



Quartz Champion

(800) 394-5566 (TTY: 711)

QuartzBenefits.com/MedicareAdvantage



2024 Summary of Benefits

Effective January 1, 2024

UW Health Illinois Quartz Medicare Advantage
Value • Elite • Core D • Value D • Elite D

January 1, 2024 – December 31, 2024

This Summary of Benefits booklet gives you an overview of what **Quartz Medicare Advantage (HMO), in partnership with UW Health – Illinois**, covers 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 is an HMO plan with a Medicare contract. 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, and live in our service area.** Our service area includes the following Illinois counties:

- Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson, and Winnebago.

Which doctors, hospitals, and pharmacies can I use?

Quartz Medicare Advantage has 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 the 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/MAfindadoctor, 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. Our plan members get all the benefits 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. Our plan members also get more benefits than what is covered by Original Medicare. 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, or call us and we will send you a copy of the formulary.

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. Later in this document, we explain the benefit stages: Prescription Deductible (if your plan has one), Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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/MedicareAdvantage.

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 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/MedicareAdvantage 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, 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/pharmacy directory).
- 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.

| Benefit | Value (No Rx) | Elite (No Rx) | Core D (Includes Rx) | Value D (Includes Rx) | Elite D (Includes Rx) |
|---|--|--|--|--|--|
| Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services | | | | | |
| Monthly Plan Premium | \$0 per month. In addition, you must keep paying your Medicare Part B premium. | \$30 per month. In addition, you must keep paying your Medicare Part B premium. | \$0 per month. In addition, you must keep paying your Medicare Part B premium. | \$32 per month. In addition, you must keep paying your Medicare Part B premium. | \$68 per month. In addition, you must keep paying your Medicare Part B premium. |
| Deductible | None. | None. | None. | None. | 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: \$4,500 for services you receive from in-network providers. | Your yearly limit(s) in this plan: \$3,250 for services you receive from in-network providers. | Your yearly limit(s) in this plan: \$5,500 for services you receive from in-network providers. | Your yearly limit(s) in this plan: \$4,500 for services you receive from in-network providers. | Your yearly limit(s) in this plan: \$3,250 for services you receive from in-network providers. |
| Inpatient Hospital Coverage | Our plan covers an unlimited number of days for an inpatient hospital stay. You pay days 1-5: \$275 copay per day. Days 6 and beyond: You pay nothing. | Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: \$325 copay per stay. Annual limit: \$975. | Our plan covers an unlimited number of days for an inpatient hospital stay. You pay days 1-5: \$350 copay per day. Days 6 and beyond: You pay nothing. | Our plan covers an unlimited number of days for an inpatient hospital stay. You pay days 1-5: \$275 copay per day. Days 6 and beyond: You pay nothing. | Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: \$325 copay per stay. Annual limit: \$975. |
| Outpatient Hospital Coverage | Outpatient Hospital: You pay a \$225 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$225 copay per surgery. | Outpatient Hospital: You pay a \$175 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$175 copay per surgery. | Outpatient Hospital: You pay a \$280 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$280 copay per surgery. | Outpatient Hospital: You pay a \$225 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$225 copay per surgery. | Outpatient Hospital: You pay a \$175 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$175 copay per surgery. |

| Benefit | Value (No Rx) | Elite (No Rx) | Core D (Includes Rx) | Value D (Includes Rx) | Elite D (Includes Rx) |
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| Doctor's Office Visits (Telehealth visits with your in-network provider or specialist have the same copays as a doctor's office visit.) | Primary care provider visit: \$0 copay per visit. Specialist visit: \$30 copay per visit. | Primary care provider visit: \$0 copay per visit. Specialist visit: \$20 copay per visit. | Primary care provider visit: \$0 copay per visit. Specialist visit: \$40 copay per visit. | Primary care provider visit: \$0 copay per visit. Specialist visit: \$30 copay per visit. | Primary care provider visit: \$0 copay per visit. Specialist visit: \$20 copay per visit. |
| Preventive Care | You pay nothing. | You pay nothing. | You pay nothing. | You pay nothing. | You pay nothing. |
| Our plan covers many preventive services, including: <ul style="list-style-type: none"> 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 <i>List continues to the right.</i> | | | Covered preventive services continued: <ul style="list-style-type: none"> 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. | | |
| Emergency Care (Worldwide) | \$120 copay per visit.* | \$120 copay per visit.* | \$120 copay per visit.* | \$120 copay per visit.* | \$120 copay per visit.* |
| *If you are admitted to the hospital within three days of emergency room visit, you do not have to pay your share of the cost for emergency care. | | | *If you are admitted to the hospital within three days of emergency room visit, you do not have to pay your share of the cost for emergency care. | | |
| Urgently Needed Services (Worldwide) | \$40 copay per visit. | \$30 copay per visit. | \$50 copay per visit. | \$40 copay per visit. | \$30 copay per visit. |

