

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WISCONSIN**

CODY FLACK, *et al.*,
*individually and on behalf of all others
similarly situated,*

Plaintiffs,

v.

WISCONSIN DEPARTMENT OF
HEALTH SERVICES, *et al.*,

Defendants.

Case No. 3:18-cv-00309-wmc
Judge William Conley

SECOND SUPPLEMENTAL DECLARATION OF COURTNEY SHERWIN

I, Courtney Sherwin, declare as follows:

1. I am one of the plaintiffs in the above-captioned action. I submit this declaration to supplement the declarations I submitted in this case on October 18, 2018 [ECF No. 95] and January 25, 2019 [ECF No. 132]. I have personal knowledge of the matters stated in this supplemental declaration.

2. As stated in my prior supplemental declaration Quartz denied my prior authorization for a vaginoplasty on January 22, 2019 based on the Wisconsin Medicaid exclusion.

3. After the Court granted a preliminary injunction in this case on April 23, 2019, Dr. Katherine Gast at UW Health resubmitted prior authorization requests for genital reconstruction surgeries (vaginoplasty and orchiectomy), along with a prior authorization for laser hair removal, which is a prerequisite to my vaginoplasty to prepare for the surgery and to decrease the risk for infection and other complications. That procedure, which would be performed by a UW Health provider, must be performed prior to the vaginoplasty and can take

several months to complete. Dr. Gast also submitted a prior authorization for female chest reconstruction (breast augmentation), and Dr. Scott Chalet at UW Health submitted a prior authorization for facial feminization surgeries. Each of the prior authorizations included letters of support from my primary care physician and therapist explaining that the gender-confirming surgeries were medically necessary for me to treat and alleviate my gender dysphoria, and that I met the requirements for those treatments under the relevant standards of care.

4. Quartz approved my prior authorization for orchiectomy and vaginoplasty. However, on May 10, 2019, Quartz denied my prior authorization request for the laser hair removal needed for vaginoplasty, as well as the requests for the breast augmentation and facial feminization surgeries. The denial letters stated that these denials were based on the Quartz Medical Management Policy, Surgical Treatment for Gender Dysphoria C.5.29, which states:

The following procedures are considered cosmetic and will be denied as contract exclusions, therefore not covered (not an all-inclusive list).

- 1. Chin augmentation: reshaping or enhancing the size of the chin;*
- 2. Laryngoplasty: reshaping of laryngeal framework (voice modification);*
- 3. Liposuction: removal of fat;*
- 4. Hair removal/hair transplantation;*
- 5. Facial feminizing (facial bone reduction);*
- 6. Rhinoplasty: reshaping of the nose;*
- 7. Lip reduction/enhancement: decreasing/enlarging lip size;*
- 8. Rib excision: to enhance waistline;*
- 9. Breast augmentation.*

Copies of two of these denial letters are attached as Exhibits A and B of this declaration.

5. Based on the denial letters, it appears that Quartz did not make any individualized determinations regarding the medical necessity of any of these procedures for me, and instead, simply denied the procedures based on Quartz's own coverage exclusions.

6. Quartz did approve my vaginoplasty. However, because Quartz denied my laser hair removal—which is prerequisite to the surgery to decrease the risk for infection and complications—Quartz effectively denied my vaginoplasty as well. I was scheduled to undergo the vaginoplasty in October 2019 but, since I have been unable to start the necessary hair removal treatments, I will be unable to keep this surgery date. This will prolong the emotional and physical suffering I have experienced from the already lengthy delay in obtaining this medically necessary treatments.

7. Under standard procedure, my providers at UW Health submitted internal appeals of the denials to Quartz. In connection with those appeals, UW Health and my attorneys provided Quartz with a copy of the Court's April 2019 order. Quartz held reconsideration committee meetings for each of the denials in July and August. My attorney, Joseph Wardenski, participated telephonically in the reconsideration committee hearings for the hair removal and breast augmentation surgeries in July, explaining this Court's preliminary injunction decision to the committee. Dr. Chalet participated in the reconsideration committee hearing for the denied facial feminization surgeries. Nevertheless, Quartz immediately affirmed the original denials after each of those meetings.

