necessary** by **Quartz**; and,
- Re-certified as **medically necessary** every seven days.



Coverage is for the continued treatment of the same condition for which the **member** was treated in the **hospital** before entry into the **skilled nursing facility**. There is no coverage for care that is:

- Essentially domiciliary or **custodial care**;
- Available to the **member** without **charge**; or,
- Paid for under a governmental health care program other than **Medicaid**.

### **Nervous and Mental Disorders and Substance Use Disorder Confinements**

See **Behavioral Health and Substance Use Disorder Services** in Article III: Covered Services and the **Schedule of Benefits** for details.

## **Outpatient Care**

### **Emergency Room**

**Emergency services** are those services that are necessary to treat an **emergency medical condition**. **Emergency services** include both professional and facility components. Once the emergent situation ends, follow-up care provided by an **out-of-network provider** is not covered unless **prior authorized** by **Quartz**.

### **Ambulatory Surgical Care**

These are services provided in an outpatient setting. Certain Ambulatory Surgical Care services require **prior authorization**. Please see our **prior authorization** List at **QuartzBenefits.com/WIPAList** for a list of Ambulatory Surgical Care services that require **prior authorization**.

### **Behavioral Health (Mental Health) Services**

See **Behavioral Health and Substance Use Disorder Services** in this section and the **Schedule of Benefits** for benefit details.

### **Diagnostic Testing**

Includes laboratory, radiology and other diagnostic tests.

**Clinic Visits**

***Provider services*** and facility services associated with immunizations and well-child care.

## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

### Exclusions

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This **plan** does not provide coverage for the following:

#### **Surgical Services**

1. Procedures to correct obesity or treat the complications or co-morbidities of obesity, including treatment of complications arising from such procedures;
2. Removal of excess skin resulting from weight loss, other than panniculectomy;
3. Plastic or cosmetic surgery, including chemical peel, undertaken solely to improve the **member's** appearance;
4. Treatment, services and supplies for cosmetic or beautifying purposes, including removal of keloids resulting from piercing and hair restoration, except when associated with a covered service to correct a functional impairment related to **congenital** bodily disorders or conditions or when associated with covered **reconstructive surgery** due to an **illness** or accidental **injury** (including subsequent removal of a prosthetic device that was related to such **reconstructive surgery**). Psychological reasons do not represent a medical/surgical necessity;
5. **Reconstructive surgery** unless the purpose is to correct a functional defect;
6. Breast augmentation and any treatment for complications resulting from these procedures. This **exclusion** does not apply to the reconstruction of affected tissue incident to a mastectomy or for complications of mastectomy, including lymphedema;
7. Refractive eye surgery for vision correction;
8. Removal of skin tags; and,
9. Penile implants and other erection devices.

## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

### **Medical Services**

1. Examinations and assessments required for employment, participation in sports, licensing, education or insurance; or any third-party request, including court-ordered treatment that does not otherwise qualify for coverage. This **exclusion** does not apply to court-ordered mental health services pursuant to s. 609.65, Wis. Stat.;
2. Immunizations covered or requested by an employer, educational institution or other third party;
3. Expenses for the preparation and presentation of medical reports and records;
4. Weight control programs. This **exclusion** does not apply to services provided through **care management to members** who are eligible for and enrolled in a **Quartz**-sponsored clinical or disease management program, , except for counseling by a **primary care provider**;
5. Psychological and neuropsychological testing for the evaluation of learning disorders;
6. **Custodial care** and **maintenance and supportive care and/or therapy** and **long-term therapy**;
7. All allergy testing and sublingual allergy treatment, except coverage is provided under the **Prescription Drug Benefit Rider** if the medication is FDA-approved and has been designated as a **formulary** drug by **Quartz's** Pharmacy and Therapeutic Committee; and,
8. Any health care service, item or investigational drug that is the subject of a **clinical trial**; any health care service, item or drug provided solely to satisfy data collection and analysis needs that is not used in the direct clinical management of the patient; an investigational drug or device that has not been approved for marketing by the United States Food and Drug Administration (FDA); transportation, lodging, food or other expense for the patient, family member, or companion of the patient that is associated with travel to or from a facility providing the **clinical trial**; any service, item or drug provided by the **clinical trial** sponsor free of **charge** for any patient; or any service, item or drug that is eligible for reimbursement by an entity other than **Quartz**, including the sponsor of the **clinical trial**.

## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

### **Ambulance Services**

Travel and transportation for a consultation or to receive non-emergent treatment, except for approved ambulance service. Ambulance services are not covered when the **member** is not actually transported by ambulance.

### **Therapies**

1. **Long-term therapy and maintenance and supportive care and/or therapy** for chronic conditions. Therapies of this type include, but are not limited to general exercise programs, maintenance exercise programs, physical conditioning programs, massage therapy, assistance with **activities of daily living**, and any therapy services that **Quartz** determines are not **medically necessary**;
2. Physical therapy services for athletic performance enhancement purposes;
3. Relationship counseling;
4. Vocational rehabilitation, including work-hardening programs;
5. Massage therapy;
6. Group homes and halfway houses for supportive and maintenance care; and,
7. Prolotherapy, except when **prior authorized** and **medically necessary** for the treatment of lateral epicondylitis, symptomatic knee osteoarthritis, or sacroiliac (SI) joint pain. Prolotherapy is not covered for the treatment of any other conditions.

### **Oral Surgery and Dental Services**

All dental procedures, dental implants, and oral surgical procedures. This **exclusion** does not apply to covered oral surgery procedures or covered dental services required because of accidental **injury** (see Extraction and Replacement of Sound Natural Teeth Because of Accidental Injury in Article III), or the treatment of Temporomandibular Joint Disorder (TMJ) as specified in Article III. If applicable, any non-accidental dental benefits provided under this **plan** are defined in a **dental benefit rider**.

### **Transplants**

1. Transplants not listed as a covered benefit under Article III;
2. Follow-up care related to non-covered transplant procedures;

## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

3. Medical or other costs related to the donation of organ(s) intended for a person who is not a **Quartz member**; and,
4. Anti-rejection and immuno-suppressive drugs for non-covered transplant procedures.

### **Reproductive Services**

1. **Infertility** services which are not for treatment of **illness** or **injury** (i.e., that are for the purpose of achieving pregnancy). The diagnosis of **infertility** alone does not constitute an **illness**;
2. Fertility and **infertility** treatments. Services related to intrauterine insemination (IUI), in vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT) or any other similar means of achieving pregnancy. Services that diagnose **infertility** are covered up to the time that treatment begins. Once treatment begins, diagnostic and evaluative services are not covered. No fertility drug, whether given in the **physician's** office or received from a pharmacy, is covered;
3. Reversal of voluntary sterilization procedures and related procedures;
4. **Charges** related to surrogate mother services when the surrogate is not a **member**;
5. Home delivery for childbirth;
6. Contraceptive medications or devices that are available without a prescription, except when the medication or device is both FDA-approved and prescribed by a **provider**; and,
7. Services for storage or processing of semen (sperm), donor sperm, harvesting of eggs and their cryopreservation, and surrogate mother services.

### **Hospital Inpatient Services**

1. Personal comfort or convenience items, including but not limited to television, telephone, housekeeping and homemaker services. **Charges** for a private room will not be covered unless **medically necessary**; and,
2. **Hospital charges** for services not covered under Article III of this **policy**.

## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

### **Outpatient Prescription Drugs**

1. **Prescription drugs**, unless the **Prescription Drug Rider** is made a part of this **plan**. This does not exclude orally administered **chemotherapy** drugs or diabetic insulin and supplies as listed on **Quartz's drug formulary**;
2. **Prescription drugs** prescribed for cosmetic purposes or for conditions or treatments that are not covered benefits under this **policy** (e.g., **prescription drugs** related to **infertility** treatment or the treatment of obesity);
3. Take-home **prescription drugs** and supplies that can be purchased on an outpatient basis, whether billed directly or separately by a **hospital** or other health care facility. This includes pharmacy supply fees and dispensing fees on medical benefit drugs dispensed for self-administration at the patient's home;
4. **Prescription drugs** not approved by the FDA;
5. The medication aducanumab-avwa (Aduhelm); and,
6. The medications eteplirsen (Exondys 51), golodirsen (Vyvondys 53), casimersen (Amondys 45), and vitolarsen (Viltepso).

