

Quartz

QuartzBenefits.com



Proposal For:

RICHLAND COUNTY

Prepared by: ET INC OF WISCONSIN DBA WALLACE COOPER AND ELLIOTT INSURANCE AGENCY



PUTTING HEALTH BACK INTO YOUR HEALTH INSURANCE

Quartz provides you and your employees with multiple networks — most including the hospitals and clinics of UW Health and Gundersen Health System — giving you **access to hundreds of facilities and thousands of physicians and specialists**. We've been offering health insurance coverage in Wisconsin for **more than 30 years**. Our philosophy is to **provide innovative solutions to help your employees get the most from your health benefits**.

QUARTZ CARES ABOUT YOUR EMPLOYEES' HEALTH AND WELLNESS, OFFERING EASY ACCESS TO –

- ▶ **UW Health and UnityPoint Health – Meriter**
- ▶ **Gundersen Health System**, an integrated health network bringing primary and specialty care close to home
- ▶ Your employees' plan elections and group benefit documents through **MyPlanTools**, our secure online employer portal
- ▶ **QuartzMyChart**, an online portal giving your employees access to their personal health, wellness and insurance information
- ▶ **E-Visits**, convenient online visits for common health problems (for members age 18 and older with a UW Health or Gundersen PCP)
- ▶ **UW Health Care Anywhere and Gundersen VirtualVisit** for 24/7 availability of a medical provider, whenever you or your family needs urgent care
- ▶ **Choice90**, our unique pharmacy program making it easy for your employees to get a 90-day supply of maintenance medications
- ▶ **Health Management Programs** that provide rewards, reminders, health news, online information, support and classes to members with common conditions

And much more!

RATING AND ACCREDITATION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

Quartz Health Benefit Plans Corporation's Commercial HMO / POS plans are rated **4.5 out of 5** among NCQA's Private (Commercial) Health Insurance Plan Ratings 2018-2019. Quartz Health Benefit Plans Corporation has consistently maintained an Excellent Accreditation status through NCQA since 2002.

WE'RE PROUD TO SAY THAT OUR OVERALL MEMBER SATISFACTION IS 95 PERCENT.*

Prompt and accurate customer service means less hassle so you can spend time on what's really important — running your business.

** Based on monthly surveys of Quartz claim submissions or customer service inquiries between January and December 2019.*

Some programs or benefits may not be part of your plan. Please contact your agent or our Sales Department for more information.

*To learn more about Quartz and how our innovative programs and solutions can help your business, contact your agent, or our **Sales Department at (800) 926-8227**.*



Healthy Starts Now

Quartz
well

GET STARTED NOW AND DISCOVER THE BEST YOU!

Quartz Well, our personalized digital wellness program, is simple, flexible and rewarding.

It's designed to reward you for taking care of yourself — whatever your fitness level, wherever you are.



SIMPLE

No paperwork to complete



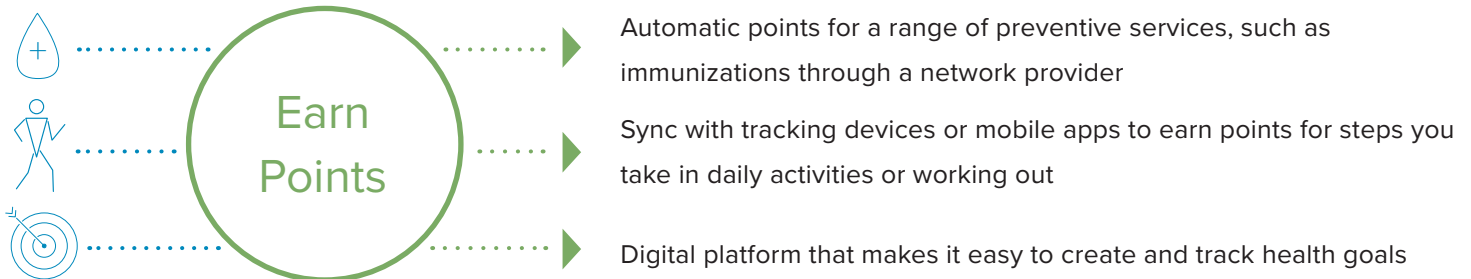
FLEXIBLE

Workout wherever and whenever you want



REWARDING

Redeem and use your points online



Points can be redeemed and used for purchases on Amazon.

