

This plan is offered by Quartz Health Benefit Plans Corporation



Schedule of Benefits

9082993 - HMO HSA

Coverage Period: 1/1/2022 - 12/31/2022

Prepared for:
NECEDAH AREA SCHOOL
DISTRICT

Medical Benefits	
Annual Deductible	Single: \$3,000 per Benefit Year Family: \$3,000/individual or \$6,000/family per Benefit Year
Coinsurance	10% coinsurance
Annual Maximum Out-of-Pocket	Single: \$3,500 per Benefit Year Family: \$3,500/individual or \$7,000/family per Benefit Year
Preventive Services	No Charge
Dependent Age	26
Deductible Information	This plan has an embedded deductible. If you have other family members on the plan, each family member must meet their own Single Annual Deductible until the total amount of deductible expenses paid by all family members meets the Family Annual Deductible.
Out-of-Pocket Limit	If you have other family members on the plan, they each must meet the Single Annual Maximum Out-of-Pocket limit until the Family limit has been met.
HSA Qualified Plan	Yes
Prior Authorization	Prior authorization may be required for certain services. See QuartzBenefits.com/WIPAList or call Customer Service for additional information

Physician Services	
Office Visit	10% coinsurance after deductible
Telehealth Services	Same as Office Visit
Virtual Visit	10% coinsurance after deductible; Specialist: Same as Office Visit
Chiropractor Visits	10% coinsurance after deductible
Hearing Examination	10% coinsurance after deductible
Podiatry Services	10% coinsurance after deductible
Vision Examination	10% coinsurance after deductible; One Routine Vision exam is covered with no charge

Hospital Services *	
General Inpatient	10% coinsurance after deductible
Delivery & Newborn Charges	10% coinsurance after deductible
Outpatient Services	10% coinsurance after deductible

Emergency Services	
Emergency Room	10% coinsurance after deductible

Questions? Visit us at [QuartzBenefits.com](https://www.QuartzBenefits.com) or call (800) 362-3310.

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Tracking ID: M80BUXH
HMO

Urgent Care	10% coinsurance after deductible
Ambulance	10% coinsurance after deductible

Pharmacy Benefits	
HDHP \$0 Drugs	This plan covers certain preferred drugs for treatment of limited chronic conditions at no cost to you.
Generic/Preferred/Non-Preferred	10% coinsurance after deductible
Tier 4	10% coinsurance after deductible
Pharmacy Max Out-of-Pocket	Subject to Annual Maximum Out-of-Pocket per Benefit Year

Behavioral Health	
Inpatient	10% coinsurance after deductible
Transitional	10% coinsurance after deductible
Outpatient	10% coinsurance after deductible

Diagnostic Services	
Lab	10% coinsurance after deductible
X-Ray	10% coinsurance after deductible
MRI/MRA Scan	10% coinsurance after deductible
PET Scan	10% coinsurance after deductible
CAT Scan	10% coinsurance after deductible

Other Services	
Durable Medical Equipment	10% coinsurance after deductible
Home Health Care Services	10% coinsurance after deductible
Home Health Care Limit	60 visits per Benefit Year
Hospice Services	10% coinsurance after deductible
Skilled Nursing Care Facility	10% coinsurance after deductible
Skilled Nursing Care Limit	90 days per confinement
Therapy Services	10% coinsurance after deductible
Therapy Limit	40 visits combined for Physical, Speech, and Occupational therapy and Pulmonary Rehab
TMJ Benefits	10% coinsurance after deductible

* Hospital Services – Includes daily hospital room and board, surgical, anesthesia and miscellaneous hospital services.

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. 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
- Psychological and Neuropsychological testing for educational purposes
- Custodial care and Maintenance and Supportive care and / or therapy

AMBULANCE SERVICES

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

THERAPIES

- Maintenance and Supportive Care and / or Therapy for chronic conditions
- Relationship counseling
- Vocational rehabilitation, including work-hardening programs
- Massage therapy

DENTAL SERVICES

- Routine dental procedures (e.g., cleanings, extraction of teeth, root canals, and filling or recapping of teeth), unless dental benefits are purchased.

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, etc.); 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 UW Health - 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 thiab 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 bản 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. ຊອກຫາວັນທີ່ສໍາຄັນ ໃນໜ່ວຍສື່ແຈ້ງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາ ທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ ຫຼື ຊ່ວຍເຫຼືອດ້ານຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີ (800) 362 3310. TTY / TDD: 711 / (800) 877 8973.

German – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Quartz. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Arabic – يحتوي هذا الإشعار على معلومات مهمة. يتضمن هذا الإشعار معلومات هامة حول طلبك أو تغطيتك عبر Quartz. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى إجراء تدابير معينة وفقاً لمواعيد معينة من أجل الحفاظ على تغطيتك الصحية أو المساعدة في التكاليف. لديك الحق في الحصول على هذه المعلومات TTY / TDD: 711 / (800) 877-8973 / (800) 362-3310.

French – Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Quartz. Rechercher les dates clés dans le présent avis. Vous 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. 귀하의 귀하의 건강 커버리지를 계속유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. (800) 362-3310 로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

Tagalog – Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Quartz. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Cushite – Oroomiffa XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. (መስማት ለተሳናቸው: 711 / (800) 877-8973).

Karen – ၵ်သုၵ်းလံး- နမၢ်ကတိၢ် ကညိၣ် ကျိၣ်အသိၣ်, နမၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢကိၣ်သုၵ်းလံးန့ၢ်လီၤ. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Mon-Khmer, Cambodian – ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Serbocroatian – OBAVJEŠTENJE: Ako govorite srpskohrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (800) 362-3310 TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711 / (800) 877-8973.

Thai – เรียน: ถ้า คุณพูด ภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ฟรี ใ โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા હો, તો બિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. શ્રેન 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 balde kansch, oder bezaahle helfe kansch. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch grieg, un die Hilf koschtet nix. Kansch du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

Polish – To ogłoszenie zawiera ważne informacje. To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Quartz. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hindi – इस सूचना में महत्वपूर्ण जानकारी शामिल है। इस सूचना में Quartz से जुड़े आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी शामिल है। इस सूचना में महत्वपूर्ण तारीखों को देखना न भूलें। स्वास्थ्य कवरेज जारी रखने या खर्च में मदद के लिए आपको कुछ तय तारीखों तक कार्रवाई करनी जरूरी है। आपके पास अपनी भाषा में, बिना किसी शुल्क के इस जानकारी और सहायता को पाने का अधिकार है। (800) 362-3310. TTY / TDD: 711 / (800) 877-8973 पर कॉल करें।

Albanian – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Quartz. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerri veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Somali – FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawimada luuqada, ayaa waxaa laguugu siinayaa bilaash, waa lagu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.