



MEDICARE SUPPLEMENT OUTLINE OF COVERAGE 2021



Quartz[®]

QuartzBenefits.com/SeniorChoice

Customer Service (800) 362-3310 or
TTY 711 or (800) 877-8973

Offered by Quartz Health Plan Corporation



SENIOR CHOICE

Medicare Supplement Outline of Coverage

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

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the “Wisconsin Guide to Health Insurance for People with Medicare” given to you when you applied for this policy. **Do not buy this policy if you did not receive the Wisconsin Guide to Health Insurance for People with Medicare.**

CONTACT US

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

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TABLE OF CONTENTS

WHY BUY MEDICARE SUPPLEMENT INSURANCE?	3
ENROLLMENT INFORMATION	3
SERVICE LOCATIONS.....	4
PREMIUM INFORMATION	4
USE THIS OUTLINE TO COMPARE BENEFITS AND PREMIUMS AMONG POLICIES	4
RIGHT TO RETURN POLICY	5
POLICY REPLACEMENT	5
NOTICE	5
RENEWAL TERMS	5
PAYMENT OPTIONS.....	5
GRACE PERIOD	6
PREMIUM RATES	7
PREMIUM CALCULATION	15
BENEFIT TABLE	16
LIMITATIONS AND EXCLUSIONS.....	25
MANDATED BENEFITS	26
GRIEVANCE AND EXTERNAL REVIEW	27
GENERAL INFORMATION	28

WHY BUY MEDICARE SUPPLEMENT INSURANCE?

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

ENROLLMENT INFORMATION

To enroll in Senior Choice, you need to meet the following criteria:

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

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

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

If you are not enrolled in Medicare Part B or discontinue or lapse your Medicare Part B medical insurance, and you incur charges allowable by Medicare, we will pay Medicare-eligible expenses as if you had been insured under Medicare Part B. You will be responsible for the charges that Medicare Part B should have covered, had you been enrolled.

Open Enrollment Period

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

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

Enrollments made during the open enrollment period are guarantee issue.

Special Enrollment Period

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

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

Enrollments made during this period are guarantee issue.

Other Enrollment Period(s)

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

SERVICE LOCATIONS

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

PREMIUM INFORMATION

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

USE THIS OUTLINE TO COMPARE BENEFITS AND PREMIUMS AMONG POLICIES

Read your policy very carefully. This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Quartz at 840 Carolina St, Sauk City, WI 53583. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued. We will return all your payments directly to you.

POLICY REPLACEMENT

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

NOTICE

This policy may not fully cover all your medical costs.

RENEWAL TERMS

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

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

PAYMENT OPTIONS

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

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

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

Quartz Health Plan Corporation
P.O. Box 78712
Milwaukee, WI 53278-8712

Option 2 - Online Payment

You can pay your premium online through your MyChart account at QuartzMyChart.com.

Don't have an account? Go to QuartzMyChart.com and select "SIGN UP NOW." Next, follow the easy steps for instant activation or complete the process by mail.

Option 3 - Phone Payment

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

GRACE PERIOD

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

**Neither Senior Choice nor its agents
are connected with Medicare.**

PREMIUM RATES

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

AREA A

Non-tobacco user rates

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

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	418.46	25.63	51.98	17.32	-56.55	18.67	23.36	18.03
65	139.50	8.55	17.32	17.32	-18.85	6.23	7.78	6.02
66	145.63	9.09	18.41	17.32	-19.64	6.50	8.14	6.27
67	152.10	9.66	19.57	17.32	-20.48	6.80	8.50	6.54
68	158.82	10.26	20.78	17.32	-21.34	7.07	8.86	6.83
69	165.87	10.88	22.05	17.32	-22.27	7.38	9.25	7.15
70	173.22	11.55	23.40	17.32	-23.21	7.73	9.67	7.44
71	181.18	12.33	24.92	17.32	-24.15	8.08	10.13	7.78
72	189.68	13.12	26.54	17.32	-25.19	8.46	10.59	8.15
73	198.46	13.98	28.27	17.32	-26.21	8.83	11.09	8.51
74	207.23	14.89	30.11	17.32	-27.21	9.22	11.58	8.91
75	215.73	15.83	31.98	17.32	-28.11	9.59	12.03	9.25
76	223.89	16.81	33.94	17.32	-28.94	9.95	12.51	9.59
77	231.89	17.81	35.99	17.32	-29.74	10.29	12.95	9.94
78	239.84	18.86	38.11	17.32	-30.43	10.65	13.39	10.27
79	247.80	19.98	40.35	17.32	-31.09	10.99	13.84	10.62
80	255.89	21.18	42.76	17.32	-31.63	11.33	14.30	10.94
81	264.29	22.51	45.38	17.32	-32.07	11.67	14.76	11.31
82	272.95	23.90	48.21	17.32	-32.41	12.03	15.24	11.67
83	281.61	25.38	51.13	17.32	-32.69	12.36	15.72	12.02
84	289.91	26.87	54.11	17.32	-32.91	12.73	16.20	12.37
85+	297.62	28.31	57.03	17.32	-33.15	13.03	16.62	12.70