| Benefit | Value (No Rx) | Elite (No Rx) | Core D (Includes Rx) | Value D (Includes Rx) | Elite D (Includes Rx) |
|---|---|---|---|---|---|
| Diagnostic Services, Labs, and Imaging | Diagnostic radiology services (such as MRI's, CT scans): \$150 copay. Diagnostic tests and procedures: \$10 copay per day. Lab services: \$10 copay per day. Outpatient X-rays: \$15 copay. Therapeutic radiology services (such as radiation treatment for cancer): \$65 copay. | Diagnostic radiology services (such as MRI's, CT scans): \$125 copay. Diagnostic tests and procedures: \$5 copay per day. Lab services: \$5 copay per day. Outpatient X-rays: \$10 copay. Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay. | Diagnostic radiology services (such as MRI's, CT scans): \$200 copay. Diagnostic tests and procedures: \$15 copay per day. Lab services: \$15 copay per day. Outpatient X-rays: \$25 copay. Therapeutic radiology services (such as radiation treatment for cancer): \$75 copay. | Diagnostic radiology services (such as MRI's, CT scans): \$150 copay. Diagnostic tests and procedures: \$10 copay per day. Lab services: \$10 copay per day. Outpatient X-rays: \$15 copay. Therapeutic radiology services (such as radiation treatment for cancer): \$65 copay. | Diagnostic radiology services (such as MRI's, CT scans): \$125 copay. Diagnostic tests and procedures: \$5 copay per day. Lab services: \$5 copay per day. Outpatient X-rays: \$10 copay. Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay. |
| Hearing Services | Annual routine hearing exam: \$35 copay. Hearing aids: Our plan pays up to \$1,250 every two years. | Annual routine hearing exam: \$25 copay. Hearing aids: Our plan pays up to \$1,500 every two years. | Annual routine hearing exam: \$45 copay. Hearing aids: Our plan pays up to \$1,000 every two years. | Annual routine hearing exam: \$35 copay. Hearing aids: Our plan pays up to \$1,250 every two years. | Annual routine hearing exam: \$25 copay. Hearing aids: Our plan pays up to \$1,500 every two years. |
| Dental Services (You can choose the dentist you want to see. If you see a provider out of the Delta Dental network, you may be balance-billed for the difference of what the provider charges and what is allowed.) | Medicare-covered dental exam: \$35 copay. Coverage for preventive and comprehensive dental services: \$1,000 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$36/month. | Medicare-covered dental exam: \$25 copay. Coverage for preventive and comprehensive dental services: \$1,200 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$36/month. | Medicare-covered dental exam: \$45 copay. Coverage for preventive and comprehensive dental services: \$1,250 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$36/month. | Medicare-covered dental exam: \$35 copay. Coverage for preventive and comprehensive dental services: \$1,250 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$36/month. | Medicare-covered dental exam: \$25 copay. Coverage for preventive and comprehensive dental services: \$1,550 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$36/month. |

