

# Quartz®

QuartzBenefits.com

**IB** EXECUTIVE  
CHOICE AWARD  
2020 WINNER



**Proposal For:**

**SCHOOL DISTRICT OF BELOIT TURNER**

Prepared by: USI INSURANCE SERVICES LLC

# Choose 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, and Gundersen Health System.

Other key provider partners include Aurora Health Care, ProHealth Care, and ThedaCare. Together, our integrated approach to patient care ensures **our members receive the best care at the lowest possible cost.**



## Quality Counts

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

# 95%

**Member Satisfaction**

Based on a monthly survey of Quartz members from Jan. - Dec. 2019



2018 - 2019

# 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 2018-2019.

## 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 asthma and diabetes.
- ▶ **Health Coaching with a trained coach** who can motivate positive change.



## Wellness Rewarded

[QuartzBenefits.com/quartzwell](https://www.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**.



**Healthy Path**  
Get active, stay active, and connect to Quartz Well.

## Digital Tools [QuartzBenefits.com/digitaltools](https://www.QuartzBenefits.com/digitaltools)

Quartz's online, on-the-go tools empower our members to take control of their health.

### Free mobile apps

Our free apps deliver mobile access to easy-to-use resources at no additional cost. There's support for **low back pain, pregnancy and parenting, emotional well-being**, and more. Message and data rates may apply.



MobileBack



MyStrength



Quartz MyChart



Thrive by Quartz

### Video visits

Use your smartphone, tablet, or computer **to see a health care provider 24/7** for non-emergency care.



UW Health Care Anywhere



UnityPoint Health Virtual Care



Gundersen VirtualVisit



## 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.

## Member Retention:

(Feb. 2019 - Jan. 2020)

Large Group

**94%**

Small Group

**95%**

Medicare Advantage

**98%**

### Quartz

840 Carolina Street  
Sauk City, WI 53583

**Customer Service: (800) 362-3310**

**Sales: (800) 926-8227**

**TTY: 711 or toll-free (800) 877-8973**

[QuartzBenefits.com](https://www.QuartzBenefits.com)





Healthy Starts Now



# GET STARTED NOW AND DISCOVER THE BEST YOU!

Quartz Well, our personalized digital wellness program, is simple, flexible and rewarding. It's designed to reward you for taking care of yourself — whatever your fitness level, wherever you are.



**SIMPLE**  
No paperwork to complete



**FLEXIBLE**  
Workout wherever and whenever you want



**REWARDING**  
Redeem and use your points online



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       | Reward       |
|--------------|--------------|--------------|
| Level 1      | 1,000        | \$25         |
| Level 2      | 1,000        | \$25         |
| Level 3      | 1,000        | \$25         |
| Level 4      | 1,000        | \$25         |
| <b>Total</b> | <b>4,000</b> | <b>\$100</b> |

Points can be redeemed for an Amazon gift card! Visit [QuartzBenefits.com/quartzwell](https://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).



[QuartzBenefits.com](https://QuartzBenefits.com)

## ENGAGE & EARN – 2021

### 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 Programs/Quartz Resources                    | Points |
|---|--------|
| These points can be earned only once, not annually. |        |
| Thrive by Quartz app download                       | 500    |
| myStrength app download                             | 500    |
| MobileBack  | 500    |
| Health Coaching                                     | 500    |

### 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 Fitness Event |              |
|--|--------------|
| 5K Walk, Run or Bike                     | 50 / quarter |
| 10K Walk, Run or Bike                    | 50 / quarter |

### PREVENTION

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

### HEALTH & WELL-BEING

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 UW Health, SwedishAmerican, UPH - Meriter, Gundersen Health System, or Aurora Health Care | 50 / quarter  |
| Health Education Classes   | 50 / quarter  |
| Participate in a Support Group   | 50 / quarter  |
| Tobacco Cessation Class  | 50 / quarter  |
| CPR Certification  | 100 / year    |
| Community Supported Agriculture  | 400 / year    |

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



## YOUR QUICK REFERENCE TO TELEHEALTH VISITS AND VIRTUAL VISITS

At Quartz, we care about bringing you access to health care when and where you need it. More and more Quartz members are discovering the benefits of using technology to get medical care. Instead of an in-person appointment, you can use your smartphone, tablet, or computer to talk face-to-face with a provider.

