



## Prescription Drug Benefit Rider

Underwritten by Unity Health Plans Insurance Corporation

840 Carolina Street  
Sauk City, Wisconsin 53583-1374  
(800) 362-3310  
(608) 644-3430  
Fax (608) 643-2564  
QuartzBenefits.com

This **Prescription Drug Benefit Rider** amends the **Policy** issued by Unity Health Plans Insurance Corporation, referred throughout this rider as “**Quartz**,” to provide prescription drug benefits as specified below. Benefits under this **Rider** are subject to the terms and conditions of the **Policy**, except as amended by this rider.

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### DEFINITIONS

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#### **1st Tier Drug**

A **Preferred Generic Drug** appearing on **Quartz’s Formulary**.

#### **2nd Tier Drug**

A **Preferred Brand Drug** appearing on **Quartz’s Formulary**.

#### **3rd Tier Drug**

A **Non-Preferred Drug** appearing on **Quartz’s Formulary**, whether **Generic** or **Brand Name**, that is not classified as a **4th Tier Drug**.

#### **Biosimilar**

A type of biologic product that is approved by the FDA as a **Biosimilar** because it is highly similar to an already FDA-approved biological product for which the patent is expired (known as the reference product) and has been shown to have no clinically meaningful differences from the reference product.

### **Brand Drug**

A medication determined to be a **Brand Drug** as determined by **Quartz's** pharmacy claims processor. A brand drug is typically a medication that is marketed by the innovator manufacturer and may or may not have **Generic** equivalents available. **Biosimilars** may be considered **Brand Name Drugs**.

### **Covered Drug**

Subject to **Quartz's Formulary** and any prior authorization or step therapy requirements, a **Covered Drug** is:

1. Any **Prescription Drug** on **Quartz's Formulary**, including prescription contraceptives;
2. Injectable insulin, insulin syringes, and glucose test strips on **Quartz's Formulary**;
3. Any medication compounded by the **Participating Pharmacy** that contains a **Formulary Drug** when appropriate commercially available alternatives are not available, the compounded medication does not contain any drug listed as a specific Exclusion, and the specific combination of ingredients included in the compounded prescription has adequate published evidence to support use for the patient's specific indication;
4. An **Over-the-Counter Medication** that **Quartz** determines is a **Formulary Medication**, when the medication is obtained with a legal **Prescription Order** from a physician; or,
5. A **Medical Food** **Quartz** determines is a **Formulary Medication**. The **Medical Food** must be listed on **Quartz's Formulary** and obtained from a pharmacy with a written **Prescription Order** from a physician who is supervising its use.

### **Formulary**

**Quartz's Formulary** is a list of medications identified by our **Pharmacy and Therapeutics Subcommittee**. Medications on the **Formulary** are reviewed for efficacy, adverse effects, and cost in an effort to maintain a high-quality, cost-efficient foundation for drug therapy. The **Formulary** is frequently updated as we consider new medications. Please call Customer Service to obtain a current listing of the **Formulary**. You also can view the most current formulary by visiting our web site.

### **Formulary Drug**

A medication designated as a **Formulary Drug** by **Quartz's Pharmacy and Therapeutics Committee** and listed on **Quartz's Drug Formulary**.

### **Generic Drug**

A medication determined to be a generic, as determined by **Quartz's** pharmacy claims processor. A generic drug is typically a medication that has been approved by the FDA as equivalent to a FDA approved innovator product (**Brand Drug**).

### **HIV**

Any strain of human immunodeficiency virus that causes acquired immunodeficiency syndrome.

### **Medical Food**

A product approved by the FDA's Center for Food Safety and Applied Nutrition that is intended to meet the distinctive nutritional requirements of a disease or condition. A **Medical Food** is not considered a drug, although it may come as a tablet or capsule and require a prescription.

