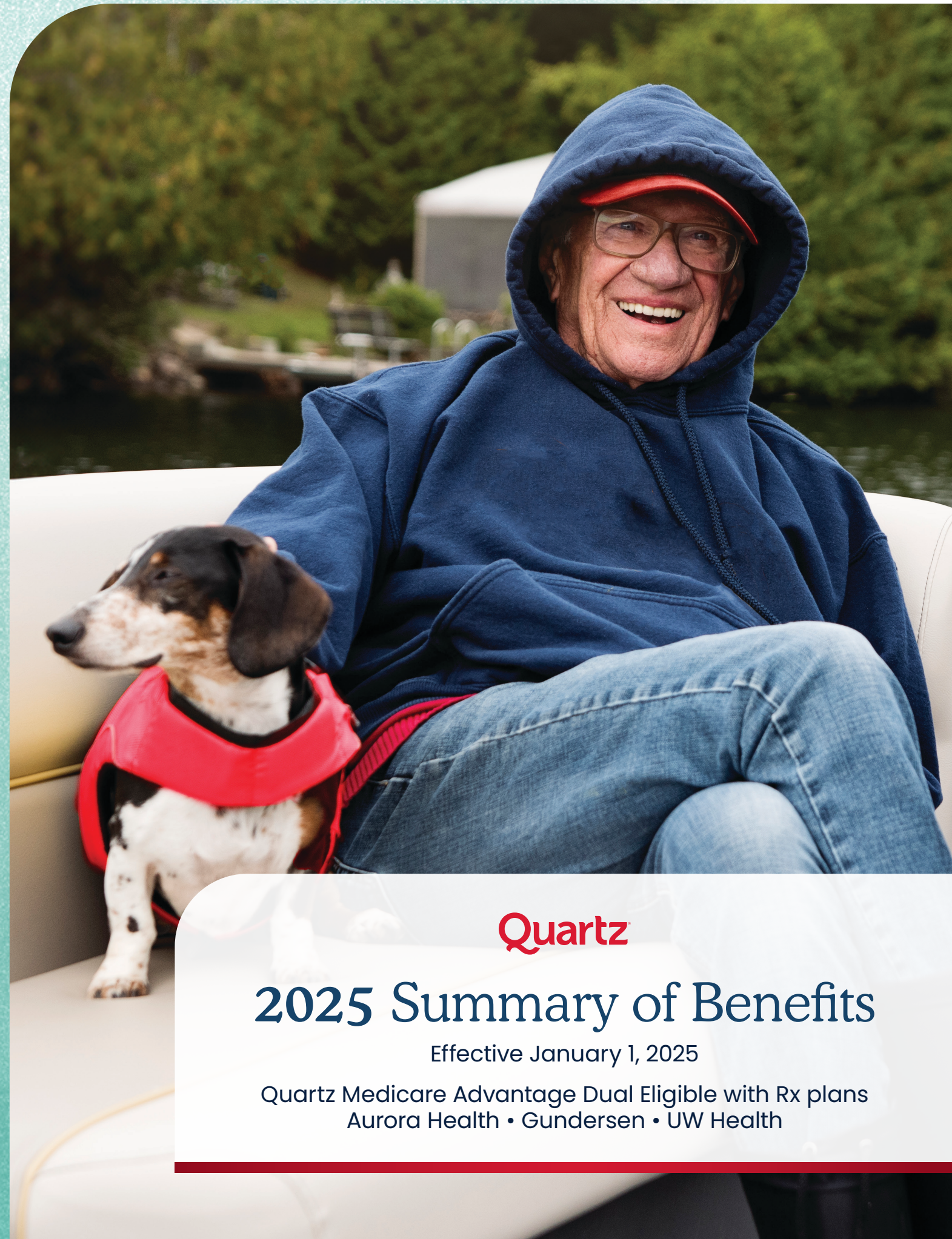




Quartz Champion

(800) 394-5566 (TTY: 711)

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



## 2025 Summary of Benefits

Effective January 1, 2025

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



# Summary of Benefits

This Summary of Benefits booklet gives you an overview of what **Quartz Medicare 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 Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in 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.