AREA A***Tobacco user rates***

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

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	460.31	28.19	57.18	17.32	-62.21	20.54	25.70	19.83
65	153.45	9.41	19.05	17.32	-20.74	6.85	8.56	6.62
66	160.19	10.00	20.25	17.32	-21.60	7.15	8.95	6.90
67	167.31	10.63	21.53	17.32	-22.53	7.48	9.35	7.19
68	174.70	11.29	22.86	17.32	-23.47	7.78	9.75	7.51
69	182.46	11.97	24.26	17.32	-24.50	8.12	10.18	7.87
70	190.54	12.71	25.74	17.32	-25.53	8.50	10.64	8.18
71	199.30	13.56	27.41	17.32	-26.57	8.89	11.14	8.56
72	208.65	14.43	29.19	17.32	-27.71	9.31	11.65	8.97
73	218.31	15.38	31.10	17.32	-28.83	9.71	12.20	9.36
74	227.95	16.38	33.12	17.32	-29.93	10.14	12.74	9.80
75	237.30	17.41	35.18	17.32	-30.92	10.55	13.23	10.18
76	246.28	18.49	37.33	17.32	-31.83	10.95	13.76	10.55
77	255.08	19.59	39.59	17.32	-32.71	11.32	14.25	10.93
78	263.82	20.75	41.92	17.32	-33.47	11.72	14.73	11.30
79	272.58	21.98	44.39	17.32	-34.20	12.09	15.22	11.68
80	281.48	23.30	47.04	17.32	-34.79	12.46	15.73	12.03
81	290.72	24.76	49.92	17.32	-35.28	12.84	16.24	12.44
82	300.25	26.29	53.03	17.32	-35.65	13.23	16.76	12.84
83	309.77	27.92	56.24	17.32	-35.96	13.60	17.29	13.22
84	318.90	29.56	59.52	17.32	-36.20	14.00	17.82	13.61
85+	327.38	31.14	62.73	17.32	-36.47	14.33	18.28	13.97

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

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

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	502.15	30.76	62.38	17.32	-67.86	22.40	28.03	21.64
65	167.40	10.26	20.78	17.32	-22.62	7.48	9.34	7.22
66	174.76	10.91	22.09	17.32	-23.57	7.80	9.77	7.52
67	182.52	11.59	23.48	17.32	-24.58	8.16	10.20	7.85
68	190.58	12.31	24.94	17.32	-25.61	8.48	10.63	8.20
69	199.04	13.06	26.46	17.32	-26.72	8.86	11.10	8.58
70	207.86	13.86	28.08	17.32	-27.85	9.28	11.60	8.93
71	217.42	14.80	29.90	17.32	-28.98	9.70	12.16	9.34
72	227.62	15.74	31.85	17.32	-30.23	10.15	12.71	9.78
73	238.15	16.78	33.92	17.32	-31.45	10.60	13.31	10.21
74	248.68	17.87	36.13	17.32	-32.65	11.06	13.90	10.69
75	258.88	19.00	38.38	17.32	-33.73	11.51	14.44	11.10
76	268.67	20.17	40.73	17.32	-34.73	11.94	15.01	11.51
77	278.27	21.37	43.19	17.32	-35.69	12.35	15.54	11.93
78	287.81	22.63	45.73	17.32	-36.52	12.78	16.07	12.32
79	297.36	23.98	48.42	17.32	-37.31	13.19	16.61	12.74
80	307.07	25.42	51.31	17.32	-37.96	13.60	17.16	13.13
81	317.15	27.01	54.46	17.32	-38.48	14.00	17.71	13.57
82	327.54	28.68	57.85	17.32	-38.89	14.44	18.29	14.00
83	337.93	30.46	61.36	17.32	-39.23	14.83	18.86	14.42
84	347.89	32.24	64.93	17.32	-39.49	15.28	19.44	14.84
85+	357.14	33.97	68.44	17.32	-39.78	15.64	19.94	15.24

