

Quartz[®]
Find your spark.



Proposal For:

SCHOOL DISTRICT OF BELOIT TURNER

Prepared by: USI INSURANCE SERVICES LLC

QuartzBenefits.com

QA01755 (0822)

Choose Quartz

Quartz

Quartz is committed to helping our members live life to the fullest, by supporting them when they're sick while aspiring to keep them healthy.

Because **good health** matters, choose the health insurance company where **your company and your employees** matter.

Best-in-class
primary care providers
and specialists

The **right care**,
at the **right cost**,
at the **right time**

Midwestern
friendliness and
service excellence



The Quartz Difference

Quartz is provider owned by the health care delivery systems of UW Health, UnityPoint Health, Gundersen Health System, and Advocate Aurora Health.

Together, our integrated approach to patient care ensures **our members receive the best care at the lowest possible cost.**

UWHealth

GUNDERSEN
HEALTH SYSTEM.

 UnityPoint Health

 Advocate Aurora Health

Quality Counts

Our quality standards show in everything we do — it's one reason why **we are consistently recognized as a top health plan.**

38

**Member Net Promoter
Score (NPS) for 2021**

Scoring range of -100 to 100



4.5 out of 5

overall rating

NCQA has recognized Quartz Health Benefit Plans Corporation (QHBPC) among the **nation's highest-rated health insurance plans** for its commercial HMO/POS products. QHBPC's overall rating was 4.5 out of 5 in NCQA's Private Health Insurance Plan Ratings 2021.

Health Management

Quartz plans support our members on their journey to improved health and well-being. Resources include:

- ▶ **Self-guided programs for chronic conditions** such as diabetes.
- ▶ **Health Coaching with a trained coach** who can motivate positive change.



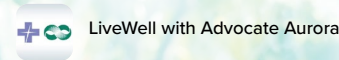
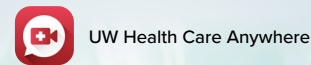
Mental Health and Emotional Well-Being

Being healthy isn't just about the body — it's about the mind, too. **Quartz's Behavioral Health Care Management team connects our members to the support they need to cope with:**

- ▶ Alcohol abuse
- ▶ Anxiety
- ▶ Bipolar disorder
- ▶ Depression
- ▶ Drug abuse
- ▶ Obsessive-compulsive disorder
- ▶ Panic disorder
- ▶ Post-traumatic stress disorder
- ▶ Stress

Virtual visits 24/7

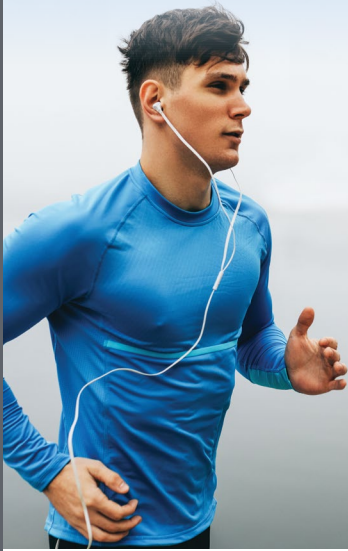
Fevers don't care what time it is. Or what day of the week. Neither do sore throats or sprained ankles. That's why **Quartz members have access to providers 24/7** through their smartphone, tablet, or computer.



Wellness Rewarded

QuartzBenefits.com/quartzwell

Quartz Well is our flagship wellness program. All eligible members can get involved, regardless of their fitness level and goals. **Participants earn points** for preventive services, activity from their fitness tracker, and other healthy behaviors to redeem for **Amazon gift cards**.



Our Member Promise

Get out there. Go live your life. Chase your passions and follow your dreams. We've got your back.

Our member promise is more than an idea, a vision, or a wish — it's the way we do business. When we act with our customers' needs at the forefront, everyone wins.

