**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay for Covered Services This health plan is offered by Quartz Health Benefit Plans Corporation

Quartz

BARNEVELD SCHOOL DISTRICT 9082018 - HMO Deductible Coverage Period: 9/1/2023 - 8/31/2024 Coverage for: Single/Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.QuartzBenefits.com/certlookup. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <u>https://www.healthcare.gov/sbc-glossary</u> or call 1-800-362-3310 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Single: <b>\$2,000</b> per Calendar Year Family: <b>\$2,000</b> /individual or <b>\$4,000</b> /family per Calendar Year	<ul> <li>Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay.</li> <li>If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</li> </ul>
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> services and <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>deductible</u> . See a list of covered preventive services at <u>https://www.healthcare.gov/coverage/preventive-care-benefits</u> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-</u> <u>pocket limit</u> for this <u>plan</u> ?	Single: <b>\$3,000</b> per Calendar Year Family: <b>\$3,000</b> /individual or <b>\$6,000</b> /family per Calendar Year for medical expenses. <b>\$2,000</b> Single/ <b>\$4,000</b> Family per Calendar Year for prescription expenses.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket</u>	Premiums, balance billing charges, cost-sharing assistance for your	Even though you pay these expenses, they don't count toward the <u>out-of-</u> pocket limit.

limit?	prescriptions, and health care this plan doesn't cover.	
Will you pay less if you use a <u>network</u> <u>provider</u> ?	Yes. See <u>www.QuartzBenefits.com/FindADoct</u> or or call 1-800-362-3310 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan</u> 's <u>network</u> . You will pay the most if you use an out-of- <u>network</u> <u>provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider</u> 's charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an out-of- <u>network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	In- <u>Network providers</u> : No. Out-of- <u>Network providers</u> : Yes, written <u>referral</u> is required.	In- <u>Network</u> : You can see the <u>specialist</u> you choose without a <u>referral</u> . Out-of- <u>Network</u> : This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.

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		What You	u Will Pay	
Common Medical Event	Services You May Need	In Network (You will pay the least)	Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Primary care visit to treat an injury or illness	No charge	Not covered	Charges for Virtual Visits will apply to your <u>deductible/coinsurance</u> . A covered Telehealth visit applies the same cost- sharing as an in-person visit.
	<u>Specialist</u> visit	No charge	Not covered	A covered Telehealth visit applies the same cost- sharing as an in-person visit.
If you visit a health care <u>provider's</u> office or clinic	Other practitioner office visit	Chiro/Adult Vision: No charge	Not covered	One routine adult vision exam is covered with no charge. <u>Cost sharing</u> applies to subsequent exams. Benefits are not available for care that is Maintenance and Supportive Care.
	Preventive care/screening/ immunization	No charge; <u>deductible</u> does not apply	Not covered	Coverage is limited to preventive services as defined by the Affordable Care Act. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.

		What You	u Will Pay	
Common Medical Event	Services You May Need	In Network (You will pay the least)	Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	none
n you have a test	Imaging (CT/PET scans, MRIs)	No charge	Not covered	none
lf you need drugs	Preferred Generics   Tier 1	Value Tier: No charge All others: \$5 <u>copay</u> /prescription	Not covered	Multiple <u>copays</u> will apply for <u>claims</u> of greater
to treat your illness or condition More information about	Preferred Brands   Tier 2	Value Tier: No charge All others: \$20 <u>copay</u> /prescription	No Not covered 20 Not covered Not covered	than 30 day supply when covered; for <u>claims</u> of 31 to 60 days supply, two <u>copays</u> will apply, and for <u>claims</u> of 61 to 90 days supply, three <u>copays</u>
prescription drug coverage is	Non-Preferred Brands & Generics   Tier 3	\$40 <u>copay</u> /prescription	Not covered	medications. See the Quartz <u>Formulary</u> for details
available at <u>www.QuartzBenefi</u> <u>ts.com/formulary</u>	Tier 4	<ul> <li>\$20</li> <li><u>copay</u>/prescription</li> <li>for Preferred</li> <li>\$40</li> <li><u>copay</u>/prescription</li> <li>for Non-preferred</li> </ul>	Not covered	Manufacturer-funded cost-sharing assistance for your prescriptions will not be credited to your Annual Maximum Out-of-Pocket Limit.
lf you have	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Prior authorization may be required. See <u>www.QuartzBenefits.com/WIPAList</u> or call (800) 362-3310 for additional information.
outpatient surgery	Physician/surgeon fees	No charge	Not covered	Oral Surgery: No charge; <u>deductible</u> does not apply Coverage is limited to procedures listed in your Certificate of Coverage
If you need immediate medical attention	you need nmediate <u>Emergency room care</u> <u>Stop copay</u> /visit; <u>deductible</u> does not <u>apply</u> <u>stop copay</u> /visit; <u>stop copay</u> /visit; <u>stop copay</u> /visit; <u>apply</u> <u>stop copay</u> /visit; <u>stop copay</u> /visit; <u>apply</u> <u>stop copay</u> /visit; <u>stop c</u>		Emergency room <u>copay</u> waived if admitted. <u>Deductible</u> / <u>coinsurance</u> does not apply to additional services performed at your visit.	
	Emergency medical	No charge	No charge	none