AREA B***Tobacco user rates***

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

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	552.37	33.83	68.61	17.32	-74.65	24.64	30.84	23.80
65	184.14	11.29	22.86	17.32	-24.88	8.22	10.27	7.95
66	192.23	12.00	24.30	17.32	-25.92	8.58	10.74	8.28
67	200.77	12.75	25.83	17.32	-27.03	8.98	11.22	8.63
68	209.64	13.54	27.43	17.32	-28.17	9.33	11.70	9.02
69	218.95	14.36	29.11	17.32	-29.40	9.74	12.21	9.44
70	228.65	15.25	30.89	17.32	-30.64	10.20	12.76	9.82
71	239.16	16.28	32.89	17.32	-31.88	10.67	13.37	10.27
72	250.38	17.32	35.03	17.32	-33.25	11.17	13.98	10.76
73	261.97	18.45	37.32	17.32	-34.60	11.66	14.64	11.23
74	273.54	19.65	39.75	17.32	-35.92	12.17	15.29	11.76
75	284.76	20.90	42.21	17.32	-37.11	12.66	15.88	12.21
76	295.53	22.19	44.80	17.32	-38.20	13.13	16.51	12.66
77	306.09	23.51	47.51	17.32	-39.26	13.58	17.09	13.12
78	316.59	24.90	50.31	17.32	-40.17	14.06	17.67	13.56
79	327.10	26.37	53.26	17.32	-41.04	14.51	18.27	14.02
80	337.77	27.96	56.44	17.32	-41.75	14.96	18.88	14.44
81	348.86	29.71	59.90	17.32	-42.33	15.40	19.48	14.93
82	360.29	31.55	63.64	17.32	-42.78	15.88	20.12	15.40
83	371.73	33.50	67.49	17.32	-43.15	16.32	20.75	15.87
84	382.68	35.47	71.43	17.32	-43.44	16.80	21.38	16.33
85+	392.86	37.37	75.28	17.32	-43.76	17.20	21.94	16.76

AREA C***Non-tobacco user rates***

All other Wisconsin counties.

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	443.57	27.17	55.10	17.32	-59.94	19.79	24.76	19.11
65	147.87	9.06	18.36	17.32	-19.98	6.60	8.25	6.38
66	154.37	9.64	19.51	17.32	-20.82	6.89	8.63	6.65
67	161.23	10.24	20.74	17.32	-21.71	7.21	9.01	6.93
68	168.35	10.88	22.03	17.32	-22.62	7.49	9.39	7.24
69	175.82	11.53	23.37	17.32	-23.61	7.82	9.81	7.58
70	183.61	12.24	24.80	17.32	-24.60	8.19	10.25	7.89
71	192.05	13.07	26.42	17.32	-25.60	8.56	10.74	8.25
72	201.06	13.91	28.13	17.32	-26.70	8.97	11.23	8.64
73	210.37	14.82	29.97	17.32	-27.78	9.36	11.76	9.02
74	219.66	15.78	31.92	17.32	-28.84	9.77	12.27	9.44
75	228.67	16.78	33.90	17.32	-29.80	10.17	12.75	9.81
76	237.32	17.82	35.98	17.32	-30.68	10.55	13.26	10.17
77	245.80	18.88	38.15	17.32	-31.52	10.91	13.73	10.54
78	254.23	19.99	40.40	17.32	-32.26	11.29	14.19	10.89
79	262.67	21.18	42.77	17.32	-32.96	11.65	14.67	11.26
80	271.24	22.45	45.33	17.32	-33.53	12.01	15.16	11.60
81	280.15	23.86	48.10	17.32	-33.99	12.37	15.65	11.99
82	289.33	25.33	51.10	17.32	-34.35	12.75	16.15	12.37
83	298.51	26.90	54.20	17.32	-34.65	13.10	16.66	12.74
84	307.30	28.48	57.36	17.32	-34.88	13.49	17.17	13.11
85+	315.48	30.01	60.45	17.32	-35.14	13.81	17.62	13.46

AREA C***Tobacco user rates***

All other Wisconsin counties.

