



2023 Summary of Benefits

Effective January 1, 2023

Quartz Med Advantage Dual Eligible with Rx plans
Aurora • Gundersen • UW Health

QuartzBenefits.com/DualEligible

Summary of Benefits

January 1, 2023 – December 31, 2023

This Summary of Benefits booklet gives you an overview of what **Quartz Med Advantage Dual Eligible with Rx plans** cover and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, call a Quartz Champion and ask for the "Evidence of Coverage." Phone numbers are listed on the next page.

Quartz Med 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 this plan depends on contract renewal. Benefits, premiums, copayments, and coinsurance **may change on January 1 of each year**. Limitations, copayments, and restrictions may apply. Other pharmacies/physicians/providers are available in our network. Other plans may be available in the service area. The formulary, pharmacy network, and provider network may change at any time. You will receive notice about these changes when necessary.

Who Can Join?

To join Quartz Medicare Advantage, you must be entitled to Medicare Part A, enrolled in Medicare Part B, live in the service areas listed below, and be a U.S. citizen or lawfully present in the U.S. To qualify and remain enrolled in a Quartz Dual-Eligible plan, you must be eligible for both Medicare and Medicaid.

Our service area includes the following counties:

- **Aurora Health Quartz Med Advantage with Rx:** Milwaukee County.
- **Gundersen Quartz Med Advantage with Rx:** La Crosse County.
- **UW Health Quartz Med Advantage with Rx:** Dane County.

These plans are for people with **both Medicare and Medicaid**. How much Medicaid covers depends on your income, resources, and other factors.

You can join a Quartz Dual-Eligible plan if you are in one of these Medicaid groups:

1. **Qualified Medicare Beneficiary Plus (QMB+).**

- You get Medicaid coverage of Medicare cost-share.
- You get full Medicaid benefits.
- Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copays for Medicare-covered services.

2. **Qualified Medicare Beneficiary (QMB).**

- You get Medicaid coverage of Medicare cost-share.
- You do not get full Medicaid benefits.
- Medicaid only pays your Part A and Part B premiums, deductibles, coinsurance, and copays for Medicare-covered services.

Which Doctors, Hospitals, and Pharmacies Can I Use?

Quartz offers access to a network of doctors, hospitals, pharmacies, and other providers. Generally, you need to use network pharmacies to fill your prescriptions for covered Part D drugs. If you use providers not in our network, the plan may not pay for those services. For some services, you can use providers that are not in our network. You can see our plan's provider/pharmacy directory at our website, QuartzBenefits.com/Dualfindadoctor, or call us and we will send you a copy.

This information is not a complete description of the benefits. Call **(800) 394-5566 (TTY: 711)** for more information.

What Do We Cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. You get all the benefits covered by Original Medicare. You may pay more or less in our plan for some of these benefits than you would in Original Medicare. You also get more benefits than what is covered by Original Medicare or Medicaid. You'll find some of these benefits outlined in this booklet.

We cover Part D drugs. We also cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website, [QuartzBenefits.com/MAFormularyPage](https://www.QuartzBenefits.com/MAFormularyPage), or call us and we will send you a copy of the formulary.

BadgerCare Plus and Wisconsin Medicaid Covered Benefits

In addition to the plan benefits covered in the grid on the following pages, members eligible for full Medicaid benefits (QMB+) will have coverage of the items listed below. This is not a complete list. You can find more details on Medicaid-covered and non-covered benefits in the ForwardHealth Enrollment and Benefits Handbook at dhs.wisconsin.gov/library/p-00079.htm

- Case management services
- Chiropractic services
- Dental services
- Family planning services and supplies
- HealthCheck (Early and Periodic Screening, Diagnosis and Treatment) for people under 21
- Some home and community-based services
- Home health services or nursing services if a home health agency is unavailable
- Hospice care
- Inpatient hospital services other than services in an institution for mental disease
- Inpatient hospital, skilled nursing facility, and intermediate care facility services for patients in institutions for mental disease who are:
 - Under 21 years of age
 - Under 22 years of age and was getting services when you turned 21 years of age
 - 65 years of age or older
- Intermediate care facility services, other than services at an institution for mental disease
- Laboratory and X-ray services
- Medical supplies and equipment
- Mental health and medical day treatment
- Mental health and psychosocial rehabilitative services, including case management services, provided by staff of a certified community support program
- Nurse midwife services
- Nursing services, including services performed by a nurse practitioner
- Optometric/optical services, including eyeglasses
- Outpatient hospital services
- Personal care services
- Physical and occupational therapy
- Physician services
- Podiatry services

- Prenatal care coordination for women with high-risk pregnancies
- Prescription drugs and over-the-counter drugs
- Respiratory care services for ventilator-dependent individuals
- Rural health clinic services
- Skilled nursing home services other than in an institution for mental disease
- Smoking cessation treatment
- Speech, hearing, and language disorder services
- Substance abuse (alcohol and other drug abuse) services
- Transportation to obtain medical care
- Tuberculosis (TB) services

How Do I Determine My Drug Costs?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached.

