

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

Annual Notice of Changes for 2023

You are currently enrolled as a member of Aurora Health Quartz Medicare Advantage Core D. 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*.)

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

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 2023 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 2023* 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, 2022, you will stay in Aurora Health Quartz Medicare Advantage Core D.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Aurora Health Quartz Medicare Advantage Core D.
- 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

- This document is available for free in Spanish.
Please contact your Quartz Champion Service Team 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.
- If you would like an appointment with a member of the Quartz Champion Service Team, we are available upon request. For more information on scheduling, please call (800) 394-5566.
- We can also give you information in large print or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Aurora Health Quartz Medicare Advantage Core D

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

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Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Aurora Health Quartz Medicare Advantage Core D in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount 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.)	\$4,900	\$4,500
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits: \$50 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$35 copayment per visit

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>Days 1-7: \$310 copayment per day for Medicare-covered services</p> <p>Days 8 - discharge: \$0 copayment for additional hospital days</p> <p>No maximum out-of-pocket amount</p>	<p>Days 1-5: \$310 copayment per day for Medicare-covered services</p> <p>Days 6 - discharge: \$0 copayment for additional hospital days</p> <p>After you pay the \$1,550 maximum out-of-pocket amount every year for inpatient hospital benefits, the plan will cover the rest of your out-of-pocket costs for eligible services.</p>
<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p> <p>To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically at our website QuartzBenefits.com/MedicareAdvantage. You can identify Select Insulins by reviewing the drug list where Select Insulins are marked with an "SI". If you have questions about the Drug List, you can also call your Quartz Champion Service Team.</p>	<p>Deductible: \$150</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 copayment</p> <p>Drug Tier 2: \$8 copayment</p> <p>Drug Tier 3: \$47 copayment</p> <p>Drug Tier 4: 35% coinsurance</p> <p>Drug Tier 5: 30% coinsurance</p> <p>Drug Tier 6: \$0 copayment</p>	<p>Deductible: No prescription drug deductible for 2023</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 copayment</p> <p>Drug Tier 2: \$5 copayment</p> <p>Drug Tier 3: \$47 copayment</p> <p>Drug Tier 4: \$100 copayment</p> <p>Drug Tier 5: 33% coinsurance</p> <p>Drug Tier 6: \$0 copayment</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Quartz Medicare Advantage Optional Dental Rider	\$48.10	\$38

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you are currently paying a Part D late enrollment penalty, please be advised that it could change effective January 1st of the next calendar year based on the annual change to the National Base Beneficiary Premium driven by CMS.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

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	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount	\$4,900	\$4,500
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.		Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 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.

There are changes to our network of providers for next year. **Please review the 2023 Provider 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 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

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

Cost	2022 (this year)	2023 (next year)
Ambulance Services	\$295 copayment for each one-way Medicare-covered ground or air transportation service.	\$275 copayment for each one-way Medicare-covered ground or air transportation service.
Cardiac Rehabilitation Services (Medicare-covered)	You pay \$20 copayment for each Medicare-covered cardiac rehabilitation services visit. You pay \$20 copayment for each Medicare-covered intensive-cardiac rehabilitation services visit.	You pay \$0 copayment for each Medicare-covered cardiac rehabilitation services visit. You pay \$0 copayment for each Medicare-covered intensive-cardiac rehabilitation services visit.
Dental Services (Medicare-covered)	\$50 copayment for each Medicare-covered dental services visit. \$500 limit for combined preventive and comprehensive coverage every year	\$50 copayment for each Medicare-covered dental services visit. \$1,200 limit for combined preventive and comprehensive coverage every year
Emergency Services	<u>In- and Out-of-Network</u> You pay \$90 copayment for each visit for Medicare-covered emergency services.	<u>In- and Out-of-Network</u> You pay \$110 copayment for each visit for Medicare-covered emergency services.

Cost	2022 (this year)	2023 (next year)
Hearing Aids	\$1,000 limit for 2 hearing aids per year via participating network providers.	Up to \$1,200 available on Quartz CashCard for use towards hearing aids. Members can use the funds provided via the Quartz CashCard to cover hearing aid costs with providers in the Quartz Medicare Advantage Provider Directory.

