



## Prescription Drug Benefit Rider

Offered by Quartz Health Benefit Plans Corporation

2650 Novation Parkway  
Fitchburg, WI 53713  
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Fax (888) 450-4711  
QuartzBenefits.com

This **Prescription Drug Benefit Rider** amends the **policy** issued by Quartz Health Benefits Plans Corporation, referred throughout this **rider** as "**Quartz**," to provide prescription drug benefits as specified below. Benefits under this **rider** are subject to the terms and conditions of the **policy**, except as amended by this **rider**.

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## DEFINITIONS

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### **1st Tier Drug**

A **preferred generic drug** appearing on **Quartz's formulary list** as a **formulary drug**.

### **2nd Tier Drug**

A **preferred brand drug** appearing on **Quartz's formulary list** as a **formulary drug**.

### **3rd Tier Drug**

A **non-preferred drug** appearing on **Quartz's formulary list** as a **formulary drug**, whether **generic** or **brand name**, that is not classified as a **4th tier drug**.

### **4th Tier Drug**

A medication appearing on **Quartz's formulary list** as a **formulary drug** and designated as a **4<sup>th</sup> tier drug** by **Quartz**, notwithstanding the preferred status and brand/generic status of that medication.

### **Biologic Reference**

A biologic product approved by the U. S. Food and Drug Administration (FDA) based on, among other things, a full complement of safety and effectiveness data. A proposed **biosimilar** is compared to and evaluated against the corresponding **biologic reference** product in the FDA approval process.

### **Biosimilar**

A type of biologic product that is approved by the FDA as a **biosimilar** because it is highly similar to an already FDA-approved biological product for which the patent is expired (known as the **biologic reference**) and has been shown to have no clinically meaningful differences from the **biologic reference** product.

### **Brand Drug**

A medication determined to be a **brand drug** by **Quartz**. A **brand drug** is typically a medication that is marketed by the innovator manufacturer and

may or may not have **generic** equivalents available. Both **biologic reference** drugs and their **biosimilars** may be considered **brand drugs**.

### **Covered Drug**

Subject to **Quartz's formulary** and any prior authorization or step therapy requirements, a **covered drug** is:

1. Any **prescription drug** on **Quartz's formulary list** as a **formulary drug**, including prescription contraceptives;
2. Injectable insulin, insulin syringes, glucose test strips, glucometers and continuous glucose monitors on **Quartz's formulary list** as **formulary drugs** or items;
3. Any medication compounded by the **in-network pharmacy** that contains a **formulary drug** when appropriate commercially available alternatives are not available, the compounded medication does not contain any drug listed as a specific **exclusion**, and the specific combination of ingredients included in the compounded prescription has adequate published evidence to support use for the patient's specific indication;
4. An **over-the-counter medication** that **Quartz** determines is a **formulary drug**, when the medication is obtained with a legal **prescription order** from a physician; or,
5. A **medical food** **Quartz** determines is a **formulary drug**. The **medical food** must be listed on **Quartz's formulary list** as a **formulary drug** and obtained from a pharmacy with a written **prescription order** from a physician who is supervising its use.

### **Formulary**

**Quartz's formulary** contains medications identified by our Pharmacy & Therapeutics Committee as **formulary drugs**. Medications on the **formulary** are reviewed for efficacy, adverse effects, and cost in an effort to maintain a high-quality, cost-efficient foundation for drug therapy. The **formulary list** is frequently updated as we consider new medications. Please call Customer Success to obtain a current version of the **formulary list**. You also can view the most current formulary by visiting our web site.

### **Formulary Drug**

A medication designated as a **formulary drug** by **Quartz's** Pharmacy & Therapeutics Committee and listed on **Quartz's drug formulary list** with a status other than "Non-formulary."

### **Formulary List**

A list of medications indicating formulary tier status or non-formulary status, as well as other coverage attributes. The **formulary list** is frequently updated as we consider new medications. Please call Customer Success to obtain a current version of the **formulary list**. You also can view the most current Formulary List by visiting our web site.