### **Durable Medical Equipment (DME) and Disposable Medical Supplies**

1. Equipment, appliances, devices and supplies that are not prescribed to treat **illness** or **injury**, including but not limited to safety equipment, such as, helmets, some braces and safety seats. This **exclusion** does not apply to items provided to **members** who are eligible for and enrolled in a **Quartz**-sponsored clinical, **care management** or disease management program, or when items are provided through **care management**;
2. Automated external defibrillators (AEDs);
3. The repair or the replacement of **durable medical equipment**, other than those items that are covered as specified in Article III. Also excluded is the repair and replacement of **DME** that is covered by a homeowner's insurance policy or other similar policy;
4. Eyeglasses and contact lenses and fittings for contact lenses for **members** over the age of 18, except as described under the Vision Services section in Article III: Covered Services;

#### ARTICLE IV: EXCLUSIONS AND LIMITATIONS

5. Orthopedic shoes, unless they are part of a brace. Orthopedic shoes may be covered for persons with diabetes or peripheral vascular disease if **prior authorized** by **Quartz**;
6. Repair or replacement of supplies, equipment or prostheses if lost, stolen, or if unusable or non-functioning because of misuse, abuse or neglect;
7. Optional accessories or devices primarily for the **member's** comfort or convenience; footwear; and orthodontic devices;
8. Foot orthotics. Custom foot orthotics may be covered for persons with diabetes or peripheral vascular disease if **prior authorized** by **Quartz**;
9. Elastic support stockings that are not **medically necessary**, foot pads, bunion covers, batteries, antiseptics, tape, over-the-counter shoe inserts, supports, and elastic bandages;
10. Customization of vehicles and/or lifts for wheelchairs and/or scooters;
11. Any and all types of modifications to the **member's** home and items associated with such modifications (e.g., ramps, grab bars, stair lifts and chair lifts);
12. Items that are generally considered to be comfort or convenience items (e.g., home monitoring devices, blood pressure cuffs, personal sound amplification products (PSAPs), etc.). This **exclusion** does not apply to items provided to **members** who are eligible for and enrolled in a **Quartz**-sponsored clinical, **care management** or disease management program, or when items are provided through **care management**;
13. Bone anchored hearing aids except when either of the following applies:
  - For **members** with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or,
  - For **members** with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid;
14. More than one bone anchored hearing aid per **member** who meets the above coverage criteria during the entire period of time the **member** is enrolled under the **policy**;
15. Alternative communication devices (e.g., electronic keyboard for a hearing impairment, computers, hand-held phones or devices); and,
16. Penile implants and other erection devices.



## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

### **General**

1. Any service that is not **medically necessary**. Any service that is not required in accordance with accepted standards of medical, surgical or psychiatric practice. **Hospital** stays extended for reasons other than **medical necessity** are not covered and become the **member's** responsibility for payment. For example, inclement weather, lack of transportation, lack of a caregiver at home and other social reasons do not justify coverage for an extended **hospital** stay;
2. Services obtained which require **prior authorization**, in which the **member** did not receive **prior authorization** are not covered. Any treatment, services, and supplies in excess of what is **prior authorized**;
3. Any service for which the **member** refuses to authorize or provide for the release of medical information, including names of all **physicians** and **providers** from whom **you** received medical attention, information regarding the circumstances of **your injury** or **illness**, and/or information about other insurance coverage and benefits;
4. **Experimental or investigative** treatment, services, devices and supplies;
5. Nutritional supplements and special feedings, other than covered enteral feedings and meal services that are part of a Home Health Care program;
6. Grocery products or prepared meals, unless provided to **members** who are eligible for and enrolled in a **Quartz**-sponsored clinical, **care management** or disease management program, or when provided through **care management** following an inpatient or skilled nursing facility stay;
7. Over-the-counter infant formulas (e.g., Similac, Nutramigen, Enfamil), medical food products prescribed without a diagnosis requiring such foods, organic medical food products and pre-packaged blenderized foods (e.g., Nourish, Liquid Hope);
8. Medical food and commercially available food products used for the treatment of any of the following: food allergies, multiple protein intolerances, lactose intolerances, celiac disease, milk allergies, sensitivities to intact protein, protein or fat maldigestion, or intolerances to soy formulas or protein hydrolysates;

#### ARTICLE IV: EXCLUSIONS AND LIMITATIONS

9. Services rendered by a masseuse or massage therapist;
10. Hypnotherapy;
11. Orthoptics (eye exercise-training programs);
12. Private duty nursing;
13. Platelet rich plasma;
14. Robotic-assisted surgeries;
15. **Custodial**, domiciliary or convalescent care that does not require skilled care;
16. Coma stimulation programs;
17. Hypnotherapy, acupuncture and laser treatment for smoking cessation;
18. Services that **Quartz** has no legal obligation to cover, such as services provided by free clinics and government programs;
19. **Charges** for services or items that the **member** has no legal obligation to pay;
20. Services available under a federal, state, county, municipal or other governmental agency or law now existing, or subsequently enacted or amended, such as Veterans Administration programs covering service-connected disabilities or conditions; services available under "No-Fault" automobile insurance; services related to any **illness** or **injury** covered by a Workers' Compensation Act or employer liability law. However, **Quartz** coordinates benefits with **Medicare** as allowed under state and federal law;
21. Health and benefit expenses incurred before coverage under this **policy** begins and after coverage or eligibility terminates;
22. Any federal, state or local taxes due on benefits, goods or services; shipping and handling charges;
23. Services required while incarcerated in a federal, state or local penal institution, or services required while in custody of federal, state or local law enforcement authorities, including criminal competency evaluations;
24. Residential treatment as a substitute for legal actions or to provide respite for the family;
25. Recreational or non-skilled services or activities conducted through wilderness and camp programs, therapeutic boarding schools and academy-vocational programs;

#### ARTICLE IV: EXCLUSIONS AND LIMITATIONS

26. Any condition, disability or **charge** resulting from or sustained as a result of being engaged in an illegal occupation or the commission or attempted commission of an assault or a criminal act;
27. Services provided to or received by a **member** as a collateral medical procedure in connection with the treatment of any person who is not a **member**;
28. Services, care or treatment for medical complications resulting from or associated with non-covered services;
29. Any treatment or service rendered by a person residing in **your** home or rendered by a member of **your immediate family** or any other person related to **you** or a **dependent** in a similar fashion. However, if one of the persons described above is a licensed medical **provider** and you receive **urgent** or **emergency services** from that person in an **urgent care facility** or **hospital**, this **exclusion** does not apply;
30. Treatment, services and supplies not specifically identified by **Quartz** as being covered;
31. Expenses related to repatriation and medical evacuation;
32. Travel expenses including but not limited to rental car services, tolls, mileage reimbursement, gas, lodging, food, and airfare;
33. Hair removal, unless authorized by **Quartz** as part of covered gender-affirming care;
34. Wart removal;
35. Abortions (except in cases of rape, incest, or when the life of the mother is endangered);
36. Amounts charged to a **member** for services that were not rendered;
37. Any items offered over-the-counter which are not listed as covered in **your policy** documents; and,
38. Any items or services provided outside of the United States, except for emergency care. **Members** should always bring their **Quartz** ID Card when traveling inside or outside the United States ; and,
39. Acupuncture.

## Limitations

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### **Major Disaster or Epidemic**

If a major disaster or epidemic occurs, **physicians** and **hospitals** will render medical services and arrange for extended care services and **home health care services** as is practical according to their best medical judgment and within the limitation of available facilities and personnel. Neither **Quartz** nor any **plan provider** shall incur any liability or obligation for delay or failure to provide or arrange for medical services that the disaster or epidemic renders unavailable.

### **Circumstances Beyond the Control of Quartz**

**Covered services** may be delayed or made impractical by circumstances not reasonably within **Quartz's** control, such as complete or partial destruction of facilities, war, riot, civil insurrection, labor disputes, disability of a significant part of **hospital** or medical group personnel or similar causes. If services are delayed or made impractical, **Quartz** and its **plan providers** will use their best efforts to provide services and benefits covered under this **policy**, but neither **Quartz** nor any **plan provider** shall incur any liability or obligation for failure to provide services or other benefits.

### **Treatment of Growth Retardation**

Treatment of growth retardation is covered only when (1) the **Prescription Drug Rider** is part of this **plan**, and (2) production of the growth hormone is absent due to pituitary gland loss or failure. With the exception of Turner Syndrome, coverage is not extended for short stature syndrome or other related growth abnormalities.

### **Proof of Claim**

**You** must submit proof of **claim** within 90 days of the date of service. Circumstances beyond **your** control might make this time limit unreasonable. If so, **you** must file the **claim** as soon as possible, and pursuant to s. 631.81, Wis. Stat., **we** will still process **your claim** if **you** submit it within one year after the time required under this provision.

## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

If **you** are submitting **claims** for which **you** have already paid, and **you** are seeking **Quartz's** reimbursement, **you** must provide proof of payment. The bill or receipt from **your provider** must match the service that **you** are seeking **Quartz's** reimbursement for.

### **Emergency Services**

**You** are required to notify **Quartz** of **emergency services**. Contact **Quartz** Customer Success to provide this notice. Follow-up care provided by an **out-of-network provider** after the emergency is not covered, unless **prior authorized**.

### **Urgent Care Services**

If **you** need **urgent care services**, call **your primary care provider** for instructions if possible. Otherwise seek care at the nearest urgent care facility. If **you** receive **urgent care services** from an **out-of-network provider**, **you** should notify **Quartz** within three business days following the date of service or as soon as medically feasible. Contact **Quartz** Customer Success to provide this notice.

### **Primary Care Provider Selection**

A **primary care provider (PCP)** is a licensed **provider** who has been designated by **Quartz** to provide primary health care services to its **members**. Each **member** is required to select a **PCP** from a list that can be found at **QuartzBenefits.com/FindADoctor** or in the **Provider Network Directory** at <https://quartzbenefits.com/ProviderDirectoryPDFs>. The **PCP** provides the full range of primary health care services which are ordinarily provided by General Practitioners, Internists, Family Practitioners, Pediatricians, OB/GYN **physicians** and Geriatricians.

### **Specialty Providers**

**You** must use an **in-network provider** for specialty care. All specialty services must be **medically necessary** and a **covered service** under the **plan**.

**Referrals** are not necessary to access the following services: chiropractic, **emergency care**, OB/GYN **physician services** and optometrist services.

**Quartz** encourages **you** to ask **your** oral surgeon to submit a pre-treatment  
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## ARTICLE IV: EXCLUSIONS AND LIMITATIONS

plan before services are rendered to determine whether the services are **covered services**. For assistance in accessing **behavioral health and substance use disorder services**, contact Behavioral Health Care Management at (800) 683-2300.

### **Changing Your Primary Care Provider**

You may change **your PCP** by visiting **QuartzBenefits.com/WIMaterials** or by contacting **Quartz** Customer Success. The change will be effective no later than the first day of the following month. The change will be made as long as the new **provider** is accepting additional patients.

### **Out-of-Pocket Costs**

**Your Schedule of Benefits** includes details relating to **co-payments, co-insurance** and **deductibles** which may apply to office visits, specialty visits, inpatient **hospital** stays, **emergency room** visits and urgent care facility visits. **Your Schedule of Benefits** identifies the amount of **co-payment, co-insurance** and/or **deductible** applicable to **your plan**.

### **Other Limitations**

In addition to the limitations set forth in this **Certificate of Coverage**, see the limitations in **your Schedule of Benefits**.

## ARTICLE V: PREMIUMS

### Policy Term and Renewal

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This **policy** is issued for a term of 12 months and renews annually on January 1. **You** renew this **policy** by paying **your premium** before the renewal date. Coverage begins and ends at 12:01 a.m. Central Time.

### Premium Rates

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**Quartz** sets the **premium** rates for this **policy** before accepting **your** application. **We** will notify **you** of a **premium** change at least 60 days before any renewal period.

### Changes in Premium

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**We** will not change **premium** base rates unless **we** change the **premium** base rate of every **member** that **we** have issued this type of **policy** to with the same policy form number. The **premium** will increase if the **subscriber** or **member** changes age brackets. If there is a **premium** change, it will occur on the renewal date. In the event of a misrepresentation, **we** reserve the right to retroactively adjust **premiums**. Please note that **premium** rates are subject to change the first of the month following a change in **subscriber's** residential address change. **Quartz** also has the right to change renewal **premium** rates on an annual basis.

**You** may end this **policy** by notifying **us**. Or, if the **policy** was purchased through the Health Insurance Marketplace, **you** must notify Health Insurance Marketplace. See Article VIII: Eligibility and Effective Date of Coverage for additional information regarding voluntary disenrollment.

## Premium Notices

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**We** will only bill **you** once before your **premium** is due.

## Premium Due Date

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**Your premium** is due by the first day of the month. This **policy** will be in force and will renew for future periods of coverage, as long as **you** pay **your premiums** on time.

## Grace Period

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If **you** do not pay **your premium** and are not receiving **APTC**, **you** have a 31-day grace period to pay **your premium** in full. If **you** do not pay **your premium** in full, the **policy** will terminate automatically at the end of the 31-day grace period.

If **you** do not pay **your premium** and are receiving **APTC**, **you** have a three-month grace period for paying **premium**. If after the three-month grace period **you** do not pay **your premium** in full, the **policy** will terminate automatically on the last day of the first month in the three-month grace period. **You** will be responsible for charges from **providers** for medical services **you** receive during the second and third months of the grace period.

If **your policy** terminates due to non-payment of **premium**, **Quartz** will offer a one-time reinstatement of the **policy** if **you** (1) request one within 60 days from the date coverage was terminated, and (2) pay all **premiums** due. Reinstatement will not be offered after this 60-day period expires, or more frequently than once per **subscriber**.



## Renewal Terms

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Subject to Article VIII: Eligibility and Effective Date of Coverage below, **Quartz** will renew this **policy** unless **we** discontinue offering all **policies** under this **certificate**. If **Quartz** declines to renew all **policies** on this **certificate**, **we** will give **you** at least 90 days' advanced notice before the termination date. **Quartz** will offer **you** the option to purchase any other type of individual **health insurance** coverage that **we** offer and for which **you** are eligible.

## ARTICLE VI: COORDINATION OF BENEFITS

**You** may have health care coverage through other group or individual insurance policies. If so, **Quartz** will consider benefits under this **policy** only after benefits are paid under all other policies. **Quartz** will coordinate the payment of benefits in accordance with applicable law and as stated in this **Coordination of Benefits (“COB”)** provision. The purpose of this provision is to ensure that **you** receive the benefits to which **you** are entitled without providing more benefits than the total cost of care received.

### Definitions

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**Allowable expense** means a necessary, reasonable, and customary item of **expense** for health care when the item of **expense** is covered at least in part by one or more **plans** covering the person for whom the **claim** is made.

The difference between the cost of a private **hospital** room and the cost of a semi-private **hospital** room is not considered an **allowable expense** unless the patient’s stay in a private **hospital** room is **medically necessary**, either in terms of generally-accepted medical practice or as specifically defined in the **policy**.

When a **plan** provides benefits in the form of services, the reasonable cash value of each service provided shall be considered both an **allowable expense** and a benefit paid.

**Claim determination period** means a **benefit year**. However, it does not include any part of a year during which a person has no coverage under this **plan** or any part of a year before the date this **COB** provision or a similar provision takes effect.

For purposes of this **COB** section only, a **plan** means any of the following which provides benefits or services for, or because of, medical or dental care or treatment:

## ARTICLE VI: COORDINATION OF BENEFITS

- Group insurance or group-type coverage, whether insured or uninsured (self-insured), that includes continuous 24-hour coverage. This includes pre-payment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage; or,
- Coverage under a governmental plan or coverage that is required or provided by law. This does not include Medicare Advantage as this provision is preempted by federal law. This does not include a state plan under **Medicaid** (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act as amended from time to time). It also does not include any plan whose benefits, by law, are excess to those of any private insurance program or other non-governmental program.

This **plan** means the **health plan** offered by **Quartz** and described in this individual **policy**.

### Effect of Benefits

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**Quartz** will apply these provisions when **you** incur **allowable expenses**, during a **claim determination period**, for which benefits are payable under any other **plan**. The provisions will apply only when the sum of the **allowable expenses** under this **plan** and any other **plan** would, in the absence of this **COB** provision or any similar provision in the other **plan**, exceed the **allowable expenses**.

Benefits provided under this **plan** during a **claim determination period** for **allowable expenses** incurred will be determined as follows:

1. If benefits under this **plan** are to be paid after any other **plan**, the benefits under this **plan** will be reduced so total benefits payable by all **plans** will not exceed the total of the **allowable expense** or the patient responsibility amount of the other **plan**, whichever is less, and this **plan** will not pay an amount the other **plan** did not cover because **you** did not follow its rules and procedures; and,

## ARTICLE VI: COORDINATION OF BENEFITS

2. If benefits under this **plan** are to be paid before benefits are paid under any other **plan**, benefits under this **plan** will be paid without regard to the other **plan**.

