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Medicare Supplement
Outline of Coverage 2026

Customer Success (800) 362-3310 (TTY: 711)

QuartzBenefits.com/MedicareSupplement

Offered by Quartz Health Plan Corporation

Quartz Medicare Supplement

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 carefully review 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 Success 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 Success 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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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 ***Quartz Medicare Supplement***, 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. ***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement***, 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 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 (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 ***Quartz Medicare Supplement*** 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, ***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement*** 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 2650 Novation Parkway, Madison, WI 53713. 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 ***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement***, 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 ***Quartz Medicare Supplement*** 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 premium.

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

If you choose to make 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
2650 Novation Pkwy.
Madison, WI 53713

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 Quartz Medicare Supplement 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	Quartz Medicare Supplement 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	663.25	40.61	82.39	21.41	-89.62	29.59	37.02	28.58
65	221.09	13.55	27.45	21.41	-29.87	9.88	12.34	9.54
66	230.82	14.41	29.18	21.41	-31.13	10.31	12.90	9.94
67	241.07	15.31	31.01	21.41	-32.47	10.79	13.48	10.37
68	251.71	16.25	32.93	21.41	-33.83	11.21	14.04	10.82
69	262.89	17.24	34.96	21.41	-35.30	11.68	14.67	11.32
70	274.56	18.30	37.09	21.41	-36.77	12.26	15.34	11.79
71	287.17	19.55	39.51	21.41	-38.28	12.79	16.04	12.34
72	300.64	20.80	42.06	21.41	-39.92	13.41	16.79	12.92
73	314.56	22.17	44.81	21.41	-41.56	13.99	17.59	13.50
74	328.46	23.60	47.73	21.41	-43.13	14.62	18.35	14.12
75	341.92	25.08	50.69	21.41	-44.55	15.19	19.07	14.67
76	354.85	26.66	53.80	21.41	-45.89	15.77	19.84	15.19
77	367.55	28.24	57.04	21.41	-47.15	16.30	20.52	15.75
78	380.14	29.88	60.41	21.41	-48.24	16.88	21.21	16.26
79	392.76	31.65	63.94	21.41	-49.28	17.41	21.94	16.83
80	405.57	33.58	67.77	21.41	-50.12	17.96	22.66	17.34
81	418.89	35.68	71.94	21.41	-50.84	18.49	23.40	17.93
82	432.61	37.87	76.40	21.41	-51.36	19.07	24.16	18.49
83	446.33	40.23	81.04	21.41	-51.82	19.60	24.92	19.06
84	459.51	42.58	85.77	21.41	-52.15	20.19	25.69	19.61

85+	471.73	44.88	90.40	21.41	-52.53	20.63	26.33	20.13

AREA A

Tobacco user rates

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

Current Age	Quartz Medicare Supplement 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	729.58	44.67	90.63	23.55	-98.58	32.55	40.72	31.44
65	243.20	14.91	30.20	23.55	-32.86	10.87	13.57	10.49
66	253.90	15.85	32.10	23.55	-34.24	11.34	14.19	10.93
67	265.18	16.84	34.11	23.55	-35.72	11.87	14.83	11.41
68	276.88	17.88	36.22	23.55	-37.21	12.33	15.44	11.90
69	289.18	18.96	38.46	23.55	-38.83	12.85	16.14	12.45
70	302.02	20.13	40.80	23.55	-40.45	13.49	16.87	12.97
71	315.89	21.51	43.46	23.55	-42.11	14.07	17.64	13.57
72	330.70	22.88	46.27	23.55	-43.91	14.75	18.47	14.21
73	346.02	24.39	49.29	23.55	-45.72	15.39	19.35	14.85
74	361.31	25.96	52.50	23.55	-47.44	16.08	20.19	15.53
75	376.11	27.59	55.76	23.55	-49.01	16.71	20.98	16.14
76	390.34	29.33	59.18	23.55	-50.48	17.35	21.82	16.71
77	404.31	31.06	62.74	23.55	-51.87	17.93	22.57	17.33
78	418.15	32.87	66.45	23.55	-53.06	18.57	23.33	17.89
79	432.04	34.82	70.33	23.55	-54.21	19.15	24.13	18.51
80	446.13	36.94	74.55	23.55	-55.13	19.76	24.93	19.07
81	460.78	39.25	79.13	23.55	-55.92	20.34	25.74	19.72
82	475.87	41.66	84.04	23.55	-56.50	20.98	26.58	20.34
83	490.96	44.25	89.14	23.55	-57.00	21.56	27.41	20.97
84	505.46	46.84	94.35	23.55	-57.37	22.21	28.26	21.57
85+	518.90	49.37	99.44	23.55	-57.78	22.69	28.96	22.14