### **Generic Drug**

A medication determined to be a generic by **Quartz**. A **generic drug** is typically a medication that has been approved by the FDA through an Abbreviated New Drug Application (ANDA) as equivalent to a FDA-approved innovator product (**brand drug**). Authorized generics approved by the FDA through a New Drug Application (NDA) when there are no generic competitors of the same medication approved through an ANDA may be considered to be **brand drugs** by **Quartz**.

### **HDHP \$0 Drug**

A medication that has been designated by **Quartz** as being covered at \$0 before deductible for high deductible health plans (HDHPs).

### **HIV**

Any strain of human immunodeficiency virus that causes acquired immunodeficiency syndrome.

### **In-Network Pharmacy**

Any pharmacy that has contracted with **Quartz**, or **Quartz's** designee, to provide pharmacy services or supplies to **Quartz members**. Please refer to **QuartzBenefits.com** for a list of **in-network pharmacies**.

## **Medical Food**

A product approved by the FDA's Center for Food Safety and Applied Nutrition that is intended to meet the distinctive nutritional requirements of a disease or condition. A **medical food** is not considered a drug, although it may come as a tablet or capsule and require a prescription.

## **Medically Necessary Prescription Drugs or Supplies**

**Prescription drugs or supplies** provided by a pharmacy and required to identify or treat a **member's illness** or **injury**, and which are, 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** prescriber makes decisions regarding service and treatment. The **plan**, using criteria approved by **Quartz's** Pharmacy & Therapeutics Committee, 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**.

## **Non-Formulary Drug**

A medication that (1) has not been designated by **Quartz's** Pharmacy & Therapeutics Committee as a **formulary drug**, (2) is listed on **Quartz's drug formulary list** with a status of "Non-formulary (but is not specifically listed as an exclusion on this rider), or (3) is not listed on the **formulary list**.

Medications new to the market are **non-formulary drugs** until reviewed by

**Quartz's** Pharmacy & Therapeutics Committee, at which point a formulary decision will be made.

### **Non-Preferred Drug**

A **brand** or **generic** medication that (1) is designated by **Quartz's** Pharmacy & Therapeutics Committee as a **formulary drug**, (2) is listed on **Quartz's drug formulary list** with a status other than "Non-formulary," and (3) has been designated by **Quartz's Pharmacy and Therapeutics Committee** as a **non-preferred drug**.

### **Out-of-Network Pharmacy**

Any pharmacy that does not have a contractual agreement to provide pharmacy services or supplies to **Quartz members**.

### **Over-the-Counter Drug**

Medication that does not bear the FDA's legend "RX Only" on its label.

### **Preferred Drug**

A **brand** or **generic** medication that (1) is designated by **Quartz's** Pharmacy & Therapeutics Committee as a **formulary drug**, (2) is listed on **Quartz's drug formulary list** with a status other than "Non-formulary," and (3) has been designated as a **preferred drug**.

### **Prescription Drug**

Any brand drug, generic drug, biologic or biosimilar that (1) the FDA has designated as a "Human Prescription Drug," (2) is required to bear the legend "RX Only" under the federal Food, Drug and Cosmetic Act, and (3) has been reviewed and approved for marketing by the FDA through either a New Drug, Abbreviated New Drug or Biologic License Application.

### **Prescription Order**

The request for a **prescription drug** by a person legally licensed to prescribe drugs for his or her patients. A separate **prescription order** is required for each drug.

### **Preventive Medication**

A medication, including both prescription and **over-the-counter drugs**, determined by CMS to be a **preventive health service** as defined in 45 C. F. R. § 147.130.

### **Prior Authorization**

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

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

### **Restricted Drug or Restricted Medication**

A drug that is covered only when specific clinical criteria are met and **Quartz** issues a **prior authorization** for coverage of the drug. The clinical criteria for some **restricted drugs** require the failure of prerequisite therapies. When the criteria only consist of previous failure of a certain medication or medication(s) and are implemented with on-line edits, it is referred to as “**step therapy**.”

### **Smoking Cessation Medication**

A medication, including both prescription and **over-the-counter drugs**, that is approved by the FDA for tobacco cessation.