| Benefit | Value (No Rx) | Elite (No Rx) | Core D (Includes Rx) | Value D (Includes Rx) | Elite D (Includes Rx) |
|---|---|---|---|---|---|
| <p>Vision Services (To use your Quartz® CashCard to buy eyewear, please see the Quartz Medicare Advantage Provider Directory for a list of participating locations near you.)</p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$35 copay.</p> <p>Initial routine eye exam each year: \$0 copay.</p> <p>Our plan pays up to \$1,200 a year with the Quartz CashCard for eyeglasses and contacts (frames, lenses, and upgrades).</p> <p><i>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</i></p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$25 copay.</p> <p>Initial routine eye exam each year: \$0 copay.</p> <p>Our plan provides \$1,500 a year with the Quartz CashCard for eyeglasses and contacts (frames, lenses, and upgrades).</p> <p><i>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</i></p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$45 copay.</p> <p>Initial routine eye exam each year: \$0 copay.</p> <p>Our plan pays up to \$1,000 a year with the Quartz CashCard for eyeglasses and contacts (frames, lenses, and upgrades).</p> <p><i>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</i></p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$35 copay.</p> <p>Initial routine eye exam each year: \$0 copay.</p> <p>Our plan pays up to \$1,200 a year with the Quartz CashCard for eyeglasses and contacts (frames, lenses, and upgrades).</p> <p><i>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</i></p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$25 copay.</p> <p>Initial routine eye exam each year: \$0 copay.</p> <p>Our plan provides \$1,500 a year with the Quartz CashCard for eyeglasses and contacts (frames, lenses, and upgrades).</p> <p><i>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</i></p> |
| <p>Mental Health Services (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.)</p> | <p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay days 1-5: \$275 copay per day.</p> <p>Days 6 and beyond: \$0.</p> <p>Outpatient group therapy visit: \$20 copay per visit.</p> <p>Outpatient individual therapy visit: \$20 copay per visit.</p> <p>Partial hospitalization: \$55 copay.</p> | <p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay: \$325 copay per stay Annual limit: \$975.</p> <p>Outpatient group therapy visit: \$20 copay per visit.</p> <p>Outpatient individual therapy visit: \$20 copay per visit.</p> <p>Partial hospitalization: \$55 copay.</p> | <p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay days 1-5: \$350 copay per day.</p> <p>Days 6 and beyond: \$0.</p> <p>Outpatient group therapy visit: \$20 copay per visit.</p> <p>Outpatient individual therapy visit: \$20 copay per visit.</p> <p>Partial hospitalization: \$55 copay.</p> | <p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay days 1-5: \$275 copay per day.</p> <p>Days 6 and beyond: \$0.</p> <p>Outpatient group therapy visit: \$20 copay per visit.</p> <p>Outpatient individual therapy visit: \$20 copay per visit.</p> <p>Partial hospitalization: \$55 copay.</p> | <p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay: \$325 copay per stay Annual limit: \$975.</p> <p>Outpatient group therapy visit: \$20 copay per visit.</p> <p>Outpatient individual therapy visit: \$20 copay per visit.</p> <p>Partial hospitalization: \$55 copay.</p> |
| <p>Skilled Nursing Facility (Prior Authorization may be required. A hospital stay is not required.)</p> | <p>Our plan covers up to 100 days in a skilled nursing facility.</p> <p>Days 1-20: You pay nothing. Days 21-100: \$160 copay per day.</p> | <p>Our plan covers up to 100 days in a skilled nursing facility.</p> <p>Days 1-20: You pay nothing. Days 21-100: \$150 copay per day.</p> | <p>Our plan covers up to 100 days in a skilled nursing facility.</p> <p>Days 1-20: You pay nothing. Days 21-100: \$170 copay per day.</p> | <p>Our plan covers up to 100 days in a skilled nursing facility.</p> <p>Days 1-20: You pay nothing. Days 21-100: \$160 copay per day.</p> | <p>Our plan covers up to 100 days in a skilled nursing facility.</p> <p>Days 1-20: You pay nothing. Days 21-100: \$150 copay per day.</p> |

