OUTLINE OF COVERAGE
MEDICARE SUPPLEMENT INSURANCE

2018 Medicare Select Policy

Underwritten by Unity Health Plans Insurance Corporation

Quartz is the brand name for Unity Health Plans Insurance Corporation. Unity Health Plans Insurance Corporation is the legal name of the company that underwrites this policy.

The Wisconsin Insurance Commissioner has set minimum standards for Medicare Select policies. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see “Wisconsin Guide to Health Insurance for People with Medicare” given to you when you applied for this policy. Do not buy this policy if you did not get this guide.

PREMIUM INFORMATION
We can raise your premium only if we raise the premium for all policies like yours in this state. Your premium will also change when you attain the following ages: 65, 70, 75, 80 and 85. Your premium will not increase on the basis of age after age 85.

DISCLOSURES
Use this Outline of Coverage to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY
This is only an outline describing your policy’s most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Unity Health Insurance.
RIGHT TO RETURN POLICY
If you find that you are not satisfied with your policy, you may return it to Unity Health Insurance at 840 Carolina Street, Sauk City, Wisconsin 53583. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all your payments directly to you.

POLICY REPLACEMENT
If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE
This policy may not fully cover all of your medical costs. The Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare & You” for more details.

Neither Unity Health Plans Insurance Corporation nor its agents are connected with Medicare.

BASIC POLICY BENEFITS INCLUDE:

- Basic Medicare Supplement Coverage
- Part A Deductible: 100% of the Part A deductible
- Part B Deductible: 100% of the Part B deductible
- Out-of-Plan Emergency Care Services: Covered at 100%
- Out-of-Plan Urgent Care Services: Covered if Prior Authorized by Unity Health Insurance, but benefits outside the Service Area will be only the Medicare deductible and coinsurance up to the Medicare limiting charge
- Preventive Health Services Not Covered by Medicare: 100% of Medicare approved amount
- Home Health Care: An aggregate of 365 home health care visits per year in addition to those covered by Medicare
- Foreign Travel Emergency Coverage: 80% of billed charges for emergency care received during the first 60 days outside the USA. This benefit is subject to a $250 deductible. A lifetime maximum payment of $50,000 applies.
PREMIUM INFORMATION
This policy is issued for a defined period.

- Members joining the plan due to special enrollment and who have an:
  - Effective date of November 1st, the initial period of coverage is 14 months. For all subsequent renewals, the coverage period is the calendar year.
  - Effective date of December 1st, the initial period of coverage is 13 months. For all subsequent renewals, the coverage period is the calendar year.
- For all other Members, the coverage period is the calendar year. Premium rates are as follows:

**Female**

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium</th>
<th>Quarterly Premium</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-64</td>
<td>$259.00</td>
<td>$777.00</td>
<td>$3,108.00</td>
</tr>
<tr>
<td>65-69</td>
<td>$148.00</td>
<td>$444.00</td>
<td>$1,776.00</td>
</tr>
<tr>
<td>70-74</td>
<td>$169.00</td>
<td>$507.00</td>
<td>$2,028.00</td>
</tr>
<tr>
<td>75-79</td>
<td>$192.00</td>
<td>$576.00</td>
<td>$2,304.00</td>
</tr>
<tr>
<td>80-84</td>
<td>$221.00</td>
<td>$663.00</td>
<td>$2,652.00</td>
</tr>
<tr>
<td>85+</td>
<td>$268.00</td>
<td>$804.00</td>
<td>$3,216.00</td>
</tr>
</tbody>
</table>

**Male**

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium</th>
<th>Quarterly Premium</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-64</td>
<td>$285.00</td>
<td>$855.00</td>
<td>$3,420.00</td>
</tr>
<tr>
<td>65-69</td>
<td>$151.00</td>
<td>$453.00</td>
<td>$1,812.00</td>
</tr>
<tr>
<td>70-74</td>
<td>$179.00</td>
<td>$537.00</td>
<td>$2,148.00</td>
</tr>
<tr>
<td>75-79</td>
<td>$209.00</td>
<td>$627.00</td>
<td>$2,508.00</td>
</tr>
<tr>
<td>80-84</td>
<td>$252.00</td>
<td>$756.00</td>
<td>$3,024.00</td>
</tr>
<tr>
<td>85+</td>
<td>$288.00</td>
<td>$864.00</td>
<td>$3,456.00</td>
</tr>
</tbody>
</table>
This Medicare Select policy was developed to help meet the health care needs of people who are eligible for Medicare Part A, B and D. It can help fill in the gaps between your Medicare coverage and your health care requirements.