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	487.92	29.88	60.61	17.32	-65.94	21.77	27.24	21.02
65	162.66	9.97	20.20	17.32	-21.98	7.26	9.07	7.02
66	169.80	10.60	21.47	17.32	-22.90	7.58	9.49	7.31
67	177.35	11.26	22.82	17.32	-23.88	7.93	9.91	7.63
68	185.18	11.96	24.23	17.32	-24.88	8.24	10.33	7.96
69	193.40	12.69	25.71	17.32	-25.97	8.61	10.79	8.34
70	201.97	13.47	27.28	17.32	-27.06	9.01	11.28	8.68
71	211.26	14.38	29.06	17.32	-28.16	9.42	11.81	9.07
72	221.17	15.30	30.95	17.32	-29.37	9.86	12.35	9.50
73	231.40	16.30	32.96	17.32	-30.56	10.30	12.93	9.92
74	241.63	17.36	35.11	17.32	-31.73	10.75	13.50	10.39
75	251.54	18.46	37.29	17.32	-32.78	11.18	14.03	10.79
76	261.06	19.60	39.57	17.32	-33.74	11.60	14.59	11.18
77	270.38	20.77	41.96	17.32	-34.68	12.00	15.10	11.59
78	279.65	21.99	44.44	17.32	-35.48	12.42	15.61	11.97
79	288.93	23.30	47.05	17.32	-36.25	12.81	16.14	12.38
80	298.37	24.70	49.86	17.32	-36.88	13.21	16.67	12.76
81	308.16	26.25	52.91	17.32	-37.39	13.61	17.21	13.19
82	318.26	27.87	56.21	17.32	-37.79	14.03	17.77	13.61
83	328.36	29.59	59.62	17.32	-38.12	14.41	18.33	14.02
84	338.04	31.33	63.09	17.32	-38.37	14.84	18.89	14.42
85+	347.02	33.01	66.50	17.32	-38.65	15.19	19.38	14.81

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

Policyholders who relocate out of state.

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	585.84	35.88	72.77	17.32	-79.17	26.14	32.70	25.24
65	195.30	11.97	24.25	17.32	-26.39	8.72	10.89	8.43
66	203.88	12.73	25.77	17.32	-27.50	9.10	11.40	8.78
67	212.94	13.52	27.40	17.32	-28.67	9.52	11.90	9.16
68	222.35	14.36	29.09	17.32	-29.88	9.90	12.40	9.56
69	232.22	15.23	30.87	17.32	-31.18	10.33	12.95	10.01
70	242.51	16.17	32.76	17.32	-32.49	10.82	13.54	10.42
71	253.65	17.26	34.89	17.32	-33.81	11.31	14.18	10.89
72	265.55	18.37	37.16	17.32	-35.27	11.84	14.83	11.41
73	277.84	19.57	39.58	17.32	-36.69	12.36	15.53	11.91
74	290.12	20.85	42.15	17.32	-38.09	12.91	16.21	12.47
75	302.02	22.16	44.77	17.32	-39.35	13.43	16.84	12.95
76	313.45	23.53	47.52	17.32	-40.52	13.93	17.51	13.43
77	324.65	24.93	50.39	17.32	-41.64	14.41	18.13	13.92
78	335.78	26.40	53.35	17.32	-42.60	14.91	18.75	14.38
79	346.92	27.97	56.49	17.32	-43.53	15.39	19.38	14.87
80	358.25	29.65	59.86	17.32	-44.28	15.86	20.02	15.32
81	370.01	31.51	63.53	17.32	-44.90	16.34	20.66	15.83
82	382.13	33.46	67.49	17.32	-45.37	16.84	21.34	16.34
83	394.25	35.53	71.58	17.32	-45.77	17.30	22.01	16.83
84	405.87	37.62	75.75	17.32	-46.07	17.82	22.68	17.32
85+	416.67	39.63	79.84	17.32	-46.41	18.24	23.27	17.78

AREA D***Tobacco user rates***

Policyholders who relocate out of state.

