## Aurora Health Quartz Medicare Advantage (an HMO plan with a Medicare Contract) offered by Quartz Medicare Advantage

# Annual Notice of Changes for 2021

You are currently enrolled as a member of Aurora Health Quartz Medicare Advantage Value D. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### What to do now

**1. ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 2.1, 2.2, 2.5 and 2.6 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2021 Drug List and look in Section 2.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 2.3 for information about our *Provider Directory*.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your Medicare & You handbook.
- Look in Section 4.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in Aurora Health Quartz Medicare Advantage Value D.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Aurora Health Quartz Medicare Advantage Value D.
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021.** You will be automatically disenrolled from your current plan.

## Additional Resources

- This document is available for free in Spanish.
- If you have questions or require language assistance, please call Customer Service at (800) 394-5566. For people who are deaf, hard of hearing or speech impaired please call TTY/TDD 711, (800) 877-8973. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. You may also call through a video relay service company of your choice. Interpreter services are provided free of charge to you. A Customer Service representative is available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. From October 1 through March 31, we are also available to assist you on Saturdays and Sundays from 8:00 a.m. to 8:00 p.m. You can also visit our website at QuartzBenefits.com/MedicareAdvantage.
- We can also give you information in large print or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

## About Aurora Health Quartz Medicare Advantage Value D

- Quartz Medicare Advantage is an HMO plan with a Medicare Contract. Enrollment in Quartz Medicare Advantage depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Quartz Medicare Advantage When it says "plan" or "our plan," it means Aurora Health Quartz Medicare Advantage Value D.

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Aurora Health Quartz Medicare Advantage Value D in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher or lower than this amount. See Section 2.1 for details. | $20.60 | $31.00 |
| **Maximum out-of-pocket amount** <br> This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.) | $3,400 | $4,900 |
| **Doctor office visits** | Primary care visits: $0 per visit <br><br> Specialist visits: $45 per visit | Primary care visits: $0 per visit <br><br> Specialist visits: $35 per visit |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Inpatient hospital stays**<br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. | Days 1-5: $250 copayment per day for Medicare-covered services<br><br>Days 6-discharge: $0 copayment for Medicare-covered services | Days 1-7: $265 copayment per day for Medicare-covered services<br><br>Day 8 through discharge: $0 copayment for Medicare-covered services |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 2.6 for details.) | Deductible: $100<br><br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $4.00 copayment<br>• Drug Tier 2: $12.00 copayment<br>• Drug Tier 3: $47.00 copayment<br>• Drug Tier 4: 40% coinsurance<br>• Drug Tier 5: 28% coinsurance | Deductible: $150<br><br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $0 copayment<br>• Drug Tier 2: $8.00 copayment<br>• Drug Tier 3: $47.00 copayment<br>• Drug Tier 4: 30% coinsurance<br>• Drug Tier 5: 30% coinsurance |

# *Annual Notice of Changes* for 2021
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## SECTION 1 We Are Changing the Plan's Name

On January 1, 2021, our plan name will change from ProHealth Senior Preferred Elite D (HMO) to **Aurora Health Quartz Medicare Advantage Value D (HMO)**.

You will receive new ID cards with the new plan name. You will also see the new name reflected on correspondence you receive.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) (You must also continue to pay your Medicare Part B premium.) | $20.60 | $31.00 |
| **Quartz Medicare Advantage Optional Dental Rider** | Not available in 2020 | $48.10 |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $3,400 | $4,900<br>Once you have paid $4,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

## Section 2.3 – Changes to the Provider Network

Our network has changed more than usual for 2021. An updated *Provider Directory* is located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **We strongly suggest that you review our current *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are still in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.

- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

## Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Provider Directory* is located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2021 *Provider Directory* to see which pharmacies are in our network**.

## Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage.*

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Acupuncture**<br>*must visit a licensed practitioner | Acupuncture is not covered. | $20 copayment for up to 20 treatments per year |
| **Acupuncture for chronic low back pain** | There is no copayment or coinsurance for Medicare-covered services | $20 copayment for up to 20 Medicare-covered visits per year |
| **Ambulance services** | $200 copayment each trip for Medicare-covered ambulance benefits | $275 copayment each trip for Medicare-covered ambulance benefits |
| **Cardiac rehabilitation services** | $10 copayment for each covered cardiac therapy visit | $15 copayment for each covered cardiac therapy visit |
| **Chiropractic services** | $3 copayment for lab<br>$6 copayment for X-ray | $10 copayment for lab<br>$15 copayment for X-ray |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Dental services**<br><br>*Amounts over fee schedule are responsibility of member and do not apply to plan maximum out of pocket. | $45 copayment for Medicare-covered dental exam<br><br>Oral exams and prophylaxis (cleaning) twice per calendar year<br><br>Bitewing x-rays once every year<br><br>No coinsurance or copayment for preventive dental services | $35 copayment for Medicare-covered dental exam<br><br>The plan pays up to calendar year maximum of $500<br><br>Plan covers the following services: Oral Exams, Prophylaxis (Cleaning), Fluoride Treatment, Dental X-Rays, Non-routine Services, Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery<br><br>All covered services are subject to the combined preventive and comprehensive calendar year maximum. * |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Diabetes self-management training, diabetic services and supplies** | 0% coinsurance for each preferred covered diabetic testing supply item.<br><br>20% coinsurance for each non-preferred covered diabetic testing supply item. If there is medical justification submitted and approved through the exception process, the non-preferred items may be covered at a lower cost share.<br><br>0% coinsurance for a specific list of preferred brand diabetic monitoring meters. | No coinsurance or copayment for each preferred covered diabetic testing supply item.<br><br>Testing supplies are limited to plan's preferred manufacturer.<br><br>If there is medical justification submitted and approved through the exception process, other manufacturer testing supplies may be approved at no cost share.<br><br>Blood glucose test strips limited to 200 strips per 30 days. A medical justification must be submitted and approved through the exception process in order to exceed this limit. |
| **Fitness** | Up to $40 per month at a participating fitness facility for monthly membership dues. | Up to $25 reimbursement per month for monthly membership dues at a licensed facility. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Hearing services** | $15 copayment for each Medicare-covered hearing exam<br><br>$15 copayment for routine hearing exams up to one test every calendar year<br><br>The tiers and copayments are as follows:<br>• Standard: not available<br>• Advanced: $699 copayment per aid<br>• Premium: $999 copayment per aid | $35 copayment for each Medicare-covered hearing exam<br><br>There is no coinsurance or copayment for routine hearing exams up to one test every calendar year<br><br>The tiers and copayments are as follows:<br>• Standard: $700 copayment per aid<br>• Advanced: $950 copayment per aid<br>• Premium: $1,200 copayment per aid |
| **Inpatient hospital care** | Days 1-5 $250 copayment per day for Medicare-covered services<br><br>Days 6 - discharge: $0 copayment for Medicare-covered services | Days 1-7 $265 copayment per day for Medicare-covered services<br><br>Days 8 - discharge: $0 copayment for Medicare-covered services |
| **Inpatient mental health care** | Days 1-4: $250 copayment per day for Medicare-covered services<br><br>Days 5 - discharge: $0 copayment for Medicare-covered services | Days 1-6: $265 copayment per day for Medicare-covered services<br><br>Days 7- discharge: $0 copayment for Medicare-covered services |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Massage therapy for chronic pain conditions** | Massage therapy for chronic pain conditions is not covered. | $20 copayment for each visit<br><br>Limited to 12 massage visits per year, each visit up to 60 minutes |
| **Medicare Part B prescription drugs**<br><br>The following link will take you to a list of Part B Drugs that may be subject to Step Therapy and/or Prior Authorization:<br><br>QuartzBenefits.com/MAPartBPA | Medicare Part B drugs obtained at a pharmacy may require prior authorization. | Medicare Part B drugs may require Step Therapy and/or Prior Authorization. |
| **Opioid treatment program services** | There is a $40 copayment for Medicare-covered individual therapy visit<br><br>There is a $30 copayment for Medicare-covered group therapy visit | There is no coinsurance or copayment for Medicare-covered individual or group therapy visits |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Outpatient diagnostic tests and therapeutic services and supplies** | X-Ray:<br>$6 copayment for Medicare Covered services<br><br>Therapeutic Radiology:<br>20% coinsurance for Medicare Covered services<br><br>Diagnostic Radiology:<br>20% coinsurance for Medicare Covered services<br><br>Laboratory:<br>$3 copayment for Medicare Covered services<br><br>Test/Procedures:<br>20% coinsurance for Medicare Covered services | X-Ray:<br>$15 copayment for Medicare Covered services<br><br>Therapeutic Radiology:<br>$60 copayment for Medicare Covered services<br><br>Diagnostic Radiology:<br>$125 copayment for Medicare Covered services<br><br>Laboratory:<br>$10 copayment for Medicare Covered services<br><br>Test/Procedures:<br>$10 copayment for Medicare Covered services |
| **Outpatient hospital observation** | $250 daily copayment on Medicare-covered outpatient hospital observation stay | There is no coinsurance or copayment for Medicare-covered outpatient hospital observation stays |