### **Non-Formulary Drug**

A medication that has not been designated by **Quartz's Pharmacy and Therapeutics Committee** as a **Formulary Drug** and is not listed on **Quartz's Drug Formulary** (but is not specifically listed as an exclusion on this rider).

### **Non-Participating Pharmacy**

Any pharmacy that does not have a contractual agreement to provide pharmacy services or supplies to **Quartz Members**.

### **Non-Preferred Drug**

A **Brand** or **Generic** medication that is designated by **Quartz's Pharmacy and Therapeutics Committee** as a **Formulary Drug**, listed on **Quartz's Drug Formulary** and has been designated by **Quartz's Pharmacy and Therapeutics Committee** as a **Non-Preferred Drug**.

### **Over-the-Counter Drug**

Medication that does not bear the FDA's legend "RX Only" on its label.

### **Participating Pharmacy**

Any pharmacy that has contracted with **Quartz**, or **Quartz's** designee, to provide pharmacy services or supplies to **Quartz Members**. Please refer to **QuartzBenefits.com** for a list of **Participating Pharmacies**.

### **Preferred Drug**

A **Brand** or **Generic** medication that is designated by **Quartz's Pharmacy and Therapeutics Committee** as a **Formulary Drug**, listed on **Quartz's Drug Formulary** and has been designated as a **Preferred Drug**.

### **Prescription Drug**

Any medicinal substance approved for marketing in the United States by the Food and Drug Administration, the label of which, under the federal Food, Drug and Cosmetic Act, is required to bear the legend "RX Only."

### **Prescription Order**

The request for a **Prescription Drug** by a person legally licensed to prescribe drugs for his or her patients. A separate **Prescription Order** is required for each drug.

### **Preventive Medication**

A medication, including both prescription and **Over-the-Counter Drugs**, determined by CMS to be a **Preventive Health Service** as defined in 45 C. F. R. § 147.130.

### **Prior Authorization**

The process by which **Quartz** gives prior written approval for coverage of specific covered services, treatment, **Prescription Drugs, Durable Medical Equipment** (“**DME**”) and supplies. The purpose of **Prior Authorization** is to determine and authorize payment for the following:

1. The specific type and extent of service, treatment, **Prescription Drug, DME** or supply that is necessary;
2. The number of visits or the period of time during which care will be provided; and,
3. The name of the **Provider** to whom the **Member** is referred.

### **Restricted Drug or Restricted Medication**

A drug that is covered only when specific clinical criteria are met and **Quartz** issues a **Prior Authorization** for coverage of the drug. The clinical criteria for some **Restricted Drugs** require the failure of prerequisite therapies. When the criteria only consist of previous failure of a certain medication or medication(s) and are implemented with on-line edits, it is referred to as “**Step Therapy**.”

### **Smoking Cessation Medication**

A medication, including both prescription and **Over-the-Counter Drugs**, that is approved by the FDA for tobacco cessation.

### **Specialty Pharmaceutical**

A drug that is designated by **Quartz’s Pharmacy and Therapeutics Committee** as being a **Specialty Pharmaceutical**. Drugs designated as **Specialty Pharmaceuticals** will be listed as such on **Quartz’s** formulary at **QuartzBenefits.com** and are subject to change.

### **Step Therapy Drug**

A drug which requires prior authorization and the prior authorization criteria are implemented as an on-line edit in the claims processing system. When prerequisite therapies can be identified in the claims history upon receipt of the electronic claim for a **Step Therapy Drug**, the claim may be approved based on the information in the claims system. When such history is not present, a **Prior Authorization** request must be submitted and approved for coverage.

### **Value Tier Drug**

A **Preferred Generic** or **Preferred Brand** medication on **Quartz’s Formulary** that has been designated by **Quartz** as a **Value Tier Drug**.