| Benefit | Value (No Rx) | Elite (No Rx) | Core D (Includes Rx) | Value D (Includes Rx) | Elite D (Includes Rx) |
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| Rehabilitation Services (Prior Authorization may be required.) | Cardiac (heart) rehab services: \$20 copay per visit. Pulmonary rehab services: \$15 copay per visit. Occupational therapy: \$45 copay per visit. Physical therapy, and speech and language therapy: \$45 copay per visit. | Cardiac (heart) rehab services: \$20 copay per visit. Pulmonary rehab services: \$20 copay per visit. Occupational therapy: \$40 copay per visit. Physical therapy, and speech and language therapy: \$40 copay per visit. | Cardiac (heart) rehab services: \$20 copay per visit. Pulmonary rehab services: \$15 copay per visit. Occupational therapy: \$45 copay per visit. Physical therapy, and speech and language therapy: \$45 copay per visit. | Cardiac (heart) rehab services: \$20 copay per visit. Pulmonary rehab services: \$15 copay per visit. Occupational therapy: \$45 copay per visit. Physical therapy, and speech and language therapy: \$45 copay per visit. | Cardiac (heart) rehab services: \$20 copay per visit. Pulmonary rehab services: \$20 copay per visit. Occupational therapy: \$40 copay per visit. Physical therapy, and speech and language therapy: \$40 copay per visit. |
| Ambulance (per trip) | \$250 copay. | \$225 copay. | \$275 copay. | \$250 copay. | \$225 copay. |
| Nonemergent Transportation | Our plan pays up to \$1,200 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments. | Our plan pays up to \$1,500 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments. | Our plan pays up to \$1,000 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments. | Our plan pays up to \$1,200 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments. | Our plan pays up to \$1,500 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.): You pay 20% of the cost. This plan does not cover Part D prescription drugs. | For Part B drugs (such as chemotherapy, etc.): You pay 20% of the cost. This plan does not cover Part D prescription drugs. | For Part B drugs (such as chemotherapy, etc.): You pay 20% of the cost. | For Part B drugs (such as chemotherapy, etc.): You pay 20% of the cost. | For Part B drugs (such as chemotherapy, etc.): You pay 20% of the cost. |
| Chiropractic (per visit) | \$20 copay. | \$20 copay. | \$20 copay. | \$20 copay. | \$20 copay. |
| Podiatry Benefit | Medicare-covered \$35 copay, plus \$35 copay routine visits (6 maximum). | Medicare-covered \$25 copay, plus \$25 copay for routine visits (6 maximum). | Medicare-covered \$45 copay, plus \$45 copay routine visits (6 maximum). | Medicare-covered \$35 copay, plus \$35 copay routine visits (6 maximum). | Medicare-covered \$25 copay, plus \$25 copay for routine visits (6 maximum). |

| Benefit | Value (No Rx) | Elite (No Rx) | Core D (Includes Rx) | Value D (Includes Rx) | Elite D (Includes Rx) |
|--|---|--|---|--|--|
| Care Management Programs for the Prevention, Management, and Reversal of Chronic Conditions | <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"> • 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, 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. • The Quartz Nourishing Meal Program: 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. | | <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"> • 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, 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. • The Quartz Nourishing Meal Program: 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. | | |
| Medical Equipment & Supplies (Prior Authorization may be required.) | <p>Durable Medical Equipment (e.g., wheelchairs, oxygen and insulin pumps): You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMs): You pay \$0 cost-share.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Diabetes supplies (e.g., blood glucose meters, test strips, lancets): You pay nothing.</p> <p><i>OneTouch meters/strips preferred. All other manufacturers are not covered unless medically necessary.</i></p> <p>Self-management training: You pay nothing.</p> | <p>Durable Medical Equipment (e.g., wheelchairs, oxygen and insulin pumps): You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMs): You pay \$0 cost-share.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Diabetes supplies (e.g., blood glucose meters, test strips, lancets): You pay nothing.</p> <p><i>OneTouch meters/strips preferred. All other manufacturers are not covered unless medically necessary.</i></p> <p>Self-management training: You pay nothing.</p> | <p>Durable Medical Equipment (e.g., wheelchairs, oxygen and insulin pumps): You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMs): You pay \$0 cost-share.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Diabetes supplies (e.g., blood glucose meters, test strips, lancets): You pay nothing.</p> <p><i>OneTouch meters/strips preferred. All other manufacturers are not covered unless medically necessary.</i></p> <p>Self-management training: You pay nothing.</p> | <p>Durable Medical Equipment (e.g., wheelchairs, oxygen and insulin pumps): You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMs): You pay \$0 cost-share.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Diabetes supplies (e.g., blood glucose meters, test strips, lancets): You pay nothing.</p> <p><i>OneTouch meters/strips preferred. All other manufacturers are not covered unless medically necessary.</i></p> <p>Self-management training: You pay nothing.</p> | <p>Durable Medical Equipment (e.g., wheelchairs, oxygen and insulin pumps): You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMs): You pay \$0 cost-share.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Diabetes supplies (e.g., blood glucose meters, test strips, lancets): You pay nothing.</p> <p><i>OneTouch meters/strips preferred. All other manufacturers are not covered unless medically necessary.</i></p> <p>Self-management training: You pay nothing.</p> |