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

## 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 Medicare Advantage Dual Eligible with Rx:** Milwaukee County.
- **Gundersen Quartz Medicare Advantage Dual Eligible with Rx:** La Crosse County.
- **UW Health Quartz Medicare Advantage Dual Eligible 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 provider and pharmacy directories on our website at [QuartzBenefits.com/Dualfindadoctor](https://QuartzBenefits.com/Dualfindadoctor), or call us and we will send you a copy.

What do we cover?

We cover everything that Original Medicare covers – and more. Our plan members get more benefits than what is covered by Original Medicare. You may pay more in our plan for some of these benefits than you would in Original Medicare. For others, you may pay less. 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 Part D drugs) and any restrictions on our website, [QuartzBenefits.com/MAFormularyPage](https://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](https://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 age 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 they 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

How do I know how much my drug will cost?

The amount you pay for your drug depends on whether or not you have Extra Help, also known as Part D Low-Income Subsidy (LIS), and the LIS Level you qualify for. Please see the prescription drug chart on page 14 for details on how much you would pay for each available LIS Level or the standard Part D benefit (do not receive Extra Help).

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](https://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 the 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, **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](https://QuartzBenefits.com/DualEligible) or call **(800) 394-5566 (TTY: 711)**.
- ❑ **The Provider Directory.** Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ **The Pharmacy Directory.** Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ❑ **The Formulary.** Review the formulary to make sure your drugs are covered.

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, 2025**.
- ❑ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in our provider and pharmacy directories).
- ❑ Effect on current coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

This plan is a Dual Eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Benefit	Aurora Health Quartz Dual Eligible with Rx (Milwaukee County)	Gundersen Quartz Dual Eligible with Rx (La Crosse County)	UW Health Quartz Dual Eligible with Rx (Dane County)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services*			
Monthly Plan Premium	<b>\$0 per month.</b> If you have full Medicaid benefits and are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services, as noted by the cost-sharing in this chart.	<b>\$0 per month.</b> If you have full Medicaid benefits and are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services, as noted by the cost-sharing in this chart.	<b>\$0 per month.</b> If you have full Medicaid benefits and are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services, as noted by the cost-sharing in this chart.
Medical Deductible	None.	None.	None.
<b>Maximum Out-of-Pocket Responsibility</b> (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.	<b>Your yearly limit(s) in this plan:</b> <b>\$9,350 for services you receive from in-network providers.</b>	<b>Your yearly limit(s) in this plan:</b> <b>\$9,350 for services you receive from in-network providers.</b>	<b>Your yearly limit(s) in this plan:</b> <b>\$9,350 for services you receive from in-network providers.</b>
Inpatient Hospital Coverage	No cost for members, up to Medicare limits.	No cost for members, up to Medicare limits.	No cost for members, up to Medicare limits.
Outpatient Hospital Coverage	<b>\$0 copay-20% coinsurance.</b>	<b>\$0 copay-20% coinsurance.</b>	<b>\$0 copay-20% coinsurance.</b>
<b>Doctor's Office Visits</b> (Telehealth visits with your in-network provider or specialist have the same copays as a doctor's office visit.)	<b>\$0 copay-20% coinsurance.</b>	<b>\$0 copay-20% coinsurance.</b>	<b>\$0 copay-20% coinsurance.</b>



