

Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP) offered by Quartz Medicare Advantage

Annual Notice of Changes for 2024

You are currently enrolled as a member of Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call your Quartz Champion Service Team to ask us to mail you an *Evidence of Coverage*.

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.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- 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 Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- 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, 2023, you will stay in Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP).
- Look in section 4, page 12 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact your Quartz Champion Service Team number at 1(800) 394-5566 for additional information. (TTY users should call 711, 1(800) 877-8973). Hours are 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. This call is free.
- This information is available 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 Dual Eligible (HMO D-SNP)

- Quartz Medicare Advantage is an HMO plan with a Medicare Contract. Enrollment in Quartz Medicare Advantage depends on contract renewal. The plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits.
- When this document says “we,” “us,” or “our,” it means Quartz Medicare Advantage (Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP)). When it says “plan” or “our plan,” it means Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Doctor office visits</p> <p>* Telehealth visits with your in-network provider have the same copayment as an in-office visit.</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$0 copayment per visit</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$0 copayment per visit</p>
Inpatient hospital stays	\$0 copayment	\$0 copayment
<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p>	<p>Deductible: \$505 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% of the cost • Drug Tier 2: 25% of the cost • Drug Tier 3: 25% of the cost • Drug Tier 4: 25% of the cost • Drug Tier 5: 25% of the cost 	<p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% of the cost • Drug Tier 2: 25% of the cost • Drug Tier 3: 25% of the cost • Drug Tier 4: 25% of the cost • Drug Tier 5: 25% of the cost

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> Drug Tier 6: \$0 copayment 	<ul style="list-style-type: none"> Drug Tier 6: \$0 copayment
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs). 	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$8,300</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,850</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>\$0</p>	<p>\$0</p> <p>There is no change for the upcoming benefit year.</p>

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for 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	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$8,300</p>	<p style="text-align: center;">\$8,850</p> <p>Once you have paid \$8,850 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.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at QuartzBenefits.com/MAfindadoctor and QuartzBenefits.com/ProviderDirectoryPDFs. You may also call your Quartz Champion Service Team for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, pharmacies, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact your Quartz Champion Service Team so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<p>Counseling Services (Non-Medicare-covered)</p>	<p><u>In-Network</u></p> <p>Counseling services benefit is <u>not</u> covered.</p>	<p><u>In-Network</u></p> <p>You pay \$0 copayment for each counseling services session (unlimited 50-minute individual sessions every year).</p> <p>Mental well-being programs through AbleTo provide self-care modules, available 24/7, as well as individual coaching and therapy services for members 18+ at \$0.</p>
<p>Diabetes Self-Management Training, Diabetic Services and Supplies</p>	<p><u>In-Network</u></p> <p>Diabetic testing supplies and services are limited to the preferred manufacturer, Abbott.</p>	<p><u>In-Network</u></p> <p>Diabetic testing supplies and services are limited to the preferred manufacturer, Lifescan.</p>
<p>Over-the-Counter Items</p>	<p><u>In-Network</u></p> <p>Nicotine Replacement Therapy (NRT) is <u>not</u> covered.</p> <p>\$450 maximum plan coverage amount every 3 months for OTC items.</p>	<p><u>In-Network</u></p> <p>Nicotine Replacement Therapy (NRT) is covered.</p> <p>\$425 maximum plan coverage amount every 3 months for OTC items.</p>

Section 1.5 – 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 provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact your Quartz Champion Service Team for more information.

Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **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 your Quartz Champion Service Team and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes 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.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$505.</p>	<p>The deductible is \$545.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic: You pay 25% of the cost per prescription.</p> <p>Generic: You pay 25% of the cost per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic: You pay 25% of the cost per prescription.</p> <p>Generic: You pay 25% of the cost per prescription.</p>

Stage	2023 (this year)	2024 (next year)
<p>For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.”</p>	<p>Preferred Brand: You pay 25% of the cost per prescription.</p> <p>You pay \$35 copayment per month supply of each covered insulin product on this tier.</p> <p>Non-Preferred Drug: You pay 25% of the cost per prescription.</p> <p>Specialty: You pay 25% of the cost per prescription.</p> <p>Vaccines: You pay \$0 copayment per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Preferred Brand: You pay 25% of the cost per prescription.</p> <p>You pay \$35 copayment per month supply of each covered insulin product on this tier.</p> <p>Non-Preferred Drug: You pay 25% of the cost per prescription.</p> <p>Specialty: You pay 25% of the cost per prescription.</p> <p>Vaccines: You pay \$0 copayment per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

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.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Quartz Medicare Advantage Mailing Address	Quartz Medicare Advantage 2650 Novation Parkway Madison, Wisconsin 53713	Quartz Medicare Advantage 2650 Novation Parkway Fitchburg, Wisconsin 53713

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP)

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 Dual Eligible (HMO D-SNP).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *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.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Quartz Medicare Advantage (Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP)) 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 Dual Eligible (HMO D-SNP).
- 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 Dual Eligible (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact your Quartz Champion Service Team if you need more information on how to do so.
 - – *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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 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, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

Because you have Wisconsin Department of Health and Family Services, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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

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 1(800)242-1060. You can learn more about State of Wisconsin Board on Aging and Long Term Care by visiting their website (longtermcare.wi.gov).

For questions about your Wisconsin Department of Health and Family Services benefits, contact Wisconsin Department of Health and Family Services at 1-800-362-3002 or 608-266-1865 (TTY: 711) 8 a.m. to 6 pm CST. Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Department of Health and Family Services coverage.

SECTION 6 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.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called Wisconsin Senior Care 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.

- **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 AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Wisconsin AIDS/HIV Drug Assistance Program at 1(608)266-1865.

SECTION 7 Questions?

Section 7.1 – Getting Help from Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP)

Questions? We're here to help. Please call your Quartz Champion Service Team at 1(800) 394-5566. (TTY only, call 711, 1(800) 877-8973). 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 2024 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 2024. For details, look in the 2024 *Evidence of Coverage* for Aurora Health Quartz Medicare Advantage Dual Eligible (HMO D-SNP). 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 your Quartz Champion Service Team 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 7.2 – 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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid, you can call Wisconsin Department of Health and Family Services at 1-800-362-3002 or 608-266-1865. TTY users should call 711.

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 [Deutsch (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, ໃດຍບໍ່ເສັຽຄ່າ, 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 ሊያገዝዎት 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).

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.