When a **member** is covered under a **group health plan**, whether fully insured or self-funded, and this **plan**, the **group health plan** pays primary and this **plan** pays secondary. **Allowable expenses** under any other **plan** include the benefits that would have been payable had a **claim** been duly made.

Reimbursement will not exceed 100% of the total **allowable expenses** incurred under this **plan** and any other **plan** included under this provision.

### Order of Benefit Determination

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For the purpose of the “Effect of Benefits” provision above, the rules establishing the order of benefit determination are as follows:

1. **Non-Dependent/Dependent**

The benefits of a **plan** which covers the person on whose **expenses** the **claim** is based other than as a **dependent** shall be determined before the benefits of a **plan** which covers such person as a **dependent**.

2. **Dependent Child/Parents Not Separated or Divorced**

The benefits of a **plan** which covers the person on whose **expense** the **claim** is based as a **dependent child** are determined according to which parent’s birth date occurs first in a calendar year, excluding the year of birth. If both parents have the same birthday, the **plan** that has covered a parent longer pays before the **plan** that has covered a parent for any shorter period of time.

3. **Dependent Child/Separated or Divorced Parents**

If two or more **plans** cover a person as a **dependent child** of divorced or separated parents, benefits for the **child** are determined in this order:

## ARTICLE VI: COORDINATION OF BENEFITS

- When parents are separated or divorced and the parent with custody of the **child** has not remarried, the benefits of a **plan** that covers the **child** as a **dependent** of the parent with custody of the **child** will be determined before the benefits of a **plan** that covers the **child** as a **dependent** of the parent without custody;
- If two or more **plans** cover a person as a **dependent child** of divorced or separated parents and the parent with custody of the **child** has remarried, benefits for the **child** are determined in the following order:
  - First, the **plan** of the parent with custody of the **child**;
  - Then, the **plan** of the spouse of the parent with custody of the **child**; and,
  - Finally, the **plan** of the parent not having custody of the **child**;
- Notwithstanding the bulleted provisions above, if the specific terms of a court decree state that the parents have joint custody of the **child** and do not specify that one parent has responsibility for the **child's** health care **expenses**, or if the court decree states that both parents shall be responsible for the health care needs of the **child** but gives physical custody of the **child** to one parent, and the entities obligated to pay or provide the benefits of the respective parent's **plans** have actual knowledge of those terms, benefits for the **dependent child** shall be determined according to paragraph 2., above;
- However, if the specific terms of a court decree state that one of the parents is responsible for the health care **expenses** of the **child**, and the entity obligated to pay or provide the benefits of the **plan** of that parent has actual knowledge of those terms, the benefits of that **plan** are determined first. This paragraph does not apply with respect to any **claim determination period** or **benefit year** during which any benefits are actually paid or provided before the entity has that actual knowledge.

#### 4. **Active/Inactive Employee**

When rules 1, 2 and 3 above do not establish an order of benefits determination, the benefits of a **plan** that has covered such person as a laid-off or retired **employee** or as the **dependent** of the person are

## ARTICLE VI: COORDINATION OF BENEFITS

determined after the benefits of a **plan** that has covered such person through present employment.

### 5. **Longer/Shorter Length of Coverage**

When rules 1, 2, 3 and 4 above do not establish an order of benefits determination, the benefits of a **plan** that has covered the person for the longer period of time are determined before the benefits of a **plan** that has covered the person for the shorter period of time.

Whenever one **plan** does not contain a **COB** provision, that **plan** must pay its benefits before any other **plan** pays.

When these provisions reduce the total amount of benefits otherwise payable to **you** under this **plan** during any **claim determination period**, each benefit that would be payable in the absence of this provision is reduced proportionately and such reduced amounts are charged against any applicable benefit limit under this **plan**.

### 6. **Continuation of Coverage**

If a person has continuation coverage under Federal or State law and is also covered under another **plan**, the **plan** covering the person as an **employee, member** or **subscriber** or as a **dependent** of an **employee, member** or **subscriber** is primary and the continuation coverage is secondary.

## **Right to Receive and Release Necessary Information**

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**Quartz** may require certain information in order to apply and coordinate these provisions with other **plans**. To get the needed information, **Quartz** may, without **your** consent, release or obtain from any insurance company, organization, or person information needed to implement this provision. **you** agree to notify **Quartz** of the existence of any other group or individual coverage that **you** have and to furnish any information **Quartz** needs to apply these provisions.

## COB with Medicare

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In all cases, **COB** with **Medicare** will conform with federal and state statutes and regulations. Except as required by federal and state statutes and regulations, this **plan** will pay benefits on a secondary basis to **Medicare**.

If **you** are eligible for **Medicare** on a primary basis (**Medicare** pays before **Quartz**), **you** should enroll in and maintain coverage under both **Medicare** Part A and **Medicare** Part B.

## Facility of Payment

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A payment made under another **plan** may include an amount that should have been paid under this **plan**. If this occurs, **Quartz** may pay that amount to the organization that made that payment. That amount will then be treated as if it were a benefit paid under this **plan**. **Quartz** will be fully discharged from liability under this **plan** to the extent of any payment so made. The term “payment made” means reasonable cash value of the benefits provided in the form of services.

## Right to Recovery

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**Quartz** reserves the right to recover any payment made for an **allowable expense** under this **plan** in the amount by which the payment exceeds the maximum amount **Quartz** is required to pay under these provisions.

This right of recovery applies to **Quartz** against the following:

1. Any person(s) to, for or with respect to whom, such payments were made; or,
2. Any other insurance company or organization which, according to these provisions, owes benefits due for the same **allowable expense** under any other **plan**.

## ARTICLE VI: COORDINATION OF BENEFITS

**Quartz** shall determine against whom this right of recovery will be exercised.

### **Right to Request Final Benefit Determination**

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If this **plan** is the secondary **plan**, **Quartz** must be able to determine whether the primary **plan** will make payment prior to making **our** payment for an **allowable expense** under this **plan**.

**Quartz** may require evidence of a final benefit determination prior to approving coverage.



## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

### Subscriber Coverage

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#### Eligibility

A **subscriber** must reside in the **service area** and cannot be entitled to benefits under **Medicare** Part A or enrolled under **Medicare** Part B. **Quartz** considers a **subscriber's** "residence" to be the location in which they spend at least nine months out of a 12-month period. A **dependent** need not reside within the **Quartz service area** to be eligible for coverage under the **plan**.

#### Enrollment and Effective Date

**You** may apply for enrollment in the **plan** by submitting a completed **enrollment form**. **Quartz** will notify **you** of the **effective date** of **your** coverage. For **members** who complete an application for coverage through the Health Insurance Marketplace, **we** rely on the Marketplace's determination of **your effective date**.

### Dependent Coverage

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#### Enrollment and Effective Date

**Your** eligible **dependents** are covered under this **policy** when:

- **You** apply to **Quartz** in writing for **dependent** coverage;
- **You** pay the appropriate **premium** to **Quartz**; and,
- **You** are notified in writing that **Quartz** has approved the **dependent** coverage.

See below for adding a newborn **child** and/or adopted **child** to existing coverage.

See Article I: Definitions for the definition of an eligible **dependent**.

## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

### **Newborn Child**

If **you** have **dependent** coverage, a newborn **child** is an eligible **dependent** and covered as of their date of birth. If additional **premium** is required for the newborn, coverage terminates 60 days after the date of birth unless:

- **You** notify **Quartz** of the birth and pay the additional **premium** within the 60-day period; or,
- Within one year of the birth, **you** pay all past due **premium** with interest at the rate of 5.5% per year.

### **Adopted Child**

**You** have 60 days from the date a **child** is placed in **your** custody or from the date a court issues a final order granting adoption of the **child**, whichever occurs first, to apply for **dependent** coverage effective on the date of eligibility. **You** must notify **Quartz** of an adoption or placement for adoption within 60 days after the **child** is placed in **your** home. If additional **premium** is required for the adopted **child**, **you** must pay it within the 60-day period.

### **Termination of Dependents**

A spouse and stepchildren will cease to be **dependents** on the last day of the month in which a divorce decree is granted. Other children cease to be **dependents** at the end of the calendar year in which they reach age 26, except that:

1. **Full-time Students Called to Active Duty: Dependents** age 26 or older cease to be **dependents** at the end of the year in which they cease to be full-time students.

**"Full-time student"** means that the **child** is in regular full-time attendance in one of the following types of schools:

- An accredited vocational, technical or adult education school; or,
- An accredited college or university that provides a schedule of courses or classes and whose principal activity is the provision of an education.

## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

**Quartz** may require proof of attendance. Full-time student status is defined by the institution in which the student is enrolled. Coverage begins on the first day that the **child** becomes a full-time student.

Student status includes any intervening vacation period if the **child** continues to be a full-time student.

### 2. **Disabled Dependents**

Children who are currently covered under the **policy** and who are or become incapable of self-support due to a physical or mental impairment, continue to be eligible after attainment of the limiting age if the **child** is:

- Dependent on **you** for support and maintenance; and
- Incapable of self-sustaining employment.

A physical or mental impairment is defined as an impairment that substantially limits one or more of the major life activities of an individual. Physical impairments include a physical disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the major body systems.

Coverage may be continued as long as **you** remain insured under the **policy** and **your dependent** remains incapacitated and dependent upon **you**. **You** must provide **us** with written proof of incapacity within 31 days after the **dependent's** attainment of the limiting age.

Dependency proof will be verified by submitting a copy of **your** annual tax return that lists this **child** as a **dependent**. Annually, or at reasonable intervals during the first two years of the continued coverage, **we** may request that an **in-network provider** examine **your dependent**. Following that two-year period, such examinations may occur on an annual basis. **You** must notify **us** immediately of a cessation of incapacity or dependency.

3. A **dependent** ceases to be a **dependent** on the date they are:
  - Insured as a **subscriber** in or through any other **health plan**; or,

## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

- On active duty with the military service, including National Guard or reserves, other than for duty of less than 30 days.

### Changes to the Enrollment Form

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Changes to the original **Enrollment Form**, other than **physician** changes, must be made by completing a new **Enrollment Form** or submitting the change electronically by visiting **QuartzBenefits.com/WIMaterials**. For **members** who enrolled through the Health Insurance Marketplace, enrollment change requests must be made through the Health Insurance Marketplace.

### Domestic Partners

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#### Definitions

#### **Domestic Partners**

**Domestic partners** are two individuals who, together, meet all the following criteria:

1. Are 18 years of age or older;
2. Are competent to enter into a contract;
3. Are not legally married to, nor the domestic partner of, any other person;
4. Are not related by marriage;
5. Are not related by blood closer than permitted under the marriage laws of the State of Wisconsin;
6. Have entered into the domestic partner relationship voluntarily, willingly and without reservation;
7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes all of the following:
  - Living together as a couple;
  - Mutual support of each other;
  - Mutual caring and commitment to one another;
  - Mutual fidelity;
  - Mutual responsibility for each other's welfare; and,

## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

- Joint responsibility for the necessities of life;
- 8. Have been living together as a couple for at least six months prior to applying for **domestic partner** coverage under this **policy**; and,
- 9. Intend to continue the **domestic partner** relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.

### Eligibility Criteria

#### **Domestic Partners**

To be eligible to enroll as **domestic partners**, the **subscriber** and his or her **domestic partner** must satisfy all the following requirements:

1. Meet the definition of **domestic partners** as specified in the “Definitions” section above;
2. The **subscriber** and his/her **domestic partner** have declared that they:
  - Are in a committed, and a mutually exclusive relationship; and,
  - Neither party has given the other party written notice rescinding that declaration;
3. Neither the **subscriber** nor the **domestic partner** is:
  - Currently married or legally separated to or from any other person; and,
  - If either individual has been a party to an action or proceeding for divorce or annulment, then at least six months shall have elapsed since the date of the judgment terminating that marriage;
4. Neither the **subscriber** nor his or her **domestic partner** is currently engaged in a domestic partnership nor are they registered with a municipality, county, or state in a domestic partnership with a different partner. If either party has previously registered with a different partner, then at least six months shall have elapsed since the registration was terminated;
5. The **subscriber** and his or her **domestic partner** currently reside at, and intend to continue to reside in, the same principal residence; and,
6. The **subscriber** and his or her **domestic partner** must be jointly prepared to demonstrate at least two of the following:
  - Evidence of the joint purchase and ownership of a home.

## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

Purchase of a residence with a business account is not sufficient evidence, unless the business is a family farm business co-owned by the **domestic partners**;

- A copy of a lease for a residence which identifies both the **subscriber** and his or her **domestic partner** as responsible for payment of rent under the lease;
- Evidence of a joint personal checking account which has been in effect and valid for at least six months;
- Evidence of a joint personal savings account which has been in effect and valid for at least six months;
- Documentation demonstrating joint ownership of a car (title, registration or confirmation of ownership from the Department of Motor Vehicles);
- Evidence of joint use and liability for credit cards;
- A copy of a policy declaration page specifying that the **domestic partner** is the beneficiary under a policy of life insurance issued to the **subscriber**, or vice versa;
- Evidence that the **domestic partner** is the beneficiary of the **subscriber's** deferred compensation or other retirement plan, or vice versa;
- Evidence of durable powers of attorney:
  - For property which satisfies Wisconsin statutory requirements; or,
  - For health which satisfies Wisconsin statutory requirements;
- The **subscriber's** last will and testament which specifies that his/her **domestic partner** is the major recipient of the **subscriber's** financial and real property assets; or,
- Other forms of documentary evidence which depicts significant joint personal financial interdependency between the **subscriber** and his or her **domestic partner**.

The criteria above cannot be met with a shared business account, jointly-shared business credit card, jointly-shared business automobile or any other co-ownership created by a shared business endeavor. The evidence must demonstrate joint personal financial interdependency. However,

## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

**Quartz** will accept evidence of financial interdependency related to a family farm business co-owned by the **domestic partners**.

### **Children of Domestic Partners**

To be eligible to enroll as a **dependent child** of the **subscriber's domestic partner**, the **dependent child** must satisfy all the following requirements:

1. The **child** is under age 26; and,
2. The **child** is a **dependent** of the **subscriber** or **domestic partner** for full or partial support.

### **Enrollment Criteria**

1. A Domestic Partnership Affidavit must be fully completed within 60 days of the **subscriber's** initial eligibility;
2. **Special enrollment period** for **establishment of domestic partner relationship**. If an individual becomes a **domestic partner** of a **subscriber** after the **subscriber's** initial date of eligibility, and wishes to enroll as a **dependent** of the **subscriber**, then the **domestic partner** may enroll within 60 days of both:
  - The establishment of a domestic partner relationship; and,
  - The execution of a fully completed Domestic Partnership Affidavit certifying the date that the domestic partnership began and compliance with eligibility guidelines.

### **Termination of Domestic Partner Coverage**

1. Coverage for the **domestic partner** will terminate when there is a change in one or more of the qualifying conditions as noted in the "Eligibility for Domestic Partners" section;
2. Coverage for the **dependent child** of a **domestic partner** will terminate:
  - When there is a change in one or more of the qualifying conditions above, in the "Eligibility Criteria – Domestic Partners" section; or,
  - When there is a change in one or more of the qualifying conditions above, in the "Eligibility Criteria – Children of Domestic Partners" section.

## Benefit Changes

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An increase or decrease in benefits will become effective on the first day of **your contract year**.

## Termination of Coverage and Disenrollment

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Coverage terminates for **subscribers** and covered **dependents** on the date that one of the following occurs:

- The **policy** terminates;
- The **policy** is not renewed; or,
- A service is no longer a **covered service** under the **policy**, except that termination then relates only to that **covered service**.

Coverage also terminates for **subscribers** and covered **dependents** for any of the following reasons:

- The **subscriber** resides outside **Quartz's service area**;
  - The **departure date** is the date the **subscriber** establishes residence outside the **service area**, or when **Quartz** receives notice of the **subscriber's** intent to establish residence outside the **service area**, whichever is later;
  - If the **departure date** is between the first and 15<sup>th</sup> of the month, the termination is effective at 11:59 p.m. on the last day of the month. For example, a **subscriber** permanently leaving the **service area** on June 10 will have coverage terminated at 11:59 p.m. on June 30; or,
  - If the **departure date** is between the 16<sup>th</sup> and the end of the month, the termination is effective at 11:59 p.m. on the last day of the next month. For example, a **member** leaving the **service area** on the June 20 will have coverage terminated July 31.

If **you** obtained coverage through the Federal Marketplace, **you** must notify the Marketplace of **your** change of residence. The Marketplace will determine **your** effective date of termination.



## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

There are certain circumstances where coverage continues for **dependent** children who leave **Quartz's service area**. See Article 2 for "Special Provisions Relating to Full-Time Students;"

- The **member** requests voluntary **disenrollment**;
  - At **your** request, **Quartz** will terminate **your** coverage at 11:59 p.m. on the date of **your** request, or on a prospective date requested by **you**, whichever is later; or,
  - If **you** obtained coverage through the Federal Marketplace, **you** must request disenrollment through the Marketplace. The Marketplace will determine **your** effective date of termination.