Benefit	Aurora Health Quartz Dual Eligible with Rx (Milwaukee County)	Gundersen Quartz Dual Eligible with Rx (La Crosse County)	UW Health Quartz Dual Eligible with Rx (Dane County)
Preventive Care	You pay nothing.	You pay nothing.	You pay nothing.
<p><b>Our plan covers many preventive services, including:</b></p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> </ul> <p><i>List continues to the right.</i></p>		<p><b>Covered preventive services continued:</b></p> <ul style="list-style-type: none"> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (for people with no sign of tobacco-related diseases)</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• One annual wellness visit per calendar year</li> <li>• One annual routine physical per calendar year</li> </ul> <p>Quartz covers all preventive services approved by Medicare.</p>	
Emergency/Urgent Care (Worldwide)	\$0 copay–20% coinsurance.	\$0 copay–20% coinsurance.	\$0 copay–20% coinsurance.
Diagnostic Services, Labs, and Imaging	\$0 copay–20% coinsurance.	\$0 copay–20% coinsurance.	\$0 copay–20% coinsurance.
Hearing Services	Annual routine hearing exam: <b>\$0 copay.</b> Hearing aids: <b>\$3,000 limit for hearing aids every 2 years.</b>	Annual routine hearing exam: <b>\$0 copay.</b> Hearing aids: <b>\$3,000 limit for hearing aids every 2 years.</b>	Annual routine hearing exam: <b>\$0 copay.</b> Hearing aids: <b>\$3,000 limit for hearing aids every 2 years.</b>
<b>Dental Services</b> (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: <b>\$0 copay–20% coinsurance.</b>  Coverage for preventive and comprehensive dental services: <b>\$3,500 limit.</b>	Medicare-covered dental exam: <b>\$0 copay–20% coinsurance.</b>  Coverage for preventive and comprehensive dental services: <b>\$3,000 limit.</b>	Medicare-covered dental exam: <b>\$0 copay–20% coinsurance.</b>  Coverage for preventive and comprehensive dental services: <b>\$3,000 limit.</b>
Vision Services	Initial routine eye exam each year: <b>\$0 copay.</b> <b>\$500 annual limit for eyeglasses and contacts (frames, lenses, and upgrades).</b>	Initial routine eye exam each year: <b>\$0 copay.</b> <b>\$500 annual limit for eyeglasses and contacts (frames, lenses, and upgrades).</b>	Initial routine eye exam each year: <b>\$0 copay.</b> <b>\$500 annual limit for eyeglasses and contacts (frames, lenses, and upgrades).</b>
<b>Mental Health Services</b> (Includes mental well-being programs through AbleTo, providing self-care modules, available 24/7, as well as individual coaching and therapy services for members 18+ at \$0.)	\$0 copay–20% coinsurance.	\$0 copay–20% coinsurance.	\$0 copay–20% coinsurance.

