



POS Immunization Amendment

2650 Novation Parkway | Fitchburg, WI 53713
(800) 362-3310 | QuartzBenefits.com

This **amendment** attaches to the Group's **POS Certificate of Coverage**. In this amendment, the underwriting companies, Quartz Health Benefit Plans Corporation and Quartz Health Insurance Corporation, are referred to jointly as "**Quartz.**"

*This **amendment** adds references to Illinois Department of Public Health guidance to the following subsections in Section 3: Covered Services of the **POS Certificate of Coverage**:*

- "Immunizations, Allergy Injections and Epinephrine Injectors;"
- "Preventive Health Services;" and,
- "Vaccinations."

The amended subsections read as follows:

Immunizations, Allergy Injections and Epinephrine Injectors

Appropriate and necessary immunizations and allergy shots (injections and allergy serum) are covered. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention or meets the criteria in Illinois Department of Public Health guidance to the extent specified by the emergency amendments with respect to the individual involved, are not subject to **deductibles, co-insurance** and **co-payments**. See "Preventive Health Services" for details.

Epinephrine injectors for the treatment of allergic reactions are also covered and cost-sharing will not exceed \$60 for a twin-pack of **medically necessary** epinephrine injectors, regardless of type (215 ILCS 5/356z.33).

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Preventive Health Services

Definition

Preventive Health Services are defined as any of the following:

- 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);
- 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;
- Immunizations that meet the criteria in Illinois Department of Public Health guidance to the extent specified by the emergency amendments;
- 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 (HRSA); and,
- Such additional preventive care and screenings not described in the paragraph above as provided for in comprehensive guidelines supported by the HRSA for purposes of this paragraph (i.e., Women's Preventive Services Guidelines).

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Immunizations	
Herpes Zoster	
Mumps	

Rubella	For use in various populations, as recommended by the Centers for Disease Control and Prevention (CDC) or Illinois Department of Public Health guidance to the extent specified by the emergency amendments
Shingles	
Diphtheria	
Hepatitis A	
Hepatitis B	
Human papillomavirus (HPV)	
Influenzae (flu shot)	
Measles	
Meningococcal	
Pertussis (whooping cough)	
Pneumococcal	
Tetanus, including Tdap and DTaP	
Varicella (Chickenpox)	
<i>Haemophilus influenzae</i> type b	
Inactive poliovirus	
Rotavirus	
COVID-19	
Mpox	
Respiratory syncytial virus (RSV)	

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Vaccinations

In addition to ***preventive health services***, vaccinations for COVID-19, influenza, and RSV, including the administration of the vaccine by a

pharmacist or **health care provider** authorized to administer such a vaccine, are covered without imposing a **deductible, co-insurance, co-payment**, or any other cost-sharing, if the following conditions are met:

- The vaccine is authorized or licensed by the United States Food and Drug Administration (FDA); and,
- The vaccine is ordered and administered according to the Advisory Committee on Immunization Practices standard immunization schedule or meets the criteria in Illinois Department of Public Health guidance to the extent specified by the emergency amendments.



Notice of Non-Discrimination and Availability of Language Assistance Services and Auxiliary Aids and Services

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 (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). Quartz does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us and to participate in health programs or activities, such as –

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide free language services to people whose primary language is not English, such as –

- Qualified interpreters
- Information written in other languages.

If you need these services, contact Customer 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, you can file a grievance with–

Chief Compliance Officer
2650 Novation Parkway
Fitchburg, 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, our Chief Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html. 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.

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 362-3310, TTY: 711 / (800) 877-8973.

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Chinese – 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (800) 362-3310. TTY: 711 / (800) 877-8973 或咨询您的服务提供商。
Hmong – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 362-3310. TTY: 711 / (800) 877-8973 los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.
Russian – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (800) 362-3310. TTY: 711 / (800) 877-8973 или обратитесь к своему поставщику услуг.
Vietnamese – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 362-3310. TTY: 711 / (800) 877-8973 hoặc trao đổi với người cung cấp dịch vụ của bạn.
Laotian – ຄຳມອບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 362-3310. TTY: 711 / (800) 877-8973 ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
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