THE TIME TO ENROLL
There is an open enrollment period for people who apply for this policy within 6 months after enrolling in Medicare Part B. Individuals who are enrolled in Medicare Part B before the age of 65 have an additional open enrollment period for 6 months after they turn 65. After an open enrollment period, coverage will be permitted only after approval of a medical questionnaire, unless the individual applying for coverage falls within an exception entitling him/her to coverage without underwriting.

HOW TO ENROLL
Simply fill out the enclosed application and Medicare Notice, and mail them with your check in the postage-paid envelope. If you have any questions, please call us toll-free at 1-800-362-3310.

PRE-EXISTING CONDITION LIMITATION
Until you have been covered by this policy for 6 months, no benefits will be paid for medical care, advice, service or treatment for any injury or sickness or any related condition for which treatment was received within the 6 month period before your coverage first became effective. However, benefits are payable under this policy for any condition covered by any other Unity policy in effect prior to the effective date of this certificate if coverage is continuous and without lapse. In addition, the waiting period will be reduced by that period of time that a member was covered by Continuous Creditable Coverage. The waiting period will not apply to a person who is eligible for guaranteed issuance of this certificate.

COVERAGE
This Medicare Select policy supplements Medicare. It covers some hospital, skilled nursing facility, medical, surgical, and other outpatient services that are partially covered by Medicare. It will not cover all of your health care expenses. This policy does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

PRIMARY CARE PROVIDER
Unity requires you to select a Primary Care Provider (PCP) or clinic when you enroll under this policy. Your PCP will provide many of the services that you need. Your PCP is an important part of your health care team. He or she will coordinate the health care services you receive and will keep a complete medical record to better ensure your good health. Your PCP will also refer you to a specialist when specialty care is needed.

REFERRALS
If your PCP wants you to receive specialty care, he or she will refer you to a specialist in Unity’s network. If you want to see a specialist outside of Unity’s network, Unity must authorize the visit before services are received. Your PCP will request this prior authorization for you.

RENEWAL
This policy is guaranteed renewable, although it may be canceled for nonpayment of premium or material misrepresentation or if you move outside the Unity Service Area. Premium rates may change for your policy only if premium rates are changed for all policyholders to whom we have issued this policy.

OUT-OF-PLAN CARE
Unity requires members to utilize in-plan providers for services. Exceptions are made for (1) out-of-plan emergency care; and (2) out-of-plan care that has been prior authorized by Unity. If you receive authorized out-of-plan care or emergency care, you must submit an itemized bill and a copy of the Medicare Explanation of Benefits to Unity Health Insurance so that the claim may be processed.
UNITY IS COMMITTED TO QUALITY

As your health insurance provider, our goal is to exceed your expectations in everything we do. Some of the ways we do that include:

- High member satisfaction rates—consistently showing our commitment to providing excellent customer service.
- 24-Hour Callback Program—Unity will return your call at any time—day or night—that’s most convenient for you.
- NCQA Accreditation—Unity has earned a fifth three-year Excellent Accreditation from the National Committee for Quality Assurance.
- Unity’s website offers a variety of online features including:
  - MyChart, our secure portal, gives you access to your personal benefit and claim information.
  - Health Topics provides online health information 24 hours a day.
  - Find a Doctor allows you to search for participating providers.
  - Self Help Forms allow you to change your Primary Care Provider, change your address or order a new ID card.

VALUE ADDED PROGRAMS AND SERVICES

Unity’s commitment goes beyond helping you access quality health care. We are concerned about your overall health and well-being. That is why we offer a number of programs, including:

QUARTZWELL

QuartzWell is a new, personalized digital wellness program that is simple, flexible, and rewarding. It is designed to reward you for taking care of yourself. Members can earn points for tracking their steps, seeking preventive health services, getting a massage, and attending health classes. Points can be redeemed for purchases on Amazon.com, up to $100 per calendar year.

Perks & Savings℠

This is a discount program in which members can show their Unity ID cards to participating vendors to receive savings on a variety of health and wellness products and services.