Only a **subscriber**, the **subscriber's** spouse, or the **subscriber's domestic partner** may voluntarily terminate this **policy**. Adult **dependents** may only voluntarily terminate their own enrollment in the **plan** but may not voluntarily terminate the entire **policy**;

- The required **premium** is not paid in a timely fashion;
  - For **members** not receiving **APTC**, **your** grace period for paying **premiums** is 31 days from the first of the month. If a **premium** payment is not received by the end of the grace period, **your** coverage under this **policy** terminates at 11:59 p.m. on the last day of the last month for which **premium** was paid in full. **You** will be responsible for paying **your provider(s)** for services after the date **your policy** terminates; or,
  - If **You** are receiving **APTC**, the termination effective date is the last day of the first month in the three-month grace period;
- A **dependent** no longer qualifies as an eligible **dependent**;
  - The termination effective date is 11:59 p.m. on the last day of the year in which the **dependent** no longer qualifies as an eligible **dependent** under this **policy**;
- The **member** allows a non-member to use the **member's identification card** to obtain services. In this situation, the termination date will be the earliest date permitted by state law;
- The **member** has performed an act, practice or omission that constitutes fraud in applying for coverage. In this situation, the termination date will be the earliest date permitted by state law. At

## ARTICLE VII: ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

least 30 days' advance written notice will be provided to each **member** who would be affected by the disenrollment;

- The **member** is unable to establish or maintain a satisfactory **physician**-patient relationship with the **physician** responsible for the enrollee's care. Disenrollment will only occur once **we** have (1) provided the enrollee with the opportunity to select an alternate primary care **provider**, (2) made a reasonable effort to assist the enrollee in establishing a satisfactory patient-**physician** relationship, and (3) informed the enrollee that they may file a grievance on this matter. In this situation, the termination date will be the earliest date permitted by state law. This disenrollment provision does not apply to **members** who receive coverage through the Health Insurance Marketplace.

## ARTICLE VIII: COMPLAINT AND GRIEVANCE PROCEDURE

### Resolving Complaints

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If **you** have a **complaint** relating to any aspect of **Quartz**, **you** may contact a Customer Success Representative who will assist in resolving the matter informally. If the **complaint** cannot be resolved to **your** satisfaction, **you** may file a **grievance**.

### Definitions

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**"Adverse Benefit Determination"** includes any of the following:

- The determination that an admission, availability of care, continued stay or other health care service that is a covered benefit has been reviewed and, based upon the information provided, does not meet the health insurer's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness of a covered benefit; or its determination that a treatment is **experimental or investigational**, and the requested service or payment for the service is therefore denied, reduced or terminated;
- Any **rescission** of coverage, as provided in 45 C. F. R. 147.136 (b) (2) (ii) (A), as amended, whether or not the **rescission** has an adverse effect on any particular benefit at that time;
- The denial of a request for a referral for out-of-network services when the insured requests health care services from a provider that does not participate in the insurer's provider network because the clinical expertise of the provider may be medically necessary for treatment of the insured's medical condition and that expertise is not available in the insurer's provider network;
- The determination that **Quartz's** application of non-quantitative treatment limitations is compliant with federal mental health parity law; and,
- The determination that "surprise billing" protections do not apply to an item or service **you** have received, including:

## ARTICLE VIII: COMPLAINT AND GRIEVANCE PROCEDURE

- Patient **cost-sharing** and surprise billing for **emergency services**;
- Patient **cost-sharing** and surprise billing protections related to care provided by **out-of-network providers** at **in-network** facilities;
- Whether patients are in a condition to receive notice and provide **informed consent** to waive No Surprises Act (NSA) protections; and,
- Whether a claim for care received is coded correctly and accurately reflects the treatments received, and the associated NSA protections related to patient **cost-sharing** and surprise billing.

**"Coverage denial determination"** has the meaning as defined in s. 632.835(1)(ag), Wis. Stat., and includes, for individual insurance products, a policy reformation or change in premium charged based upon underwriting or claims information greater than 25% from the premium in effect during the period of contestability except to the extent the modification is due to the applicant's age or a rate increase applied by the insurer to all similar individual policy forms applied uniformly.

**"Grievance"** means any dissatisfaction with an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, an insured including any of the following:

- Provision of services;
- Determination to reform or rescind a policy;
- Determination of a diagnosis or level of service required for evidence-based treatment of **autism spectrum disorders**; and,
- Claims practices.

**"Reconsideration Committee"** means **Quartz's** grievance panel for the investigation of each written grievance.

## Filing Grievances

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1. Submit the signed ***grievance*** and any supporting materials to the Reconsideration Committee at the following address, unless otherwise directed in a determination letter:

Quartz  
Attn: Appeals Specialists  
2650 Novation Pkwy.  
Fitchburg, WI 53713

Or, ***you*** may email ***your grievance*** to [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com) or fax it to (608) 644-3500.

***Quartz*** will acknowledge receipt of the ***grievance*** within five business days of receiving it.

2. ***Quartz*** will notify ***you*** of the time and place of the Reconsideration Committee meeting at least seven calendar days in advance. ***You***, or a person acting on ***your*** behalf, have the right to appear before the Reconsideration Committee in person or by telephone to present written or oral information concerning the ***grievance***. ***You*** may also submit written questions to the persons responsible for making the determination that resulted in the denial or determination of benefits or a decision to disenroll ***you***.
3. ***Quartz*** will notify ***you*** of the disposition of the ***grievance*** within 30 calendar days of receipt. If ***we*** are not able to resolve the ***grievance*** within 30 calendar days, the time period may be extended an additional 30 calendar days. If an extension is required, ***we*** will notify ***you*** in writing:
  - The reasons for extension; and,
  - When resolution may be expected.

## ARTICLE VIII: COMPLAINT AND GRIEVANCE PROCEDURE

4. The time periods set forth in paragraphs 1 through 3 do not apply in urgent situations. If a ***grievance*** involves an urgent situation, **Quartz** will treat it as an ***expedited grievance*** and will resolve it within 72 hours after receipt. An urgent situation is one which could result in serious or irreparable harm to ***your*** health if the time periods provided by the regular ***grievance*** procedure applied. **You** may request an ***expedited grievance*** by calling us at (866) 895-8143, emailing ***your*** request to [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com), or faxing it to (608) 644-3500.
5. **You** may review **Quartz's** claim file without charge. Any new or additional evidence or rationale considered, relied upon or generated by **Quartz** in connection with the claim after the internal ***adverse benefit determination*** will be provided to **you** at least three calendar days in advance of the Reconsideration Committee Meeting.

### Filing Complaints with the Office of the Commissioner of Insurance

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**You** may resolve a problem by taking the steps outlined above or by filing a ***complaint*** with the Wisconsin Office of the Commissioner of Insurance (OCI). OCI is a state agency that enforces Wisconsin's insurance laws.

To file a ***complaint*** online or to print a complaint form:

OCI's Web Page: [oci.wi.gov](http://oci.wi.gov)  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873  
(800) 236-8517 (Statewide) or (608) 266-0103 (in Madison)

## External Review (also known as Independent Review)

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**You** or **your** authorized representative may also begin an **external review** at the same time as the internal appeals process if it is an urgent situation or **you** are in an ongoing course of treatment. If **you** wish to pursue **external review**, **you** or **your** authorized representative must notify **us** in writing at the following address, unless otherwise directed in a determination letter:

Quartz  
Attn: Appeals Specialists  
2650 Novation Pkwy.  
Fitchburg, WI 53713

**We** will send **your** information to an accredited **independent review organization (IRO)** on a rotating basis. Neither **you** nor **Quartz** will select the **IRO**.

1. **You** may appeal to an **external review** if:
  - The determination of the **Reconsideration Committee** is an **adverse benefit determination**;
  - The determination of the **Reconsideration Committee** is a preexisting condition exclusion denial determination or a **rescission** of a **certificate**; or,
  - The determination was made that the requested treatment was **experimental or investigative**.
  
2. **You** must request **external review**:
  - Within four months of the date that **we** denied the **grievance**; or,
  - Within four months of **your** receipt of **our** denial letter, whichever is later. It will be assumed that **you** received **our** denial letter within three days of the postmark date unless **you** can establish receipt on a different date.