AREA B

Non-tobacco user rates

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

Current Age	Quartz Medicare Supplement 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	795.9	48.73	98.87	25.69	-107.54	35.51	44.42	34.30
65	265.31	16.26	32.94	25.69	-35.84	11.86	14.81	11.45
66	276.98	17.29	35.02	25.69	-37.36	12.37	15.48	11.93
67	289.28	18.37	37.21	25.69	-38.96	12.95	16.18	12.44
68	302.05	19.50	39.52	25.69	-40.60	13.45	16.85	12.98
69	315.47	20.69	41.95	25.69	-42.36	14.02	17.60	13.58
70	329.47	21.96	44.51	25.69	-44.12	14.71	18.41	14.15
71	344.6	23.46	47.41	25.69	-45.94	15.35	19.25	14.81
72	360.77	24.96	50.47	25.69	-47.90	16.09	20.15	15.50
73	377.47	26.60	53.77	25.69	-49.87	16.79	21.11	16.20
74	394.15	28.32	57.28	25.69	-51.76	17.54	22.02	16.94
75	410.3	30.10	60.83	25.69	-53.46	18.23	22.88	17.60
76	425.82	31.99	64.56	25.69	-55.07	18.92	23.81	18.23
77	441.06	33.89	68.45	25.69	-56.58	19.56	24.62	18.90
78	456.17	35.86	72.49	25.69	-57.89	20.26	25.45	19.51
79	471.31	37.98	76.73	25.69	-59.14	20.89	26.33	20.20
80	486.68	40.30	81.32	25.69	-60.14	21.55	27.19	20.81
81	502.67	42.82	86.33	25.69	-61.01	22.19	28.08	21.52
82	519.13	45.44	91.68	25.69	-61.63	22.88	28.99	22.19
83	535.6	48.28	97.25	25.69	-62.18	23.52	29.9	22.87
84	551.41	51.10	102.92	25.69	-62.58	24.23	30.83	23.53
85+	566.08	53.86	108.48	25.69	-63.04	24.76	31.60	24.16

AREA B

Tobacco user rates

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

Current Age	Quartz Medicare Supplement 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	875.49	53.61	108.75	28.26	-118.30	39.06	48.87	37.73
65	291.84	17.89	36.23	28.26	-39.43	13.04	16.29	12.59
66	304.68	19.02	38.52	28.26	-41.09	13.61	17.03	13.12
67	318.21	20.21	40.93	28.26	-42.86	14.24	17.79	13.69
68	332.26	21.45	43.47	28.26	-44.66	14.80	18.53	14.28
69	347.01	22.76	46.15	28.26	-46.60	15.42	19.36	14.94
70	362.42	24.16	48.96	28.26	-48.54	16.18	20.25	15.56
71	379.06	25.81	52.15	28.26	-50.53	16.88	21.17	16.29
72	396.84	27.46	55.52	28.26	-52.69	17.70	22.16	17.05
73	415.22	29.26	59.15	28.26	-54.86	18.47	23.22	17.82
74	433.57	31.15	63.00	28.26	-56.93	19.30	24.22	18.64
75	451.33	33.11	66.91	28.26	-58.81	20.05	25.17	19.36
76	468.4	35.19	71.02	28.26	-60.57	20.82	26.19	20.05
77	485.17	37.28	75.29	28.26	-62.24	21.52	27.09	20.79
78	501.78	39.44	79.74	28.26	-63.68	22.28	28.00	21.46
79	518.44	41.78	84.40	28.26	-65.05	22.98	28.96	22.22
80	535.35	44.33	89.46	28.26	-66.16	23.71	29.91	22.89
81	552.93	47.10	94.96	28.26	-67.11	24.41	30.89	23.67
82	571.05	49.99	100.85	28.26	-67.80	25.17	31.89	24.41
83	589.16	53.10	106.97	28.26	-68.40	25.87	32.89	25.16
84	606.55	56.21	113.22	28.26	-68.84	26.65	33.91	25.89
85+	622.68	59.24	119.33	28.26	-69.34	27.23	34.76	26.57