Need More Information?

If you’re a member or would like to become one, please call us at **(800) 394-5566 (TTY: 711)**, or go to our website at QuartzBenefits.com/DualEligible.

Hours: From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

More Information about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare and You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy 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**.

Pre-enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Quartz Champion at **(800) 394-5566 (TTY: 711)**.

Understanding the Benefits

- The Evidence of Coverage (EOC)** provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. To view a copy of the EOC, visit QuartzBenefits.com/DualEligible or call **(800) 394-5566 (TTY: 711)**.
- The Provider/Pharmacy Directory.** Review our directory (or ask your doctor) to make sure the providers you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- In addition to your monthly plan premium, you will need to continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on **January 1, 2023**.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in our provider/pharmacy directory).

BENEFIT**AURORA HEALTH QUARTZ
DUAL ELIGIBLE WITH RX**

(Milwaukee County)

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services*

Monthly Plan Premium	\$0 per month. If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services, as noted by the cost-sharing in this chart.
Deductible	None.
Maximum Out-of-Pocket Responsibility (Does not include what you pay for prescription drugs.) Please note that you will still need to pay your monthly premiums. If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.	Your yearly limit(s) in this plan: \$8,300 for services you receive from in-network providers.
Inpatient Hospital Coverage	No cost for members, up to Medicare limits.
Outpatient Hospital Coverage	\$0 copay-20% coinsurance.
Doctor's Office Visits (Telehealth visits with your in-network provider or specialist have the same copays as a doctor's office visit.)	\$0 copay-20% coinsurance.
Preventive Care	You pay nothing.

****Our plan covers many preventive services, including:**

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screening
- HIV screening

List continues to the right.

4 *You will not have copays as long as you maintain your full dual eligibility status in both Medicare & Medicaid.

**GUNDERSEN QUARTZ
DUAL ELIGIBLE WITH RX**
(La Crosse County)

**UW HEALTH QUARTZ
DUAL ELIGIBLE WITH RX**
(Dane County)

\$0 per month.

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services, as noted by the cost-sharing in this chart.

None.

Your yearly limit(s) in this plan:
\$8,300 for services you receive from in-network providers.

No cost for members, up to Medicare limit.

\$0 copay-20% coinsurance.

\$0 copay-20% coinsurance.

You pay nothing.

\$0 per month.

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services, as noted by the cost-sharing in this chart.

None.

Your yearly limit(s) in this plan:
\$8,300 for services you receive from in-network providers.

No cost for members, up to Medicare limit.

\$0 copay-20% coinsurance.

\$0 copay-20% coinsurance.

You pay nothing.

Covered preventive services continued:

- Lung cancer screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (for people with no sign of tobacco-related diseases)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- One annual wellness visit per calendar year
- One annual routine physical per calendar year

**Any additional preventive services approved by Medicare during the contract year will be covered.

BENEFIT	AURORA HEALTH QUARTZ DUAL ELIGIBLE WITH RX (Milwaukee County)
Emergency/Urgent Care (Worldwide)	\$0 copay-20% coinsurance.
Diagnostic Services, Labs, and Imaging	\$0 copay-20% coinsurance.
Hearing Services	Annual routine hearing exam: \$0 copay. Hearing Aids: \$3,000 limit for hearing aids every 2 years.
Dental Services (Covers preventive & comprehensive dental services with a Delta Dental network provider who also accepts Medicaid. Open network available with balance billing.)	Medicare-covered dental exam: \$0 copay-20% coinsurance. Coverage for preventive and comprehensive dental services: \$3,500 limit.
Vision Services	Initial routine eye exam each year: \$0 copay. \$500 annual limit for eyeglasses and contacts (frames, lenses, and upgrades).
Mental Health Services	\$0 copay-20% coinsurance.
Skilled Nursing Facility (Prior Authorization may be required.) (A hospital stay is not required.)	\$0 copay-20% coinsurance.
Rehabilitation Services (Prior Authorization may be required.)	\$0 copay-20% coinsurance.
Ambulance (per trip)	\$0 copay-20% coinsurance.
Nonemergent Transportation	Our plan pays up to \$500 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.
Medicare Part B Drugs (Prior Authorization may be required.)	For Part B drugs, (such as chemotherapy, etc.): \$0 copay-20% of the coinsurance.
Chiropractic (per visit)	\$0 copay-20% coinsurance.
Podiatry Benefit	\$0 copay-20% coinsurance.

