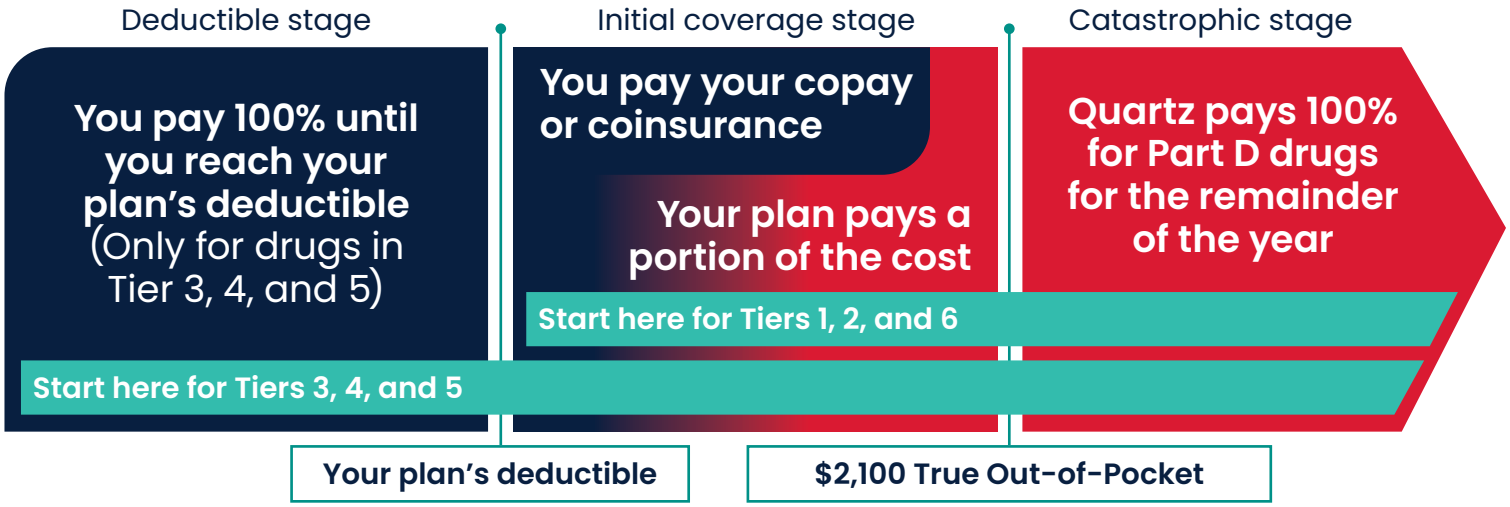
# Quartz Medicare Advantage (HMO) Part D prescription coverage

## What you pay for prescription drugs in 2026

Each plan has a deductible only for drugs in Tiers 3, 4, and 5:

| Basic D: $270 | Core D: $270 | Value D: $225 | Elite D: $200 |
|---|---|---|---|

Deductible does not apply to medications in Tiers 1, 2, or 6. After reaching the deductible, they are subject to a copay or coinsurance. Once you reach the annual TrOOP (True Out-of-Pocket) limit of $2,100, your plan will cover all of your Part D drug costs for the rest of the year. See the image below to learn about the coverage stages.




| | | | Retail or mail-order | | |
|---|---|---|---|---|---|
| **Tier** | **Deductible applies?** | **Your share** | **30-day** | **31 to 60-day** | **61 to 100-day** |
| **Tier 1** (Preferred generic) | ✖ No | Copay | **$2** | **$4** | **$5** |
| **Tier 2** (Generic) | ✖ No | Copay | **$10** | **$20** | **$25** |
| **Tier 3*** (Preferred brand) | ✔ Yes | Coinsurance | **20%** | **20%** | **20%** |
| **Tier 4** (Non-preferred drugs) | ✔ Yes | Coinsurance | **40%** | **40%** | **40%** |
| **Tier 5**** (Specialty) | ✔ Yes | Coinsurance | **30% retail only** | **Not available**** | **Not available**** |
| **Tier 6***** (Select Care drugs) | ✖ No | Copay | **$0** | **$0** | **$0** |

You can fill your prescriptions at any in-network retail or mail-order pharmacy.

*Tier 3 includes many common brand-name drugs, some higher-cost generic drugs, and insulin.
**Tier 5 (Specialty) 30-day supply available in retail locations only. Not available through mail-order pharmacy benefit.
***Tier 6 includes many low-cost medications that treat diabetes, high blood pressure, high cholesterol, osteoporosis, and other conditions.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# Quartz Medicare Advantage Dual Eligible with Rx Part D prescription coverage

| Type | Retail or mail-order | | |
|---|---|---|---|
| | **30-day** | **31 to 60-day** | **61 to 100-day** |
| Extra Help Copay if you have LIS Level 3 | | | |
| **Generic drugs** | **$0** | **$0** | **$0** |
| **Brand/Other drugs** | **$0** | **$0** | **$0** |
| **Select Care drugs** | **$0** | **$0** | **$0** |
| **Vaccines** | **$0** | **$0** | **$0** |
| Extra Help Copay if you have LIS Level 2 | | | |
| **Generic drugs** | **$1.60** | **$1.60** | **$1.60** |
| **Brand/Other drugs** | **$4.90** | **$4.90** | **$4.90** |
| **Select Care drugs** | **$0** | **$0** | **$0** |
| **Vaccines** | **$0** | **$0** | **$0** |
| Extra Help Copay if you have LIS Level 1 | | | |
| **Generic drugs** | **$5.10** | **$5.10** | **$5.10** |
| **Brand/Other drugs** | **$12.65** | **$12.65** | **$12.65** |
| **Select Care drugs** | **$0** | **$0** | **$0** |
| **Vaccines** | **$0** | **$0** | **$0** |
| Standard Part D Benefit – Does not receive Extra Help | | | |
| **Generic drugs** | Deductible **$615**, then **25%** coinsurance | Deductible **$615**, then **25%** coinsurance | Deductible **$615**, then **25%** coinsurance |
| **Brand/Other drugs** | Deductible **$615**, then **25%** coinsurance | Deductible **$615**, then **25%** coinsurance | Deductible **$615**, then **25%** coinsurance |
| **Insulins** | **$35** or **25%** (whichever is less) | **$70** or **25%** (whichever is less) | **$105** or **25%** (whichever is less) |
| **Select Care drugs** | **$0** | **$0** | **$0** |
| **Vaccines** | **$0** | **$0** | **$0** |

You can fill your prescriptions at any in-network retail or mail-order pharmacy (except Tier 5). Tier 5 (Specialty) 30-day supply is available in retail locations only. Not available through mail-order pharmacy benefit.

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. 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).