Visit QuartzBenefits.com/quartzwell for details and updates.

Subscribers age 18 and older can earn \$100 for single plans. Family plans offer \$100 for the subscriber and \$100 for the subscriber's spouse (or domestic partner).

Your health plan is offered by Quartz Health Benefit Plans Corporation.

Quartz complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310, TTY 711 / (800) 877-8973.

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310, TTY 711 / (800) 877-8973.

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Quartz

QuartzBenefits.com

GET STARTED



Getting started is easy. Access Quartz Well through your MyChart account. Simply sign on and you're ready to begin your journey of defining your best you.



- ▶ Complete your Health Risk Assessment.
- ▶ Sync your device to automatically track your steps.
- ▶ Visit your Primary Care Provider (PCP) to ensure you have all your preventive needs addressed.*



- ▶ Live your life. Log your behaviors that aren't tracked by your fitness tracker.
- ▶ Get a massage, sign up for Community Supported Agriculture (CSA) or take classes for better health.
- ▶ Wait for points you earned to appear automatically for your flu shot and / or other approved services up to 90 days from your appointment. Points for preventive visits are automatic. Your points will be synced.



- ▶ Redeem your rewards for an Amazon gift card.
- ▶ Subscribers age 18 and older can earn \$100 for single plans. Family plans offer \$100 for the subscriber and \$100 for the subscriber's spouse (or domestic partner).

*Based on your age / gender interval for PCP visit.

	Points	Reward
Level 1	1,000	\$25
Level 2	1,000	\$25
Level 3	1,000	\$25
Level 4	1,000	\$25
Total	4,000	\$100

WHAT'S ON THE QUARTZ WELL PORTAL

The screenshot shows the Quartz Well portal dashboard for a user named JANE. The top navigation bar includes links for 2018 Incentive Campaign, Health Risk Assessment, Health, Nutrition, Exercise, Workshops, and Reference. The main content area is divided into four columns: Engagement, Fitness, Prevention, and Health & Wellbeing. The Engagement column features a 'START HERE' section with a 'Health Risk Assessment' button and a 'Food Log' button. The Fitness column shows a 'REWARDS TRACKER' with a progress bar and a table of gift cards awarded. The Prevention column has a 'CLAIM, KEEP AND USE YOUR REWARDS' section with instructions. The Health & Wellbeing column lists '8 WAYS TO BOOST YOUR BALANCE' with various tips. A 'Connect Your Apps & Devices' button is located at the bottom left. A 'Send Gift Card Email' modal is open on the right. Red callout boxes provide instructions: 'Start your Health Risk Assessment here.' points to the 'Health Risk Assessment' button; 'Find your points and track activities here.' points to the 'REWARDS TRACKER'; 'Go here to redeem your rewards.' points to the 'CLAIM, KEEP AND USE YOUR REWARDS' section; and 'Click here to connect your device.' points to the 'Connect Your Apps & Devices' button. A small inset shows the 'Health Risk Assessment' questionnaire.

Start your Health Risk Assessment here.

Find your points and track activities here.

Go here to redeem your rewards.

Click here to connect your device.

HEALTH RISK ASSESSMENT

A Health Risk Assessment (HRA) is a health questionnaire used to provide you with an evaluation of your health risks and quality of life. It's based on your personal medical history, nutrition information and stress level. It also helps you better understand what areas you may need to improve.

ENGAGE & EARN – 2020

ENGAGEMENT

Activity	Points
Personal Health Risk Assessment	500
Enter a Food Log	1 / day
Record Your Weight	1 / day
Complete a Wellness Workshop	100

FITNESS*

Activity	Points
Sync Your Device	2,000
Earn 3 pts. per 5,000 steps per day	3 / day
Earn 6 pts. per 10,000 steps per day	6 / day
Earn 9 pts. per 15,000 steps per day	9 / day
Earn 12 pts. per 20,000 steps per day	12 / day
Physical Activity Log	1 / day

PARTICIPATE IN A COMMUNITY FITNESS EVENT

5K Walk, Run or Bike	50 / quarter
10K Walk, Run or Bike	50 / quarter

*Certain plans do not offer fitness points. Review your portal for up-to-date options and point systems.