Help with Certain Chronic Conditions

Members with select chronic conditions and enrollment in a Quartz Care Management program, the following benefits can be available:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Medically tailored Meal Support for members with Congestive Heart Failure <ul style="list-style-type: none"> ○ Get 2 Meals a day for 6 weeks ○ After 6 weeks, 1 food box will be delivered monthly for max of 6 months. ○ 1 or more visits with a Registered Dietitian for medical nutrition therapy in the calendar year. | Not Covered | \$0 copayment for medically tailored, home-delivered meals and food boxes with nutrition support. |
| <ul style="list-style-type: none"> • Continuous Glucose Monitors for members with Type 1 or Type 2 Diabetes | 20% coinsurance for continuous glucose monitors. | \$0 cost sharing on continuous glucose monitors |
| <ul style="list-style-type: none"> • Ketone meters and supplies for members with Diabetes and/or Prediabetes/Obesity <ul style="list-style-type: none"> ○ Includes but not limited to combo glucose and ketone reader or ketone reader and ketone supplies | Not Covered | 0% cost sharing on combination ketone-glucose meters and/or supplies supplied via engagement in the Obesity and Type 2 Diabetes Reversal treatment powered Virta. |
| <ul style="list-style-type: none"> • Blood Pressure Cuffs for members with Congestive Heart Failure and/or Hypertension | Not Covered | \$90 maximum limit every 2 years for blood pressure cuffs |

Cost	2022 (this year)	2023 (next year)
<ul style="list-style-type: none"> Weight Scales for members with Obesity, Diabetes, Prediabetes, Congestive Heart Failure, and/or Hypertension. 	Not Covered	\$20 maximum limit every 3 years for scales
Inpatient Hospital Care	<p>Days 1-7: \$310 copayment per day for Medicare-covered services</p> <p>Days 8 - discharge: \$0 copayment for additional hospital days</p> <p>No maximum out-of-pocket amount</p>	<p>Days 1-5: \$310 copayment per day for Medicare-covered services</p> <p>Days 6 - discharge: \$0 copayment for additional hospital days</p> <p>After you pay the \$1,550 maximum out-of-pocket amount every year for inpatient hospital benefits, the plan will cover the rest of your out-of-pocket costs for eligible services.</p>
Inpatient Mental Health Care	<p>Days 1-6: \$310 copayment per day for Medicare-covered services</p> <p>Days 7 - discharge: \$0 copayment for additional hospital days</p> <p>No maximum out-of-pocket amount</p>	<p>Days 1-5: \$310 copayment per day for Medicare-covered services</p> <p>Days 6 - discharge: \$0 copayment for additional hospital days</p> <p>A maximum out-of-pocket amount applies, as described under the inpatient hospital services benefit.</p>
Meal Benefit	Not covered	After your inpatient stay in the hospital or Skilled Nursing Facility (SNF)/Swing Bed, you are eligible to 2 meals per day for 10 days at no extra cost to you.

Cost	2022 (this year)	2023 (next year)
Occupational Therapy Services	\$40 copayment for each Medicare-covered occupational therapy visit.	\$35 copayment for each Medicare-covered occupational therapy visit.
Outpatient Diagnostic Radiology Services	\$200 copayment for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).	\$200 copayment for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). Prior authorization is required for diagnostic high-tech radiology.
Outpatient Mental Health Specialty Services	\$25 copayment for each Medicare-covered individual and group therapy visit.	\$20 copayment for each Medicare-covered individual and group therapy visit.
Over-the-Counter Items	Quartz® CashCard allows \$400 dollars/year to use on approved supplemental benefits, including Fitness memberships, Non-Emergent transportation, and over-the-counter items.	Quartz® CashCard covers up to \$75 every three months. Unused portions do not carry over to the next period.
Physical Therapy Services	\$40 copayment for each Medicare-covered physical therapy visit.	\$35 copayment for each Medicare-covered physical therapy visit.
Quartz® CashCard	Quartz® CashCard provides \$400 per year toward fitness membership, non-emergent transportation, and approved over-the-counter health and wellness items.	Quartz® CashCard has \$1,200 dollars/year for you to use on approved supplemental benefits, including Fitness Memberships, Non-emergent transportation and Vision Hardware. \$75 is provided quarterly for over-the-counter wellness items, in-store or online.