### **Specialty Pharmaceutical**

A drug that is designated by **Quartz’s Pharmacy and Therapeutics Committee** as being a **specialty pharmaceutical**. Drugs designated as **specialty pharmaceuticals** will be listed as such on **Quartz’s formulary list** at **QuartzBenefits.com** and are subject to change.



### **Step Therapy Drug**

A drug which requires prior authorization and the prior authorization criteria include a requirement of a trial of or contraindication to prerequisite medication(s). When prerequisite therapies can be identified in the claims history upon receipt of the electronic claim for a **step therapy drug**, the claim may be approved based on the information in the claims system. When such history is not present, a **prior authorization** request must be submitted and approved for coverage.

### **Value Tier Drug**

A **preferred generic** or **preferred brand** medication on **Quartz's formulary** that has been designated by **Quartz** as a **value tier drug**.

## **BENEFITS**

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**Prescription drug** benefits are available for **covered drugs** prescribed by or at the direction of a **provider**. The **prescription drug** must be deemed **medically necessary** by **Quartz** and must have an approved **prior authorization**, when required.

**Non-formulary drugs** are not **covered drugs**. **Quartz** provides a process for **you** or **your provider** to request coverage of a **non-formulary drug** on an exception basis. An exception request can be made using **Quartz's** Medication Prior Authorization Form, available at **QuartzBenefits.com**, or by calling (888) 450-4884. The timeline for **our** review of an exception request will vary based on the urgency of **your** situation. **We** will inform **you** of **our** decision on a standard request within 72 hours of receipt. Urgent requests made in exigent circumstances will be reviewed within 24 hours. 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**. If a standard request is approved we will authorize coverage of the non-formulary drug for the duration of the prescription, including refills. If an exigent request is approved, we will

authorize coverage of the **non-formulary drug** for the duration of the exigency. **Co-pay** or **co-insurance** will be at the non-preferred or tier 4 level, depending on the status of the medication.

Benefits are payable for charges made by an **in-network pharmacy** for each separate **prescription claim**. **Restricted medications** require approved **prior authorization** for coverage. Requests for exception to step therapy requirements will be reviewed based on s. 632.866, Wis. Stat. Continuation of therapy criteria may apply to **members** who were previously approved for coverage. Persons who were not previously approved for coverage but who instead initiated therapy using a manufacturer-sponsored free drug program, provider samples or vouchers will not be considered to have met continuation of therapy criteria for coverage.

**Prescription claims** may be subject to **co-payment, deductible, or co-insurance**. **Members** with **co-payment** plans are subject to one **co-payment** for each claim dispensed up to a 30-day supply (i.e., 1-30 day supply = 1 **co-payment**, 31-60 day supply = 2 **co-payments**, 61-90 day supply = 3 **co-payments**). Some medications are packaged such that they cannot reasonably be dispensed in a 30-day quantity. For these medications, **members** are charged one **co-payment** for each 30-day claim covered by the medication (i.e., an inhaler is dispensed as a 60-day supply and can't reasonably be reduced to a 30-day supply; two **co-payments** would apply). In cases where the pharmacy dispenses a claim for less than a 30-day supply of a maintenance medication, as determined by **Quartz**, for the purposes of synchronizing refills for the member, a prorated **co-payment** will apply based on the percentage of a 30-day supply dispensed.

Refer to **your Schedule of Benefits** for details or contact **Quartz** Customer Success. **Prescription claims** for which the **member** used a pharmaceutical manufacturer program to off-set their out of pocket **co-payment, deductible, or co-insurance** can be adjusted by **Quartz** to accurately reflect the true **out-of-pocket** amount paid by the **member** for that claim which will be used to determine the amount applied to **deductibles** and out-of-pocket limits. If **you** have a High Deductible Health Plan designed to be compatible

with a Health Savings Account (HSA), using cost-sharing assistance before the minimum **deductible** has been met may disqualify **you** from making compliant HSA contributions during the plan year.