Current Age	Senior Choice Base	Part A 50% Deductible	Part A 100% Deductible	Part B Deductible	Part B Copay/Coinsurance	Part B Excess Charge	Home Health	Foreign Travel Emergency
Under 65	644.43	39.47	80.05	17.32	-87.09	28.75	35.97	27.77
65	214.83	13.17	26.67	17.32	-29.03	9.59	11.98	9.27
66	224.27	14.00	28.35	17.32	-30.25	10.01	12.54	9.66
67	234.23	14.88	30.14	17.32	-31.54	10.47	13.09	10.07
68	244.58	15.80	32.00	17.32	-32.86	10.89	13.64	10.52
69	255.44	16.76	33.96	17.32	-34.30	11.37	14.25	11.01
70	266.76	17.79	36.04	17.32	-35.74	11.90	14.89	11.46
71	279.02	18.99	38.38	17.32	-37.19	12.44	15.60	11.98
72	292.11	20.20	40.87	17.32	-38.79	13.03	16.31	12.55
73	305.63	21.53	43.54	17.32	-40.36	13.60	17.08	13.11
74	319.13	22.93	46.37	17.32	-41.90	14.20	17.83	13.72
75	332.22	24.38	49.25	17.32	-43.29	14.77	18.53	14.25
76	344.79	25.89	52.27	17.32	-44.57	15.32	19.27	14.77
77	357.11	27.43	55.42	17.32	-45.80	15.85	19.94	15.31
78	369.35	29.04	58.69	17.32	-46.86	16.40	20.62	15.82
79	381.61	30.77	62.14	17.32	-47.88	16.92	21.31	16.35
80	394.07	32.62	65.85	17.32	-48.71	17.45	22.02	16.85
81	407.01	34.67	69.89	17.32	-49.39	17.97	22.73	17.42
82	420.34	36.81	74.24	17.32	-49.91	18.53	23.47	17.97
83	433.68	39.09	78.74	17.32	-50.34	19.03	24.21	18.51
84	446.46	41.38	83.33	17.32	-50.68	19.60	24.95	19.05
85+	458.33	43.60	87.83	17.32	-51.05	20.07	25.59	19.56

PREMIUM CALCULATION

Senior Choice Base Plan

\$ _____

Senior Choice Base Plan Optional Enhancements

Each of these riders may be purchased separately.

Choose one type of coverage:

Part A 100% Deductible Rider

\$ _____

We'll pay 100% of your Medicare Part A deductible of \$1,484 during the first 60 days of a confinement.

or

Part A 50% Deductible Rider

\$ _____

We'll pay 50% of your Medicare Part A deductible of \$1,484 during the first 60 days of a confinement.

Choose one type of coverage:

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

\$ _____

We'll pay your Medicare Part B deductible of \$203 each calendar year.

or

Part B Copay/Coinsurance Rider

\$ _____

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

Part B Excess Charges Rider

\$ _____

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

Home Health Rider

\$ _____

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

Foreign Travel Emergency Rider

\$ _____

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

BASE POLICY and SELECTED OPTIONAL RIDERS TOTAL MONTHLY PREMIUM

\$ _____

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

BENEFIT TABLE

The amounts listed in the benefit table are based on 2021 Medicare deductible and coinsurance amounts. They are subject to change. These benefits apply only to Medicare-approved services unless otherwise noted.

NOTE: A benefit period begins on the first day you receive services as an inpatient in a hospital. It ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE BENEFITS	SENIOR CHOICE BASE PLAN	OPTIONAL BENEFITS	YOU PAY
PART A BENEFITS				
Hospitalization per benefit period: Inpatient services such as semi-private room and board, general nursing, and miscellaneous hospital services and supplies	Base Plan			
	<i>Days 1-60:</i> Medicare pays all but the \$1,484 Part A deductible	<i>Days 1-60:</i> Senior Choice pays \$0		<i>Days 1-60:</i> You pay \$1,484 Part A deductible with Senior Choice
	Part A 100% Deductible Rider			
	<i>Days 1-60:</i> Medicare pays all but the \$1,484 Part A deductible		<i>Days 1-60:</i> <u>Medicare Part A 100% Deductible Rider*</u> with Senior Choice pays the \$1,484 deductible	<i>Days 1-60:</i> You pay \$0 Part A deductible with Senior Choice and the optional benefit