Let's look at two convenient services — telehealth visits and virtual visits —so you understand your care options.



### Telehealth Visit



### Virtual Visit

#### Timely

**A scheduled appointment with your usual provider during clinic hours.** Most are a video chat, but sometimes a phone call is all you need.

**No appointment needed.** Connect when it's convenient **24/7 — any day, any time access.** The provider may give a diagnosis, suggest follow-up care, and prescribe medication.

#### Flexible

**Appropriate for a broad range of reasons,** including routine visits, surgery follow-ups, mental health services, screenings, and more.

**Appropriate for urgent, non-emergency symptoms** such as allergies, cough, diarrhea, headaches, nausea, rashes, sore throat, sprains, etc.

#### Easy

**Contact your provider's office** to see if a telehealth visit is right for you. If so, they'll schedule a time and give you details on how and when to connect with the provider.

**Set up your account ahead of time** so you're prepared if you become sick or injured. Once you log in, choose from the available providers, and answer a few questions about your symptoms.

#### Affordable

**The cost is the same as an in-person visit,** billed to Quartz and covered at the same level. You pay your usual out-of-pocket costs.

Compared to a telehealth or office visit, you have **reduced cost-share** based on your benefit plan — as little as \$0 out-of-pocket. The cost is no more than \$49 per visit.

With both telehealth visits and virtual visits, you'll be referred to in-person care if your condition requires it.

Contact your provider's office about telehealth services, or visit [QuartzBenefits.com/digitaltools](https://QuartzBenefits.com/digitaltools) to learn more about virtual visits and how to set up your account ahead of time.

**Questions?** Call Customer Service at **(800) 362-3310** — we're here to help.



## Changes to Group Certificates for 2021 Renewal

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



SCHOOL DISTRICT OF BELOIT TURNER  
 Proposal Rate Options  
 Effective Date: 07/01/2021

|                                   | <u>Renewal Offering</u>  | <u>Alternate</u>   |
|-----------------------------------|--|--|
|                                   | HMO1-1   | HMO1-2   |
|                                   | <u>Beitot One Network</u>  | <u>In-Network</u>  |
| Annual Deductible (Single/Family) | \$3,000 / \$6,000  | \$7,900 / \$15,800   |
| Coinsurance                       | 0%   | 0%   |
| Max Out-of-Pocket (Single/Family) | \$3,000 / \$6,000  | \$7,900 / \$15,800   |
| Deductible Type:                  | Embedded   | Embedded   |
| <b>Physician Services</b>         |  |  |
| Office Visit                      | Ded & Coins  | \$45 Copay   |
| Specialist Visit                  | Ded & Coins  | \$125 Copay  |
| <b>Emergency Services</b>         |  |  |
| Urgent Care                       | Ded & Coins  | \$125 Copay  |
| Emergency Room                    | Ded & Coins  | \$500 Copay  |
| <b>Hospital Services</b>          |  |  |
| Inpatient Services                | Ded & Coins  | Ded & Coins  |
| Delivery & Newborn Charges        | Ded & Coins  | Ded & Coins  |
| Outpatient Services               | Ded & Coins  | Ded & Coins  |
| <b>Diagnostic Services</b>        |  |  |
| Lab & X-Ray                       | Ded & Coins  | Ded & Coins  |
| MRI/PET/CAT Scan                  | Ded & Coins  | Ded & Coins  |
| <b>Behavioral Health</b>          |  |  |
| Inpatient                         | Ded & Coins  | Ded & Coins  |
| Transitional                      | Ded & Coins  | Ded & Coins  |
| Outpatient                        | Ded & Coins  | \$45 Copay   |
| <b>Other Services</b>             |  |  |
| Durable Medical Equipment         | Ded & Coins  | 20% Coins  |
| Therapy Services                  | Ded & Coins  | Ded & Coins  |
| Oral Surgery                      | Ded & Coins  | Ded & Coins  |
| <b>Pharmacy Benefits</b>          |  |  |
| Tier 1/Tier 2/Tier 3              | Ded & Coins  | \$20/\$60/\$120/\$175 Spec Rx  |
| Max Out-of-Pocket (Single/Family) | Subject to Medical Max Out-of-Pocket   | Subject to Medical Max Out-of-Pocket                                       |
| <b>Additional Benefits</b>        |  |  |
|                                   | Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Out of Area Dependent Rider; This is an HSA qualified health plan. | Evisits - \$30 Copay; Artificial Insemination; Out of Area Dependent Rider |
| <b>Health Care Reform</b>         |  |  |
| Preventive Services               | Unlimited  | Unlimited  |
| Annual Maximum                    | Unlimited  | Unlimited  |
| Lifetime Maximum                  | Unlimited  | Unlimited  |