AREA C

Non-tobacco user rates

All other Wisconsin counties.

Current Age	Quartz Medicare Supplement 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	703.05	43.05	87.33	22.69	-95.00	31.37	39.24	30.29
65	234.36	14.36	29.10	22.69	-31.66	10.47	13.08	10.11
66	244.67	15.27	30.93	22.69	-33.00	10.93	13.67	10.54
67	255.53	16.23	32.87	22.69	-34.42	11.44	14.29	10.99
68	266.81	17.23	34.91	22.69	-35.86	11.88	14.88	11.47
69	278.66	18.27	37.06	22.69	-37.42	12.38	15.55	12.00
70	291.03	19.40	39.32	22.69	-38.98	13.00	16.26	12.5
71	304.40	20.72	41.88	22.69	-40.58	13.56	17.00	13.08
72	318.68	22.05	44.58	22.69	-42.32	14.21	17.80	13.70
73	333.43	23.50	47.50	22.69	-44.05	14.83	18.65	14.31
74	348.17	25.02	50.59	22.69	-45.72	15.50	19.45	14.97
75	362.44	26.58	53.73	22.69	-47.22	16.10	20.21	15.55
76	376.14	28.26	57.03	22.69	-48.64	16.72	21.03	16.10
77	389.6	29.93	60.46	22.69	-49.98	17.28	21.75	16.70
78	402.95	31.67	64.03	22.69	-51.13	17.89	22.48	17.24
79	416.33	33.55	67.78	22.69	-52.24	18.45	23.26	17.84
80	429.90	35.59	71.84	22.69	-53.13	19.04	24.02	18.38
81	444.02	37.82	76.26	22.69	-53.89	19.60	24.80	19.01
82	458.57	40.14	80.98	22.69	-54.44	20.21	25.61	19.60
83	473.11	42.64	85.90	22.69	-54.93	20.78	26.42	20.20
84	487.08	45.13	90.92	22.69	-55.28	21.40	27.23	20.79
85+	500.03	47.57	95.82	22.69	-55.68	21.87	27.91	21.34

AREA C

Tobacco user rates

All other Wisconsin counties.

Current Age	Quartz Medicare Supplement 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	773.35	47.35	96.07	24.96	-104.50	34.50	43.17	33.32
65	257.79	15.80	32.01	24.96	-34.83	11.52	14.39	11.12
66	269.14	16.80	34.02	24.96	-36.30	12.02	15.04	11.59
67	281.09	17.85	36.16	24.96	-37.86	12.58	15.72	12.09
68	293.49	18.95	38.40	24.96	-39.45	13.07	16.37	12.62
69	306.53	20.10	40.76	24.96	-41.16	13.62	17.11	13.20
70	320.14	21.34	43.25	24.96	-42.87	14.30	17.89	13.75
71	334.84	22.80	46.07	24.96	-44.63	14.91	18.70	14.39
72	350.55	24.25	49.04	24.96	-46.55	15.64	19.58	15.06
73	366.78	25.85	52.25	24.96	-48.46	16.31	20.51	15.74
74	382.98	27.52	55.65	24.96	-50.29	17.05	21.40	16.46
75	398.68	29.24	59.10	24.96	-51.95	17.71	22.24	17.11
76	413.76	31.09	62.73	24.96	-53.51	18.39	23.13	17.71
77	428.56	32.93	66.51	24.96	-54.98	19.01	23.93	18.36
78	443.24	34.84	70.44	24.96	-56.25	19.68	24.73	18.96
79	457.96	36.90	74.55	24.96	-57.46	20.30	25.58	19.62
80	472.89	39.15	79.02	24.96	-58.44	20.94	26.42	20.22
81	488.43	41.60	83.88	24.96	-59.28	21.56	27.28	20.91
82	504.42	44.16	89.08	24.96	-59.89	22.24	28.17	21.56
83	520.42	46.91	94.49	24.96	-60.42	22.85	29.06	22.22
84	535.79	49.65	100.01	24.96	-60.81	23.54	29.95	22.87
85+	550.04	52.33	105.41	24.96	-61.25	24.05	30.70	23.47