PREVENTION

Activity	Points
Annual Exam - Preventive Health Office Visit	1000
Flu Shot	500
Vision Exam	200
Mammogram Screening	200
Cervical Cancer Screening	200
Colorectal Cancer Screening	200
Immunizations	200
Lipid Screening	200
Diabetes Screening	200
Tobacco Screening	200
Telehealth	400

HEALTH & WELL-BEING

Activity	Points
Massage	100 / quarter
Acupuncture	100 / quarter
Mindfulness Classes	50 / quarter
Nutrition Classes	50 / quarter
Classes at UW Health, SwedishAmerican, UPH - Meriter or Gundersen Health System	50 / quarter
Health Education Classes	50 / quarter
Participate in a Support Group	50 / quarter
Tobacco Cessation Class	50 / quarter
CPR Certification	100 / year
Community Supported Agriculture	400 / year

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to members age 18 and older. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at (800) 362-3310 and we will work with you (and, if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status. The above is an overview only. Activities and points may change. Please review your portal for up-to-date options and point systems.



Changes to Group Certificates for 2021 Renewal

<p>Aligned Summary of Benefits and Coverage (SBC) with new federal requirements. Changes include but are not limited to:</p> <ul style="list-style-type: none">• Better description of self-only limitation on cost-sharing;• All cost-sharing on SBC is now phrased <i>assuming any deductible has been met</i>. <p>Examples: No charge after deductible → No charge No charge → No charge; deductible does not apply</p>
Enhanced language in Schedule of Benefits (SOB) to better describe embedded out-of-pocket limits.
Changed prior authorization requirements for Durable Medical Equipment (DME); based on a dollar amount trigger rather than a list of items (same as current process for PPO).
Clarified that urgent/emergent transport between hospitals is not subject to prior authorization. Non-urgent, non-emergent transport is still subject to a review by Quartz.
Hospice benefits were expanded for any “life-limiting condition” (no longer based on life expectancy of six months or less).
Bariatric surgery may be accessed through Aurora Health Care (AHC) providers in Wisconsin (does not apply to AHC providers in Illinois).
Removed penalty language for failure to obtain prior authorization – if prior authorization isn’t requested when required, will not be considered a covered service. In-network, claims will be paid by the participating provider. Out-of-network, member is liable.
Removed Exclusion for behavior/conduct disorders. Removed Exclusion of therapy services for sensory deficit disorders, malocclusion, and perceptual disorders. Oral surgery exclusions for malocclusion may still apply.
Clarified continuity of care requirements (applies to any Primary Care Provider represented as in-network at the beginning of the plan year).
Updated process for requesting external review of adverse benefit determinations. Contact Quartz instead of MAXIMUS; one of three independent review organizations will be assigned.
Added a provision that employees are no longer eligible if not in “active status.” More generous terms can be requested using an Eligibility Rule Change Form.
All certificates now cover grandchildren under the same terms as children (up to age 26), regardless of the age or enrollment status of the grandchild’s parent.
<p>The following Exclusions are added –</p> <ul style="list-style-type: none">▪ Group homes and halfway houses for supportive and maintenance care for mental illness or substance use disorders;▪ The medications eteplirsen (Exondys 51) and golodirsen (Vyvondys 53); and,▪ Automated external defibrillators (AEDs).