## ARTICLE VIII: COMPLAINT AND GRIEVANCE PROCEDURE

### 3. **Period of External Review:**

**Quartz** will forward **your** request for **external review** to the selected **IRO** if, after preliminary review, it is determined to be eligible. The **IRO** will have five days to review this material and request additional information. Any additional information provided by **you** or **Quartz** shall also be provided to the other party to the review within one business day of receipt by the external reviewer. **We** will respond to any requests for additional information within five days or provide an explanation as to why more time is needed. The **external review** process shall not exceed 45 days from the date the request for independent review is received by the insurer in compliance with 45 C. F. R. 147.136 (c) (2) (xii) as amended.

### 4. **Bypassing Quartz's Internal Grievance Process**

There are certain circumstances when **you** may be able to skip **Quartz's** internal **grievance** process and proceed directly to **external review**. Those circumstances are as follows:

- **We** agree to proceed directly to **external review**;
- **We** did not comply with the requirements of **our** internal appeals process, except for failures that do not cause prejudice or harm to **you**; or,
- **Your** situation requires **expedited review**.

### 5. **Expedited External Review**

If **your** situation requires **expedited review**:

- The **IRO** will review this material and request additional information. Any additional information provided by **you** or **Quartz** must also be provided to the other party to review within one business day;
- Once the **IRO** has all the necessary information, it will make a decision as soon as possible, taking into account the **member's** health condition. The period of review will not exceed 72 hours after receipt of the request for **expedited review**;
- If the **external review** decision is not in writing, the **IRO** must provide written confirmation of its decision within 48 hours after the date of the notice of the decision. For individuals receiving an



## ARTICLE VIII: COMPLAINT AND GRIEVANCE PROCEDURE

ongoing course of treatment for a condition that is the subject of **expedited external review**, this **external review** decision will be provided within 24 hours;

- Once the **IRO** makes a final coverage determination, the final coverage determination is binding upon **Quartz** and the **member**, except to the extent other remedies are available under state or federal law; and,
- **Your** request for **expedited review** can be initiated by calling (888) 866-6205 (toll-free).

### External Review – Formulary Exceptions

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**Quartz** provides a process for **you** or **your provider** to request coverage of a non-formulary drug on an exception basis. If **you** or **your** prescribing **provider** submitted a non-formulary exception request and it was denied, **you** may request that **our** decision be reviewed by an **independent review organization (IRO)**. The request for an external review of **our** decision must be submitted within four months of the date **you** received a denied formulary exception request. To make this request, please contact the Appeals Specialists using any of the methods listed below:

Quartz  
Attn: Appeals Specialist  
2650 Novation Pkwy.  
Fitchburg, WI 53713  
Telephone: (866) 895-8143 Fax Number: (608) 644-3500  
Email: AppealsSpecialists@QuartzBenefits.com

The timeline for this external review will vary based on the urgency of **your** situation.

**You** or **your** prescribing **provider** could also request an appeal of **our** decision to deny **your** formulary exception request. This request must be submitted within 180 days of the date **you** received a denied formulary exception request.

## ARTICLE VIII: COMPLAINT AND GRIEVANCE PROCEDURE

### **Standard Non-Formulary Exception**

If **your** initial request for a non-formulary drug was not urgent, the request for external review of the denial will follow the standard non-formulary exception request timeline. **We** will notify **you** or **your** authorized representative and the prescribing **provider** of the **IRO's** decision no later than 72 hours after **we** receive **your** request. If the **IRO** approves **your** request for coverage of the non-formulary drug, **we** will cover the drug until **your** prescription expires, including refills.

### **Expedited Non-Formulary Exception**

If **your** initial request for a non-formulary drug was handled as an urgent or exigent request, the request for external review of the denial will follow the expedited non-formulary exception request timeline. Exigent circumstances exist when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

**We** will notify **you** or **your** authorized representative and the prescribing **provider** of the **IRO's** decision no later than 24 hours after **we** receive **your** request. If the **IRO** approves **your** request for coverage of the non-formulary drug, **we** will cover the drug for the duration of the exigency.

## ARTICLE IX: CONSENT TO RELEASE INFORMATION

If **Quartz** requests, **you** must authorize any person or institution that has examined or treated **you** to furnish to **Quartz** any and all information and records or copies of records relating to the examination or treatment provided to **you** if related to **claims** payment. **Quartz** agrees that such information and records will be considered confidential to the extent required by law. **Quartz** has the right to submit any and all records concerning health care services provided to **you** to appropriate medical review personnel. The cost of obtaining medical records is **your** responsibility.

## ARTICLE X: GENERAL PROVISIONS

### Advance Directives

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If **you** are over age 18 and of sound mind, **you** may execute a living will or durable power of attorney for health care. These documents tell others what **your** wishes are if **you** are physically or mentally unable to express **your** wishes in the future. If **you** have an advance directive, give a copy to **your primary care provider**. **You** do not need to send the forms to **Quartz**.

### Care Management

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**Care management** is a collaborative process that assesses **member** needs, establishes goals and care plans, helps to coordinate care, and connects **members** to resources with the aim of improving **member** health and well-living. **Quartz** offers **care management** to **members** of this **plan** at no additional cost. These services are provided by a staff of health care professionals, including Registered Nurses, Certified Social Workers, and Health Coaches, or by other organizations contracted with **Quartz**. Examples of these services are clinical programs that address hypertension/blood pressure (Quartz InControl), diabetes, mental resiliency, and prenatal care coordination. If **you** feel that **you** would benefit from **care management**, **you** can fill out a request form at **QuartzBenefits.com** or call Customer Success. Someone from the Care Management Team will reach out to **you**. As part of **care management**, **Quartz** reserves the right to direct treatment to the most appropriate and cost-effective option available.

In addition to the benefits described in this **policy**, if **your** condition would otherwise require continued care in a **hospital** or other health care facility, provision of alternative benefits for services rendered by an **in-network provider** in accordance with an alternative treatment plan may be available to **you**.

Provision of alternative benefits in one instance shall not result in an obligation to provide the same or similar benefits in any other instance. In addition, the provision of alternative benefits shall not be construed as a waiver of any of the terms, conditions, limitations or **exclusions** of this **policy**.

## Conformity with Statutes

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Any provision which, on the **policy effective date**, is in conflict with federal or Wisconsin law is amended to conform to the minimum requirements of those laws.

## Continuity of Care

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**Quartz** will provide coverage to a **member** for the services of a **provider**, regardless of whether the **provider** is an **in-network provider** at the time the services are rendered, if **Quartz** represented the **provider** as an **in-network provider** in marketing materials made available to the **member** for the current **contract year** and if the following conditions apply:

1. If a **primary care provider** leaves **Quartz's provider network**, **you** may continue seeing that **primary care provider** through the end of the **plan's contract year**, regardless of whether the terminated **provider** is **your** chosen **primary care provider**;
2. If **you** are seeing a **specialist** who leaves **Quartz's provider network**, **you** may continue seeing the specialist:
  - If **you** are pregnant and in **your** second or third trimester, through the postpartum period; or,
  - For 90 days past the **specialist's** termination date with **Quartz** or through the end of the course of treatment, whichever is shorter.

**Quartz** will also provide coverage under this provision to a **member** who is a **continuing care patient**, for a period of 90 days from the date of notice from **Quartz** or the date on which the **member** is no longer a **continuing care patient** with respect to the **provider**.

A *continuing care patient* means a **member** who:

- Is undergoing a course of treatment for a serious and complex condition;
- Is undergoing a course of institutional or inpatient care;
- Is scheduled to undergo nonelective surgery from the **provider**, including receipt of postoperative care;
- Is pregnant and is undergoing a course of treatment for pregnancy; or,
- Is or was determined to be terminally ill, with a life expectancy of six months or less.

These continuity of care provisions do not apply if the **provider** is terminated from **Quartz's provider network** for misconduct.

## Filing Claims from Out-of-Network Providers

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If **you** pay for services from an **out-of-network provider**, please submit the itemized bill to **Quartz** within 90 days from the date the services were provided. Circumstances beyond **your** control might make this time limit unreasonable. If this is the case, **you** must file the **claim** as soon as possible, and pursuant to s. 631.81, Wis. Stat., **we** will still process **your claim** if **you** submit it within one year after the time required under this provision. A Member Claim Form is available at **QuartzBenefits.com/WIMaterials**.

If **you** are submitting **claims** for which **you** have already paid, and **you** are seeking **Quartz's** reimbursement, **you** must provide proof of payment. The bill or receipt from **your provider** must match the service that **you** are seeking **Quartz's** reimbursement for. In order to be reimbursed, the service(s) or product(s) **you** received must not be used for employment reasons, will not be used for resale, and are intended for **your** own personal use. If **you** submit false receipts or fraudulently altered documents, **you** may be disenrolled by the **plan** and/or subject to civil or criminal penalties.

