

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
 This health plan is offered by Unity Health Plans Insurance Corporation



**COUNTY OF JACKSON DBA JACKSON COUNTY**  
 9036309 - Current - PPO

**Coverage Period: 1/1/2019 - 12/31/2019**  
**Coverage for: Single/Family | Plan Type: PPO**



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.QuartzBenefits.com/certlookup](http://www.QuartzBenefits.com/certlookup). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-362-3310 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In <u>Network</u> : <b>\$5,000</b> Single/ <b>\$10,000</b> Family per Benefit Year Out of <u>Network</u> : <b>\$10,000</b> Single/ <b>\$20,000</b> Family per Benefit Year	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay.  If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>deductible</u> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits">https://www.healthcare.gov/coverage/preventive-care-benefits</a> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In <u>Network</u> : <b>\$5,500</b> Single/ <b>\$11,000</b> Family per Benefit Year Out of <u>Network</u> : <b>\$14,000</b> Single/ <b>\$22,000</b> Family per Benefit Year	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services.  If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , balance-billing charges, penalties for failure to obtain prior authorization, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u>

Questions: Call 1-800-362-3310 or visit us at [www.quartzbenefits.com](http://www.quartzbenefits.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-362-3310 to request a copy.

Tracking ID: PX8FM60HDP  
 PPO SBC  
 UH01207 (01 19)

	See <a href="http://www.QuartzBenefits.com/FindADoctor">www.QuartzBenefits.com/FindADoctor</a> or call 1-800-362-3310 for a list of <a href="#">network providers</a> .	pays (balance billing). Be aware, your <a href="#">network provider</a> might use an out-of-network <a href="#">provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	Charges for e-Visits will apply to your <a href="#">deductible/coinsurance</a> .
	<a href="#">Specialist</a> visit	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	-----none-----
	Other practitioner office visit	Chiro/Adult Vision: 20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	Chiro/Adult Vision: 40% <a href="#">coinsurance</a> after <a href="#">deductible</a> .	One (1) Routine Adult Vision exam is covered with no charge. <a href="#">Cost sharing</a> applies to subsequent exams.  Benefits are not available for care that is Maintenance and Supportive Care or Long-term Therapy.  Glasses/contacts for Adult Routine Vision are not covered.  Coverage is limited to preventive services as defined by the Affordable Care Act.
If you have a test	<a href="#">Preventive care/screening/immunization</a>	No charge	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your plan will pay for.
	<a href="#">Diagnostic test</a> (X-ray, blood work)	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	-----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition	Preferred Generics   Tier 1	Value Tier: \$5 copay All others: \$10 copay	Value Tier: \$5 copay All others: \$10 copay	Multiple copays will apply for claims of greater than 30 day supply when covered; for claims of 31 to 60 days supply, two copays will apply; and for claims of 61 to 90 days supply, three copays will apply.
	Preferred Brands   Tier 2	Value Tier: \$5 copay All others: \$35 copay	Value Tier: \$5 copay All others: \$35 copay	
	Non-Preferred Brands & Generics   Tier 3	\$50 copay	\$50 copay	
	Specialty drugs   Tier 4	\$200 copay	\$200 copay	
More information about <u>prescription drug coverage</u> is available at <a href="http://www.QuartzBenefits.com/formulary">www.QuartzBenefits.com/formulary</a>	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible	40% coinsurance after deductible	Prior authorization may be required. See <a href="http://www.QuartzBenefits.com/WIPAFORM">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.
	Physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible	
If you have outpatient surgery	<u>Emergency room care</u>	20% coinsurance after deductible	20% coinsurance after deductible	-----none-----
	<u>Emergency medical transportation</u>	20% coinsurance after deductible	20% coinsurance after deductible	-----none-----
	<u>Urgent care</u>	20% coinsurance after deductible	40% coinsurance after deductible	-----none-----
If you need immediate medical attention	Facility fee (e.g., hospital room)	20% coinsurance after deductible	40% coinsurance after deductible	Prior authorization is required. See <a href="http://www.QuartzBenefits.com/WIPAFORM">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.
	Physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible	
If you have a hospital stay	Outpatient services	20% coinsurance after deductible	40% coinsurance after deductible	Benefits are not available for care that is Maintenance and Supportive Care or Long-term therapy.
	Inpatient services	20% coinsurance after deductible	40% coinsurance after deductible	
	Office visits	20% coinsurance after deductible	40% coinsurance after deductible	
If you need mental health, behavioral health, or substance abuse services	Childbirth/delivery professional services	20% coinsurance after deductible	40% coinsurance after deductible	Maternity care may include tests and services described elsewhere within this document (i.e. ultrasound).
	Office visits	20% coinsurance after deductible	40% coinsurance after deductible	
If you are pregnant	Childbirth/delivery professional services	20% coinsurance after deductible	40% coinsurance after deductible	Prior authorization is required. See <a href="http://www.QuartzBenefits.com/WIPAFORM">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.
	Office visits	20% coinsurance after deductible	40% coinsurance after deductible	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Childbirth/delivery facility services	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	Prior authorization is required for inpatient services. See <a href="#">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.
	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	Coverage is limited to 60 visits per Benefit Year. Prior authorization is required. See <a href="#">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. This limit is shared between Rehabilitation and <a href="#">Habilitation services</a> .
	<a href="#">Habilitation services</a>	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	Cardiac Rehab is limited to 36 visits per event. Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. This limit is shared between Rehabilitation and <a href="#">Habilitation services</a> .
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a> after <a href="#">deductible</a>	40% <a href="#">coinsurance</a> after <a href="#">deductible</a>	Prior authorization may be required. See <a href="#">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information. Coverage limited to 90 days per confinement. This benefit is combined with the Swing Bed Care benefit. Prior authorization is required. See <a href="#">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	<u>Durable medical equipment</u>	20% <u>coinsurance</u> after <u>deductible</u>	40% <u>coinsurance</u> after <u>deductible</u>	Coverage for --  Foot Orthotics: Limited to one pair per Benefit Year.  Hearing Aids: Limited to one per ear every 36 months.  To obtain the list of covered hearing aid models log onto <a href="http://www.QuartzBenefits.com/hearingaids">www.QuartzBenefits.com/hearingaids</a> or contact Customer Service.  Prior authorization may be required. See <a href="http://www.QuartzBenefits.com/WIPAFORM">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.  Purchase or rental of DME with a per unit cost of \$500 or more must be Prior Authorized.
	<u>Hospice services</u>	20% <u>coinsurance</u> after <u>deductible</u>	40% <u>coinsurance</u> after <u>deductible</u>	Prior authorization is required. See <a href="http://www.QuartzBenefits.com/WIPAFORM">www.QuartzBenefits.com/WIPAFORM</a> or call Customer Service for additional information.  Hospice coverage excludes room and board charges in a Skilled Nursing Facility.
If your child needs dental or eye care	Children's eye exam	No charge	40% <u>coinsurance</u> after <u>deductible</u>	One (1) Routine Vision exam is covered with no charge in-network. <u>Cost sharing</u> for an office visit applies to subsequent exams.
	Children's glasses	Not Covered	Not Covered	-----none-----
	Children's dental check-up	Not Covered	Not Covered	-----none-----