	What You		u Will Pay		
Common Medical Event	Services You May Need	In Network (You will pay the least)	Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	transportation				
	<u>Urgent care</u>	\$25 <u>copay</u> /visit; <u>deductible</u> does not apply	\$25 <u>copay</u> /visit; <u>deductible</u> does not apply	Deductible and/or coinsurance may apply for additional services performed at your visit.	
lf you have a	Facility fee (e.g., hospital room)	No charge	Not covered	Prior authorization is required. See www.QuartzBenefits.com/WIPAList or call (800)	
hospital stay	Physician/surgeon fees	No charge	Not covered	362-3310 for additional information.	
lf you need mental health, behavioral health, or	Outpatient services	No charge	Not covered	Benefits are not available for care that is Maintenance and Supportive Care. A covered Telehealth visit applies the same cost- sharing as an in-person visit.	
substance abuse services	Inpatient services	No charge	Not covered	Prior authorization is required. See <u>www.QuartzBenefits.com/WIPAList</u> or call (800) 362-3310 for additional information.	
	Office visits	No charge	Not covered	Maternity care may include tests and services	
lf you are pregnant	Childbirth/delivery professional services	No charge	Not covered	described elsewhere in the SBC (i.e. ultrasound). Prior authorization is required for inpatient	
pregnant	Childbirth/delivery facility services	No charge	Not covered	services. See <u>www.QuartzBenefits.com/WIPAList</u> or call (800) 362-3310 for additional information.	
lf you need help	Home health care	No charge	Not covered	Coverage is limited to 60 visits per Calendar Year. Prior authorization is required. See <u>www.QuartzBenefits.com/WIPAList</u> or call (800) 362-3310 for additional information.	
recovering or have other special health needs	Rehabilitation services	No charge	Not covered	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Calendar Year. This limit is shared between Rehabilitation and <u>Habilitation services</u> . Cardiac Rehab is limited to 36 visits per event. A covered Telehealth visit applies the same cost- sharing as an in-person visit.	
	Habilitation services	No charge	Not covered	Coverage for Physical, Speech and Occupational	

		What You Will Pay		
Common Medical Event	Services You May Need	In Network (You will pay the least)	Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information
				therapy is limited to a combined total of 40 visits per Calendar Year. This limit is shared between Rehabilitation and <u>Habilitation services</u> . Prior authorization may be required. See <u>www.QuartzBenefits.com/WIPAList</u> or call (800) 362-3310 for additional information. A covered Telehealth visit applies the same cost- sharing as an in-person visit.
	Skilled nursing care	No charge	Not covered	Coverage limited to 90 days per confinement. This benefit is combined with the Swing Bed Care benefit. Prior authorization is required. See <u>www.QuartzBenefits.com/WIPAList</u> or call (800) 362-3310 for additional information.
	<u>Durable medical</u> <u>equipment</u>	No charge	Not covered	Purchase of DME with a per unit cost of \$500 or more (except for hearing aids) and all DME rentals must be Prior Authorized. Coverage for Foot Orthotics: Limited to one pair per Calendar Year. Hearing Aids: Limited to one per ear every 36 months. To obtain the list of covered hearing aid models log onto <u>www.QuartzBenefits.com/hearingaids</u> or contact Customer Service.
	Hospice services	No charge	Not covered	Prior authorization is required. See <u>www.QuartzBenefits.com/WIPAList</u> or call (800) 362-3310 for additional information. Hospice coverage excludes room and board charges in a Skilled Nursing Facility.
If your child needs dental or	Children's eye exam	No charge; <u>deductible</u> does not apply	Not covered	One routine vision exam is covered with no charge. <u>Cost sharing</u> for an office visit applies to subsequent exams.
eye care	Children's glasses	Not covered	Not covered	none