For more information about this program, please visit unityhealth.com.

For more information about this Outline of Coverage or the Medicare Select Policy, please call the Unity Health Insurance Sales Department at (800) 926-8227.
Outline of Coverage
2018 Medicare Select Policy—Medicare Part A Benefits

A Provider Directory is included in your enrollment package. *All services under this Medicare Select policy must be obtained from Participating Providers except in cases of emergency or with written authorization from Unity Health Insurance.*

A **Benefit Period** begins on the first day you receive care as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>PER BENEFIT PERIOD</th>
<th>MEDICARE PAYS</th>
<th>THIS POLICY PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITALIZATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semiprivate room and board, general nursing and miscellaneous hospital services and supplies</td>
<td>First 60 days</td>
<td>All but $1,340</td>
<td>$1,340</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Day 61—90</td>
<td>All but $335 per day</td>
<td>$335 per day</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Day 91 and after (while using 60 lifetime reserve days)</td>
<td>All but $670 per day</td>
<td>$670 per day</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Once lifetime reserve days are used, an additional 365 days</td>
<td>$0</td>
<td>100% of Medicare eligible expenses**</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Beyond the additional 365 days</td>
<td>$0</td>
<td>$0</td>
<td>Remainder</td>
</tr>
<tr>
<td><strong>SKILLED NURSING FACILITY CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</td>
<td>First 20 days</td>
<td>All approved amounts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>21st through 100th day</td>
<td>All but $167.50 per day</td>
<td>$167.50 per day</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>101st day and after</td>
<td>$0</td>
<td>$0</td>
<td>Remainder</td>
</tr>
<tr>
<td><strong>INPATIENT PSYCHIATRIC CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient psychiatric care in a Participating Provider psychiatric hospital</td>
<td>190 days per lifetime</td>
<td>175 days per lifetime</td>
<td>Remainder</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**
- **Lifetime Reserve Days:**
  - First lifetime reserve days (up to day 60) are free.
  - Second lifetime reserve days (day 61 to day 90) are $335 per day.
  - Additional lifetime reserve days (day 91 and after) are $670 per day.
- **Remainder:**
  - After lifetime reserve days are used, you pay $0 for covered services.

**Table:**

- **Medicare Pays:** Amounts paid by Medicare.
- **This Policy Pays:** Amounts paid by the Medicare Select policy.
- **You Pay:** Amounts you are responsible for paying.
- **100% of Medicare eligible expenses**

**Medicare Eligibility:**
- Medicare pays 100% of Medicare-eligible expenses for the first 60 days of hospitalization.
- For days 61-90, Medicare pays $335 per day, and you pay the remaining $335 per day.
- For days 91 and after, Medicare pays $670 per day, and you pay the remaining $670 per day.
- Beyond the additional 365 days, you are responsible for all medical bills.

**Additional Note:**
- If you have not received skilled care in any other facility for 60 days in a row, your benefit period continues.
- If you are discharged from the hospital and receive skilled care in a Medicare-approved facility, your benefit period renews.
**NOTICE:** When your Medicare Part A hospital benefits are exhausted, Unity stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy’s “Core Benefits.”

### 2018 Medicare Select Policy—Medicare Part B Benefits

A Provider Directory is included in your enrollment package. *All services under this Medicare Select policy must be obtained from Participating Providers except in cases of emergency or with written authorization from Unity Health Insurance.*

Once you have been billed $183 of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<table>
<thead>
<tr>
<th>MEDICARE PART B BENEFITS</th>
<th>PER CALENDAR YEAR</th>
<th>MEDICARE PAYS</th>
<th>THIS POLICY PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL EXPENSES</td>
<td>First $183 of Medicare approved amounts</td>
<td>$0</td>
<td>$183</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Generally 80%</td>
<td></td>
<td>Generally 20%</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Remainder of Medicare approved amounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOOD</td>
<td>First 3 pints</td>
<td>$0</td>
<td>First 3 pints</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Generally 80%</td>
<td></td>
<td>Generally 20%</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Remainder of Medicare approved amounts*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINICAL LABORATORY SERVICES</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------</td>
<td>----</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>Tests for diagnostic services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOME HEALTH CARE</strong></td>
<td>100% of charges for visits considered medically necessary by Medicare</td>
<td>365 visits for medically necessary services per policy year</td>
<td>Charges beyond 365 visits per policy year</td>
<td></td>
</tr>
<tr>
<td><strong>PREVENTIVE MEDICAL CARE BENEFITS-NOT COVERED BY MEDICARE</strong></td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Preventive Care covered under the Affordable Care Act; Vision and hearing examinations; mammograms; office visits with the Member’s Primary Care Provider.</td>
<td></td>
<td></td>
<td>Charges for services not administered or ordered by your doctor or consistent with policy requirements</td>
<td></td>
</tr>
</tbody>
</table>