Benefit	Aurora Health Quartz Dual Eligible with Rx (Milwaukee County)	Gundersen Quartz Dual Eligible with Rx (La Crosse County)	UW Health Quartz Dual Eligible with Rx (Dane County)
<b>Skilled Nursing Facility</b> (Prior Authorization may be required. A hospital stay is not required.)	\$0 copay-20% coinsurance.	\$0 copay-20% coinsurance.	\$0 copay-20% coinsurance.
<b>Rehabilitation Services</b> (Prior Authorization may be required.)	\$0 copay-20% coinsurance.	\$0 copay-20% coinsurance.	\$0 copay-20% coinsurance.
<b>Ambulance for ground and air</b> (per trip)	\$0 copay-20% coinsurance.	\$0 copay-20% coinsurance.	\$0 copay-20% coinsurance.
<b>Non-emergent Transportation</b>	Our plan pays up to \$500 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.	Our plan pays up to \$500 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.	Our plan pays up to \$500 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.
<b>Medicare Part B Drugs</b> (Prior Authorization may be required.)	For Part B drugs (such as chemotherapy, etc.): \$0 copay-20% coinsurance.	For Part B drugs (such as chemotherapy, etc.): \$0 copay-20% coinsurance.	For Part B drugs (such as chemotherapy, etc.): \$0 copay-20% coinsurance.
<b>Chiropractic</b> (per visit)	20% coinsurance.	20% coinsurance.	20% coinsurance.
<b>Podiatry Benefit</b>	20% coinsurance.	20% coinsurance.	20% coinsurance.
<b>Care Management Programs for the Prevention, Management, and Reversal of Chronic Conditions</b> (Members with diabetes meeting criteria will have 0% cost-sharing on CGMs.)	<p>For members with select chronic conditions and enrolled in a Quartz Care Management Program, the following benefits can be available:</p> <ul style="list-style-type: none"> <li>• <b>Blood pressure cuffs:</b> Plan provides \$90 limit every two years for members with congestive heart failure or hypertension.</li> <li>• <b>Scales:</b> Plan provides \$20 limit every three years for members with congestive heart failure, hypertension, and/or diabetes.</li> <li>• <b>Combination ketone-glucose meter:</b> Plan provides combo-glucose and ketone reader and supplies for members with diabetes and for pre-diabetes/obesity.</li> <li>• <b>The Quartz Nourishing Meal Program:</b> Two meals for up to six weeks, and then one food box monthly for up to six months, plus one call with a registered dietitian for members with congestive heart failure.</li> </ul>	<p>For members with select chronic conditions and enrolled in a Quartz Care Management Program, the following benefits can be available:</p> <ul style="list-style-type: none"> <li>• <b>Blood pressure cuffs:</b> Plan provides \$90 limit every two years for members with congestive heart failure or hypertension.</li> <li>• <b>Scales:</b> Plan provides \$20 limit every three years for members with congestive heart failure, hypertension, and/or diabetes.</li> <li>• <b>Combination ketone-glucose meter:</b> Plan provides combo-glucose and ketone reader and supplies for members with diabetes and for pre-diabetes/obesity.</li> <li>• <b>The Quartz Nourishing Meal Program:</b> Two meals for up to six weeks, and then one food box monthly for up to six months, plus one call with a registered dietitian for members with congestive heart failure.</li> </ul>	

Benefit	Aurora Health Quartz Dual Eligible with Rx (Milwaukee County)	Gundersen Quartz Dual Eligible with Rx (La Crosse County)	UW Health Quartz Dual Eligible with Rx (Dane County)
<b>Medical Equipment &amp; Supplies</b> (Prior Authorization may be required.)	Durable Medical Equipment (e.g., wheelchairs, oxygen), continuous glucose monitors (CGMs), and insulin pumps: <b>\$0 copay-20% coinsurance.</b> Prosthetics (e.g., braces, artificial limbs): <b>\$0 copay-20% coinsurance.</b> Diabetes supplies (e.g., blood glucose meters, test strips, lancets): <b>\$0 copay-20% coinsurance.</b> <i>OneTouch meters/strips preferred. All other manufacturers are 35%.</i> Self-management training: <b>\$0 copay-20% coinsurance.</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen), continuous glucose monitors (CGMs), and insulin pumps: <b>\$0 copay-20% coinsurance.</b> Prosthetics (e.g., braces, artificial limbs): <b>\$0 copay-20% coinsurance.</b> Diabetes supplies (e.g., blood glucose meters, test strips, lancets): <b>\$0 copay-20% coinsurance.</b> <i>OneTouch meters/strips preferred. All other manufacturers are 35%.</i> Self-management training: <b>\$0 copay-20% coinsurance.</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen), continuous glucose monitors (CGMs), and insulin pumps: <b>\$0 copay-20% coinsurance.</b> Prosthetics (e.g., braces, artificial limbs): <b>\$0 copay-20% coinsurance.</b> Diabetes supplies (e.g., blood glucose meters, test strips, lancets): <b>\$0 copay-20% coinsurance.</b> <i>OneTouch meters/strips preferred. All other manufacturers are 35%.</i> Self-management training: <b>\$0 copay-20% coinsurance.</b>
<b>Quartz® CashCard</b>	<b>Quartz CashCard preloaded with \$500/year</b> to use toward fitness memberships and rides to routine medical appointments. <b>Over-the-counter (OTC) benefits.</b> <b>Get \$500/quarterly</b> to buy health and wellness items, first-aid supplies, and other qualifying items. The \$500 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.	<b>Quartz CashCard preloaded with \$500/year</b> to use toward fitness memberships and rides to routine medical appointments. <b>Over-the-counter (OTC) benefits.</b> <b>Get \$325/quarterly</b> to buy health and wellness items, first-aid supplies, and other qualifying items. The \$325 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.	<b>Quartz CashCard preloaded with \$500/year</b> to use toward fitness memberships and rides to routine medical appointments. <b>Over-the-counter (OTC) benefits.</b> <b>Get \$325/quarterly</b> to buy health and wellness items, first-aid supplies, and other qualifying items. The \$325 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.
<b>Virtual Visits</b>	Get 24/7 online access to non-emergency urgent care services via a mobile or web-based device: <b>\$0 copay</b> per visit.	Gundersen virtual care allows you to get non-urgent medical care right from your phone or online with MyChart at MyChart.GundersenHealth.org. Virtual care options include video visits, an online MyChart questionnaire, or MyChart messages provided by a physician or other medical professional.	Get 24/7 online access to non-emergency urgent care services via a mobile or web-based device: <b>\$0 copay</b> per visit.
<b>Acupuncture Benefit</b> (Medicare-covered for chronic lower back pain.)	Get up to 6 treatments a year with a network provider: <b>\$20 copay per treatment.</b>	<b>N/A</b>	<b>N/A</b>
<b>The Quartz Nourishing Meal Program for Members after a Hospital or Skilled Nursing Facility Stay</b>	Get 20 meals delivered to your home after a hospital or skilled nursing facility stay, at no extra charge. <b>Limited to four times per calendar year.</b>	Get 20 meals delivered to your home after a hospital or skilled nursing facility stay, at no extra charge. <b>Limited to four times per calendar year.</b>	Get 20 meals delivered to your home after a hospital or skilled nursing facility stay, at no extra charge. <b>Limited to four times per calendar year.</b>