Large: To view the Summary of Benefits and Coverage (SBC), go to [QuartzBenefits.com/sbclookup](http://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. This proposal includes a rate cap of +4.5% on the Beitot One plan for the 7/1/2022 renewal.

| Coverage Type   | Contracts | Rates      | Contracts | Rates      |
|-----------------|-----------|------------|-----------|------------|
| Single          | 30        | \$642.10   | 30        | \$510.49   |
| Family          | 32        | \$1,476.82 | 32        | \$1,174.12 |
| Medicare Single | 0         | \$513.69   | 0         | \$408.39   |
| Medicare Family | 0         | \$1,027.36 | 0         | \$816.78   |
| Medicare Split  | 0         | \$1,155.78 | 0         | \$918.88   |

|                                    |                    |                    |
|------------------------------------|--------------------|--------------------|
| <b>Total Monthly Premium</b>       | <b>\$66,621.24</b> | <b>\$52,886.54</b> |
| <b>Change From Current Premium</b> | <b>3.50%</b>       | <b>-17.71%</b>     |
| Line of Business Code              | 9000009            | 9000011            |
| Payer State                        | WI                 | WI                 |
| 68C Tracking IDs:                  | VA08EP             | C6PN7/G6Z          |
| 80B Tracking IDs:                  | VA08EP             | C6PN7/G6Z          |

These rates are based upon the facts presented by your group, the demographics of your group, and the medical benefits listed on the rate options page. Any changes to the information provided may result in a change to the monthly premiums listed.





SCHOOL DISTRICT OF BELOIT TURNER  
 Proposal Rate Options  
 Effective Date: 07/01/2021