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In order for **Quartz** to keep prescription drug benefits affordable, cost-sharing for certain specialty medications may vary and be set to approximate the maximum of any available manufacturer-funded co-pay assistance programs. However, in no case will true **out-of-pocket** costs to the participant be greater than the maximum co-payment published in the Summary of Benefits and Coverage (SBC). Finally, manufacturer-funded co-pay assistance received will not be credited to **your** annual **deductible** or maximum **out-of-pocket** requirement.]

When prescribed by a **physician** or other health care **provider**, **formulary drugs** listed on **Quartz's formulary list** as **preventive medications** are covered without member cost-sharing. This includes coverage of **smoking cessation medications**, when prescribed by a healthcare **provider**, for a 90-day treatment regimen for at least two tobacco cessation attempts per year.

Orally-administered chemotherapy drugs are subject to a maximum \$100 **co-payment** for a 30-day supply after any applicable deductibles are met.

[There is no **prescription drug** benefit available to members age 65 or older.]

Benefits are not payable for **prescription drugs** obtained (1) from an **in-network pharmacy** but not submitted electronically by the pharmacy through **Quartz's** pharmacy claims adjudication system, or (2) from an **out-of-network pharmacy**. Out-of-pocket payments for drugs obtained from an **out-of-network pharmacy** in the United States may be reimbursed on an exception basis. **Your** out-of-pocket costs are only eligible for reimbursement in cases of acute need when an exception request is submitted to **Quartz** with a completed **Direct Member Reimbursement Form** and an itemized paid prescription receipt. Amounts in excess of the **usual, customary and reasonable charge** are not covered benefits and are the responsibility of the **member**.

If **Quartz** determines **you** may be using prescription drugs in a questionable, harmful, abusive manner or frequency, **we** may require **you** to select a single in-network pharmacy to provide and coordinate all future pharmacy services. Benefit coverage will only be paid if the assigned single in-network pharmacy is used. If **you** do not make a pharmacy selection within 30 days of **our** notification, **Quartz** will select an in-network pharmacy for **you**. The date of notification will be the date the notification is mailed. **We** will use the most recent address information **you** provided to **Quartz**.

**Prescription drugs** are subject to **Quartz's formulary list** and must be **prior authorized** when required. The **Quartz formulary list** is available at **QuartzBenefits.com**, or you may contact **Quartz** Customer Success. **Restricted drugs** require approved **prior authorization** for coverage. **In-network pharmacies** automatically verify that the **prescription drug** is covered under the **formulary**. **Quartz** does not cover any **prescription drug** if there is a chemically equivalent drug available that does not require a prescription, except that **Quartz** may opt to continue to cover a **prescription drug** with a chemically equivalent drug that does not require a prescription on the **formulary** as a cost-saving measure or to meet regulatory requirements. **Members** with a **Quartz prescription drug benefit** as secondary coverage will be required to have an approved prior authorization for secondary coverage of **restricted medications**. Additionally, **Quartz** may require that the member has documentation of prior authorization denial, appeal denial, and independent review ("IRO") denial through the primary prescription drug benefit prior to **Quartz** approving coverage through the **Quartz** secondary prescription drug benefit.

**Brand drugs** for which there is an available equivalent **generic drug** are non-formulary and require an approved formulary exception for coverage immediately upon market availability of the **generic** equivalent. As a cost-saving measure, **Quartz** may opt to cover a **brand drug** as the preferred option instead of the equivalent **generic drug**. In those select situations, the **brand drug** will be covered at the co-pay tier level that the **generic drug** would have been covered at, and the **generic drug** will be non-formulary.

**Biologic reference** products for which there is an approved **biosimilar** are non-formulary and require an approved formulary exception for coverage immediately upon market availability of the **biosimilar** product. As a cost-saving measure, **Quartz** may opt to cover the **biologic reference** as the preferred option instead of the **biosimilar**. In those select situations, the **biologic reference** will be covered at the co-pay tier level that the **biosimilar** would have been covered at, and the **biosimilar** will be non-formulary.