8. After receiving the final denials from Quartz, I requested a fair hearing and concurrent review from DHS. I am still waiting for DHS to issue a determination or schedule my fair hearing.

9. I had been so hopeful that after the Court's preliminary injunction order in April, I would finally be able to get the care that I needed to treat my gender dysphoria and complete my gender transition. Instead, receiving these coverage denials has exacerbated my gender dysphoria, anxiety, and emotional distress. The days after I received the denials, I dove into a

deep depression and I could not leave my house. I felt defeated. I felt like I would never be able to get the care I desperately need. And it is really upsetting that over four months after the Court's ruling, I am still facing obstacles to get Wisconsin Medicaid to cover my treatment for gender dysphoria.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed this 10th day of September, 2019.



Courtney Sherwin

EXHIBIT

A



Medical Management

840 Carolina Street
Sauk City, WI 53583
(608) 821-4200
(888) 829-5687
(608) 821-4207 Fax
QuartzBenefits.com

May 10, 2019

Courtney Sherwin
[REDACTED]

Service: Breast augmentation
Patient: Courtney Sherwin
Subscriber: Sherwin, Courtney
ID#: [REDACTED]
Date of Birth: [REDACTED]

Dear Ms. Sherwin,

We have reviewed a request from Katherine M Gast, MD for coverage of breast augmentation.. Unfortunately, we cannot approve this request. It was denied because Quartz Medical Management Policy *Surgical Treatment for Gender Dysphoria C.5.29* states:

C. The following procedures are considered cosmetic and will be denied as contract exclusions, therefore not covered (not an all-inclusive list).

1. *Chin augmentation: reshaping or enhancing the size of the chin;*
2. *Laryngoplasty: reshaping of laryngeal framework (voice modification);*
3. *Liposuction: removal of fat;*
4. *Hair removal/hair transplantation;*
5. *Facial feminizing (facial bone reduction);*
6. *Rhinoplasty: reshaping of the nose;*
7. *Lip reduction/enhancement: decreasing/enlarging lip size;*
8. *Rib excision: to enhance waistline.*
9. *Breast augmentation:*

The request for breast augmentation will not be covered as it is excluded per our medical policy.

If you have questions or would like a free copy of your BC+ health benefits, please call Customer Service at (800) 362-3310. You may also send a message through MyChart or mail a request to:

Quartz
ATTN Customer Service
840 Carolina Street
Sauk City, WI 53583

If your doctor would like to discuss this decision, please call (608) 821-4200 or (888) 829-5687.

This decision does not mean you cannot receive the care you were seeking. It simply means your insurance will not cover it. If you decide to receive this care, you will have to pay for it. You and your doctor should make all of the decisions about your health care. This includes the treatment you may need. Your benefits are determined according to the contract terms in force on the date the services are done.

If you wish to appeal this decision, please fill out the attached form. It needs to be returned within 45 days. You can call (800) 362-3310 or send it to:

Quartz
ATTN Appeals Specialists
840 Carolina Street
Sauk City, WI 53583
Email: AppealsSpecialists@QuartzBenefits.com
Fax: (608) 644-3500

You have the right to review the information we used to make a decision. You can do so before the HMO grievance committee hearing or the State of Wisconsin Division of Hearings and Appeals (DHA).

Please contact our Appeals Specialist if you have any questions by calling (800) 362-3309 ext. 1423 or 1582.

You may need to pay for the cost of services if the hearing decision is not in your favor.

If you think there is anything new we should know, please include it with your appeal. New information may be written comments, documents, medical records or anything that is relevant. You may bring someone with you to the meeting, including an attorney, but it is not required. You can get free interpreter services. Call Customer Service at (800) 362-3310.