**In-network providers** will submit **claims** on **your** behalf.

## Legal Action

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**You** may not start legal action against **Quartz** until the earlier of:

- 60 days after **you** file notice of a **claim** and complete the **grievance** process; or
- The date **Quartz** denies the **claim** and **you** complete the **grievance** process.

Despite the above provisions, **you** may opt to start legal action under ERISA Sec. 502(a) before completing the **complaint** or **grievance** process. If **you** do so, a court may dismiss **your** lawsuit because **you** failed to complete the **complaint** or **grievance** process.

**You** may not start legal action against **Quartz** more than three years from the time written proof of loss was required to be filed. **You** must file written proof of loss within 90 days of the date of service. This means that any legal action must be started within 39 months of the first date of service on which the action is based.

## Physical Examination

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**Quartz**, at its own expense, has the right and opportunity to examine any **member** when and as often as may be reasonably necessary to determine their eligibility for claimed services or benefits under this **plan** including, without limitation, issues relating to subrogation and **COB**. By executing an application for coverage under the **plan**, each **member** is deemed to have waived any legal right they may have to refuse consent to such examination when performed or conducted for the purposes set forth above.

## Physician and Hospital Reports

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**Physicians** and **hospitals** must give **Quartz** reports to help **us** determine **plan benefits** due to **you**. **You** agree to cooperate with **Quartz** to either execute

releases that authorize **physicians, hospitals** and other **providers**, or to release all records to **Quartz** that relate to services **you** receive. This is also a condition of **Quartz** paying benefits. All information must be furnished to the extent **Quartz** deems necessary in a particular situation and as allowed by pertinent statutes.

## Proof of Coverage

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It is **your** responsibility to show **your Quartz identification card** each time **you** receive **covered services** from a **provider**.

## Right to Collect Needed Information

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**You** must cooperate with **Quartz** and, when asked, must assist **Quartz** by:

- Authorizing the release of medical information, including the names of all **physicians** and **providers** from whom **you** received medical attention;
- Providing information regarding the circumstances of **your injury** or **illness**; and,
- Providing information about other insurance coverage and benefits.

**Your** failure to assist **us** may result in the denial of claims.

## Services Covered by Liability Insurance

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**Quartz** will not refuse to cover health care services that **you** receive for which there is coverage under the **plan** on the basis that there may be coverage for the services under a liability insurance policy.



## Sharing Information

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**You** agree to permit **Quartz, physicians, providers** and reviewers to share information about **your** care to promote the orderly delivery of care. Sharing information also promotes **Quartz's** quality assurance and cost control programs. When sharing information with others, **Quartz** agrees to preserve **confidential matters** in accordance with state and federal law.

## Subrogation and Reimbursement

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The term "Benefit Amount," as used in the Subrogation and Reimbursement Section below, means the Fee-for-Service Equivalent Value of health care services received by a **member** minus all **out-of-pocket expenses** for which a **member** is responsible for paying, including all **deductibles, co-insurance, co-payments**, and other similar charges. "Benefit Amount" is the amount for which **Quartz** seeks subrogation and reimbursement.

**Quartz** retains both the right of subrogation against a third party and the right of reimbursement from **members** to the extent of benefits paid by **Quartz**, as defined hereinabove as "Benefit Amount" and as identified as Quartz Paid Provider in the **member's Explanation of Benefits (EOB)**. **Quartz** may enforce its subrogation rights, to the extent permitted by law, by asserting a claim to any injury-related coverage to which a **member** may be entitled, including but not limited to liability coverage, uninsured and underinsured motorist coverage and homeowner's coverage. In addition to its subrogation rights, **Quartz** may enforce its reimbursements rights, to the extent permitted by law, by asserting a claim of reimbursement from any and all recoveries obtained by a **member** arising out of an injury for which **Quartz** has provided benefits. This means that whenever **Quartz** provides services or other benefits to any **member**, **Quartz** shall, to the extent a **member** has been "made whole" under applicable state law, be entitled to be reimbursed from all of the **member's** rights of recovery and all actual recoveries obtained by or on behalf of a **member** from any other party, person or corporation ("**third party**"), including but not limited to any proceeds received by a **member** under policies of

## ARTICLE X: GENERAL PROVISIONS

liability coverage, uninsured or underinsured motorist coverage and homeowner's coverage. A **member's** obligation to reimburse **Quartz** exists, regardless of whether the settlement, compromise or judgment designates payment proceeds received from a **third party** as including or excluding medical expenses. **Quartz** is not required to help a **member** pursue a claim for damages or personal injuries, and no amount of associated costs, including attorneys' fees, shall be deducted from **Quartz's** recovery without **Quartz's** express written consent.

Any **member** who receives services or benefits from **Quartz**, and has any right of recovery against any **third party**, including a claim made pursuant to uninsured or underinsured motorist coverage, must, by or on behalf of **Quartz**, execute and sign all documents as may be required, deliver the same to **Quartz** or **Quartz's** designee and perform whatever other acts, including an assignment of rights, that are necessary to secure **Quartz's** rights. By participating in and accepting benefits from **Quartz**, **members** agree to assign to **Quartz** any benefits, claims or rights of recovery a **member** has under any automobile policy, including no-fault benefits, PIP benefits and/or medical payments coverage benefits, and all other coverages or against any **third party**, to the full extent of the benefits paid by **Quartz**, as defined hereinabove as "Benefit Amount" and as identified as Quartz Paid Provider in the **member's Explanation of Benefits (EOB)**.

**Members** must do nothing to prejudice **Quartz's** right of recovery. **Members** must promptly advise **Quartz** in writing whenever a claim against another party is made on behalf of the **member** and will further provide such additional information as is reasonably requested by **Quartz** or **Quartz's** designee. **Quartz** reserves the right to be provided notice of any claim against a **third party**. The **member** agrees to cooperate in protecting **Quartz's** interest and to provide necessary information to **Quartz** or **Quartz's** designee upon request.

## Time Limit on Certain Defenses

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**Quartz** may investigate information provided by the **member** in applying for coverage for two years after the original **effective date** of coverage. After this two-year period expires, no misstatements may be used to void coverage or to deny a **claim** that arises after the two-year period expires.

This time limit does not apply to fraudulent misstatements made in the application for coverage under this **plan**. This **plan** was issued on the basis that the statements, representations and warranties made at application are correct and complete. **Quartz** may **rescind** coverage if information is received that indicates a fraudulent or intentional misrepresentation was made by **you** or anyone acting on **your** behalf, if **you** or the person acting on **your** behalf knew that the representation was false and the misrepresentation (1) was material or was made with intent to deceive, or (2) contributed to a loss under the **plan**.

## Travel Distances

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**Quartz** has established criteria to ensure that **members** do not have to travel excessive distances to obtain health care services. Please contact **Quartz** Customer Success with questions regarding these criteria.

## Wellness Programs

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**Quartz** may provide a wellness program to **members** which may include health management and fitness. Terms and conditions may apply. Participation in **Quartz's** wellness program(s) is voluntary. No **co-payment** or **co-insurance** is required to join **Quartz's** wellness program(s). From time to time, **Quartz** may offer incentives to encourage **you** to participate in a wellness program. The program components and incentives are not **covered services** and do not alter or affect **your covered services**. **You** and **your primary care provider** can discuss whether participation is right for **you**. If

## ARTICLE X: GENERAL PROVISIONS

**you** think **you** may be unable to meet a standard for an incentive offered through a wellness program, **you** may qualify to earn the same incentive by different means. Contact **Quartz** Customer Success at (866) 895-8143 and **we** will work with **you** (and, if **you** wish, **your** doctor) to find an alternative with the same incentive that is right for **you** in light of **your** health status.



## 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 hnub 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. ຊອກຫາວັນທີ່ສໍາຄັນ ໃນຫນັງສືແຈ້ງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາ ທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ 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** – ၵၢ်သ့ၵ်သ့ၵ်သး- န့ၵ်ကတိၢ် ကညိၢ် ကျိၢ်အသိၢ်, န့ၵ်န့ၵ် ကျိၢ်အတၢ်မၤစၢၤတၢၤ တလၢၢ်တၢ်တၢ်တၢ်န့ၵ်လိၢ်. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Mon-Khmer, Cambodian** – ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ 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** – หมายเหตุ ภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ฟรี 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 Auskunft. Die Bekanntmachung gebt wíchdichi Auskunft 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.