Per s. 632.861 (4)(d), Wis. Stat., **Quartz** will cover an additional 30-day fill of a drug substituted at the pharmacy as described above if the patient has had an adverse reaction to the replacement drug or to a drug in the same pharmacological class or with the same mechanism of action as the replacement drug. This 30-day supply will be subject to the cost-sharing tier that applied to the substituted drug immediately preceding the substitution.

## LIMITATIONS

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### 1. **Supply Quantity Limits**

Coverage for medications under this rider are limited to the quantity prescribed by the physician and one fill or refill cannot exceed:

- A 30-day supply; or,
- A supply of more than 30 days if dispensing a single commercially-prepared unit of an unbreakable quantity; or,
- A 90-day supply for medications meeting **Quartz's** current 90-day supply (Choice90) program requirements as described at **QuartzBenefits.com**; or,
- For 30-day supplies, two commercially-prepared units, if one unit does not provide a full 30-day supply.

Examples of a commercially-prepared unit include but are not limited to: (1) one inhaler; (2) one vial ophthalmic medication; and (3) one sumatriptan packet (nine tablets).

***Prescription Eye Drops Early Refill [s. 632.895 (16t), Wis. Stat.]***

Per s. 632.895 (16t), Wis. Stat., Quartz will not deny coverage of a member's request for reasons of an early refill of prescription eye drops if all of the following are satisfied:

- The refill is requested by the **member** when 75% or more of the days have elapsed from the later of (1) the original date the prescription was filled, or (2) the date on which the most recent refill was distributed to the **member**; and,
- The prescription allows for a refill of the prescription eye drops; and,
- The requested refill does not exceed the number of refills allowed by the **prescription order**.

## 2. **Specialty Pharmaceuticals**

A drug designated by the Pharmacy & Therapeutics Committee as a **specialty pharmaceutical** is covered only if obtained from pharmacies participating in **Quartz's** Specialty Pharmacy Network. If the drug is authorized, the authorization letter from **Quartz** will identify for the **member** and prescribing physician where the **prescription order** can be filled. Failure to obtain the drug at a **Quartz** Specialty Pharmacy Network pharmacy will result in a denial of coverage for the drug.

## **EXCLUSIONS**

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Drugs are not covered under this **Prescription Drug Benefit Rider** for the following:

1. Any **non-formulary drug**, unless an exception request has been approved by **Quartz**;
2. Any **formulary drug** when the formulary requirements for coverage have not been met (e.g., Step Therapy not completed, Prior Authorization not approved, or **specialty pharmaceuticals** obtained outside **Quartz's** Specialty Pharmacy Network, among others). See **Quartz's formulary list** on our web site for the requirements applicable to our **formulary drugs**;

3. Non-medical devices or substances such as therapeutic devices or substances, hypodermic needles, syringes (except insulin syringes and needles), support garments;
4. Any drug or medication that is administered or delivered to you by or in the presence of a health care provider (other than prescription drugs dispensed from a community pharmacy to be self-administered);
5. Any drug or medication that is to be taken by or administered to you while you are a patient at a healthcare facility, including a licensed hospital, rest home, extended care facility, convalescent hospital, skilled nursing home, emergency room or urgent care center, ambulatory clinic, infusion center, or similar institution;
6. Any drug labeled "Caution: limited by Federal Law to investigational use" or other wording with similar intent, experimental drugs, or FDA-approved drugs being used in an experimental manner (non-evidence based indication, dosage regimen, etc.), even though a charge is made to you, except that coverage will be provided for any **Prescription drug** that meets the following criteria:
  - Is prescribed for the treatment of HIV infection or an **illness** or medical condition arising from or related to HIV infection; and,
  - Is approved by the FDA for the treatment of HIV infection or an **illness** or medical condition arising from or related to HIV infection, including each investigational new drug that is approved under 21 C. F. R. § 312.34 to 312.36, and that is in or has completed a Phase-3 clinical investigation; and,
  - If the drug is an investigational new drug described in (ii) above, is prescribed and administered in accordance with the treatment protocol approved for the investigational new drug under 21 C. F. R. § 312.34 to 312.36;
7. Any refill of a **prescription drug** that is in excess of what is prescribed, or any refill dispensed beyond the legally-allowed time limits;
8. Anabolic Steroids and athletic performance enhancing medications;
9. Anti-obesity drugs, anorexiant and any drug for which weight modification is the primary mechanism by which indicated results are achieved or is the primary purpose the medication is prescribed;