	What You Will Pay		
ervices You May eed			Limitations, Exceptions, & Other Important Information
hildren's dental neck-up	Not covered	Not covered	none
¢	eed nildren's dental	eed (You will pay the least)	eed (You will pay the least) (You will pay the most)

Services Your Plan Does NOT	Services Your Plan Does NOT Cover (This Isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)				
Cosmetic surgery	<ul> <li>Long-term care</li> </ul>	<ul> <li>Private-duty nursing</li> </ul>			
<ul> <li>Dental care (Adult)</li> </ul>	<ul> <li>Non-emergency care when travelir</li> </ul>	ng outside • Weight loss programs			
	the U.S.				

# Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

<ul> <li>Acupuncture (Limited)</li> </ul>	P Hearing aids	
Bariatric surgery	Infertility treatment     Routine foot care (Limited)	)
Chiropractic care	Routine eye care (Adult)	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Wisconsin Office of the Commissioner of Insurance at 1-800-236-8517, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <a href="https://www.dol.gov/agencies/ebsa">https://www.dol.gov/agencies/ebsa</a>, or visit <a href="https://www.dol.gov/agencies/ebsa">www.HealthCare.gov</a> or call 1-800-318-2596. Other coverage options may be available to you too, including buying individual insurance coverage through the <a href="https://www.HealthCare.gov">HealthCare.gov</a> or call 1-800-318-2596. Other coverage options may be available to you too, including buying individual insurance coverage through the <a href="https://www.HealthCare.gov">HealthCare.gov</a> or call 1-800-318-2596. Other coverage options may be available to you too, including buying individual insurance coverage through the <a href="https://www.HealthCare.gov">HealthCare.gov</a> or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or for assistance, contact: Office of the Commissioner of Insurance, Complaints Department, PO Box 7873, Madison, WI 53707-7873, or if coverage is under a group health <u>plan</u> the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

# Does this Plan Provide Minimum Essential Coverage? Yes.

<u>Minimum Essential Coverage</u> generally includes <u>plans</u>, <u>health insurance</u> available through the <u>Marketplace</u> or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of <u>Minimum Essential Coverage</u>, you may not be eligible for the <u>premium</u> tax credit.

# Does this Coverage Meet the Minimum Value Standard? Yes.

If your <u>plan</u> doesn't meet the <u>Minimum Value Standards</u>, you may be eligible for a <u>premium</u> tax credit to help you pay for a <u>plan</u> through the

#### Marketplace.

#### Language Access Services:

#### About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

			J.
Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 C (a year of routine in-network can controlled condition)	re of a well-
■ The <u>plan's</u> overall <u>deductible</u>	\$2,000	The <u>plan's</u> overall deductible	\$2,000
Specialist coinsurance	0%	Specialist coinsurance	0%
Hospital (facility) <u>coinsurance</u>	0%	Hospital (facility) coinsurance	0%
Other <u>coinsurance</u>	0%	Other <u>coinsurance</u>	0%
<b>like:</b> Specialist office visits ( <i>prenatal ca</i> Childbirth/Delivery Professional Se Childbirth/Delivery Facility Service Diagnostic tests ( <i>ultrasounds and</i> <i>work</i> ) Specialist visit ( <i>anesthesia</i> ) <b>Total Example Cost</b>	ervices s	like: Primary care physician office vis ( <i>including disease education</i> ) Diagnostic tests ( <i>blood work</i> ) Prescription drugs Durable medical equipment ( <i>glu</i> <i>meter</i> ) Total Example Cost	
In this example, Peg would pay:		In this example, Joe would pa	
Cost Sharing		Cost Sharing	<b>,</b> .
Deductibles	\$2,000	Deductibles	\$1,100
Copayments	\$40	Copayments	\$100
Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered	
		1	<u>۴</u> 0
Limits or exclusions	\$0	Limits or exclusions	\$0