| **Outpatient mental health care** | $40 copayment for each Medicare covered individual therapy visit<br><br>$30 copayment for Medicare-covered group therapy visit | $25 copayment for each Medicare-covered individual or group therapy visit |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Outpatient rehabilitation services** | **You must obtain prior authorization**<br><br>$40 copayment for Medicare-covered visit | **You must obtain prior authorization**<br><br>$35 copayment for each Medicare-covered visit |
| **Outpatient substance abuse services** | $40 copayment for Medicare-covered individual therapy visit<br><br>$30 copayment for Medicare-covered group therapy visit | $25 copayment for each Medicare-covered individual or group therapy visit |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers** | $100 copayment for each Medicare-covered ambulatory surgical center visit<br><br>$200 copayment for each Medicare-covered outpatient surgery procedure<br><br>X-Ray: $6 copayment for Medicare Covered services<br><br>Therapeutic Radiology: 20% coinsurance for Medicare Covered services<br><br>Diagnostic Radiology: 20% coinsurance for Medicare Covered services<br><br>Laboratory: $3 copayment for Medicare Covered services<br><br>Test/Procedures: 20% coinsurance for Medicare Covered services | $250 copayment for each Medicare-covered ambulatory surgical center visit<br><br>$250 copayment for each Medicare-covered outpatient surgery procedure<br><br>X-Ray: $15 copayment for Medicare Covered services<br><br>Therapeutic Radiology: $60 copayment for Medicare Covered services<br><br>Diagnostic Radiology: $125 copayment for Medicare Covered services<br><br>Laboratory: $10 copayment for Medicare Covered services<br><br>Test/Procedures: $10 copayment for Medicare Covered services |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Over the counter card (OTC) program**<br><br>*Amounts over the quarterly card limit do not apply toward out-of-pocket maximum | Members are eligible for a $25 quarterly benefit to be used towards the purchase of select over-the-counter (OTC) health and wellness products available through our catalog via select retailers. This benefit is available at the beginning of each quarter (January, March, July, October).<br><br>If purchase is less than $25, or no purchase is placed, unused dollars will not carry forward to the next quarter.<br><br>You will pay 100% of costs that exceed the $25 benefit per quarter. * | Members are eligible for a $50 quarterly benefit to be used towards the purchase of select over-the-counter (OTC) health and wellness products available through our catalog via select retailers. This benefit is available at the beginning of each quarter (January, April, July, October).<br><br>If purchase is less than $50, or no purchase is placed, unused dollars will not carry forward to the next quarter.<br><br>You will pay 100% of costs that exceed the $50 benefit per quarter. * |
| **Partial hospitalization services** | **You must obtain prior authorization.**<br><br>$40 copayment per day for Medicare-covered partial hospitalization services<br><br>Coverage does not include maintenance or activity therapy. | **You must obtain prior authorization.**<br><br>$35 copayment per day for Medicare-covered partial hospitalization services<br><br>Coverage does not include maintenance or activity therapy. |
| **Physician/Practitioner services, including doctor's office visits** | $45 copayment for each specialist visit for Medicare-covered benefits | $35 copayment for each specialist visit for Medicare-covered benefits |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Podiatry services** | $45 copayment for each Medicare-covered visit<br><br>$45 copayment for each Medicare-covered podiatry benefits are for medically necessary foot care, limit 6 visits per year | $35 copayment for each Medicare-covered visit, limit 6 visits per year<br><br>$35 copayment for each routine footcare visit, limit 6 visits per year |
| **Pulmonary rehabilitation services** | $30 copayment for each covered pulmonary therapy visit | $15 copayment for each covered pulmonary therapy visit |
| **Skilled nursing facility (SNF) care** | **You must obtain prior authorization**<br><br>Days 1-20: $0 copayment per day<br><br>Days 21-100: $130 copayment per day | **You must obtain prior authorization**<br><br>Days 1-20: $0 copayment per day<br><br>Days 21-100: $184 copayment per day |
| **Supervised Exercise Therapy (SET)** | $10 copayment for each covered supervised exercise therapy visit<br><br>No limit to the number of SET PAD visits allowed based on medical necessity. | $15 copayment for each covered supervised exercise therapy visit<br><br>No limit to the number of SET PAD visits allowed based on medical necessity. |
| **Swing Bed** | **You must obtain prior authorization**<br><br>Days 1-20: $0 copayment per day<br><br>Days 21-100: $130 copayment per day | **You must obtain prior authorization**<br><br>Days 1-20: $0 copayment per day<br><br>Days 21-100: $184 copayment per day |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Travel** | Visitor/Travel benefit not a covered service. | Up to six months of in-network level coverage (in three month increments) while traveling domestically outside of Illinois, Iowa, Minnesota, and Wisconsin. Must call plan's Customer Service to activate benefit and not be out of the plan's service area for more than 12 months. |
| **Urgently needed services** | $60 copayment at an urgent care center (including worldwide) | $50 copayment at an urgent care center (including worldwide) |
| **Vision care** | $20 for each additional eye exam<br><br>$100 limit for routine eyewear every year (for frames, eyeglass lenses, and eyewear upgrade at participating network providers) | $35 copayment for each additional eye exam<br><br>$200 limit for routine eyewear every year (for contacts, frames, eyeglass lenses, and eyewear upgrade at participating network providers) |