10. Medications used to prevent hair loss (e.g., topical minoxidil and finasteride);
11. Medications used to enhance or facilitate fertility;
12. Any **prescription drug** for a procedure not covered by your medical health insurance **Certificate of Coverage**;
13. Any **prescription drug** for an **illness** or **injury** not covered by your medical health insurance **Certificate of Coverage**;
14. **Over-the-counter drugs**, with or without a **prescription order**, unless the medication has been approved by **Quartz**. Any such approved medication is listed on **Quartz's formulary list** as a **formulary drug**;
15. **Prescription drugs** that are covered, or the **member** is entitled to receive, from any Workers' Compensation law or any municipal state or federal program. This includes prescription drugs the **member** is entitled to receive without charge;
16. Nutritional products and special food or feedings;
17. Any **prescription drug** dispensed to a **member** prior to the **member's** effective date of coverage under the **plan** or after the **member's** termination date;
18. **Prescription drugs** used for cosmetic treatment, including but not limited to Tretinoic Acid (Retin A);
19. Irrigation solutions and supplies;
20. Early refills. *This exclusion does not apply to Prescription Eye Drops per s. 632.895 (16t), Wis. Stat.;*
21. Homeopathic medications;
22. Medications used to facilitate, obtain, maintain, enhance or prevent pain with sexual performance;
23. Vaccines, unless the vaccine has been approved by **Quartz** for coverage under the drug benefit;
24. Any **prescription drug** that is a **restricted medication** or that requires **prior authorization**, unless **prior authorization** is requested and approved;
25. Medications purchased from a pharmacy or other establishment located outside the United States for consumption inside the United States;
26. **Medical foods** not listed on **Quartz's formulary list** as **formulary drugs**, regardless of whether they are prescribed to you;



27. **Prescription drugs** obtained from an **in-network pharmacy** but not submitted electronically by the pharmacy through **Quartz's** pharmacy claims adjudication system;
28. Medications used to treat growth retardation, including Growth Hormones, except if clinical criteria are met when (1) endogenous production of the growth hormone is inadequate or (2) for a diagnosis of Turner Syndrome. With the exception of Turner Syndrome, coverage is not extended for short stature syndrome or other related growth abnormalities;
29. Any compounded drug that is:
  - Otherwise available commercially in a dose form suitable for the patient;
  - Contains an ingredient drug that is specifically excluded;
  - Contains an experimental drug; or,
  - Contains a combination of ingredients in a dose form without adequate published evidence to support use for the patient's specific indication; and,
30. Products packaged for convenience when they combine components or ingredients that are otherwise readily available either as prescription drugs or over-the-counter drugs, including compounding kits and co-packaged products; and,
31. **Prescription drugs** with open Drug Efficacy Study Implementation (DESI) proceedings with the FDA unless specifically selected by the Quartz P&T for inclusion on the formulary. These drugs were approved by the FDA before it was required to evaluate effectiveness for approval (pre-1963). Drugs with open DESI proceedings have yet to be approved by the FDA as effective despite still being available on the market.



## 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. ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໃບສະໝັກ 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 አርዳታ 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** – เร็ยณ: ถำ คุณพศุ ภาษาไทยคุณสามารถใข้ บริการช่วยเหลื่อทางภาษาได้ฟรี ฐ โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Gujarati** – સુચના: જો તમે ગુજરાતી બોલતા છે, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Urdu** – خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Italian** – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Greek** – ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Pennsylvanian Dutch** – Die Bekanntmachung gebt wıchdichi Auskunft. Die Bekanntmachung gebt wıchdichi Auskunft baut dei Application oder Coverage mit Quartz. Geb Acht fer wıchdiche 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.