**GUNDERSEN QUARTZ
DUAL ELIGIBLE WITH RX**
(La Crosse County)

**UW HEALTH QUARTZ
DUAL ELIGIBLE WITH RX**
(Dane County)

\$0 copay-20% coinsurance.

\$0 copay-20% coinsurance.

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Annual routine hearing exam: **\$0 copay.**
Hearing Aids:
\$3,000 limit for hearing aids every 2 years.

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\$3,000 limit for hearing aids every 2 years.

Medicare-covered dental exam:
\$0 copay-20% coinsurance.

Coverage for preventive and comprehensive dental services: **\$3,000 limit.**

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Coverage for preventive and comprehensive dental services: **\$3,000 limit.**

Initial routine eye exam each year: **\$0 copay.**
\$500 annual limit for eyeglasses and contacts (frames, lenses, and upgrades)

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For Part B drugs (such as chemotherapy, etc.):
\$0 copay-20% of the coinsurance.

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\$0 copay-20% coinsurance.

BENEFIT

**AURORA HEALTH QUARTZ
DUAL ELIGIBLE WITH RX**

(Milwaukee County)

Care Management Programs for the Prevention, Management, and Reversal of Chronic Conditions

For members with select chronic conditions and enrolled in a Quartz Care Management Program, the following benefits can be available:

- **Continuous Glucose Monitors: 0% cost-sharing** for members with diabetes.
- **Blood Pressure Cuffs:** Plan provides **\$90 limit every two years** for members with congestive heart failure or hypertension.
- **Scales:** Plan provides **\$20 limit every three years** for members with congestive heart failure, hypertension, obesity, prediabetes and/or diabetes.
- **Combination Ketone-Glucose Meter:** Plan provides combo-glucose and ketone reader and supplies for members with diabetes and for pre-diabetes/obesity.
- **Tailored, Home-Delivered Meal Support:** Two meals for up to six weeks, and then one food box monthly for up to six months, plus one or more visits with a registered dietitian for members with congestive heart failure.

Medical Equipment & Supplies
(Prior Authorization may be required.)

Durable Medical Equipment: (e.g., wheelchairs, oxygen), continuous glucose monitors (CGMs), and insulin pumps.
\$0 copay-20% coinsurance.

Prosthetics: (e.g., braces, artificial limbs).
\$0 copay-20% coinsurance.

Diabetic Supplies: (e.g., blood glucose meters, test strips, lancets).
\$0 copay-20% coinsurance.

Abbot meters/strips preferred. All other manufacturers are not covered unless medically necessary.

Self-Management Training:
\$0 copay-20% coinsurance.

GUNDERSEN QUARTZ DUAL ELIGIBLE WITH RX

(La Crosse County)

UW HEALTH QUARTZ DUAL ELIGIBLE WITH RX

(Dane County)

For members with select chronic conditions and enrolled in a Quartz Care Management Program, the following benefits can be available:

- **Continuous Glucose Monitors: 0% cost-sharing** for members with diabetes.
- **Blood Pressure Cuffs:** Plan provides **\$90 limit every two years** for members with congestive heart failure or hypertension.
- **Scales:** Plan provides **\$20 limit every three years** for members with congestive heart failure, hypertension, obesity, prediabetes and/or diabetes.
- **Combination Ketone-Glucose Meter:** Plan provides combo-glucose and ketone reader and supplies for members with diabetes and for pre-diabetes/obesity.
- **Tailored, Home-Delivered Meal Support:** Two meals for up to six weeks, and then one food box monthly for up to six months, plus one or more visits with a registered dietitian for members with congestive heart failure.

Durable Medical Equipment: (e.g., wheelchairs, oxygen), continuous glucose monitors (CGMs), and insulin pumps.

\$0 copay-20% coinsurance.

Prosthetics: (e.g., braces, artificial limbs).

\$0 copay-20% coinsurance.

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Abbot meters/strips preferred. All other manufacturers are not covered unless medically necessary.

Self-Management Training:

\$0 copay-20% coinsurance.