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## **BENEFITS**

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**Prescription Drug** benefits are available for **Covered Drugs** prescribed by or at the direction of a **Provider**. The **Prescription Drug** must be deemed **Medically Necessary** by **Quartz** and must have an approved **Prior Authorization**, when required. Drugs not listed on **Quartz’s**

**Formulary** are not **Covered Drugs**. There is an exceptions process to request consideration of coverage of non-formulary drugs when medically necessary, formulary options are not appropriate, and the non-formulary drug is not otherwise specifically excluded. If approved, co-pay or co-insurance will be at the non-preferred level. Benefits are payable for charges made by a **Participating Pharmacy** for each separate **Prescription Claim**. **Restricted Medications** require approved **Prior Authorization** for coverage. Continuation of therapy criteria may apply to **Members** who were previously approved for coverage. Persons who were not previously approved for coverage but who instead initiated therapy using a manufacturer-sponsored free drug program, provider samples or vouchers will not be considered to have met continuation of therapy criteria for coverage.

**Prescription Claims** may be subject to **Co-payment, Deductible, or Co-insurance**. Refer to your **Schedule of Benefits** for details or contact Quartz Customer Service. **Prescription Claims** for which the member used a pharmaceutical manufacturer program to off-set their out of pocket **Co-payment, Deductible, or Co-insurance** may be adjusted by **Quartz** to accurately reflect the true out of pocket amount paid by the member for that claim which will be used to determine the amount applied to **Deductibles** and out-of-pocket limits.

When prescribed by a physician or other health care provider, medications listed on **Quartz's Formulary** as **Preventive Medications** are covered without member cost share. This includes coverage of **Smoking Cessation Medications**, when prescribed by a healthcare provider, for a 90-day treatment regimen for at least two tobacco cessation attempts per year.

Orally-administered chemotherapy drugs are subject to a maximum \$100 **Co-payment** for a 30-day supply.

Benefits are not payable for **Prescription Drugs** obtained from a **Participating Pharmacy** but not submitted electronically by the pharmacy through **Quartz's** pharmacy claims adjudication system. Payments for drugs obtained from a **Non-Participating Pharmacy** in the United States are only eligible for reimbursement when submitted to **Quartz** with a completed **Direct Member Reimbursement Form** and an itemized paid prescription receipt. Amounts in excess of the **Usual, Customary and Reasonable Charge** are not covered benefits and are the responsibility of the **Member**.

If **Quartz** determines **You** may be using prescription drugs in a questionable, harmful, abusive manner or frequency, **We** may require **You** to select a single in-network pharmacy to provide and coordinate all future pharmacy services. Benefit coverage will only be paid if the assigned single in-network pharmacy is used. If **You** do not make a pharmacy selection within thirty (30) days of **Our** notification, **Quartz** will select an in-network pharmacy for **You**. The date of notification will be the date the notification is mailed. **We** will use the most recent address information **You** provided to **Quartz**.

**Prescription Drugs** are subject to **Quartz's Formulary Medications** list and must be **Prior Authorized** when required. A list of **Formulary Drugs** is available at **QuartzBenefits.com** or you may contact Quartz Customer Service. **Restricted Drugs** require approved **Prior**

**Authorization** for coverage. **Participating Pharmacies** automatically verify that the **Prescription Drug** is covered under the **Formulary**. **Quartz** does not cover any **Prescription Drug** if there is a chemically equivalent drug available that does not require a prescription. Members with a **Quartz Prescription Drug Benefit** as secondary coverage will be required to have an approved prior authorization for secondary coverage of **Restricted Medications**. Additionally, **Quartz** may require that the member has documentation of prior authorization denial, appeal denial, and independent review (“IRO”) denial through the primary prescription drug benefit prior to **Quartz** approving coverage through the **Quartz** secondary prescription drug benefit.

**Brand Drugs** for which there is an approved equivalent **Generic Drug** available are non-formulary and require an approved formulary exception for coverage immediately upon market availability of the **Generic** equivalent.

