

This plan is offered by Quartz Health Insurance Corporation



Schedule of Benefits

Prepared for:

9436149 - PPO Copay

SWEDISHAMERICAN HEALTH  
SYSTEM DBA UW HEALTH

Coverage Period: 1/1/2025 - 12/31/2025

*Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!*

*Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out of hospital care, subject to any deductibles, co - payment provisions, or other limitations that may be set forth in the policy. Basic hospital or basic medical insurance coverage is not provided.*

Medical Benefits	In Network	Out of Network
<b>Annual Deductible</b>	Individual: \$700 per Benefit Year for medical services Family: \$700/individual or \$1,400/family per Benefit Year for medical services \$100/individual per Benefit Year for prescription drugs	\$1,650 Individual/\$3,150 Family per Benefit Year \$300/individual per Benefit Year for prescription drugs
<b>Coinsurance</b>	20% coinsurance	50% coinsurance
<b>Annual Maximum Out-of-Pocket</b>	Individual: \$2,700 per Benefit Year Family: \$2,700/individual or \$5,400/family per Benefit Year	\$7,100 Individual/\$14,100 Family per Benefit Year
<b>Preventive Services</b>	No Charge	50% coinsurance after deductible
<b>Dependent Age</b>	26	
<b>Deductible Information</b>	This plan has an embedded deductible. If you have other family members on the plan, each family member must meet their own Individual Annual Deductible until the total amount of deductible expenses paid by all family members meets the Family Annual Deductible.	
<b>Out-of-Pocket Limit Information</b>	If you have other family members on the plan, they each must meet the Individual Annual Maximum Out-of-Pocket limit until the Family limit has been met.	
<b>HSA Qualified Plan</b>	No	
<b>Prior Authorization</b>	Prior authorization may be required for certain services. See <a href="http://www.QuartzBenefits.com/PPOPAList">www.QuartzBenefits.com/PPOPAList</a> or call (800) 362-3310 for additional information.	

Physician Services	In Network	Out of Network
<b>Office Visit</b>	\$25 copay/visit	50% coinsurance after deductible

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

Single Case Agreement

Tracking ID: F78UFA

PPO

Offered by Quartz Health Insurance Corporation

<b>Telehealth Services</b>	Same as Office Visit, unless a mental well-being visit that qualifies for reduced cost-sharing	Same as Office Visit, unless a mental well-being visit that qualifies for reduced cost-sharing
<b>Virtual Visit</b>	\$20 copay/visit	50% coinsurance after deductible
<b>Chiropractor Visits</b>	\$25 copay/visit	50% coinsurance after deductible
<b>Hearing Examination</b>	\$25 copay/visit	50% coinsurance after deductible
<b>Podiatry Services</b>	\$25 copay/visit	50% coinsurance after deductible
<b>Vision Examination</b>	\$25 copay/visit; One Routine Vision exam is covered with no charge	50% coinsurance after deductible

<b>Hospital Services *</b>	<b>In Network</b>	<b>Out of Network</b>
<b>General Inpatient</b>	\$200 copay, then 20% coinsurance after deductible	\$200 copay, then 20% coinsurance after deductible
<b>Delivery &amp; Newborn Charges</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient Services</b>	20% coinsurance after deductible	50% coinsurance after deductible

<b>Emergency Services</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Emergency Room</b>	20% coinsurance after deductible Foreign claims for emergency care are subject to a \$20,000 limit per Benefit Year.	20% coinsurance after deductible Foreign claims for emergency care are subject to a \$20,000 limit per Benefit Year.
<b>Urgent Care</b>	\$60 copay/visit	50% coinsurance after deductible
<b>Ambulance</b>	20% coinsurance after deductible Foreign claims for emergency care are subject to a \$20,000 limit per Benefit Year.	20% coinsurance after deductible Foreign claims for emergency care are subject to a \$20,000 limit per Benefit Year.

<b>Pharmacy Benefits</b>	<b>UW Health NI Region Retail Pharmacy</b>	<b>All Other In Network Pharmacies</b>	<b>Out of Network</b>
<b>Deductible</b>	\$100/individual per Benefit Year		\$300/individual per Benefit Year
<b>Value Tier</b>	No charge. Deductible does not apply to generic drugs.	No charge. Deductible does not apply to generic drugs.	\$15 Rx Outcomes. Deductible does not apply to generic drugs.
<b>Generic/Preferred/Non-Preferred</b>	30-day supply: \$10/\$30/\$40 copay 90-day supply: \$25/\$63/\$112.50 copay Deductible does not apply to generic drugs.	30-day supply: \$25/\$50/\$70 copay 90-day supply: \$35/\$82.50/\$132.50 copay Deductible does not apply to generic drugs.	30-day supply: \$75/\$150/\$210 copay 90-day supply: \$105/\$247.50/\$397.50 copay Deductible does not apply to generic drugs.