Durable Medical Equipment: (e.g., wheelchairs, oxygen), continuous glucose monitors (CGMs), and insulin pumps.

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Diabetic Supplies: (e.g., blood glucose meters, test strips, lancets).

\$0 copay-20% coinsurance.

Abbot meters/strips preferred. All other manufacturers are not covered unless medically necessary.

Self-Management Training:

\$0 copay-20% coinsurance.

<p style="text-align: center;">BENEFIT</p>	<p style="text-align: center;">AURORA HEALTH QUARTZ DUAL ELIGIBLE WITH RX (Milwaukee County)</p>
<p>Quartz® CashCard</p>	<p>Quartz® CashCard Preloaded with \$500/year to use toward fitness memberships and rides to routine medical appointments.</p> <p>Over-the-counter (OTC) Benefits Get \$450 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$450 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that.</p> <p>Use your Quartz® CashCard to swipe at participating retailers.</p>
<p>Virtual Visits</p>	<p>Get 24/7 online access to a nonemergency urgent care services via a mobile or web-based device: \$0 copay per visit.</p>
<p>Acupuncture Benefit (For chronic lower back pain.)</p>	<p>Get up to 6 treatments a year with a licensed practitioner: \$20 copay.</p>
<p>Meal Delivery after a Hospital or Skilled Nursing Facility Stay</p>	<p>Get 20 meals delivered to your home after a hospital or skilled nursing facility stay, at no extra charge.</p> <p>Limited to four times per calendar year.</p>
<p>Travel Benefit</p>	<p>You may receive all plan-covered services at in-network costs for three-month increments, up to six months when traveling nationwide outside of the states of Illinois, Iowa, Minnesota, and Wisconsin.</p>
<p>Brain Fitness Benefit</p>	<p>You'll have access to BrainHQ, an online memory fitness program proven in over 100 scientific publications to help people think faster, focus better, and remember more. Get one-on-one help signing up, and access to a monthly brain health newsletter, BrainHQ Academy™, and live webinars on current brain health-related topics. \$0 copay.</p>

**GUNDERSEN QUARTZ
DUAL ELIGIBLE WITH RX**
(La Crosse County)

**UW HEALTH QUARTZ
DUAL ELIGIBLE WITH RX**
(Dane County)

Quartz® CashCard
Preloaded with \$500/year to use toward fitness memberships and rides to routine medical appointments.

Over-the-counter (OTC) Benefits
Get \$300 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$300 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that.

Use your Quartz® CashCard to swipe at participating retailers.

Quartz® CashCard
Preloaded with \$500/year to use toward fitness memberships and rides to routine medical appointments.

Over-the-counter (OTC) Benefits
Get \$300 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$300 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that.

Use your Quartz® CashCard to swipe at participating retailers.

Get 24/7 online access to a nonemergency urgent care services via a mobile or web-based device: **\$0 copay** per visit.

N/A

N/A

Get 20 meals delivered to your home after a hospital or skilled nursing facility stay at no extra charge.

Limited to four times per calendar year.

Get 20 meals delivered to your home after a hospital or skilled nursing facility stay at no extra charge.

Limited to four times per calendar year.

You may receive all plan-covered services at in-network costs for three-month increments, up to six months when traveling nationwide outside of the states of Illinois, Iowa, Minnesota, and Wisconsin.

You'll have access to BrainHQ, an online memory fitness program proven in over 100 scientific publications to help people think faster, focus better, and remember more. Get one-on-one help signing up, and access to a monthly brain health newsletter, BrainHQ Academy™, and live webinars on current brain health-related topics. **\$0 copay.**

BENEFIT	AURORA HEALTH QUARTZ DUAL ELIGIBLE WITH RX (Milwaukee County)
Personal Emergency Response System Benefit	<p>A wearable monitoring device connects you to live emergency operators 24/7/365 at the touch of a button. This helps maintain your independence, knowing that emergency medical services and first responders are accessible in the event of an emergency. Eligibility for a Personal Emergency Response System is based on factors including, but not limited to: living situation, living alone, history of falls, mobility, fall risk, and medical diagnoses. \$0 copay.</p>
Fitness Memberships	<p>Our plan pays up to \$500 a year with the Quartz® CashCard to use toward a fitness membership.</p>

**GUNDERSEN QUARTZ
DUAL ELIGIBLE WITH RX**
(La Crosse County)

**UW HEALTH QUARTZ
DUAL ELIGIBLE WITH RX**
(Dane County)

A wearable monitoring device **connects you to live emergency operators 24/7/365** at the touch of a button. This helps maintain your independence, knowing that emergency medical services and first responders are accessible in the event of an emergency. Eligibility for a Personal Emergency Response System is based on factors including, but not limited to: living situation, living alone, history of falls, mobility, fall risk, and medical diagnoses. **\$0 copay.**

Our plan pays up to **\$500 a year** with the Quartz® CashCard to use toward a fitness membership.