## LIMITATIONS

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### 1. Supply Quantity Limits

Coverage for medications under this rider are limited to the quantity prescribed by the physician and one fill or refill cannot exceed:

- A 30-day supply; or,
- A supply of more than 30 days if dispensing a single commercially-prepared unit of an unbreakable quantity; or,
- A 90-day supply for medications meeting **Quartz**’s current 90-day supply (Choice90) program requirements as described at **QuartzBenefits.com**; or,
- For 30-day supplies, two commercially-prepared units, if one unit does not provide a full 30-day supply.

Examples of a commercially-prepared unit include, but are not limited to: (1.) one inhaler; (2.) one vial ophthalmic medication; and (3.) one sumatriptan packet (9 tablets).

Some medications are packaged such that they will last more than 30 days. Or, they cannot reasonably be dispensed in a 30-day quantity. For these medications, **Members** are charged one **Copayment** for each 30-day time period covered by the medication.

### ***Prescription Eye Drops Early Refill [s. 632.895 (16t), Wis. Stat.]***

*Per s. 632.895 (16t), Wis. Stat., Quartz will not deny coverage of a member’s request for an early refill of prescription eye drops if all of the following are satisfied:*

- *The refill is requested by the **Member** when 75 percent or more of the days have elapsed from the later of (1.) the original date the prescription was filled, or (2.) the date on which the most recent refill was distributed to the **Member**; and,*
- *The prescription allows for a refill of the prescription eye drops; and,*
- *The requested refill does not exceed the number of refills allowed by the **Prescription Order**.*

### 2. Specialty Pharmaceuticals

A drug designated by the Pharmacy & Therapeutics Committee as a Specialty

Pharmaceutical is covered only if obtained from pharmacies participating in Quartz's Specialty Pharmacy Network. If the drug is authorized, the authorization letter from Quartz will identify for the Member and prescribing physician where the Prescription Order can be filled. Failure to obtain the drug at a Quartz Specialty Pharmacy Network pharmacy will result in a denial of coverage for the drug.

## EXCLUSIONS

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Prescription Drug benefits are **not** covered under this Prescription Drug Benefit Rider for the following:

1. Any drug or medication not listed on Quartz's formulary, unless an exception request has been approved by Quartz;
2. Any Formulary Drug when the formulary requirements for coverage have not been met. For example, Step Therapy not completed, Prior Authorization not approved, or specialty drugs obtained outside Quartz's Specialty Pharmacy Network, among others. See Quartz's formulary on our website for the requirements applicable to our formulary medications;
3. Non-medical devices or substances such as therapeutic devices or substances, hypodermic needles, syringes (except insulin syringes and needles), support garments;
4. Any drug or medication that is administered or delivered to you by or in the presence of a health care provider (other than prescription drugs dispensed from a community pharmacy to be self-administered);
5. Any drug or medication that is to be taken by or administered to you while you are a patient at a healthcare facility, including a licensed hospital, rest home, extended care facility, convalescent hospital, skilled nursing home, emergency room or urgent care center, ambulatory clinic, infusion center, or similar institution;
6. Any drug labeled "Caution: limited by Federal Law to investigational use" or other wording with similar intent, experimental drugs, or FDA approved drugs being used in an experimental manner (non-evidence based indication, dosage regimen, etc.) even though a charge is made to you, except that coverage will be provided for any Prescription Drug that meets the following criteria:
  - Is prescribed for the treatment of HIV infection or an illness or medical condition arising from or related to HIV infection; and,
  - Is approved by the federal Food and Drug Administration for the treatment of HIV infection or an illness or medical condition arising from or related to HIV infection, including each investigational new drug that is approved under 21 C. F. R. § 312.34 to 312.36, and that is in or has completed a phase-3 clinical investigation; and,
  - If the drug is an investigational new drug described in (ii) above, is prescribed and administered in accordance with the treatment protocol approved for the investigational new drug under 21 C. F. R. § 312.34 to 312.36;
7. Any refill of a Prescription Drug that is in excess of what is prescribed, or any refill dispensed beyond the legally-allowed time limits;
8. Anabolic Steroids and athletic performance enhancing medications;
9. Anti-obesity drugs, anorexiant and any drug for which weight modification is the