Benefit	Aurora Health Quartz Dual Eligible with Rx (Milwaukee County)	Gundersen Quartz Dual Eligible with Rx (La Crosse County)	UW Health Quartz Dual Eligible with Rx (Dane County)
Travel Benefit	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 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 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.
Brain Fitness Benefit	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. <b>\$0 copay.</b>	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. <b>\$0 copay.</b>	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. <b>\$0 copay.</b>
Personal Emergency Response System Benefit	A wearable monitoring device <b>connects you to live emergency operators 24/7/365 at the touch of a button.</b> 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. <b>\$0 copay.</b>	A wearable monitoring device <b>connects you to live emergency operators 24/7/365 at the touch of a button.</b> 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. <b>\$0 copay.</b>	A wearable monitoring device <b>connects you to live emergency operators 24/7/365 at the touch of a button.</b> 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. <b>\$0 copay.</b>
Fitness Memberships	Our plan pays up to <b>\$500 a year</b> with the Quartz® CashCard to use toward a fitness membership.	Our plan pays up to <b>\$500 a year</b> with the Quartz® CashCard to use toward a fitness membership.	Our plan pays up to <b>\$500 a year</b> with the Quartz® CashCard to use toward a fitness membership.



Prescription drug coverage available with Dual Eligible plans

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

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

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

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](https://QuartzBenefits.com/Privacy-Practices) or by calling a Quartz Champion at **(800) 394-5566 (TTY: 711)** to request a copy.

# Notice of nondiscrimination

## Discrimination is against the law.

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, or sex (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

- We provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - 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, or sex, you can file a grievance with:

**Chief Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713**  
**Phone: (800) 362-3310 (TTY: 711); Fax: (608) 644-3500**  
**Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Chief 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](https://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](https://hhs.gov/ocr/office/file/index.html).



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-394-5566 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-394-5566 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-394-5566 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-394-5566 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-394-5566 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-394-5566 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-394-5566 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-394-5566 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-394-5566 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-394-5566 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-394-5566 (TTY: 711)** سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-394-5566 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-394-5566 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-394-5566 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-394-5566 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-394-5566 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-800-394 5566 (TTY: 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサー ビスです。