Part A 50% Deductible Rider			
<i>Days 1-60:</i> Medicare pays all but the \$1,484 Part A deductible		<i>Days 1-60:</i> <u>Medicare Part A 50% Deductible Rider</u> *** with Senior Choice pays \$742 of the deductible	<i>Days 1-60:</i> You pay \$742 Part A deductible with Senior Choice and the optional benefit
<i>Days 61-90:</i> Medicare pays all but \$371 per day	<i>Days 61-90:</i> Senior Choice pays \$371 per day		<i>Days 61-90:</i> You pay \$0 with Senior Choice
<i>60 lifetime reserve days:</i> Medicare pays all but \$742 per day	<i>60 lifetime reserve days:</i> Senior Choice pays \$742 per day		<i>60 lifetime reserve days:</i> You pay \$0 with Senior Choice
<i>Days beyond the lifetime reserve days:</i> Medicare does not cover any expenses	<i>Days beyond the lifetime reserve days:</i> Senior Choice pays 100% of Part A Medicare-eligible expenses for an additional 365 lifetime days**		<i>Days beyond the lifetime reserve days:</i> You pay \$0 of Part A Medicare-eligible expenses for an additional 365 lifetime days** with Senior Choice

SERVICES	MEDICARE BENEFITS	SENIOR CHOICE BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Inpatient Psychiatric Care: In a participating psychiatric hospital per benefit period. Medicare limits the number of inpatient psychiatric benefit days to a lifetime limit of 190 days. Senior Choice covers an additional 175 days for a combined lifetime limit of 365 days.	Base Plan			
	<i>Days 1-60:</i> Medicare pays all but the \$1,484 Part A deductible	<i>Days 1-60:</i> Senior Choice pays \$0		<i>Days 1-60:</i> You pay \$1,484 Part A deductible with Senior Choice
	Part A 100% Deductible Rider			
	<i>Days 1-60:</i> Medicare pays all but the \$1,484 Part A deductible		<i>Days 1-60:</i> <u>Medicare Part A 100% Deductible Rider*</u> with Senior Choice pays the \$1,484 deductible	<i>Days 1-60:</i> You pay \$0 Part A deductible with Senior Choice and the optional benefit
	Part A 50% Deductible Rider			
	<i>Days 1-60:</i> Medicare pays all but the \$1,484 Part A deductible		<i>Days 1-60:</i> <u>Medicare Part A 50% Deductible Rider***</u> with Senior Choice pays \$742 of the deductible	<i>Days 1-60:</i> You pay \$742 Part A deductible with Senior Choice and the optional benefit
	<i>Days 61-90:</i> Medicare pays all but \$371 per day	<i>Days 61-90:</i> Senior Choice pays \$371 per day		<i>Days 61-90:</i> You pay \$0 with Senior Choice
	<i>60 lifetime reserve days:</i> Medicare pays all but \$742 per day	<i>60 lifetime reserve days:</i> Senior Choice pays \$742 per day		<i>60 lifetime reserve days:</i> You pay \$0 with Senior Choice

	Days beyond the lifetime reserve days: Medicare does not cover any expenses	Days beyond the lifetime reserve days: Senior Choice pays 100% of all Part A Medicare-eligible expenses up to a lifetime limit of 365 days**		Days beyond the lifetime reserve days: You pay \$0 of Part A Medicare-eligible expenses up to a lifetime limit of 365 days** with Senior Choice
Skilled Nursing Facility Care (Swing Bed) per benefit period: You must have been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital. Skilled nursing care and qualifying hospital swing bed care are considered the same. See the policy for additional information.	<i>Days 1-20:</i> Medicare pays 100%	<i>Days 1-20:</i> Senior Choice pays \$0		<i>Days 1-20:</i> You pay \$0 with Part A Medicare
	<i>Days 21-100:</i> Medicare pays all but \$185.50 per day	<i>Days 21-100:</i> Senior Choice pays \$185.50 per day		<i>Days 21-100:</i> You pay \$0 with Senior Choice
	<i>Days over 100:</i> Medicare does not cover any Expenses	Days over 100: Senior Choice does not cover any expenses		<i>Days over 100:</i> You pay 100% of all expenses
Non-qualified Medicare Stay or benefits for qualified stay exhausted.	Medicare does not cover any expenses	Days 1-30: Senior Choice pays 100%		