*Once you have been billed $183 of Medicare approved amounts for covered services (that are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare and You” for more details.

**NOTE:** All services under Unity’s Medicare Select policy must be obtained from Participating Providers except in cases of emergency or written authorization from Unity’s Medical Director. For emergency care inside or outside the service area, Unity will pay the deductible and the provider’s actual charges not covered by Medicare. For emergency care outside the USA, Unity will pay all providers’ actual charges. For authorized referral services, we pay the difference between Medicare Part B eligible charges and actual charges. If a Non-Participating provider does not submit claims for emergency service or an authorized referral service provided to you, please send the claims to Unity at: Claims Department, Unity Health Plans Insurance Corporation, 840 Carolina Street, Sauk City, Wisconsin 53583-1374.

**POLICY BENEFITS**
- Local access and convenience
- No claim forms when you use participating providers
- Access to more than 50 hospitals, including University of Wisconsin Hospital & Clinics
- Fixed cost protection
- 100% of Part A deductible
- 100% of Part B deductible
- An aggregate of 365 home health care visits per year in addition to those covered by Medicare
• After a deductible of $250, 80% of expenses associated with emergency medical care received outside the USA during the first 60 days of a trip. This benefit is subject to a $50,000 lifetime maximum.

ADDITIONAL BENEFITS
• Routine office calls and physical examinations
• Other medical services provided by your Primary Care Provider
• Consultation ordered by your Primary Care Provider
• Outpatient hospital and clinic services
• Radiation therapy, including materials and technician services
• Durable Medical Equipment
• Prosthetic devices (initial acquisition only)
• Blood transfusions
• Emergency ambulance services
• Dental care (only for surgery of the jaw or related structures or for setting fractures of the jaw or facial bone)
• Physical, speech, occupational and cardiac rehabilitative therapy if prescribed by a participating physician and provided by a licensed therapist
• Examinations for eyes and hearing; mammograms
• Papaniolaou (PAP) tests, pelvic exams and associated laboratory fees performed by a participating physician or nurse practitioner
• Equipment and supplies for the treatment of diabetes as specified in the policy
• $30,000 annual kidney disease benefit
• Chiropractic coverage provided by participating chiropractors
• Breast reconstruction of affected tissue following a mastectomy
• Anesthesia and facility charges for dental care, under certain conditions as specified in the policy
• Routine patient care administered as part of a cancer clinical trial
• 30 days in a skilled nursing home if confinement is for continued treatment of a medical or surgical condition.