The <u>plan's</u> overall <u>deductible</u>	\$2,000	
Specialist coinsurance	0%	
Hospital (facility) <u>oinsurance</u>	0%	
Other <u>coinsurance</u>	0%	
Primary care physician office visits including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose		
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(glu</i>		
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(gluneter)</i> Fotal Example Cost	cose <b>\$5,600</b>	
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(glu neter)</i> Total Example Cost In this example, Joe would pa	cose <b>\$5,600</b>	
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(glu neter)</i> Fotal Example Cost In this example, Joe would pa Cost Sharing	cose \$5,600 y:	
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(glu neter)</i> Total Example Cost In this example, Joe would pa Cost Sharing Deductibles	<i>cose</i> <b>\$5,600</b> <b>y:</b> \$1,100	
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(glu neter)</i> Fotal Example Cost In this example, Joe would pa Cost Sharing	cose \$5,600 y:	
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(glu neter)</i> Total Example Cost In this example, Joe would pa Cost Sharing Deductibles Copayments Coinsurance	<i>cose</i> <b>\$5,600</b> <b>y:</b> \$1,100	
Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glu neter) Fotal Example Cost In this example, Joe would pa Cost Sharing Deductibles Copayments Coinsurance What isn't covered	cose \$5,600 y: \$1,100 \$100 \$0	
Diagnostic tests <i>(blood work)</i> Prescription drugs Durable medical equipment <i>(glu neter)</i> Total Example Cost In this example, Joe would pa Cost Sharing Deductibles Copayments Coinsurance	cose \$5,600 y: \$1,100 \$100	

#### **Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

The <u>plan's</u> overall <u>deductible</u>	\$2,000			
Specialist coinsurance	0%			
Hospital (facility)	0%			
<u>coinsurance</u>	0 70			
■ Other <u>coinsurance</u> 0%				
This EXAMPLE event includes				
services like:				
Emergency room care (includin	ng medical			
supplies)				
	Diagnostic test (x-ray)			
Durable medical equipment (cr	,			
Rehabilitation services (physical therapy)				
Total Example Cost \$2,800				
In this example, Mia would pa	ay:			
Cost Sharing	-			
Deductibles	\$2,000			
Copayments	\$100			
Coinsurance	\$0			
What isn't covered				
Limits or exclusions	\$0			
The total Mia would pay is	\$2,100			

The plan would be responsible for the other costs of these EXAMPLE covered services.



# **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 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, including sexual orientation and gender identity.

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 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, including sexual orientation and gender identity, you can file a grievance with –

Kristie Breunig, Compliance Officer 2650 Novation Parkway Madison, 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, Kristie Breunig, 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 ntawy tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawy tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawy 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 ntawy 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 ntawy 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 lawy 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 trúp 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.

ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ັງວກັບໃບສະຫມັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີ່ສຳຄັນ ໃນຫນັ່ງສືແຈ້ງການສະບັບນີ້.ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາ ທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານ 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.

يحتوي هذا الإشعار على معلومات مهمة. يتضمن هذا – Quartz. الإشعار معلومات هامة حول طلبك أو تغطيتك عبر Quartz. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى إجراء تدابير معينة و فقاً لمواعيد معينة من أجل الحفاظ على تغطيتك الصحية أو المساعدة في التكاليف. ليدك الحق في الحصول على هذه المعلومات TTY / TDD: وعلى المساعدة في لغتك دون أي تكلفة. اتصل على 2010. / 2018 (800) / 877-8973 (800) / 111

**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 Quart2을 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 수있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가있습니다. (800) 362-3310로 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.

Pennsylvanian Dutch – Die Bekanntmaching gebt wichdichi Auskunft. Die Bekanntmaching 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 beschtimmde 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 zwrócic 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 खर्चे में मदद के लिए आपको कुछ तय तारीखों तक कार्रवाई करनी ज़रूरी 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 ndërmerrni 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 laguu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.

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: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. \_ (መስማት ለተሳናቸው: 711 / (800) 877-8973 ).

Karen – ဟ်သူဉ်ဟ်သး– နမ္မ၊ကတိ၊ ကညီ ကျိဉ်အယိ, နမးန္၊ ကျိဉ်အတာ်မးစားလ၊ တလက်ဘူဉ်လက်စ္၊ နီတမံးဘဉ်သုန္နဉ်လီ၊. ကိုး (800) 362-3310.TTY / TDD: 711 / (800) 877-8973.

Mon-Khmer, Cambodian – ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកកាសា ដោយមិនគិតឈូល គឺអាចមានសំរាប់បំរើអ្នក។ 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: ถา้ คุณพดู ภาษาไทยคุณสามารถใชบ้ ริการช่วยเหลือทางภาษาไดฟ้ รี 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. 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 – Urdu – Urdu

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.