



Aurora Health Care®

Quartz Medicare Advantage (HMO)  
2650 Novation Parkway, Madison, WI 53713  
Quartz Champion: (800) 394-5566

## 2023 Plan benefit selection form

Date:

Member name:

Member ID number:

### Plan selection (please check one)

I want to transfer from my current plan to the plan I've selected below. I understand that if this completed form is received by the end of the month, my new plan will generally be effective on the 1st of the following month.

#### Plan's monthly premium

<input type="checkbox"/>	<b>Value</b> Aurora Health Quartz Medicare Advantage plan*	<b>\$0.00</b>
<input type="checkbox"/>	<b>Elite</b> Aurora Health Quartz Medicare Advantage plan*	<b>\$40.00</b>
<input type="checkbox"/>	<b>Core D</b> Aurora Health Quartz Medicare Advantage plan (with drug benefit)	<b>\$0.00</b>
<input type="checkbox"/>	<b>Value D</b> Aurora Health Quartz Medicare Advantage plan (with drug benefit)	<b>\$23.00</b>
<input type="checkbox"/>	<b>Elite D</b> Aurora Health Quartz Medicare Advantage plan (with drug benefit)	<b>\$67.00</b>
<input type="checkbox"/>	<b>Optional Supplemental Dental Benefit</b>	<b>\$38.00</b>

(Available only during Annual Election Period or during the first 30 days of your initial enrollment.)

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\*I understand that I may be subject to a late enrollment penalty if I do not maintain creditable prescription drug coverage and choose to add Medicare prescription benefits at a later date.

## **Paying your plan premium**

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You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) through a Quartz automatic withdrawal from your checking or savings account, automatic deduction from your Social Security check, or Railroad Retirement Board benefit check, or you can make your own payments upon receipt of your monthly invoice. If you want to change your current payment option, please contact a Quartz Champion at (800) 394-5566 (TTY: 711).

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-800-486-2048.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. You will get an invoice if you don't select a payment option.

**A signature is required to complete this form**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you are the authorized representative, you must sign below and provide the following information.**

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Last name:

\_\_\_\_\_

First name:

MI:

\_\_\_\_\_

Address:

\_\_\_\_\_

Relationship to enrollee:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

**(Continue to the next page)**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please mail this form in the enclosed envelope or email it to us  
at: [MemberChanges@QuartzBenefits.com](mailto:MemberChanges@QuartzBenefits.com)**

## **NOTICE OF NONDISCRIMINATION**

Quartz Medicare Advantage (HMO) is the marketing name 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.

- 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 or sex, you can file a grievance with:

**Kristie Meier, Compliance Officer; 840 Carolina Street,  
Sauk City, WI 53583**

**Phone: (800) 362-3310; TTY: 711 or toll free (800) 877-8973;**

**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, Kristie Meier, 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).

**Quartz®**

**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)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-394-5566 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

**Amharic:** ማሰታወሻ: 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).