RICHLAND COUNTY
Proposal Rate Options
Effective Date: 01/01/2021

	Renewal Offering	Alternate	Alternate	Alternate
	HMO1-1	HMO1-2	HMO1-3	HMO1-4
	In-Network	In-Network	In-Network	In-Network
Annual Deductible (Single/Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Coinsurance	0%	0%	0%	0%
Max Out-of-Pocket (Single/Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Deductible Type:	<i>Embedded</i>	<i>Embedded</i>	<i>Embedded</i>	<i>Embedded</i>
Physician Services				
Office Visit	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Specialist Visit	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Services				
Urgent Care	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Room	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Hospital Services				
Inpatient Services	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Delivery & Newborn Charges	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Outpatient Services	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Diagnostic Services				
Lab & X-Ray	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
MRI/PET/CAT Scan	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Behavioral Health				
Inpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Transitional	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Outpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Other Services				
Durable Medical Equipment	20% Coins	20% Coins	20% Coins	20% Coins
Therapy Services	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Pharmacy Benefits				
Tier 1/Tier 2/Tier 3	\$10/\$35/\$60	\$10/\$35/\$60/\$100 Spec Rx	\$10/\$35/\$60	\$10/\$35/\$60/\$100 Spec Rx
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes	\$5 Rx Outcomes	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000 / \$4,000	\$2,350 / \$4,700	\$2,000 / \$4,000	\$2,350 / \$4,700
Additional Benefits				
	Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Hearing Aid	Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Hearing Aid	Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Hearing Aid	Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Hearing Aid
Health Care Reform				
Preventive Services	Unlimited	Unlimited	Unlimited	Unlimited
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

Large: To view the Summary of Benefits and Coverage (SBC), go to QuartzBenefits.com/sbclookup and enter the tracking number for each plan. You may also call 1-800-362-3310 to request a free paper copy. This proposal includes coverage for state and federally mandated benefits. Please Note: 0.04% of the quoted rates are due to required fees as part of the Patient Protection and Affordable Care Act including the Health Insurer Fee, the Reinsurance Assessment Fee and the Patient Centered Outcomes Research Institute Fee. Benefit year plans.

Coverage Type	Contracts	Rates	Contracts	Rates	Contracts	Rates	Contracts	Rates
Single	72	\$652.02	72	\$651.41	72	\$624.56	72	\$623.95
Family	139	\$1,620.60	139	\$1,619.08	139	\$1,552.35	139	\$1,550.83
Medicare Single	0	\$521.62	0	\$521.13	0	\$499.65	0	\$499.17
Medicare Family	0	\$1,043.23	0	\$1,042.26	0	\$999.30	0	\$998.32
Medicare Split	0	\$1,173.63	0	\$1,172.53	0	\$1,124.20	0	\$1,123.11

Total Monthly Premium	\$272,208.84	\$271,953.64	\$260,744.97	\$260,489.77
Change From Current Premium	3.90%	3.81%	-0.47%	-0.57%
Line of Business Code	9000013	9000013	9000013	9000013
Payor State	WI	WI	WI	WI
SBC Tracking IDs:	EMNW32DX	GEUURV1D	YV8VSRAB	IIRKU953
SOB Tracking IDs:	EMNW32DX	GEUURV1D	YV8VSRAB	IIRKU953



FINAL RATES
ACCEPTANCE FORM

The final rates offered to:
by Quartz, effective 01/01/2021 are:

Renewal Offering?	YES	no	no	no
	<u>HMO1-1</u>	<u>HMO1-2</u>	<u>HMO1-3</u>	<u>HMO1-4</u>
Single	\$652.02	\$651.41	\$624.56	\$623.95
Family	\$1,620.60	\$1,619.08	\$1,552.35	\$1,550.83
Medicare Single	\$521.62	\$521.13	\$499.65	\$499.17
Medicare Family	\$1,043.23	\$1,042.26	\$999.30	\$998.32
Medicare Split	\$1,173.63	\$1,172.53	\$1,124.20	\$1,123.11

We accept the following plan(s):

☐☐☐☐

SBC Tracking IDs:

EMNW32DXSBC

GEUURV1DSBC

YV8VSRABSBC

IIRKU953SBC

SOB Tracking IDs:

EMNW32DXSOB

GEUURV1DSOB

YV8VSRABSOB

IIRKU953SOB

Please review the above final adjusted rates. If these rates are acceptable to you, please execute the Acceptance Certification provided below. If your group has any changes within 60 days of the effective date that we determine will affect the rates listed above, we reserve the right to adjust the listed rates. Premium rate discrepancies must be reported to Quartz within 60 days of the renewal date.