It may take up to 10 days from the day we receive your request to respond. It may take up to 30 days to make a final decision.

If your appeal is urgent, please call us as soon as possible at (800) 362-3310. Urgent requests are for services that are needed right away. If a delay in treatment would increase the risk to your health or you are in the hospital, you may qualify. Urgent requests are decided within two business days. Your benefits may continue during this time. In urgent situations, an external review can occur at the same time as the internal appeal. Your doctor must verify that a delay can be a health risk. If we determine your appeal does not meet the urgent requirements, we will review the appeal in the standard time frames.

If you wish to talk to someone outside of Quartz, please call the HMO Enrollment Specialist at (800) 291-2002. They may assist you with your appeal to Quartz or to the Wisconsin Managed Care Program. To file a grievance with the Wisconsin Managed Care Program, send a letter to:

Wisconsin Managed Care
Ombudsman
P.O. Box 6470
Madison, WI 53716-0470

You have the right to appeal to the DHA for a Fair Hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by Quartz. An appeal must be made no later than 45 days after the date of the action being appealed. If you appeal this action to DHA before the action or you request that it continue within 10 days of receiving this letter, the service may continue. If you decide to receive the care you were seeking, you may need to pay for the full cost of medical services if the hearing decision is not in your favor. If you want a Fair Hearing, send a written request to:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The hearing will be held in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability or for English language translation, please call (608) 266-3096 (voice) or 711 (hearing impaired).

If you need help writing a request for a Fair Hearing, call the Wisconsin Managed Care Ombudsman at (800) 760-0001 or the HMO Enrollment Specialist at (800) 291-2002.

We cannot treat you differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

We would be glad to talk to you about this decision. Please call (800) 362-3310.

Sincerely,

Medical Management Department/lmk

cc: Katherine M Gast, MD

Gundersen Health Plan, Inc. is contracted with the State of Wisconsin to provide BadgerCare Plus HMO Services.

QL2487 (0118) - 9000520

Appeal Filing Form

NAME OF PERSON FILING APPEAL: _____

Circle one: Covered person Patient Authorized Representative

Member #: _____

Contact information of person filing appeal (if different from patient)

Address: _____

Daytime phone: _____ **Email:** _____

If person filing appeal is other than patient, patient must indicate authorization by signing here:

Are you requesting an urgent appeal? Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

Accessibility at Quartz

Quartz provides 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)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

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

Spanish – 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 – 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.

Laotian – ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 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。

Somali – 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.



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.

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 nyooog ceeb hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom tsis pub dhau cov caij nyooog 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 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。您可能需要在若干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 ການຄຸມຄອງຂອງທ່ານໂດຍຜ່ານ Quartz. ໃຫ້ເບິ່ງກຳນົດວັນທີ່ສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ເຊື່ອມຕໍ່ເນີນການຕາມກຳນົດເວລາທີ່ແນ່ນອນ ເພື່ອຮັກສາການຄຸມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

EXHIBIT

B



Medical Management

840 Carolina Street
Sauk City, WI 53583
(608) 821-4200
(888) 829-5687
(608) 821-4207 Fax
QuartzBenefits.com

May 10, 2019

Courtney Sherwin
[REDACTED]

Service: Laser Hair Removal
Patient: Courtney Sherwin
Subscriber: Sherwin, Courtney
ID#: [REDACTED]
Date of Birth: [REDACTED]

Dear Ms. Sherwin,

We have reviewed a request from Katherine M Gast, MD for coverage of laser hair removal. Unfortunately, we cannot approve this request. It was denied because Quartz Medical Management Policy *Surgical Treatment for Gender Dysphoria C.5.29* states:

C. The following procedures are considered cosmetic and will be denied as contract exclusions, therefore not covered (not an all-inclusive list).