Blood, first 3 pints	Medicare pays \$0	Senior Choice pays 100%		You pay \$0 with Senior Choice
Hospice Care: Your doctor must certify that you are terminally ill.	Medicare pays all but limited copayments and coinsurance for outpatient drugs and inpatient respite care	Senior Choice pays 100% of any copayment or coinsurance amount		You pay \$0 with Senior Choice

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

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

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

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

SERVICES	MEDICARE BENEFITS	SENIOR CHOICE BASE PLAN	OPTIONAL BENEFITS	YOU PAY
PART B BENEFITS				
Medical Expenses: Includes Medicare-eligible expenses for physician services; inpatient and outpatient medical services and supplies; physical, occupational and speech therapy; diagnostic tests; durable medical equipment.	Base Plan			
	Medicare, in general, pays 80% after Part B deductible*	Senior Choice, in general, pays 20% after Part B deductible*		You pay \$203 Part B deductible*
	Part B Deductible Rider (<u>only if Medicare-eligible before 01/01/2020</u>)			
	Medicare, in general, pays 80% after Part B deductible*	Senior Choice, in general, pays 20% after Part B deductible*	Medicare Part B <u>Deductible Rider</u> ** with Senior Choice pays \$203 Part B deductible	You pay \$0 Part B deductible* with Senior Choice and the optional benefit

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

SERVICES	MEDICARE BENEFITS	SENIOR CHOICE BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Chiropractic Services	Medicare pays 80% of charges for chiropractic manipulation only after Part B deductible*	Senior Choice pays 20% of Medicare-covered charges and the full usual, customary and reasonable charges for medically necessary chiropractic charges after Part B deductible*		You pay for charges in excess of the full usual, customary and reasonable charge for medically necessary chiropractic services after Part B deductible* with Senior Choice
Clinical Laboratory Services: Tests for diagnostic services.	Medicare pays 100% of approved services	Senior Choice pays \$0		You pay \$0 for Medicare-approved services
Home Health Care: Your doctor must certify that you would need to be in the hospital or skilled nursing home if the home care was not available to you.	Base Plan			
	Medicare pays 100% for medically necessary visits when you meet certain criteria	Senior Choice pays for up to 40 visits in addition to the visits provided by Medicare in a 12-month period		You pay \$0 for up to 40 visits in a 12-month period with Senior Choice

Home Health Care (continued)	Home Health Rider			
	Medicare pays 100% for medically necessary visits when you meet certain criteria		Additional <u>Home Health Care Rider</u> ** with Senior Choice pays for up to a total of 365 lifetime visits in addition to the visits provided by Medicare in a 12-month period	You pay \$0 for up to a total of 365 lifetime visits per year with Senior Choice and the optional benefit
SERVICES	MEDICARE BENEFITS	SENIOR CHOICE BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Preventive Services not covered by Medicare: Includes routine eye and routine hearing exams.	Medicare does not cover any expenses	Senior Choice pays 100% of preventive services not covered by Medicare up to \$1,000 per calendar year		You pay any amount exceeding \$1,000 per calendar year for preventive services not covered by Medicare with Senior Choice
Emergency Medical Services Incurred While Traveling Outside of the United States	Base Plan			
	Medicare does not cover most emergency medical services outside of the United States	Senior Choice does not cover most emergency medical services outside of the United States		You pay 100% of all medical expenses while traveling outside of the United States

Emergency Medical Services Incurred While Traveling Outside of the United States (continued)	Foreign Travel Emergency Rider			
	Medicare does not cover most emergency medical services outside of the United States		<u>Foreign Travel Emergency Rider</u> ** with Senior Choice pays 80% coinsurance after \$250 deductible for all eligible emergency medical expenses incurred within the first 60 days of your trip, up to a lifetime maximum benefit of \$50,000	You pay \$250 deductible and 20% coinsurance for emergency medical expenses up to a lifetime maximum benefit of \$50,000 with Senior Choice and the optional benefit

*Once you have been billed \$203 of Medicare-approved amounts for covered services (that are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

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

Note: The Part B Deductible Rider may only be purchased by persons who became eligible for Medicare before 01/01/2020.

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

LIMITATIONS AND EXCLUSIONS

Excluded means that the plan does not cover these services.

The list below describes some services and items that are not covered under any conditions. It also describes some that are excluded only under specific conditions.