Please keep a copy of this certification form for your records, and return the signed original to your Sales Representative or Agent.

RICHLAND COUNTY understands that Quartz, in its sole discretion, may provide summary health information for our use. I request, on behalf of RICHLAND COUNTY, that RICHLAND COUNTY receives this summary health information for the purposes of 1) modifying, amending, or terminating the group health plan; or, 2) obtaining premium bids from health plans for providing health insurance coverage under the group health plan. I certify that I am authorized to sign on behalf of RICHLAND COUNTY.

Acceptance Certification

As an authorized representative of this Employer, I have reviewed the above, and the notice form, and accept the quoted rates on behalf of RICHLAND COUNTY. I further attest and certify that all the statements included herein are true and correct to the best of my knowledge.

RICHLAND COUNTY

Printed Name of Group Representative

Date

Signature of Group Representative

Position/Title of Group Representative

Please send the completed form to:

Ron Sebranek
Quartz
840 Carolina Street
Sauk City, WI 53583



**RENEWAL/BENEFIT CHANGE
NOTICES**

Group Name: RICHLAND COUNTY
Effective Date: 01/01/2021
Group Number(s): 9013457, 9013682, 9020091, 9033437

- These rates are based upon the Medical Benefits and demographic information listed on the Proposal Rate Options page. Any changes to the Medical Benefits listed on the Proposal Rate Options page or demographic information may result in a change to the monthly premiums listed. If you believe your coverage or demographic information is different in any respect, please contact your sales representative or agent immediately.

- Dependent coverage ceases the end of the calendar month the dependent turns the age indicated.

- If a group selects an option from the renewal/benefit change acceptance letter, then this notice form, the renewal/benefit change acceptance letter, and the Rate Options page needs to be completed and signed by the group representative.

- When the PPO plan is selected for out-of-area employees, there may be no more than 20% of employees enrolled in the PPO without underwriting approval.

For groups over 6 contracts requesting benefit changes, see your sales representative.

Any benefit change must be submitted to Quartz 30 days prior to the renewal date.

Large: To view the Summary of Benefits and Coverage (SBC), go to QuartzBenefits.com/sbclookup and enter the tracking number for each plan. You may also call 1-800-362-3310 to request a free paper copy. This proposal includes coverage for state and federally mandated benefits. Please Note: 0.04% of the quoted rates are due to required fees as part of the Patient Protection and Affordable Care Act including the Health Insurer Fee, the Reinsurance Assessment Fee and the Patient Centered Outcomes Research Institute Fee. Benefit year plans.

Highly Compensated Employees

Section 2716 of the Public Health Service (PHS) Act prohibits fully insured group health plans from discriminating in favor of highly compensated individuals. Employers that fail to comply with these requirements may be subject to civil monetary penalties up to \$100 per individual discriminated against per day the plan does not comply with the requirement.

We are not responsible for and do not conduct this discrimination testing. It is the employer's responsibility to ensure compliance with PHS Act Section 2716. Employers should consult their tax advisors and legal counsel to determine if their plan is compliant. Please contact your Quartz Sales Representative if any plan changes are necessary.

Please keep a copy of this certification form for your records.

EXCLUSIONS AND LIMITATIONS

THIS IS A SUMMARY ONLY. FOR A COMPLETE LIST OF EXCLUSIONS, PLEASE SEE YOUR CERTIFICATE OF COVERAGE.