<b>Tier 4</b>	30-day supply: 20% coinsurance up to a maximum copay of \$125 90-day supply: 20% coinsurance up to a maximum copay of \$200	30-day supply: 20% coinsurance up to a maximum copay of \$375 90-day supply: 20% coinsurance up to a maximum copay of \$600
<b>Pharmacy Max Out-of-Pocket</b>	\$1,500 Individual/ \$2,700 Family per Benefit Year	\$4,500 Individual/ \$8,100 Family per Benefit Year

<b>Behavioral Health</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Inpatient</b>	\$200 copay, then 20% coinsurance after deductible	\$200 copay, then 20% coinsurance after deductible
<b>Transitional</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient</b>	\$25 copay/visit	50% coinsurance after deductible

<b>Diagnostic Services</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Lab</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>X-Ray</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>MRI/MRA Scan</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>PET Scan</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>CAT Scan</b>	20% coinsurance after deductible	50% coinsurance after deductible

<b>Other Services</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Abortion Services</b>	Office Visit: \$25 copay/visit; Outpatient Procedure: 20% coinsurance after deductible	Office Visit: 50% coinsurance after deductible; Outpatient Procedure: 50% coinsurance after deductible
<b>Durable Medical Equipment</b>	20% coinsurance after deductible	30% coinsurance
<b>Home Health Care Services</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Home Health Care Limit</b>	Unlimited	
<b>Hospice Services</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Skilled Nursing Care Facility</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Skilled Nursing Care Limit</b>	90 days per confinement	
<b>Therapy Services</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Therapy Limit</b>	60 visits combined for Physical, Speech, and Occupational Rehabilitative therapy and Pulmonary Rehab; 60 visits combined for Physical, Speech, and Occupational Habilitative therapy	
<b>TMJ Benefits</b>	\$25 copay/visit	50% coinsurance after deductible

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

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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, cleft lip or cleft palate
- Breast augmentation (This does not apply to reconstruction of affected tissue incident to mastectomy or medically necessary breast reduction surgery.)
- 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, unless otherwise specified as covered in the certificate
- 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 for services rendered to a surrogate who is not a Quartz member, after the surrogate is discharged to regular obstetric care

## 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

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## 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, personal sound amplification products (PSAPs), etc.); back-up supplies, back-up equipment or back-up 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, Investigational or not Medically Necessary
- 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
- Treatment, services and supplies that exceed any maximum benefit limit specified in this policy

*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](http://QuartzBenefits.com/findadoctor). There is no PCP requirement for PPO plan members.

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





## Non-Discrimination & Language Access

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

For assistance understanding these materials in a language other than English, call (800) 362-3310, and a Customer 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](mailto: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](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** – Tsaib ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsaib ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Quartz. Saib cov caij nyoog los yog tej 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 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, 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** – ຄຳຈັກການສະບັບນີ້ມີຂໍ້ມູນທີ່ສຳຄັນ.

ຄຳຈັກການສະບັບນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບໃບສະໝັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີສຳຄັນໃນຫນັງສືຄຳຈັກການສະບັບນີ້. ທ່ານອາດຈະເປັນຕ້ອງປະຕິບັດຕາມເວລາທີ່ກຳນົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສະພາບຂອງທ່ານ 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 تخطيطك عبر Quartz. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى إجراء تدابير معينة وفقاً لمواعيد معينة من أجل الحفاظ على تخطيطك 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 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하의 귀하의 건강 커버리지를 계속유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. (800) 362-3310로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

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

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

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

**Karen** – ဟံသုတ်ဟံသုတ်- နမူကတိ၊ ကညီ ကျိအထီ၊ နမူနီ ကျိအတိမာစာလော၊ တလတ်ဘုတ်လတ်စု၊ နီတမံဘုတ်သုနုတ်လီ၊ ကိ: (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

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

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

**Thai** – เรียน: ถ้ำคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไทยได้ฟรี โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Gujarati** – સુચના: જો તમે ગુજરાતી બોલતા છો, તો બિ: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 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 beschtimde 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 grieg, 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 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.