|                                   | <b>Renewal Offering</b>  | <b>Alternate</b>   |
|-----------------------------------|--|--|
|                                   | <b>HMO2-1</b>  | <b>HMO2-2</b>  |
|                                   | <b>Quartz Network</b>  | <b>In-Network</b>  |
| Annual Deductible (Single/Family) | \$3,000 / \$6,000  | \$7,900 / \$15,800   |
| Coinsurance                       | 0%   | 0%   |
| Max Out-of-Pocket (Single/Family) | \$3,000 / \$6,000  | \$7,900 / \$15,800   |
| Deductible Type:                  | <i>Embedded</i>  | <i>Embedded</i>  |
| <b>Physician Services</b>         |  |  |
| Office Visit                      | Ded & Coins  | \$45 Copay   |
| Specialist Visit                  | Ded & Coins  | \$125 Copay  |
| <b>Emergency Services</b>         |  |  |
| Urgent Care                       | Ded & Coins  | \$125 Copay  |
| Emergency Room                    | Ded & Coins  | \$500 Copay  |
| <b>Hospital Services</b>          |  |  |
| Inpatient Services                | Ded & Coins  | Ded & Coins  |
| Delivery & Newborn Charges        | Ded & Coins  | Ded & Coins  |
| Outpatient Services               | Ded & Coins  | Ded & Coins  |
| <b>Diagnostic Services</b>        |  |  |
| Lab & X-Ray                       | Ded & Coins  | Ded & Coins  |
| MRI/PET/CAT Scan                  | Ded & Coins  | Ded & Coins  |
| <b>Behavioral Health</b>          |  |  |
| Inpatient                         | Ded & Coins  | Ded & Coins  |
| Transitional                      | Ded & Coins  | Ded & Coins  |
| Outpatient                        | Ded & Coins  | \$45 Copay   |
| <b>Other Services</b>             |  |  |
| Durable Medical Equipment         | Ded & Coins  | 20% Coins  |
| Therapy Services                  | Ded & Coins  | Ded & Coins  |
| Oral Surgery                      | Ded & Coins  | Ded & Coins  |
| <b>Pharmacy Benefits</b>          |  |  |
| Tier 1/Tier 2/Tier 3              | Ded & Coins  | \$20/\$60/\$120/\$175 Spec Rx  |
| Max Out-of-Pocket (Single/Family) | Subject to Medical Max Out-of-Pocket   | Subject to Medical Max Out-of-Pocket                                       |
| <b>Additional Benefits</b>        |  |  |
|                                   | Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Out of Area Dependent Rider; This is an HSA qualified health plan. | Evisits - \$30 Copay; Artificial Insemination; Out of Area Dependent Rider |
| <b>Health Care Reform</b>         |  |  |
| Preventive Services               | Unlimited  | Unlimited  |
| Annual Maximum                    | Unlimited  | Unlimited  |
| Lifetime Maximum                  | Unlimited  | Unlimited  |

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| Coverage Type   | Contracts | Rates      | Contracts | Rates      |
|-----------------|-----------|------------|-----------|------------|
| Single          | 14        | \$527.63   | 14        | \$657.99   |
| Family          | 42        | \$1,903.54 | 42        | \$1,513.37 |
| Medicare Single | 0         | \$662.10   | 0         | \$526.39   |
| Medicare Family | 0         | \$1,324.21 | 0         | \$1,052.78 |
| Medicare Split  | 0         | \$1,486.73 | 0         | \$1,184.38 |

|                                    |                    |                    |
|------------------------------------|--------------------|--------------------|
| <b>Total Monthly Premium</b>       | <b>\$91,535.50</b> | <b>\$72,773.40</b> |
| <b>Change From Current Premium</b> | <b>7.50%</b>       | <b>-14.53%</b>     |
| Line of Business Code              | 6000009            | 6000111            |
| Payor State                        | WI                 | WI                 |
| SBC Tracking IDs:                  | MCITOB1Q1          | C1T8UDB            |
| SOB Tracking IDs:                  | MCITOB1Q1          | C1T8UDB            |

These rates are based upon the facts presented by your group, the demographics of your group, and the medical benefits listed on the rate options page. Any changes to the information provided may result in a change to the monthly premiums listed.



FINAL RATES  
ACCEPTANCE FORM

The final rates offered to:  
by Quartz, effective

**SCHOOL DISTRICT OF BELOIT TURNER**  
**07/01/2021** are:

| Renewal Offering? | YES        | YES        | no         | no         |
|-------------------|------------|------------|------------|------------|
|                   | HMO1-1     | HMO2-1     | HMO1-2     | HMO2-2     |
| Single            | \$642.10   | \$827.63   | \$510.49   | \$657.99   |
| Family            | \$1,476.82 | \$1,903.54 | \$1,174.12 | \$1,513.37 |
| Medicare Single   | \$513.68   | \$662.10   | \$408.39   | \$526.39   |
| Medicare Family   | \$1,027.36 | \$1,324.21 | \$816.78   | \$1,052.78 |
| Medicare Split    | \$1,155.78 | \$1,489.73 | \$918.88   | \$1,184.38 |