## New Quartz Medicare Advantage Optional Dental Rider:

| | |
|---|---|
| **Amount you pay** | $48.10 per month |
| **Annual Maximum Benefit** | $1,000 per year |

**Plan covers the following services:**
Oral Exams, Prophylaxis (Cleaning), Fluoride Treatment, Dental X-Rays, Non-routine Services, Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery

All covered services are subject to the combined preventive and comprehensive calendar year maximum. Amounts over fee schedule are responsibility of member and do not apply to plan maximum out of pocket.

## Section 2.6 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is located on our website at QuartzBenefits.com/MedicareAdvantage. You can also call Customer Service to mail you a Formulary.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

In most cases, the plan will only approve exception requests until the end of a calendar year. However, if the plan has approved a formulary exception in 2020 and the approval timeframe extends into 2021, this will continue to be honored per the approval notification letter. You will not be required to submit a new formulary exception request until the previous approval has expired.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

## Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Customer Service and ask for the "LIS Rider." Phone numbers for Customer Service are in Section 6.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

| Stage | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage**<br>During this stage, **you pay the full cost** of your Tier 3, Tier 4, and Tier 5 drugs until you have reached the yearly deductible. | The deductible is $100<br><br>During this stage, you pay $4.00 cost sharing for drugs on Tier 1 and $12.00 cost-sharing for the drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible. | The deductible is $150<br><br>During this stage, you pay $0 cost sharing for drugs on Tier 1 and $8.00 cost-sharing for the drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible. |

## Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2020 to 2021.

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

| Stage | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br><br>**Preferred Generics (Tier 1):**<br>You pay: $4.00 copayment per prescription<br><br>**Generics (Tier 2):**<br>You pay: $12.00 copayment per prescription<br><br>**Preferred Brands (Tier 3):**<br>You pay: $47.00 copayment per prescription<br><br>**Non-Preferred Drugs (Tier 4):**<br>You pay: 40% coinsurance of the total cost<br><br>**Specialty Drugs (Tier 5):**<br>You pay: 28% coinsurance of the total cost | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br><br>**Preferred Generics (Tier 1):**<br>You pay: $0 copayment per prescription<br><br>**Generics (Tier 2):**<br>You pay: $8.00 copayment per prescription<br><br>**Preferred Brands (Tier 3):**<br>You pay: $47.00 copayment per prescription<br><br>**Non-Preferred Drugs (Tier 4):**<br>You pay: 30% coinsurance of the total cost<br><br>**Specialty Drugs (Tier 5):**<br>You pay: 30% coinsurance of the total cost |

| Stage | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage (continued)**<br><br>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.<br><br>**We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.** | Once your total drug costs have reached $4,020 you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached $4,130 you will move to the next stage (the Coverage Gap Stage). |