AREA D

Non-tobacco user rates

Policyholders who relocate out of state.

Current Age	Quartz Medicare Supplement 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	928.55	56.85	115.35	29.97	-125.47	41.43	51.83	40.01
65	309.53	18.97	38.43	29.97	-41.82	13.83	17.28	13.36
66	323.15	20.17	40.85	29.97	-43.58	14.43	18.06	13.92
67	337.50	21.43	43.41	29.97	-45.46	15.11	18.87	14.52
68	352.39	22.75	46.10	29.97	-47.36	15.69	19.66	15.15
69	368.05	24.14	48.94	29.97	-49.42	16.35	20.54	15.85
70	384.38	25.62	51.93	29.97	-51.48	17.16	21.48	16.51
71	402.04	27.37	55.31	29.97	-53.59	17.91	22.46	17.28
72	420.90	29.12	58.88	29.97	-55.89	18.77	23.51	18.09
73	440.38	31.04	62.73	29.97	-58.18	19.59	24.63	18.90
74	459.84	33.04	66.82	29.97	-60.38	20.47	25.69	19.77
75	478.69	35.11	70.97	29.97	-62.37	21.27	26.70	20.54
76	496.79	37.32	75.32	29.97	-64.25	22.08	27.78	21.27
77	514.57	39.54	79.86	29.97	-66.01	22.82	28.73	22.05
78	532.20	41.83	84.57	29.97	-67.54	23.63	29.69	22.76
79	549.86	44.31	89.52	29.97	-68.99	24.37	30.72	23.56
80	567.8	47.01	94.88	29.97	-70.17	25.14	31.72	24.28
81	586.45	49.95	100.72	29.97	-71.18	25.89	32.76	25.10
82	605.65	53.02	106.96	29.97	-71.90	26.70	33.82	25.89
83	624.86	56.32	113.46	29.97	-72.55	27.44	34.89	26.68
84	643.31	59.61	120.08	29.97	-73.01	28.27	35.97	27.45
85+	660.42	62.83	126.56	29.97	-73.54	28.88	36.86	28.18

AREA D

Tobacco user rates

Policyholders who relocate out of state.