Cost	2022 (this year)	2023 (next year)
Specialist Visits	\$50 copayment	\$35 copayment
Transportation Services (non-emergent transportation)	<p>\$0 copayment for unlimited number of one-way trips to plan-approved locations</p> <p>Quartz® CashCard funds \$400 a year towards eligible fitness memberships, non-emergent transportation and over-the-counter items</p>	<p>\$0 copayment for unlimited number of one-way trips to health-related locations</p> <p>Members will use the funds provided via the Quartz CashCard to cover one-way trips to providers from the Quartz Medicare Advantage Provider Directory. Quartz® CashCard funds \$1,200 a year.</p>
Vision Hardware (Medicare-covered Eyewear)	\$100 limit for routine eye wear every year (for contacts, frames, eyeglass lenses, and eye wear upgrade at participating network providers)	<p>Members can use the funds provided via the Quartz CashCard to cover eyewear costs with providers in the Quartz Medicare Advantage Provider Directory.</p> <p>\$1,200 limit for routine eye wear every year (for contacts, frames, eyeglass lenses, and eye wear upgrade at participating network providers)</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 on our website at QuartzBenefits.com/MedicareAdvantage.

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

We have made changes to the list of insulin drugs that will be covered as Select Insulins at a lower cost-sharing. To find out which drugs are Select Insulins; review the most recent Drug List we provided electronically. You can identify Select Insulins by reviewing the Drug List where Select Insulins are marked with an "SI". If you have questions about the Drug List; you can also call your Quartz Champion Service Team.

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

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.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call your Quartz Champion Team for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare – If you chose this plan because you were looking for insulin coverage at \$35 or less a month, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help – Please contact your Quartz Champion Service Team at 1(800) 394-5566 for additional information. For people who are deaf, hard of hearing or speech impaired please call TTY/TDD 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.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	<p>The deductible is \$150</p> <p>During this stage, you pay:</p> <ul style="list-style-type: none"> • \$0 copayment cost sharing for Tier 1 • \$8 copayment cost sharing for Tier 2 • \$47 copayment cost sharing for Tier 3 • 35% coinsurance cost sharing for Tier 4 • 30% coinsurance cost sharing for Tier 5 • \$0 copayment cost sharing for Tier 6 <p>until you have reached the yearly deductible</p>	<p>There is no deductible. This payment stage does not apply to you.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 4, (Non-Preferred), your cost sharing in the initial coverage stage is changing from a coinsurance to copayment. Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>For 2022 you paid coinsurance for drugs on the Non-Preferred Drug Tier. For 2023 you will pay a \$100 copayment for drugs on this tier.</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>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>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic:</p> <p>You pay \$0 copayment</p> <p>Generic:</p> <p>You pay \$8 copayment</p> <p>Preferred Brand:</p> <p>You pay \$47 copayment</p> <p>Non-Preferred Drug:</p> <p>You pay 35% coinsurance</p> <p>Specialty Tier:</p> <p>You pay 30% coinsurance</p> <p>Vaccines:</p> <p>You pay \$0 copayment</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic:</p> <p>You pay \$0 copayment</p> <p>Generic:</p> <p>You pay \$5 copayment</p> <p>Preferred Brand:</p> <p>You pay \$47 copayment</p> <p>Non-Preferred Drug:</p> <p>You pay \$100 copayment</p> <p>Specialty Tier:</p> <p>You pay 33% coinsurance</p> <p>Vaccines:</p> <p>You pay \$0 copayment</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 2 Administrative Changes

In 2023 there will be a change to the address where mail is sent to Quartz Medicare Advantage.

Description	2022 (this year)	2023 (next year)
Quartz Medicare Advantage Mailing Address	Quartz Medicare Advantage 840 Carolina Street Sauk City, Wisconsin 53583	Quartz Medicare Advantage 2650 Novation Parkway Madison, Wisconsin 53713

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Aurora Health Quartz Medicare Advantage Core D

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

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 2023 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. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

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 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Quartz Medicare Advantage offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

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

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

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

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. SHIP 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 by visiting their website longtermcare.wi.gov.

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.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 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 Wisconsin AIDS/HIV Drug Assistance Program.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 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

Questions? We're here to help. Please call your Quartz Champion Service Team at 1(800) 394-5566. For people who are deaf, hard of hearing or speech impaired please call TTY/TDD 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 2023 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 2023. For details, look in the *2023 Evidence of Coverage* for Aurora Health Quartz Medicare Advantage Core D. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call 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 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare <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.

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.