2021 Member Retention:

Large Group

93%

Small Group

93%

Medicare Advantage

99%

Quartz

840 Carolina Street
Sauk City, WI 53583

Customer Success: (800) 362-3310

Sales: (800) 926-8227

TTY: 711

QuartzBenefits.com





MYPLANTOOLS FOR EMPLOYERS

MyPlanTools is Quartz's secure online tool that provides the information you need to manage your group's plan.

FEATURES INCLUDE:

- ▶ **Online Enrollment**
 - Easy-to-use dashboard to add new employees, manage current employees, and monitor the status of all applications
 - Flexible application process including a member email option
 - Secure online access to enrollment information 24/7
 - Convenient process to review and/or edit before submission
- ▶ **Benefits**
 - View your group's benefit information, and relevant plan documents
 - View and confirm benefit eligibility
- ▶ **View Your Premium Bills Online**
 - Set up recurring automatic payments
- ▶ **Print ID Cards**
- ▶ **Email Customer Service**
- ▶ **Account Information**
 - Update your contact information (address, phone number, and email address) and change your password

GROUP ADMINISTRATION

You will be assigned a designated administrator to maintain your group's enrollment. Login information for MyPlanTools should not be shared; administrators have the ability to assign account access to other individuals based on their employment responsibilities.

Update MyPlanTools regularly. You should immediately remove employees who are no longer participating in your group's plan.

LOGIN INSTRUCTIONS

Go to [QuartzBenefits.com](https://www.QuartzBenefits.com). From the top menu, click **Log In**, then **MyPlanTools**.

If you have any questions, please contact Quartz's Sales Department at **(800) 926-8227**.



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.



Earn points

	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

- Automatic points for a range of preventive services, such as immunizations through a network provider
- Sync with tracking devices or mobile apps to earn points for steps you take in daily activities or working out
- Digital platform that makes it easy to create and track health goals

Points can be redeemed for an Amazon gift card!

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).

Simple
No paperwork to complete

Flexible
Work out wherever and whenever you want

Rewarding
Redeem and use your points online

QuartzBenefits.com

QA01364 (0123)
Offered by Quartz Health Benefit Plans Corporation.
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Engage & Earn – 2023



Engagement

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

Health & Well-being

Points can be earned from either in-person or virtual offerings.

Activity	Points
Massage	100/quarter
Acupuncture	100/quarter
Mindfulness Classes	50/quarter
Nutrition Classes	50/quarter
Classes at AAH, Gundersen Health System, SwedishAmerican, UPH - Meriter, or UW Health	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
DEI&B: Diversity, Equity, Inclusion & Belonging Activity	100/quarter

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	5/day

Participate in a Community Event

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

Prevention

Activity	Points
Annual Exam - Preventive Health Visit	1,000
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

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 Quartz Well portal for up-to-date options and point systems.



Here for you 24/7

Turn to technology for on-demand care

Your fever doesn't care what time it is. Or what day of the week. Neither does your child's sore throat or your partner's sprained ankle. When you are sick or injured, **you want care now.**

A virtual (or video) visit is the answer for quick, easy access to health care – **no appointment needed.** When you have an **urgent, non-emergency health issue**, use your smartphone, tablet, or computer (with a camera and microphone) to connect to a medical professional. The provider can give you a diagnosis, suggest follow-up care, and prescribe medication when appropriate.

Virtual visits are ideal for symptoms such as:

- Abdominal pain
- Allergies
- Back pain
- Cough
- Diarrhea
- Eye infections
- Fever
- Headache
- Joint pain
- Minor skin problems
- Nausea and vomiting
- Painful/difficult urination
- Sore throat
- Sprains
- Stuffy or runny nose

PLAN AHEAD

Set up your virtual visit account ahead of time so you're ready when you need care, without delay.



Search your app store for **Care Anywhere University of Wisconsin**. Or, go to uwhealthcareanywhere.org to set up your account or access care.



Search your app store for **Gundersen VirtualVisit**. Learn more and explore frequently asked questions at gundersenvirtualvisit.org.



Search your app store for **LiveWell with Advocate Aurora**. Visit livewell.aah.org to sign up or start a visit.