Current Age	Quartz Medicare Supplement 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	1021.41	62.54	126.88	32.97	-138.01	45.57	57.01	44.01
65	340.48	20.87	42.27	32.97	-46.00	15.22	19.00	14.69
66	355.46	22.19	44.94	32.97	-47.94	15.88	19.87	15.31
67	371.25	23.58	47.76	32.97	-50.00	16.62	20.76	15.97
68	387.63	25.03	50.71	32.97	-52.10	17.26	21.62	16.66
69	404.85	26.55	53.84	32.97	-54.36	17.99	22.59	17.43
70	422.82	28.18	57.12	32.97	-56.63	18.88	23.62	18.16
71	442.24	30.11	60.85	32.97	-58.95	19.70	24.70	19.00
72	462.99	32.03	64.77	32.97	-61.48	20.65	25.86	19.90
73	484.42	34.14	69.01	32.97	-64.00	21.54	27.09	20.79
74	505.83	36.34	73.50	32.97	-66.42	22.51	28.26	21.74
75	526.56	38.62	78.06	32.97	-68.61	23.39	29.37	22.59
76	546.47	41.06	82.85	32.97	-70.67	24.29	30.55	23.39
77	566.03	43.49	87.84	32.97	-72.61	25.10	31.60	24.26
78	585.42	46.02	93.03	32.97	-74.29	26.00	32.66	25.04
79	604.85	48.74	98.47	32.97	-75.89	26.81	33.79	25.92
80	624.58	51.71	104.37	32.97	-77.18	27.66	34.90	26.70
81	645.09	54.95	110.79	32.97	-78.29	28.47	36.04	27.61
82	666.22	58.32	117.66	32.97	-79.09	29.37	37.21	28.47
83	687.35	61.95	124.80	32.97	-79.80	30.18	38.38	29.35
84	707.65	65.57	132.09	32.97	-80.31	31.09	39.56	30.20
85+	726.46	69.12	139.22	32.97	-80.90	31.77	40.55	31.00

PREMIUM CALCULATION

Quartz Medicare Supplement Base Plan **$** _____

Quartz Medicare Supplement 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 $1,736 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 $1,736 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 $283 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 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 2026 ***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	QUARTZ MEDICARE SUPPLEMENT 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**			
	Days 1-60: ***Medicare*** pays all but the $1,736 Part A ***deductible***	*Days 1-60*: Quartz ***Medicare Supplement*** pays $0		*Days 1-60*: You pay $1,736 Part A ***deductible*** with Quartz ***Medicare Supplement***

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
	Part A 100% Deductible Rider			
	Days 1-60: ***Medicare*** pays all but the $1,736 Part A ***deductible***		*Days 1-60*: Medicare Part A 100% Deductible Rider* with Quartz ***Medicare Supplement*** pays the $1,736 ***deductible***	*Days 1-60*: You pay $0 Part A ***deductible*** with Quartz ***Medicare Supplement*** and the optional benefit
	Part A 50% Deductible Rider			
	Days 1-60: ***Medicare*** pays all but the $1,736 Part A ***deductible***		*Days 1-60*: Medicare Part A 50% Deductible Rider*** with Quartz ***Medicare Supplement*** pays $868 of the ***deductible***	*Days 1-60*: You pay $868 Part A ***deductible*** with Quartz ***Medicare Supplement*** and the optional benefit

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
	Days 61-90: ***Medicare*** pays all but $434 per day	*Days 61-90*: Quartz ***Medicare Supplement*** pays $434 per day		*Days 61-90*: You pay $0 with Quartz ***Medicare Supplement***
	60 ***lifetime reserve days***: ***Medicare*** pays all but $868 per day	*60* ***lifetime reserve days***: Quartz ***Medicare Supplement*** pays $868 per day		*60* ***lifetime reserve days***: You pay $0 with Quartz ***Medicare Supplement***

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
	*Days beyond the **lifetime reserve days**:* ***Medicare*** does not cover any expenses	*Days beyond the **lifetime reserve days**:* Quartz ***Medicare Supplement*** pays 100% of Part A ***Medicare-eligible expenses*** for an additional 365 lifetime days**		*Days beyond the **lifetime reserve days**:* You pay $0 of Part A ***Medicare-eligible expenses*** for an additional 365 lifetime days** with Quartz ***Medicare Supplement***

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Inpatient Psychiatric Care: In an in-network psychiatric hospital per *benefit period*. *Medicare* limits the number of inpatient psychiatric benefit days to a lifetime limit of 190 days. Quartz ***Medicare Supplement*** covers an additional 175 days for a combined lifetime limit of 365 days.	**Base Plan**			
	Days 1-60: ***Medicare*** pays all but the $1,736 Part A ***deductible***	*Days 1-60*: Quartz ***Medicare Supplement*** pays $0		*Days 1-60*: You pay $1,736 Part A ***deductible*** with Quartz ***Medicare Supplement***
	Part A 100% Deductible Rider			
	Days 1-60: ***Medicare*** pays all but the $1,736 Part A ***deductible***		*Days 1-60*: Medicare Part A 100% Deductible Rider* with Quartz ***Medicare Supplement*** pays the $1,736 ***deductible***	*Days 1-60*: You pay $0 Part A ***deductible*** with Quartz ***Medicare Supplement*** and the optional benefit