- primary mechanism by which indicated results are achieved or is the primary purpose the medication is prescribed;
10. Medications used to treat or prevent hair loss (e.g., topical minoxidil and finasteride).
  11. Medications used to enhance or facilitate fertility;
  12. Any Prescription Drug for a procedure not covered by your medical health insurance Certificate of Coverage;
  13. Any Prescription Drug for an Illness or Injury not covered by your medical health insurance Certificate of Coverage;
  14. Over-the-Counter Medications, with or without a Prescription Order, unless the medication has been approved by Quartz. Any such approved medication is listed on Quartz's Formulary;
  15. Prescription Drugs that are covered, or the Member is entitled to receive, from any Worker's Compensation law or any municipal state or federal program. This includes prescription drugs the Member is entitled to receive without charge;
  16. Nutritional products and special food or feedings;
  17. Any Prescription Drug dispensed to a Member prior to the Member's effective date of coverage under the Plan or after the Member's termination date;
  18. Cosmetic treatment medications, including but not limited to Tretinoic Acid (Retin A);
  19. Irrigation solutions and supplies;
  20. Early refills. *This exclusion does not apply to Prescription Eye Drops per s. 632.895 (16t), Wis. Stat.;*
  21. Homeopathic medications;
  22. Medications used to facilitate, obtain, maintain, enhance or prevent pain with sexual performance;
  23. Vaccines, unless the vaccine has been approved by Quartz for coverage under the drug benefit;
  24. Any Prescription Drug that is a Restricted Medication or that requires Prior Authorization, unless Prior Authorization is requested and approved;
  25. Medications purchased from a pharmacy or other establishment located outside the United States for consumption inside the United States;
  26. Medical Foods not listed on Quartz's Formulary regardless of whether they are prescribed to you;
  27. Prescription Drugs obtained from a Participating Pharmacy but not submitted electronically by the pharmacy through Quartz's pharmacy claims adjudication system;
  28. Medications, including Growth Hormones, used to treat growth retardation except when endogenous production of the growth hormone is inadequate and clinical criteria are met. Coverage is not extended for short stature syndrome or other related growth abnormalities;
  29. Any compounded drug that is:
    - Otherwise available commercially in a dose form suitable for the patient;
    - Contains an ingredient drug that is specifically excluded;
    - Contains an experimental drug; or,
    - Contains a combination of ingredients in a dose form without adequate published evidence to support use for the patient's specific indication; and,
  30. Kits intended for convenience in compounding prescriptions when they combine



components or ingredients that are otherwise readily available either as prescription drugs or over the counter drugs.

## 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.

### For help to translate or understand this, please call (800) 362-3310, TTY / TDD: 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 u obtener ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Hmong** – Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog cov kev pab kam them nqi kho mob los ntawm Quartz. Saib cov caij nyooq ceeb hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom tsis pub dhau cov caij nyooq koj thiab yuav tau txais kev pab kam them nqi kho mob los yog kev pab them tej nqi kho mob. Koj muaj cai tau cov ntshiab lus no thiab tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Vietnamese** – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Quartz. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

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](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).

