

# Aurora Health Quartz Medicare Advantage (HMO)

## 2025 Part D copayment/coinsurance amounts

### Prescription drug coverage available with Core D, Value D, and Elite D plans

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no extra cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D \$325; Value D \$300; Elite D \$275.			
<b>Stage 2:</b> Initial Coverage	You pay the following until your True Out-of-Pocket (TrOOP) costs reach <b>\$2,000</b> . The TrOOP is the maximum you will spend out of pocket. You may get your drugs from network retail or mail-order pharmacies. <ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90 to 100-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90 to 100-day supply of a covered Part D prescription drug.</li> </ul>			
	<b>30-day</b>	<b>Retail 60-day</b>	<b>90 to 100-day</b>	<b>Mail-order 90 to 100-day</b>
<b>Tier 1</b> (Preferred Generic)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2</b> (Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$12.50</b>	<b>\$12.50</b>
<b>Tier 3</b> (Preferred Brand)	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>
<b>Tier 4</b> (Non-Preferred Drugs)	<b>33%</b>	<b>33%</b>	<b>33%</b>	<b>33%</b>
<b>Tier 5</b> (Specialty)	<b>29% of cost</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 6</b> (Select Care Drugs)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Note:** Our plan covers Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) at no extra cost, even if your plan has a deductible and you haven't paid it. There is no extra cost for vaccines received in a pharmacy. You will need to submit a reimbursement form for vaccines received in a clinic.

# Gundersen/Gundersen MN Quartz Medicare Advantage (HMO) 2025 Part D copayment/coinsurance amounts

## Prescription drug coverage available with Core D, Value D, and Elite D plans

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no extra cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D \$225; Value D \$225; Elite D \$200.				
<b>Stage 2:</b> Initial Coverage	You pay the following until your True Out-of-Pocket (TrOOP) costs reach <b>\$2,000</b> . The TrOOP is the maximum you will spend out of pocket. You may get your drugs from network retail or mail-order pharmacies. <ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90 to 100-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90 to 100-day supply of a covered Part D prescription drug.</li> </ul>				
		Retail			Mail-order
	30-day	60-day	90 to 100-day	90 to 100-day	
<b>Tier 1</b> (Preferred Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$12.50</b>	<b>\$12.50</b>	
<b>Tier 2</b> (Generic)	<b>\$15</b>	<b>\$30</b>	<b>\$37.50</b>	<b>\$37.50</b>	
<b>Tier 3</b> (Preferred Brand)	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	
<b>Tier 4</b> (Non-Preferred Drugs)	<b>33%</b>	<b>33%</b>	<b>33%</b>	<b>33%</b>	
<b>Tier 5</b> (Specialty)	<b>Core D = 29%</b> <b>Value D = 30%</b> <b>Elite D = 30%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Tier 6</b> (Select Care Drugs)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

**Note:** Our plan covers Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) at no extra cost, even if your plan has a deductible and you haven't paid it. There is no extra cost for vaccines received in a pharmacy. You will need to submit a reimbursement form for vaccines received in a clinic.

# UW Health Quartz Medicare Advantage (HMO)

## 2025 Part D copayment/coinsurance amounts

### Prescription drug coverage available with Core D, Value D, and Elite D plans

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no extra cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D \$200; Value D \$200; Elite D \$175.										
<b>Stage 2:</b> Initial Coverage	You pay the following until your True Out-of-Pocket (TrOOP) costs reach <b>\$2,000</b> . The TrOOP is the maximum you will spend out of pocket. You may get your drugs from network retail or mail-order pharmacies. <ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90 to 100-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90 to 100-day supply of a covered Part D prescription drug.</li> </ul>										
	<table border="1"> <thead> <tr> <th colspan="2">Retail</th> <th>Mail-order</th> </tr> <tr> <th>30-day</th> <th>60-day</th> <th>90 to 100-day</th> </tr> </thead> </table>			Retail		Mail-order	30-day	60-day	90 to 100-day	<table border="1"> <thead> <tr> <th>Mail-order</th> </tr> <tr> <th>90 to 100-day</th> </tr> </thead> </table>	Mail-order
Retail		Mail-order									
30-day	60-day	90 to 100-day									
Mail-order											
90 to 100-day											
<b>Tier 1</b> (Preferred Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$12.50</b>	<b>\$12.50</b>							
<b>Tier 2</b> (Generic)	<b>\$15</b>	<b>\$30</b>	<b>\$37.50</b>	<b>\$37.50</b>							
<b>Tier 3</b> (Preferred Brand)	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>							
<b>Tier 4</b> (Non-Preferred Drugs)	<b>33%</b>	<b>33%</b>	<b>33%</b>	<b>33%</b>							
<b>Tier 5</b> (Specialty)	<b>30%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>							
<b>Tier 6</b> (Select Care Drugs)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>							

**Note:** Our plan covers Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) at no extra cost, even if your plan has a deductible and you haven't paid it. There is no extra cost for vaccines received in a pharmacy. You will need to submit a reimbursement form for vaccines received in a clinic.