| Benefit | Value (No Rx) | Elite (No Rx) | Core D (Includes Rx) | Value D (Includes Rx) | Elite D (Includes Rx) |
|--|--|--|--|--|--|
| Quartz® CashCard | <p>Quartz CashCard preloaded with \$1,200/year to use toward rides to routine medical appointments, fitness memberships, and eyewear.</p> <p>Over-the-Counter (OTC) benefits. Get \$50 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$50 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.</p> | <p>Quartz CashCard preloaded with \$1,500/year to use toward rides to routine medical appointments, fitness memberships, and eyewear.</p> <p>Over-the-Counter (OTC) benefits. Get \$50 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$50 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.</p> | <p>Quartz CashCard preloaded with \$1,000/year to use toward rides to routine medical appointments, fitness memberships, and eyewear.</p> <p>Over-the-Counter (OTC) benefits. Get \$50 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$50 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.</p> | <p>Quartz CashCard preloaded with \$1,200/year to use toward rides to routine medical appointments, fitness memberships, and eyewear.</p> <p>Over-the-Counter (OTC) benefits. Get \$50 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$50 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.</p> | <p>Quartz CashCard preloaded with \$1,500/year to use toward rides to routine medical appointments, fitness memberships, and eyewear.</p> <p>Over-the-Counter (OTC) benefits. Get \$50 quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$50 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.</p> |
| Virtual Visits with the UW Health Care Anywhere app or website | Get 24/7 online access to a nonemergency medical evaluation and management service provided by a physician or other qualified health care professional: \$0 copay per visit. | | Get 24/7 online access to a nonemergency medical evaluation and management service provided by a physician or other qualified health care professional: \$0 copay per visit. | | |
| Massage Therapy for Chronic Conditions | 12 (60-minute) visits per year: \$20 copay. | 12 (60-minute) visits per year: \$0 copay. | 6 (60-minute) visits per year: \$20 copay. | 12 (60-minute) visits per year: \$20 copay. | 12 (60-minute) visits per year: \$0 copay. |
| Acupuncture Benefit (Medicare-covered for chronic lower back pain.) | Get up to 20 treatments a year with a network practitioner: \$20 copay per treatment. | | Get up to 20 treatments a year with a network practitioner: \$20 copay per treatment. | | |
| The Quartz Nourishing Meal Program after a Hospital or Skilled Nursing Facility Stay | 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. | | |
| 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. Exceptions to this coverage are when using the CashCard for vision services. Even when we activate the travel benefit, you must receive vision services from an in-network provider. | | 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. Exceptions to this coverage are when using the CashCard for vision services. Even when we activate the travel benefit, you must receive vision services from an in-network provider. | | |
| 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. \$0 copay. | | 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. | | |

Prescription drug coverage available with Core D, Value D, and Elite D 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, no matter what tier it is on.**

| | | | | | |
|--|---|--------|--------|------------|----------|
| Stage 1: Yearly Prescription Deductible | Retail Tiers 3, 4, 5 and Mail-order Tiers 3 & 4 Part D prescription drugs: Core D \$300; Value D \$250; Elite D \$200. | | | | |
| Stage 2: Initial Coverage | You pay the following until your total yearly drug costs reach \$5,030 . 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. | | | | |
| | <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. | | | | |
| | | Retail | | Mail-order | |
| | | 30-day | 60-day | 90-day | 3-month |
| Tier 1 (Preferred Generic) | | \$10 | \$20 | \$30 | \$25 |
| Tier 2 (Generic) | | \$20 | \$40 | \$60 | \$50 |
| Tier 3 (Preferred Brand) | | \$47 | \$94 | \$141 | \$117.50 |
| Tier 4 (Non-Preferred Drugs) | | \$100 | \$200 | \$300 | \$300 |
| Tier 5 (Specialty Tier) | Core D = 28% Value D = 29% Elite D = 30% | N/A | N/A | N/A | N/A |
| Tier 6 (Vaccines) | \$0 copay | N/A | N/A | N/A | N/A |
| Note: Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) are covered at no cost to you when received in a pharmacy. You will need to submit a reimbursement request form for vaccines received in a clinic. | | | | | |
| Stage 3: Coverage Gap | After your total yearly drug costs reach \$5,030 , you will enter the Coverage Gap. While you're in the Coverage Gap: | | | | |
| | <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). | | | | |
| Stage 4: Catastrophic Coverage | After your yearly true (or total) out-of-pocket (TrOOP) drug costs (including drugs you buy from network retail or mail-order pharmacies) reach \$8,000 , you pay nothing. | | | | |

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://www.QuartzBenefits.com/privacy-practices) or by calling a Quartz Champion 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, Fitchburg, WI 53713
Phone: (800) 362-3310 (TTY: 711); 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

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。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。