WHEN YOU NEED CARE

- Log in to your account and follow the prompts to choose a provider and start your visit.
- If there is a cost, you'll be told ahead of time.
- Eligibility and coverage vary based on your Quartz plan.

QUESTIONS?

Call Customer Success at **(800) 362-3310**.

QuartzBenefits.com

QA01415 (0822)
Quartz-branded health plans are offered by Quartz Health Benefit Plans Corporation, Quartz Health Plan Corporation, Quartz Health Plan MN Corporation, and Quartz Health Insurance Corporation, which are separate legal entities.
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Quartz[®]
Find your spark.



Changes to Group Certificates for 2023 Renewal

Improved cost-sharing transparency in Schedule of Benefits (SOB) and Summary of Benefits and Coverage (SBC) by:

- On SOBs, referencing the embedded federal self-only limit only for affected plans;
- On SBCs, adding language for plans that cover prescription drugs before the deductible;
- On SBCs for deductible-copay plans, clarifying that deductible/coinsurance do not apply to additional services performed in the emergency room (unlike urgent care visits);
- For POS/PPO products, applying normal cost-sharing for out-of-network virtual visits (Virtual First does not apply).

Applied cost-sharing to routine vision exams on HSA-eligible high deductible health plans.

Clarified that a member cannot be both an employee subscriber and a child/spouse dependent on the same group policy.

Granted Quartz and its delegates sole discretion over benefits administration and interpretation of contract terms.

Made Physicians Assistants (PAs) pickable as Primary Care Providers (PCPs).

Rebranded Quartz Customer Service to "Customer Success."

Added language to support the variable copay and accumulator adjustment programs on the prescription drug benefit.

Highlighted that eligibility for special enrollment is based on *involuntary* losses of coverage.

Removed the limit of one bariatric surgery per lifetime of member for all products, and removed the 300-mile rule for out-of-network coverage of bariatric surgery on PPO plans.

Updated coverage at \$0 for the following preventive services: colonoscopies following a positive screening test; behavioral counseling for weight gain in pregnancy; diabetes screening beginning at age 35, including new interventions; well woman services and recommended frequency; screenings for behavioral, social and emotional needs in children, and suicide risk in adolescents; breast milk storage supplies; risk assessments for cardiac arrest or death in adolescents, and Hepatitis B infection for all children.

Revised Group Master Policy Agreements to:

- Assume responsibility for employer groups' compliance with prescription drug reporting requirements and the provision of advance EOBs;
- Remove group numbers and legal names, to improve internal efficiency and accuracy;
- Allow for non-renewal when an employer group moves outside the selling area.

Excluded medical benefit drugs casimersen (Amondys 45), and vitolarsen (Viltepsa).

Removed the exclusion for treatment of gambling addiction.

Allowed nutritional counseling by dietitians, not just PCPs.

Incorporated clarifications related to the No Surprises Act, including external review rights, disclosures of cost-sharing, and references to advance EOBs.



SCHOOL DISTRICT OF BELOIT TURNER
 Proposal Rate Options
 Effective Date: 07/01/2023

Renewal Offering	
HMO1-1	
Beloit One Network	
Annual Deductible (Single/Family)	\$3,000 / \$6,000
Coinsurance	0%
Max Out-of-Pocket (Single/Family)	\$3,000 / \$6,000
<i>Deductible Type:</i>	<i>Embedded</i>
Physician Services	
Office Visit	Ded & Coins
Specialist Visit	Ded & Coins
Emergency Services	
Urgent Care	Ded & Coins
Emergency Room	Ded & Coins
Hospital Services	
Inpatient Services	Ded & Coins
Delivery & Newborn Charges	Ded & Coins
Outpatient Services	Ded & Coins
Diagnostic Services	
Lab & X-Ray	Ded & Coins
MRI/PET/CAT Scan	Ded & Coins
Behavioral Health	
Inpatient	Ded & Coins
Transitional	Ded & Coins
Outpatient	Ded & Coins
Other Services	
Durable Medical Equipment	Ded & Coins
Therapy Services	Ded & Coins
Oral Surgery	Ded & Coins
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	Ded & Coins
Max Out-of-Pocket (Single/Family)	Subject to Medical Max Out-of-Pocket
Additional Benefits	
Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Out of Area Dependent Rider; This is an HSA qualified health plan.	
Health Care Reform	
Preventive Services	Unlimited
Annual Maximum	Unlimited
Lifetime Maximum	Unlimited