- Personal comfort items;
- Routine physical exams and any related diagnostic, x-ray, and laboratory tests covered by Medicare;
- Eye exams and hearing exams, except as stated in the policy;
- Orthopedic and/or therapeutic shoes or other supporting devices for the feet;
- Routine foot care not covered by Medicare;
- Custodial care, including maintenance care or supportive care;
- Cosmetic surgery, except as stated in the policy;
- Outpatient prescription drugs;
- Professional services not provided by a payable provider, except as required by law;
- Chiropractic care unless covered by Medicare or required by Wisconsin law;
- Routine immunizations, except as eligible under Medicare and except as stated in the policy;
- Preparation, fitting, or purchase of eyeglasses or hearing aids, unless covered by Medicare;
- Dental care, dentures, treatment, filling, removal or replacement of teeth; dental x-rays, root canals, surgery for impacted teeth, or other surgical procedures to the teeth or supporting structures;
- Nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing;
- If you terminate your Medicare coverage, expenses, which would have been covered by Medicare;
- Your Medicare Part A Deductible, unless you purchase the Medicare 100% Part A Deductible Rider or the Medicare 50% Part A Deductible Rider;
- Your Medicare Part B Deductible, unless you purchase the Medicare Part B Deductible Rider (only allowed for persons eligible for Medicare before 01/01/2020);
- Physician charges above Medicare's approved charge, unless you purchase the Medicare Part B Excess Charges Rider;
- If you choose not to maintain Medicare Part B coverage, expenses for what Medicare Part B would have covered if you had been insured under Medicare Part B;
- Home health care beyond 40 visits, unless you purchase the Home Health Care Rider; and,
- Most healthcare services received outside the U.S., unless you purchase the Foreign Travel Emergency Rider.

MANDATED BENEFITS

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

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

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

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

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

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

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

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

Breast Reconstruction — Medicare supplement and Medicare select policies cover breast reconstruction of the affected tissue incident to a mastectomy.

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

Coverage of Certain Health Care Costs in Cancer Clinical Trials — Medicare supplement and Medicare select policies cover certain services, items, or drugs administered in cancer clinical trials in certain situations. The coverage is subject to all terms, conditions, and restrictions that apply to other coverage under the policy, including the treatment under the policy of services performed by participating and nonparticipating providers.

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

GRIEVANCE AND EXTERNAL REVIEW

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

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

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

External Review

If you are not happy with the decision of the Grievance and Appeals Committee and your grievance qualifies, you may request an external review. A neutral third party then reviews your case and makes a decision. We will inform you if your grievance qualifies for external review.

GENERAL INFORMATION

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

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office, or consult “**Medicare & You**” for more details. To receive a copy of this handbook, call **(800) 633-4227**.

IMPORTANT

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



Non-Discrimination & Language Access

Quartz is the brand name for a group of companies committed to your health: Quartz Health Benefit Plans Corporation, Quartz Health Insurance Corporation, Quartz Health Plan Corporation, and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to all Quartz companies.

For assistance understanding these materials in a language other than English, call (800) 362-3310, and a Customer Service 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.

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 Service 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 –

Kristie Meier, Compliance Officer
 840 Carolina Street
 Sauk City, WI 53583
 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 Meier, 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.

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 ntshiab 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, потребуется 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. ຊອກຫາວັນທີສໍາຄັນໃນໜັງສືແຈ້ງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ ຫຼື ຊ່ວຍເຫຼືອດ້ານຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທິຈະໄດ້ຮັບຂໍ້ມູນນີ້ 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 devrez 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 ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. (ማስማት ለተሳናቸው፡ 711 / (800) 877-8973)፡

Karen – ဟံသုဂ်ဟံသး- နမ္မာကတိ၊ ကညိ ကျိအသိ၊ နမ္မာနု ကျိအတိမ္မာလ၊ တလၢဂ်ဘျုးလၢဂ်စု၊ နီတမံဘျုးသုနုဂ်လီ၊ ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Mon-Khmer, Cambodian – ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ 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 บริการช่วยเหลือทางภาษาได้ฟรี ไร ไร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા હો, 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 wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Quartz. Geb Acht fer wichdiche 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 ndërmerreni 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.



Quartz Senior Choice is offered by Quartz Health Plan Corporation.

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