Prescription drug coverage available with Quartz 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 cost to you. Also, you won't pay more than \$35 per month for covered insulin.

Stage 1: Yearly Prescription Deductible	Retail and Mail-order: \$505 per year for Part D deductible.			
Stage 2: Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs from network retail or mail-order pharmacies.</p> <ul style="list-style-type: none"> • For retail: Your share of the retail cost shown is based on a 30-day, 60-day, or 90-day covered Part D prescription drug. • For mail-order: Your share of the cost shown is based on a 90-day supply of a covered Part D prescription drug. 			
	30-Day	Retail 60-Day	90-Day	Mail-Order 90-Day
Tier 1 (Preferred Generic)	25% of cost	25% of cost	25% of cost	25% of cost
Tier 2 (Generic)	25% of cost	25% of cost	25% of cost	25% of cost
Tier 3 (Preferred Brand)	25% of cost	25% of cost	25% of cost	25% of cost
Tier 4 (Non-Preferred Drug)	25% of cost	25% of cost	25% of cost	25% of cost
Tier 5 (Specialty Tier)	25% of cost	N/A	N/A	N/A
Tier 6 (Vaccines)	\$0 copay	N/A	N/A	N/A
<p>Note: Getting your Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) in a pharmacy provides the best coverage. While you may get them in your doctor's office, you may incur greater cost since it is a Part D benefit.</p>				
Stage 3: Coverage Gap	<p>After your total yearly drug costs reach \$4,660, you will enter the Coverage Gap. While you're in the Coverage Gap:</p> <ul style="list-style-type: none"> • For drugs in Tiers 1 through 5, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand-name drugs. • Both the amount you pay and the amount paid by the manufacturer (for brand-name drugs) count toward your true (or total) out-of-pocket (TrOOP) costs as if you had paid them. 			
Stage 4: Catastrophic Coverage	<p>After your yearly true (or total) out-of-pocket (TrOOP) drug costs (including drugs you buy from network retail or mail-order pharmacies) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost; or • \$4.15 copay for generic (including brand name drugs treated as generic); and • \$10.35 copay for all other drugs. 			

If you have Extra Help for your Part D benefits, you will pay reduced cost-sharing for your Part D drugs (see chart below).

Low Income Subsidy Members		
	Generic Drugs	Brand-name Drugs
Deductible	\$0/\$104	\$0/\$104
Initial Coverage Phase	\$0/\$1.45/\$4.15/\$15%	\$0/\$4.30/\$10.35/\$15%
Gap	\$0/\$1.45/\$4.15/\$15%	\$0/\$4.30/\$10.35/\$15%
Catastrophic Phase	\$0/\$4.15	\$0/\$10.35

Protecting Your Privacy

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation are committed to protecting the privacy and confidentiality of your protected personal and health information. We comply with all state and federal privacy laws, including the Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). These laws require that we provide our members with a Privacy Notice that explains our privacy practices. We must also provide you with access to your records, allow you to request corrections to your information and allow you to request that access to your information be limited. In order to provide you with insurance products and services, we must collect healthcare and personal information about you. Access to your information is restricted to those persons who need to know in order to provide service or administer Quartz Health Plan Corporation and Quartz Health Plan MN Corporation insurance products and services. We maintain physical, electronic, and procedural safeguards that comply with state and federal laws to protect your information. Quartz Health Plan Corporation and Quartz Health Plan MN Corporation do not use, disclose, sell, or make available any protected personal or health information about you to affiliates or non-affiliated third parties, unless required or permitted by law. Furthermore, if any of this information is disclosed without your authorization, we will notify you as required by law.

Our Notice of Privacy Practices is available online at QuartzBenefits.com/privacy-practices or by calling Customer Success at **(800) 394-5566 (TTY: 711)** to request a copy.

NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) and Quartz Med Advantage Dual Eligible w/Rx are the marketing names 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, gender identity, or sexual orientation.

- 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 Success** 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, gender identity, or sexual orientation, you can file a grievance with:

Kristie Breunig, Compliance Officer; 2650 Novation Parkway, Madison, WI 53713
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 Breunig, 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.



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 (711 :TTY) 1-800-394-5566.

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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። 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).



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