Large: To view the Summary of Benefits and Coverage (SBC), go to QuartzBenefits.com/sbcllookup 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: 0.05% of the quoted rates are due to required fees as part of the Patient Centered Outcomes Research Institute Fee. Benefit year plans. Number of plans offered subject to underwriting approval, depending on enrollment. This proposal includes a rate cap on the Beloit One Network plan for the 7/1/2024 renewal, if the Medical Loss Ratio (MLR) is at or below 89.9% (target loss ratio), the renewal increase shall not exceed +7.0%, if the MLR is above 89.9%, the renewal increase shall not exceed +9.0%. No rate cap is offered on the Quartz Network plan. Medical Loss Ratio will be calculated at the time of renewal, based on credible experience from the current base period when calculating the respective year's renewal.

Coverage Type	Contracts	Rates
Single	30	\$681.20
Family	45	\$1,566.75
Medicare Single	0	\$544.96
Medicare Family	0	\$1,089.92
Medicare Split	0	\$1,226.16

Total Monthly Premium \$90,939.75

Change From Current Premium 3.00%

Line of Business Code 9000009
 Payor State WI
 SBC Tracking IDs: HHVADKQL
 SOB Tracking IDs: HHVADKQL



SCHOOL DISTRICT OF BELOIT TURNER
 Proposal Rate Options
 Effective Date: 07/01/2023

Renewal Offering	
HMO2-1	
Quartz Network	
Annual Deductible (Single/Family)	\$3,000 / \$6,000
Coinsurance	0%
Max Out-of-Pocket (Single/Family)	\$3,000 / \$6,000
<i>Deductible Type:</i>	<i>Embedded</i>
Physician Services	
Office Visit	Ded & Coins
Specialist Visit	Ded & Coins
Emergency Services	
Urgent Care	Ded & Coins
Emergency Room	Ded & Coins
Hospital Services	
Inpatient Services	Ded & Coins
Delivery & Newborn Charges	Ded & Coins
Outpatient Services	Ded & Coins
Diagnostic Services	
Lab & X-Ray	Ded & Coins
MRI/PET/CAT Scan	Ded & Coins
Behavioral Health	
Inpatient	Ded & Coins
Transitional	Ded & Coins
Outpatient	Ded & Coins
Other Services	
Durable Medical Equipment	Ded & Coins
Therapy Services	Ded & Coins
Oral Surgery	Ded & Coins
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	Ded & Coins
Max Out-of-Pocket (Single/Family)	Subject to Medical Max Out-of-Pocket
Additional Benefits	
Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Out of Area Dependent Rider; This is an HSA qualified health plan.	
Health Care Reform	
Preventive Services	Unlimited
Annual Maximum	Unlimited
Lifetime Maximum	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: 0.05% of the quoted rates are due to required fees as part of the Patient Centered Outcomes Research Institute Fee. Benefit year plans. Number of plans offered subject to underwriting approval, depending on enrollment. This proposal includes a rate cap on the Beloit One Network plan for the 7/1/2024 renewal, if the Medical Loss Ratio (MLR) is at or below 89.9% (target loss ratio), the renewal increase shall not exceed +7.0%, if the MLR is above 89.9%, the renewal increase shall not exceed +9.0%. No rate cap is offered on the Quartz Network plan. Medical Loss Ratio will be calculated at the time of renewal, based on credible experience from the current base period when calculating the respective year's renewal.