LIMITATIONS AND EXCLUSIONS
• Items or services that Medicare does not cover, unless specifically stated in the policy
• Services of a specialist obtained without a referral
• Services of a non-participating provider unless prior authorized by Unity (except in an emergency)
• Nursing home care beyond what is covered by Medicare and the 30-day Wisconsin skilled nursing mandate
• Home health care beyond the visits covered by Medicare and the 365 visits mandated by Wisconsin law
• Physician charges above Medicare’s approved charge
• Outpatient prescription drugs
• Dental care, dentures, and dental checkups
• Most care received outside the USA
• Cosmetic surgery
• Reconstructive surgery, unless the purpose is to correct a functional impairment
• Routine foot care, unless the services are medically necessary due to diabetes
• Examinations for eyeglasses and hearing aids and the cost of eyeglasses and hearing aids, unless eligible under Medicare
• Items or services for which neither you nor a party on your behalf is legally obligated to pay
• Items or services for which Medicare or a government entity or program pays
• Items or services that you need as a result of war or act of war, occurring on or after the effective date of this policy
• Items or services that are personal comfort or convenience items
• Orthopedic shoes or other supporting devices for the feet, unless your are diabetic and coverage meets Medicare criteria
• Routine foot care, including removal of corns, warts, calluses and trimming of nails
• Custodial care
• Intermediate nursing home care
• Charges for, or connected with, travel or transportation, except for emergency ambulance transportation
• Charges for physical or mental health examinations requested by a third party
• Charges for medical reports, including preparation and presentation
• Organ transplants not approved by Medicare
• Treatment of kidney-related disease, including transplant and dialysis in excess of $30,000 per calendar year
• Hypnotherapy
• Vocational rehabilitation
• Charges for services provided during the 6-month waiting period for pre-existing conditions
• Procedures, services and supplies related to sex transformations; reversals of voluntary sterilization and related procedures
• Procedures and treatments that Unity Health Insurance deems experimental or investigational, unless covered by Medicare
• Therapy for learning disability and communication delay, perceptual disorders, mental retardation and related conditions; specialized evaluation and treatment of multiple handicaps; developmental and neuroeducational testing or treatment; and other special therapies
• Services provided by your immediate family or household members
• Charges covered by Worker’s Compensation or other federal or state plans
• Charges for services received before your Unity policy becomes effective
• Charges for services provided by health care professionals outside the scope of their license
• Private duty nursing services
• Charges deemed unreasonable or unnecessary by Medicare
• Surgical procedures for the treatment of obesity, unless covered by Medicare, and any treatment for complications resulting from these procedures
• Penile implants
• Breast augmentation or reduction and any treatment for complications resulting from these procedures
• Repairs or replacement of Durable Medical Equipment, unless prior authorized by Unity

IMPORTANT INFORMATION ABOUT APPEAL AND GRIEVANCE RIGHTS
• You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). See the Certificate of Coverage for complete detail.
• A Grievance means any dissatisfaction with Unity expressed in writing, including:
  o Provision of services
  o Determination to reform or rescind a policy
  o Claims practices
• You can file an appeal by contacting Unity at Unity Health Plans Insurance Corporation, ATTN: Reconsideration Committee, 840 Carolina Street, Sauk City, WI or by emailing: AppealsSpecialists@quartzbenefits.com
• As part of your appeal you can supply additional information, and you can request copies of your claim information.

• When processing your grievance, Unity will provide you with:
  
  o Receipt of Grievance Acknowledgement (within 5 days of receipt of a grievance)
  o A written notification of the time and place for the grievance meeting at least 7 calendar days before the meeting.
  o Resolution of a Grievance – This shall be within 30 days. If Unity is unable to resolve the grievance within 30 calendar days, the time period may be extended an additional 30 calendar days. If an extension is necessary Unity will provide written notification to you and your authorized representative, if applicable, all of the following:
    Notification that Unity has not resolved the grievance;
    When resolution of the grievance may be expected; and
    The reason additional time is needed.
Non-Discrimination & Language Access

Quartz is the brand name for a group of companies committed to your health: Unity Health Plans Insurance Corporation, Physicians Plus Insurance Corporation, Gundersen Health Plan, Inc., and Gundersen Health Plan Minnesota. 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, sex, gender identity, sexual orientation or health status.

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 / TDD: 711 or toll free (800) 877-8973
Fax: (608) 644-3500
Email: AppealsSpecialists@quartzbenefits.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html

Quartz is a Qualified Health Plan issuer in the Health Insurance marketplace in certain states. To learn more, visit the Health Insurance Marketplace at Healthcare.gov.

Arabic – بخصوص طلبك للحصول على الخدمة، يتضمن هذا الطلب معلومات هامة. يحتوي هذا الطلب على معلومات محددة في تاريخ محدد للمحافظة على الصحة والعافية في حالات معينة. للمزيد من المعلومات، يرجى الاتصال بـ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.


Korean – 본 통지서에는 중요한 정보가 들어 있습니다. 본 통지서에는 귀하의 신청 또는 Quartz를 통한 보험보장에 관한 중요한 정보가 들어 있습니다. 본 통지서에 나와있는 중요한 날씨를 찾아보십시오. 귀하는 귀하의 건강 보험보장을 유지하기 위해 특정 마감일까지 조치를 취해야 할 수도 있거나, 비용에 관한 도움이 필요한 수도 있습니다. 귀하는 귀하가 사용하는 언어로 이러한 정보와 도움을 무료로 받을 권리가 있습니다. (800) 362-3310 번으로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.


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