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Inpatient Psychiatric Care (continued)	**Part A 50% Deductible Rider**			
	Days 1-60: ***Medicare*** pays all but the $1,736 Part A ***deductible***		*Days 1-60*: Medicare Part A 50% Deductible Rider*** with Quartz ***Medicare Supplement*** pays $868 of the ***deductible***	*Days 1-60*: You pay $868 Part A ***deductible*** with Quartz ***Medicare Supplement*** and the optional benefit
	Days 61-90: ***Medicare*** pays all but $434 per day	*Days 61-90*: Quartz ***Medicare Supplement*** pays $434 per day		*Days 61-90*: You pay $0 with Quartz ***Medicare Supplement***
	60 ***lifetime reserve days***: ***Medicare*** pays all but $868 per day	*60* ***lifetime reserve days***: Quartz ***Medicare Supplement*** pays $868 per day		*60* ***lifetime reserve days***: You pay $0 with Quartz ***Medicare Supplement***

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Inpatient Psychiatric Care (continued)	Days beyond the ***lifetime reserve days***: ***Medicare*** does not cover any expenses	Days beyond the ***lifetime reserve days***: Quartz ***Medicare Supplement*** 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 Quartz *Medicare Supplement***

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
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.	*Days 1-20*: ***Medicare*** pays 100%	*Days 1-20*: ***Quartz Medicare Supplement*** pays $0		*Days 1-20*: You pay $0 with Part A ***Medicare***
	Days 21-100: ***Medicare*** pays all but $217 per day	*Days 21-100*: ***Quartz Medicare Supplement*** pays $217 per day		*Days 21-100*: You pay $0 with ***Quartz Medicare Supplement***
	Days over 100: ***Medicare*** does not cover any expenses	*Days over 100*: ***Quartz Medicare Supplement*** does not cover any expenses		*Days over 100*: You pay 100% of all expenses

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Non-qualified *Medicare* Stay or benefits for qualified stay exhausted.	***Medicare*** does not cover any expenses	*Days 1-30*: ***Quartz Medicare Supplement*** pays 100%		
Blood, first 3 pints	***Medicare*** pays $0	***Quartz Medicare Supplement*** pays 100%		You pay $0 with ***Quartz Medicare Supplement***
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	***Quartz Medicare Supplement*** pays 100% of any ***copayment*** or ***coinsurance*** amount		You pay $0 with ***Quartz Medicare Supplement***

*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.

<table>
<tr><th>SERVICES</th><th>MEDICARE BENEFITS</th><th>QUARTZ MEDICARE SUPPLEMENT BASE PLAN</th><th>OPTIONAL BENEFITS</th><th>YOU PAY</th></tr>
<tr><td colspan="5">PART B BENEFITS</td></tr>
<tr><td rowspan="4">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.</td><td colspan="4">Base Plan</td></tr>
<tr><td>Medicare, in general, pays 80% after Part B deductible*</td><td>Quartz Medicare Supplement, in general, pays 20% after Part B deductible*</td><td></td><td>You pay $283 Part B deductible*</td></tr>
<tr><td colspan="4">Part B Deductible Rider
(<u>only</u> if Medicare-eligible before 01/01/2020)</td></tr>
<tr><td>Medicare, in general, pays 80% after Part B deductible*</td><td>Quartz Medicare Supplement, in general, pays 20% after Part B deductible*</td><td><u>Medicare Part B Deductible Rider</u>** with Quartz Medicare Supplement pays $283 Part B deductible</td><td>You pay $0 Part B deductible* with Quartz Medicare Supplement and the optional benefit</td></tr>
</table>