# UW Health Illinois Quartz Medicare Advantage (HMO)

## 2025 Part D copayment/coinsurance amounts

### Prescription drug coverage available with Core D, Value D, and Elite D plans

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no extra cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D \$225; Value D \$225; Elite D \$200.				
<b>Stage 2:</b> Initial Coverage	You pay the following until your True Out-of-Pocket (TrOOP) costs reach <b>\$2,000</b> . The TrOOP is the maximum you will spend out of pocket. You may get your drugs from network retail or mail-order pharmacies. <ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90 to 100-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90 to 100-day supply of a covered Part D prescription drug.</li> </ul>				
		Retail			Mail-order
	30-day	60-day	90 to 100-day	90 to 100-day	
<b>Tier 1</b> (Preferred Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$12.50</b>	<b>\$12.50</b>	
<b>Tier 2</b> (Generic)	<b>\$15</b>	<b>\$30</b>	<b>\$37.50</b>	<b>\$37.50</b>	
<b>Tier 3</b> (Preferred Brand)	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	
<b>Tier 4</b> (Non-Preferred Drugs)	<b>33%</b>	<b>33%</b>	<b>33%</b>	<b>33%</b>	
<b>Tier 5</b> (Specialty)	<b>30%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Tier 6</b> (Select Care Drugs)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Note:</b> Our plan covers Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) at no extra cost, even if your plan has a deductible and you haven't paid it. There is no extra cost for vaccines received in a pharmacy. You will need to submit a reimbursement form for vaccines received in a clinic.					

# Quartz Medicare Advantage **Dual Eligible with Rx** 2025 Part D copayment/coinsurance amounts

## Prescription drug coverage available with Dual Eligible plans

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no extra cost to you. If you have Extra Help for your Part D benefits, you will pay reduced cost-sharing for your Part D drugs. Please see the chart below for the Extra Help cost-sharing, copays, and standard benefits.

	Retail			Mall-order
	30-day	60-day	90 to 100-day	90 to 100-day
<b>Extra Help Copay if you have LIS Level 3</b>				
Generic drugs	\$0	\$0	\$0	\$0
Brand/Other drugs	\$0	\$0	\$0	\$0
<b>Extra Help Copay if you have LIS Level 2</b>				
Generic drugs	\$1.60	\$1.60	\$1.60	\$1.60
Brand/Other drugs	\$4.80	\$4.80	\$4.80	\$4.80
<b>Extra Help Copay if you have LIS Level 1</b>				
Generic drugs	\$4.90	\$4.90	\$4.90	\$4.90
Brand/Other drugs	\$12.15	\$12.15	\$12.15	\$12.15
<b>Standard Part D Benefit — Does not receive Extra Help</b>				
Generic and Brand/Other drugs	Deductible \$590, then 25% coinsurance	Deductible \$590, then 25% coinsurance	Deductible \$590, then 25% coinsurance	Deductible \$590, then 25% coinsurance
Insulins	\$35	\$70	\$105	\$105
Select Care Drugs	\$0	\$0	\$0	\$0

**Note:** Our plan covers Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) at no extra cost, even if your plan has a deductible and you haven't paid it. There is no extra cost for vaccines received in a pharmacy. You will need to submit a reimbursement form for vaccines received in a clinic.



**Quartz Champion:**

**(800) 394-5566 (TTY: 711)**

April 1 – Sept. 30, Mon. – Friday, 8 a.m. – 8 p.m.

Oct. 1 – March 31, seven days a week, 8 a.m. – 8 p.m.

**[QuartzBenefits.com/MedicareAdvantage](https://QuartzBenefits.com/MedicareAdvantage)**

**[QuartzBenefits.com/DualEligible](https://QuartzBenefits.com/DualEligible)**

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal. This information is not a complete description of benefits. Call (800) 394-5566 (TTY: 711) for more information. Other pharmacies/physicians/providers are available in our network. Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310 (TTY: 711). Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310 (TTY: 711).