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other [excluded services](#).)**

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Fertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Bariatric surgery
- Chiropractic care
- Hearing aids
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Wisconsin Office of the Commissioner of Insurance at 1-800-236-8517, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that [medical claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or for assistance, contact: Office of the Commissioner of Insurance, Complaints Department, PO Box 7873, Madison, WI 53707-7873, or if coverage is under a group health plan the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

**Does this Plan Provide Minimum Essential Coverage? Yes.**  
If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this Coverage Meet the Minimum Value Standard? Yes.**  
If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

- Spanish (Español): Para obtener asistencia en Español, llame al 1-800-362-3310 or 1-800-877-8973 (TTY).
- Tagalog (Tagalog): Kung kailangan niyo ang tulong sa Tagalog tumawag sa 1-800-362-3310 or 1-800-877-8973 (TTY)
- Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-362-3310 or 1-800-877-8973 (TTY)
- Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijijigo holne' 1-800-362-3310 or 1-800-877-8973 (TTY)

*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$5,000
- Specialist copayment Deductible
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

**Total Example Cost** \$12,731

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$5,000
Copayments	\$20
Coinsurance	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$10
<b>The total Peg would pay is</b>	<b>\$5,530</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$5,000
- Specialist copayment Deductible
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** \$7,389

In this example, Joe would pay:

Cost Sharing	
Deductibles*	\$1,200
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,600</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$5,000
- Specialist copayment Deductible
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

**Total Example Cost** \$1,925

In this example, Mia would pay:

Cost Sharing	
Deductibles*	\$1,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,900</b>

## 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,

**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 u 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 ntshiab lus tseem ceeb toog koj daim ntawv thov kev pab los yog cov kev pab kam them nqi kho mob los ntawm Quartz. Saij cov cai nyuog ceeb hauv daim ntawv no. Tej zsum koj kuj yuav tau ua qee yam kom tsis pub dhau cov cai nyuog koj thiav 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.

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](mailto:AppealsSpecialists@quartzbenefits.com)

**Vietnamese** – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nợ 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。

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

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

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace in certain states. To learn more, visit the Health Insurance Marketplace at [Healthcare.gov](http://Healthcare.gov).

## For help to translate or understand this, please call (800) 362-3310, TTY / TDD: 711 / (800) 877-8973.

**Russian** – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашей заявлении или страховом покрытии через Quartz. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется предпринять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Звоните по телефону (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

**Laotian** – ຕຳລາການນີ້ມີຂໍ້ມູນສຳຄັນ. ຕຳລາການນີ້ມີຂໍ້ມູນສຳຄັນກ່ຽວກັບການສະໜັບສະໜູນ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານ ໂດຍຜ່ານ Quartz. ໃຫ້ເນັ້ນໜັງສືສຳຄັນໃນຕຳລາການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ເຊື່ອວ່າຕົວເັນການທຳນຳນັດເວລາທີ່ແນ່ນອນ ທີ່ອັດສະລາສາການທຳນຳນຳຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.