**Chinese** – 本通知含有重要的訊息。本通知包含了關於您通過 Quartz 提交之申請或保險責任範圍的重要訊息。請留意本通知內的重要日期。您可能需要在若幹截止日期之前採取行動，以維持您的健康保險責任範圍或者費用補貼。您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 362-3310。聾啞人電話：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** – ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໝັກຂໍ ຫຼື ການຄຸມຄອງຂອງທ່ານ ໂດຍຜ່ານ Quartz. ໃຫ້ເບິ່ງກຳນົດວັນທີ່ສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ໃຊ້ເວລາດູ່າເນີນການຕາມກຳນົດເວລາທີ່ແນະນຳ ເພື່ອຮັກສາການຄຸມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີລິດໄດ້ຮັບຂໍ້ມູນຊ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**German** – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags oder Ihres 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 erhalten. 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** – بخصوص طلبك للحصول على التغطية من خلال Quartz. التكاليف. يحوي هذا الإشعار معلومات هامة. يحوي هذا الإشعار معلومات مهمة في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع ابحاث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء اتصل ب (800) 362-3310. TTY / TDD: 711 / (800) 877-8973. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة.

**French** – Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou sur la prise en charge par Quartz. Recherchez les dates importantes sur le présent avis. Il se peut qu'une action de votre part soit nécessaire avant une certaine date afin de conserver votre couverture santé ou votre aide sur les frais. Vous avez le droit d'obtenir gratuitement ces informations et une assistance dans votre langue. Appelez le (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 날짜를 찾아보십시오. 귀하는 귀하의 건강 보험보장을 유지하기 위해 특정 마감일까지 조치를 취해야 할 수도 있거나, 비용에 관한 도움이 필요할 수도 있습니다. 귀하는 귀하가 사용하는 언어로 이러한 정보와 도움을 무료로 받을 권리가 있습니다. (800) 362-3310 번으로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

**Tagalog** – Ang Abisong ito ay may Importanteng Impormasyon. Ang abisong ito ay may importanteng impormasyon tungkol sa aplikasyon o proteksiyon mo sa pamamagitan ng Quartz. Hanapin ang mga pangunahing petsa na nasa abisong ito. Maaaring kailangan mong kumilos bago sumapit ang ilang takdang araw para mapanatili ang proteksiyon ng kalusugan mo o para makatulong sa mga gastusin. Karapatan mong makuha ang impormasyon na ito na nasa wika mo nang walang gastos. Tumawag sa numerong (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Cushite** – Oroomiffa XIYYEEFFANNA: 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 ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. (መስማት ለተሳናቸው: 711 / (800) 877-8973).

**Karen** – ၵဝ်သုၵ်တံးဝ်- နမ့ၵ်ကဝ်း ကညိၵ်ကိၵ်ဆဝ်, နမ့ၵ်ကိၵ်ဆဝ်တံးမၵ်းလၵာ တလၵ်တုၵ်လၵ်တုၵ်, နိတံးတုၵ်သုၵ်တံးဝ်. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

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

**Serbocroatian** – OBAVJEŠTENJE: Ako govornik 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: ถ้า คุณพูด ภาษาไทยคุณสามารถขอรับ บริการช่วยเหลือทางภาษาไทยได้ฟรี 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 griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

**Polish** – To zawiadomienie zawiera ważne informacje. To zawiadomienie zawiera ważne informacje dotyczące Państwa wniosku lub zakresu ubezpieczenia w Quartz. Proszę zwrócić uwagę na ważne daty podane w zawiadomieniu. Mogą to być terminy dokonania określonych czynności koniecznych do zachowania ubezpieczenia zdrowotnego lub uzyskania pomocy związanej z kosztami. Mają Państwo prawo do otrzymania tej informacji oraz uzyskania pomocy bezpłatnie w swoim języku. Proszę dzwonić pod numer: (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Hindi** – इस नोटिस में महत्वपूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Quartz के माध्यम से बीमे के कवरेज बारे में महत्वपूर्ण जानकारी है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या कीमत चुकाकर सहायता प्राप्त करने के लिए आपको कुछ निश्चित समयसीमा तक कार्रवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत चुकाए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। कॉल करें (800) 362-3310। TTY / TDD: 711 / (800) 877-8973.

**Albanian** – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Quartz. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerri veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Somali** – FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawimada luuqada, ayaa waxaa laguugu siinayaa bilaash, waa lagu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.