	Part B Copay/Coinsurance Rider			
	Medicare, in general, pays 80% after Part B ***deductible****		Medicare Part B Copayment or Coinsurance Rider*** with ***Quartz Medicare Supplement*** pays amounts exceeding $20 for an *office visit* or over $50 for an *emergency room visit* after Part B ***deductible****	You pay no more than $20 for an *office visit* or $50 for an *emergency room visit* after Part B ***deductible**** with ***Quartz Medicare Supplement*** and the optional benefit

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Excess Part B charges: Expenses charged to you by an out-of-network ***Medicare*** provider in excess of the ***Medicare***-approved amount.	**Part B Excess Charges Rider**			
	Medicare does not cover excess Part B charges	***Quartz Medicare Supplement*** without the optional benefit does not cover excess Part B charges	Medicare Part B Excess Charges Rider** with ***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement*** and the optional benefit
Blood, first 3 pints	***Medicare*** pays $0	***Quartz Medicare Supplement*** pays 100%		You pay $0 with ***Quartz Medicare Supplement***

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
Chiropractic Services	***Medicare*** pays 80% of charges for chiropractic manipulation only after Part B ***deductible****	***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement***
Clinical Laboratory Services: Tests for diagnostic services.	***Medicare*** pays 100% of approved services	***Quartz Medicare Supplement*** pays $0		You pay $0 for ***Medicare***-approved services

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
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	***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement***
	Home Health Rider			
	Medicare pays 100% for ***medically necessary*** visits when you meet certain criteria		Additional Home Health Care Rider** with ***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement*** and the optional benefit

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT 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	***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement***

SERVICES	MEDICARE BENEFITS	QUARTZ MEDICARE SUPPLEMENT BASE PLAN	OPTIONAL BENEFITS	YOU PAY
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	***Quartz Medicare Supplement*** 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
	Foreign Travel Emergency Rider			
	Medicare does not cover most emergency medical services outside of the United States		Foreign Travel Emergency Rider** with ***Quartz Medicare Supplement*** 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 ***Quartz Medicare Supplement*** and the optional benefit

*Once you have been billed $283 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. See the policy for a complete list of exclusions.

- 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 Selec***t 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 Selec***t 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 Selec***t 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 in-network and out-of-network 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 ***Quartz Medicare Supplement*** 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.

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.

Spanish - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (800) 362-3310. TTY: 711 / (800) 877-8973 o hable con su proveedor.
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 - ຊືນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 362-3310. TTY: 711 / (800) 877-8973 ຫຼື ລົມກັບໝູ່ໃຫ້ບໍລິການຂອງທ່ານ.
German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (800) 362-3310. TTY: 711 / (800) 877-8973 an oder sprechen Sie mit Ihrem Provider.

Pennsylvania Dutch - LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel (800) 362-3310. TTY: 711 / (800) 877-8973 of spreek met je provider."

Arabic - تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1(800) 362-3310. TTY: 711 / (800) 877-8973 أو تحدث إلى مقدم الخدمة".

Polish - UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer (800) 362-3310. TTY: 711 / (800) 877-8973 lub porozmawiaj ze swoim dostawcą.

French - ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (800) 362-3310. TTY: 711 / (800) 877-8973 ou parlez à votre fournisseur.

Hindi - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। I (800) 362-3310. TTY / TDD: 711 / (800) 877-8973 पर कॉल करें या अपने प्रदाता से बात करें।

Korean -주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (800) 362-3310. TTY: 711 / (800) 877-8973 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Albanian - VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi (800) 362-3310. TTY: 711 / (800) 877-8973 ose bisedoni me ofruesin tuaj të shërbimit.

Tagalog - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (800) 362-3310. TTY: 711 / (800) 877-8973 o makipag-usap sa iyong provider.

Somali - FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac (800) 362-3310. TTY: 711 / (800) 877-8973 ama la hadal bixiyahaaga. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama.