Coverage Type	Contracts	Rates
Single	3	\$965.35
Family	10	\$2,220.29
Medicare Single	0	\$772.28
Medicare Family	0	\$1,544.56
Medicare Split	0	\$1,737.63

Total Monthly Premium \$25,098.55

Change From Current Premium 8.00%

Line of Business Code 9000009
 Payor State WI
 SBC Tracking IDs: LOXEKDS
 SBC Tracking IDs: LOXEKDS



FINAL RATES
ACCEPTANCE FORM

The final rates offered to: **SCHOOL DISTRICT OF BELOIT TURNER**
by Quartz, effective **07/01/2023** are:

Renewal Offering?	YES	YES
	<u>HMO1-1</u>	<u>HMO2-1</u>
Single	\$681.20	\$965.35
Family	\$1,566.75	\$2,220.29
Medicare Single	\$544.96	\$772.28
Medicare Family	\$1,089.92	\$1,544.56
Medicare Split	\$1,226.16	\$1,737.63

We accept the following plan(s):

SBC Tracking IDs:

HHVADKQLSBC

LOXEKDSSEC

SOB Tracking IDs:

HHVADKQLSOB

LOXEKDSSEB

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.

SCHOOL DISTRICT OF BELOIT TURNER understands that Quartz, in its sole discretion, may provide summary health information for our use. I request, on behalf of SCHOOL DISTRICT OF BELOIT TURNER, that SCHOOL DISTRICT OF BELOIT TURNER 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 SCHOOL DISTRICT OF BELOIT TURNER.

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 SCHOOL DISTRICT OF BELOIT TURNER. I further attest and certify that all the statements included herein are true and correct to the best of my knowledge.

SCHOOL DISTRICT OF BELOIT TURNER

Printed Name of Group Representative

Date

Signature of Group Representative

Position/Title of Group Representative

Please send the completed form to:

Ron Sebranek
Quartz



**RENEWAL/BENEFIT CHANGE
NOTICES**

Group Name: SCHOOL DISTRICT OF BELOIT TURNER
Effective Date: 07/01/2023
Group Number(s): 9023403, 9023410, 9023402, 9023408

- 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: 0.05% of the quoted rates are due to required fees as part of the Patient Centered Outcomes Research Institute Fee. Benefit year plans. Number of plans offered subject to underwriting approval, depending on enrollment. This proposal includes a rate cap on the Beloit One Network plan for the 7/1/2024 renewal, if the Medical Loss Ratio (MLR) is at or below 89.9% (target loss ratio), the renewal increase shall not exceed +7.0%, if the MLR is above 89.9%, the renewal increase shall not exceed +9.0%. No rate cap is offered on the Quartz Network plan. Medical Loss Ratio will be calculated at the time of renewal, based on credible experience from the current base period when calculating the respective year's

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.

Employer Name:	
Employer State of Situs:	Wisconsin
Name of Issuer:	Quartz Health Benefit Plans Corporation
Plan Marketing Name:	Quartz Group HMO/POS/PPO
Plan Year:	2023

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No, unless standalone rider is purchased
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes, except for transportation & lodging. Transportation of the organ is covered.
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

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 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 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 ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab 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 hnuv 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, потребуются 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. ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໃບສະໜັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີ່ສໍາຄັນໃນໜ້າສື່ແຈ້ງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ 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 devez 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 አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. (መስማት ለተሳናቸው: 711 / (800) 877-8973).

Karen – ၵၢ်သ့ၵ်သး- န့ၵ်ကတိၢ် ကညိၢ် ကျိၢ်အသိၢ်, န့ၵ်န့ၵ် ကျိၢ်အတၢ်မၤတၢ်လၢ တလၢၵ်သ့ၵ်သးန့ၵ်လိၢ်. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

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

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

Thai – เร็ยณ: ถำ คุณพศุ ภาษาไทยคุณสามารถใข้ บริการช่วยเหลื่อทางภาษาได้ฟรี ฐ โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા છે, 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 wıchdichi Auskunft. Die Bekanntmachung gebt wıchdichi Auskunft baut dei Application oder Coverage mit Quartz. Geb Acht fer wıchdiche 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 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.