SURGICAL SERVICES

- ▶ Procedures to correct obesity and removal of excess skin resulting from weight loss. This exclusion does not apply to bariatric surgery services covered in the Certificate of Coverage.
- ▶ Plastic or cosmetic surgery
- ▶ Reconstructive surgery unless the purpose is to correct a functional defect
- ▶ Breast augmentation (This does not apply to reconstruction of affected tissue incident to mastectomy.)
- ▶ Refractive eye surgery for vision correction

MEDICAL SERVICES

- ▶ Examinations required for employment, licensing, or insurance; or any third-party request, including court-ordered treatment that does not otherwise qualify for coverage
- ▶ Immunizations covered by an employer, educational institution or other third party
- ▶ Expenses for the preparation and presentation of medical reports and records
- ▶ Weight control programs
- ▶ Neuropsychological testing for educational purposes
- ▶ Custodial care and Maintenance and Supportive care and / or therapy and long-term therapy

AMBULANCE SERVICES

- ▶ Travel and transportation for a consultation or to receive non-emergent treatment

THERAPIES

- ▶ Long-term Therapy and Maintenance and Supportive Care and / or Therapy for chronic conditions
- ▶ Physical, Speech and Occupational therapy are not covered for the following conditions: perceptual disorders; sensory deficit disorders; testing; treatment and therapies related to treating these conditions
- ▶ Services for the treatment of behavioral / conduct disorders and marriage counseling
- ▶ Vocational rehabilitation, including work-hardening programs
- ▶ Massage therapy

DENTAL SERVICES

- ▶ Routine dental procedures (for example, cleanings, extraction of teeth, root canals, and filling or recapping of teeth)

REPRODUCTIVE SERVICES

- ▶ Reversal of voluntary sterilization procedures and related procedures
- ▶ Home delivery for childbirth
- ▶ Charges related to surrogate mother services when the surrogate is not a Quartz member

OUTPATIENT PRESCRIPTION DRUGS

- ▶ Prescription drugs prescribed for cosmetic purposes or for conditions or treatments that are not covered
- ▶ Prescription drugs not approved by the Federal Food and Drug Administration

DURABLE MEDICAL EQUIPMENT & DISPOSABLE MEDICAL SUPPLIES

- ▶ Foot pads, bunion covers, batteries, antiseptics, tape, over-the-counter shoe inserts, supports and elastic bandages; orthopedic shoes
- ▶ Comfort or convenience items (e.g., home monitoring devices, blood pressure cuffs, home UV therapy units); back-up supplies, equipment or prosthesis
- ▶ Customization of vehicles and / or lifts for wheelchairs and scooters; any and all modifications to a member's home and items associated with home modifications
- ▶ Repair or replacement of supplies, equipment or prosthesis if lost, stolen or nonfunctional due to misuse, abuse or neglect

GENERAL

- ▶ Any service, supply or equipment that is Experimental, Investigative or not Medically Necessary
- ▶ Services obtained without prior authorization or services that exceed the prior authorization granted
- ▶ Charges for services or items that the member has no legal obligation to pay
- ▶ Hypnotherapy
- ▶ Services rendered by a masseuse or massage therapist
- ▶ Coma Stimulation programs
- ▶ Orthoptics (eye exercise / training)
- ▶ Any condition, disability or charge resulting from or sustained as a result of being engaged in an illegal occupation or the commission or attempted commission of an assault or a criminal act

**THIS IS A SUMMARY ONLY. FOR A COMPLETE LIST OF EXCLUSIONS,
PLEASE SEE YOUR CERTIFICATE OF COVERAGE.**

Proof of Claim

A Member must submit proof of claim within 90 days of the date of service. Circumstances beyond the Member's control might make this time limit unreasonable. If so, the Member must file the claim as soon as possible.

Provider Limitations

Each member of an HMO or POS plan is required to select a Primary Care Physician (PCP) found in the Provider Directory. To access this directory online, visit our website at **QuartzBenefits.com/findadoctor**. There is no PCP requirement for PPO plan members.

For Behavioral Health (Mental Health) Services, please contact Behavioral Health Care Management at **(800) 683-2300** to connect with an in-network provider.



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 – ၵၢ်သ့ၵ်သး- နမ့ၢ်ကတိၢ် ကညီ ကျိၣ်အသိ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျၣ်လၢၣ်စ့ၤ နီတၢ်မၤဘျၣ်သ့ၣ်န့ၣ်လီၤ. 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 คุณพตุ ภาษาไทยคุณสามารถใข้บริการช่วยเหลื่อทางภาษาได้ฟรี โทร (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.