Cushite (Oromo) - XIYYEEFFANNOO: Afaan Kushii yoo dubbattan tajaajilli gargaarsa afaanii bilisaan isiniif ni kennama. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. (800) 362-3310 bilbili. TTY: 711 / (800) 877-8973 ykn dhiyeessaa keessan waliin haasa'aa.

Amharic - ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር (800) 362-3310. TTY: 711 / (800) 877-8973 ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Karen - ဆူ- နမ့်ကတိၤ ထါန့ၣ်လီၤဖဲအံၤ အဃိ, တၢ်အိၣ်ဒီး ကိုၣ်တၢ်ဆီၣ်ထွဲမၤစၢၤ လၢတလၢာ် ဘူၣ်လၢာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အီၤသ့တဖၣ် လၢတလၢာ်ဘူၣ်လၢာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 362-3310. TTY: 711 / (800) 877-8973 မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Mon-Khmer, Cambodian (Khmer) - សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្ដល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ (800) 362-3310. TTY: 711 / (800) 877-8973 ឬនិយាយទៅកាន់អ្នកផ្ដល់សេវារបស់អ្នក។

Serbo-croatian (Serbian) - ПАЖЊА: Ако говорите српскохрватски, доступне су вам бесплатне језичке услуге. Бесплатна су и одговарајућа помоћна помагала и услуге за пружање информација у приступачним форматима. Позовите (800) 362-3 ТТИ: 711 / (800) 877-8973 или разговарајте са својим провајдером.

Thai - หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ (800) 362-3310. TTY: 711 / (800) 877-8973 หรือปรึกษาผู้ให้บริการของคุณ"

Gujarati - ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. કૉલ કરો (800) 362-3310. TTY: / (800) 877-8973 અથવા તમારા પ્રદાતા સાથે વાત કરો.

Urdu - توجہ: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (800) 362-3310 پر کال کریں۔ TTY: 711 / (800) 877-8973 یا اپنے فراہم کنندہ سے بات کریں۔

Italian - ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'(800) 362-3310. TTY: 711 / (800) 877-8973 o parla con il tuo fornitore.

Greek - ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το (800) 362-3310. TTY: 711 / (800) 877-8973 ή απευθυνθείτε στον πάροχό σας.

Nepali - ध्यान दिनुहोस्: यदि तपाइँ नेपाली बोल्नुहुन्छ भने, तपाइँलाई निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। कल (800) 362-3310। TTY: 711 / (800) 877-8973 वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Ukrainian - УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером (800) 362-3310. TTY: 711 / (800) 877-8973 або зверніться до свого постачальника.

Tibetan - ངོ་སྣང་ཁག་ལ་ཧེ་ཁྱེད་རང་གིས་བོད་སྐད་ཤེས་ན་ཁྱེད་རང་ལ་རིན་མེད་སྐད་ཡིག་རོགས་སྐྱོར་གྱི་ཞབས་ཞུ་ཡོད། འོས་འཚམ་གྱི་རོགས་རམ་དང་ཞབས་ཞུ་དེ་དག་གིས་གནས་ཚུལ་ཐོབ་ཐུབ་པའི་རྣམ་པ་ནང་དུ་སྤྲོད་ཐུབ་པ་དེ་དག་ཀྱང་རིན་མེད་དུ་སྤྲོད་ཐུབ་ཀྱི་ཡོད། ཁ་པར་(༨༠༠)༣༦༢-༣༣༡༠ TTY: 711 / (800) 877-8973 ཡང་ན་ཁྱེད་ཀྱི་མཁོ་སྤྲོད་བྱེད་མཁན་ལ་སྐད་ཆ་བཤད་རོགས།

Wolof - FÀTTAL: Sooy wax Wolof, ay serwiis yu lay jàppale ci làkk wi doo fay. Ay ndimbal ak ay serwiis yu war ngir joxe leeral ci formaa yu yomb am nañu ci te doo fay. Woowal (800) 362-3310. TTY: 711 / (800) 877-8973 wala nga waxtaan ak sa joxekat.