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 3 Administrative Changes

In 2021 there will be changes to how you can make your plan premium payments as well as a way to enroll in the new Quartz Medicare Advantage Optional Dental Rider. The table below describes those changes. Contact Customer Service for more information and to help assist you with a change.

| Description | 2020 (this year) | 2021 (next year) |
|---|---|---|
| Automatic recurring electronic payment | Automatic withdrawal from bank account will occur on the 4th of every month unless the 4th occurs on a weekend or a holiday, then it will be the next business day. | Automatic withdrawal from bank account or credit card will occur on the 2nd business day of the month. You can set this up using a Payment Change Form from Customer Service or through your Quartz MyChart account for either bank account withdrawals or credit card payments. |
| One-time electronic payment from bank account or credit card | Not an option in 2020 | If you choose to pay your monthly premium via one-time electronic payment from your bank account or credit card, you can do so yourself through your Quartz MyChart account. You can select the day you would like your premium paid, and it will be processed on that date. |
| Payment address changing | Senior Preferred<br>PO Box 77004<br>Minneapolis, MN 55480 | Quartz Medicare Advantage<br>PO Box 78498<br>Milwaukee, WI 53278-8498 |
| Enrollment in the Quartz Medicare Advantage Optional Dental Rider | Not an option in 2020 | If you would like to elect the Quartz Medicare Advantage Optional Dental Rider for 2021, please contact Customer Service for a Plan Benefit Selection Form that you can submit during the Annual Election Period (AEP) October 15 – December 7, 2020 to get an effective date of January 1, 2021. Otherwise your last chance to enroll will be between January 1- January 31 for February 1 coverage start date. |

# SECTION 4 Deciding Which Plan to Choose

## Section 4.1 – If you want to stay in Aurora Health Quartz Medicare Advantage Value D

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Aurora Health Quartz Medicare Advantage Value D.

## Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Quartz Medicare Advantage offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Aurora Health Quartz Medicare Advantage Value D.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Aurora Health Quartz Medicare Advantage Value D.

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2021.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin, the SHIP is called State of Wisconsin Board on Aging and Long Term Care.

State of Wisconsin Board on Aging and Long Term Care is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State of Wisconsin Board on Aging and Long Term Care counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans.

- You can call State of Wisconsin Board on Aging and Long Term Care at (800) 242-1060. You can learn more about State of Wisconsin Board on Aging and Long Term Care by visiting their website (www.longtermcare.wi.gov).

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
    - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Wisconsin has a program called SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 6 of this booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Wisconsin AIDS/HIV Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (800) 991-5532.

# SECTION 8 Questions?

## Section 8.1 – Getting Help from Aurora Health Quartz Medicare Advantage Value D

Questions? We're here to help. Please call Customer Service at (800) 394-5566. For TTY/TDD users, call 711 or (800) 877-8973. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. We are available for phone calls Monday through Friday from 8:00 a.m. to 8:00 p.m. From October 1 through March 31, we are also available to assist you on Saturdays and Sundays from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

### Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Aurora Health Quartz Medicare Advantage Value D. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at QuartzBenefits.com/MedicareAdvantage. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

## Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

### Read *Medicare & You 2021*

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

# NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) is the marketing name operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, "we" refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

- 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 interpreters
  - Information written in other languages

If you need these services, contact Customer Service at **(800) 362-3310**.

If you believe that we have 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: 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

# Multi-Language Insert

## Multi-Language Interpreter Services

**Spanish**: ATENCIÓN:  si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

**Hmong**: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (TTY: 711).

**Chinese**: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-394-5566（TTY：711）。

**German**: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

**Arabic**: ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة من أجلك، يُرجى الاتصال على الرقم 1-800-394-5566 (TTY: 711).

**Russian**: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

**Korean**: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

**Vietnamese**: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

**Pennsylvania Dutch**: Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

**Laotian**: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-394-5566 (TTY: 711).

**French**: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

**Amharic**: ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-394-5566 (መስማት ለተሳናቸው: 711).

**Hindi**: ध्यान दें:  यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

**Serbo-Croatian**: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Tagalog**: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).