We accept the following plan(s):



SBC Tracking IDs:  
SOB Tracking IDs:

VA08EPSBC  
VA08EPSOB

MCTOB1Q1SBC  
MCTOB1Q1SOB

C6PN71G6ZSBC  
C6PN71G6ZSOB

CLT8U0BSBC  
CLT8U0BSOB

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

BRAD BOLL  
Printed Name of Group Representative

[Signature]  
Signature of Group Representative

3/26/2021  
Date

DIR OF BUSINESS SERVICES  
Position/Title of Group Representative

Please send the completed form to:

Ron Sebranek  
Quartz  
840 Carolina Street  
Sauk City, WI 53583



**RENEWAL/BENEFIT CHANGE  
NOTICES**

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**Group Name:** SCHOOL DISTRICT OF BELOIT TURNER  
**Effective Date:** 07/01/2021  
**Group Number(s):** 9023402, 9023403, 9023408, 9023410

- 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.**

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**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.**

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## 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, home UV therapy units); back-up supplies, equipment or prosthesis
- ▶ Customization of vehicles and/or lifts for wheelchairs and scooters; any and all modifications to a member's home and items associated with home modifications
- ▶ Repair or replacement of supplies, equipment or prosthesis if lost, stolen or nonfunctional due to misuse, abuse or neglect

### GENERAL

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

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

#### Proof of Claim

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

#### Provider Limitations

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

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



## Non-Discrimination & Language Access

Quartz is the brand name for a group of companies committed to your health: Quartz Health Benefit Plans Corporation, Quartz Health Insurance Corporation, Quartz Health Plan Corporation, and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to all Quartz companies.

For assistance understanding these materials in a language other than English, call (800) 362-3310, and a Customer Service representative will assist you. TTY users should call 711 or (800) 877-8973.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

We provide free aids and services to people with disabilities to communicate effectively with us, such as –

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide free language services to people whose primary language is not English, such as –

- Qualified interpreter
- Information written in other languages

If you need these services, contact Customer Service at (800) 362-3310.

If you believe we failed to provide these services or discriminated in another way on the basis of race, color,

national origin, age, disability, or sex, you can file a grievance with –

Kristie Meier, Compliance Officer  
 840 Carolina Street  
 Sauk City, WI 53583  
 Phone: (800) 362-3310  
 TTY: 711 or toll-free (800) 877-8973  
 Fax: (608) 644-3500  
 Email: AppealsSpecialists@quartzbenefits.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://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](http://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](http://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** – Tsaab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsaab 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 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** – ຄຳຮ້ອງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສຳຄັນ. ຄຳຮ້ອງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບໃບສະໜັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີ່ສຳຄັນ ໃນໜັງສືຄຳຮ້ອງການສະບັບນີ້. ທ່ານອາດຈຳເປັນຕ້ອງປະຕິບັດຕາມເວລາ ທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະຖະພາບຂອງທ່ານ 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. 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 XIYYEEFANNAA: 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 ተከታፊተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. (መስማት ለተሳናቸው: 711 / (800) 877-8973)።

**Karen** – ၵၢ်သ့ၵ်သး- နမ့ၢ်ကဝိၢ် ကညံၣ် ကိၣ်ဆၢယံ, နမ့ၢ်ကိၣ်ဆၢတၢ်မၤစၢၤလၢ တၢ်လၢၣ်သ့ၵ်သးန့ၣ်လီၤ. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

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

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

**Thai** – เรียบ: ถ้ำ คุณพุด ภาษาไทยคุณสามารถช่วย ปรึกษาช่วยเหลือทางภาษาไทยได้ฟรี 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. કોલ કરો (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Urdu** – خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Italian** – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Greek** – ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Pennsylvanian Dutch** – Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Quartz. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, oder 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 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 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** – FIRO 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.