1. *Chin augmentation: reshaping or enhancing the size of the chin;*
2. *Laryngoplasty: reshaping of laryngeal framework (voice modification);*
3. *Liposuction: removal of fat;*
4. *Hair removal/hair transplantation;*
5. *Facial feminizing (facial bone reduction);*
6. *Rhinoplasty: reshaping of the nose;*
7. *Lip reduction/enhancement: decreasing/enlarging lip size;*
8. *Rib excision: to enhance waistline.*
9. *Breast augmentation:*

The request for laser hair removal will not be covered as it is excluded per our medical policy.

If you have questions or would like a free copy of your BC+ health benefits, please call Customer Service at (800) 362-3310. You may also send a message through MyChart or mail a request to:

Quartz
ATTN Customer Service
840 Carolina Street
Sauk City, WI 53583

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If you wish to appeal this decision, please fill out the attached form. It needs to be returned within 45 days. You can call (800) 362-3310 or send it to:

Quartz
ATTN Appeals Specialists
840 Carolina Street
Sauk City, WI 53583
Email: AppealsSpecialists@QuartzBenefits.com
Fax: (608) 644-3500

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Wisconsin Managed Care
Ombudsman
P.O. Box 6470
Madison, WI 53716-0470

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P.O. Box 7875
Madison, WI 53707-7875

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If you need help writing a request for a Fair Hearing, call the Wisconsin Managed Care Ombudsman at (800) 760-0001 or the HMO Enrollment Specialist at (800) 291-2002.

We cannot treat you differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

We would be glad to talk to you about this decision. Please call (800) 362-3310.

Sincerely,

Medical Management Department/lmk

cc: Katherine M Gast, MD

Gundersen Health Plan, Inc. is contracted with the State of Wisconsin to provide BadgerCare Plus HMO Services.

QL2487 (0118) - 9000520

Appeal Filing Form

NAME OF PERSON FILING APPEAL: _____

Circle one: Covered person Patient Authorized Representative

Member #: _____

Contact information of person filing appeal (if different from patient)

Address: _____

Daytime phone: _____ **Email:** _____

If person filing appeal is other than patient, patient must indicate authorization by signing here:

Are you requesting an urgent appeal? Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
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TTY / TDD: 711 / (800) 877-8973.

Hmong – 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.

Laotian – ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 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。

Somali – 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.



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.

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 nyooog ceeb hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom tsis pub dhau cov caij nyooog 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 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。您可能需要在若干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 ການຄຸມຄອງຂອງທ່ານໂດຍຜ່ານ Quartz. ໃຫ້ເບິ່ງກຳນົດວັນທີ່ສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ເຊື່ອມອາດຳເນີນການຕາມກຳນົດເວລາທີ່ແນ່ນອນ ເພື່ອຮັກສາການຄຸມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ 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.

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 beschtimnde 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.

Arabic – بخصوص طلبك للحصول على التغطية من خلال Quartz. بالتكليف. يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع ابحاث عن التواريخ الهامة في هذا الاشعار. 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.

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.

French – Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou sur la prise en charge par Quartz. Rechercher 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.

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.

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.

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. Telefoni numrin (800) 362-3310. 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.

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.

Cushite – Oroomiffa XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila 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 – လိသျှ်လိသျှ်- နုဖိုကတိ၊ ကညိ ကျိုအထိ၊ နုဖါနို ကျိုအတိ၊ ၈၁၀၀၀၀ တလလိသျှ်လိသျှ်၊ နိတဝံလိသျှ်လိသျှ်လိသျှ်၊ လိသျှ် (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Mon-Khmer, Cambodian – ប្រយ័ត្ន: របៀបនិងវិធានការណ៍សម្រាប់ការងារ ការងារប្រចាំថ្ងៃ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំណុំប្រើប្រាស់ 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 – หมายเหตุ: ถ้า คุณพูด ภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไทยฟรี โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા છે, તો તિ:શુદ્ધ 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.