



Quartz Champion

(800) 394-5566 (TTY: 711)

QuartzBenefits.com/MedicareAdvantage



2025 Summary of Benefits

Effective January 1, 2025

Aurora Health Quartz Medicare Advantage
Value • Elite • Core D • Value D • Elite D

Summary of Benefits



This Summary of Benefits booklet gives you an overview of what **Quartz Medicare Advantage (HMO), in partnership with Aurora Health Care**, 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.

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, and live in our service area.** Our service area includes the following Wisconsin counties:

- Brown, Calumet, Florence, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Walworth, Washington, Waukesha, 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 and pharmacy directories on our website at [QuartzBenefits.com/MAfindadoctor](https://www.QuartzBenefits.com/MAfindadoctor), 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://www.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 Prescription Deductible and Initial Coverage benefit stages.

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](https://www.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](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, 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](https://www.QuartzBenefits.com/MedicareAdvantage) 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.

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.	\$40 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.	\$23 per month. In addition, you must keep paying your Medicare Part B premium.	\$67 per month. In addition, you must keep paying your Medicare Part B premium.
Medical 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: \$3,500 for services you receive from in-network providers.	Your yearly limit(s) in this plan: \$3,100 for services you receive from in-network providers.	Your yearly limit(s) in this plan: \$3,900 for services you receive from in-network providers.	Your yearly limit(s) in this plan: \$3,500 for services you receive from in-network providers.	Your yearly limit(s) in this plan: \$3,100 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 1-6: \$265 copay per day. Annual limit: \$1,590. Days 7 and beyond: You pay nothing.	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: \$375 copay per stay. Annual limit: \$1,125.	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay days 1-6: \$310 copay per day. Annual limit: \$1,860. Days 7 and beyond: You pay nothing.	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay days 1-6: \$265 copay per day. Annual limit: \$1,590. Days 7 and beyond: You pay nothing.	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: \$375 copay per stay. Annual limit: \$1,125.
Outpatient Hospital Coverage	Outpatient Hospital: You pay a \$250 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$250 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 \$285 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$285 copay per surgery.	Outpatient Hospital: You pay a \$250 copay per surgery. \$0 copay for minor surgical procedures. Ambulatory Surgical Center: You pay a \$250 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.

Benefit	Value (No Rx)	Elite (No Rx)	Core D (Includes Rx)	Value D (Includes Rx)	Elite D (Includes Rx)
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: \$35 copay per visit.	Primary care provider visit: \$0 copay per visit. Specialist visit: \$25 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: \$35 copay per visit.	Primary care provider visit: \$0 copay per visit. Specialist visit: \$25 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 Quartz covers all preventive services approved by Medicare.		
Emergency Care (Worldwide) 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.	\$140 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$140 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$140 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$140 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$140 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).
Urgently Needed Services (Worldwide)	\$60 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$50 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$65 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$60 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$50 copay per visit. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).

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): \$125 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): \$60 copay.	Diagnostic radiology services (such as MRI's, CT scans): \$100 copay. Diagnostic tests and procedures: \$5 copay per day. Lab services: \$5 copay per day. Outpatient X-rays: \$5 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): \$60 copay.	Diagnostic radiology services (such as MRI's, CT scans): \$125 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): \$60 copay.	Diagnostic radiology services (such as MRI's, CT scans): \$100 copay. Diagnostic tests and procedures: \$5 copay per day. Lab services: \$5 copay per day. Outpatient X-rays: \$5 copay. Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay.
Hearing Services	Annual routine hearing exam: \$0 copay. \$35 copay for any additional exams beyond the one annual routine exam. Hearing aids: Our plan pays \$2,000 every two years.	Annual routine hearing exam: \$0 copay. \$25 copay for any additional exams beyond the one annual routine exam. Hearing aids: Our plan pays \$2,500 every two years.	Annual routine hearing exam: \$0 copay. \$50 copay for any additional exams beyond the one annual routine exam. Hearing aids: Our plan pays \$1,500 every two years.	Annual routine hearing exam: \$0 copay. \$35 copay for any additional exams beyond the one annual routine exam. Hearing aids: Our plan pays \$2,000 every two years.	Annual routine hearing exam: \$0 copay. \$25 copay for any additional exams beyond the one annual routine exam. Hearing aids: Our plan pays \$2,500 every two years.
Dental Services (You can choose the dentist you want to see. If you see a provider outside 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: \$2,450 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$44/month.	Medicare-covered dental exam: \$25 copay. Coverage for preventive and comprehensive dental services: \$3,200 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$44/month.	Medicare-covered dental exam: \$50 copay. Coverage for preventive and comprehensive dental services: \$2,150 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$44/month.	Medicare-covered dental exam: \$35 copay. Coverage for preventive and comprehensive dental services: \$2,450 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$44/month.	Medicare-covered dental exam: \$25 copay. Coverage for preventive and comprehensive dental services: \$3,200 limit. OPTIONAL: Purchase an additional \$1,000 of dental coverage: \$44/month.

Benefit	Value (No Rx)	Elite (No Rx)	Core D (Includes Rx)	Value D (Includes Rx)	Elite D (Includes Rx)
<p>Vision Services (To buy eyewear with your Quartz® CashCard, you must use the Quartz Medicare Advantage network providers, which can be found at QuartzBenefits.com/MAfindadoctor.)</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 \$300 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 pays \$350 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): \$50 copay.</p> <p>Initial routine eye exam each year: \$0 copay.</p> <p>Our plan pays \$250 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 \$300 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 pays \$350 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 1-6: \$265 copay per day. Annual limit: \$1,590.</p> <p>Days 7 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: \$35 copay.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay: \$375 copay per stay. Annual limit: \$1,125.</p> <p>Outpatient group therapy visit: \$20 copay per visit.</p> <p>Outpatient individual therapy visit: \$20 copay per visit.</p> <p>Partial hospitalization: \$0 copay.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay days 1-6: \$310 copay per day. Annual limit: \$1,860.</p> <p>Days 7 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 1-6: \$265 copay per day. Annual limit: \$1,590.</p> <p>Days 7 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: \$35 copay.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay: \$375 copay per stay. Annual limit: \$1,125.</p> <p>Outpatient group therapy visit: \$20 copay per visit.</p> <p>Outpatient individual therapy visit: \$20 copay per visit.</p> <p>Partial hospitalization: \$0 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: \$184 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: \$184 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: \$184 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)
Rehabilitation Services (Prior Authorization may be required.)	Cardiac (heart) rehab services: \$0 copay per visit. Pulmonary rehab services: \$15 copay per visit. Occupational therapy: \$30 copay per visit. Physical therapy, and speech and language therapy: \$30 copay per visit.	Cardiac (heart) rehab services: \$0 copay per visit. Pulmonary rehab services: \$10 copay per visit. Occupational therapy: \$20 copay per visit. Physical therapy, and speech and language therapy: \$20 copay per visit.	Cardiac (heart) rehab services: \$0 copay per visit. Pulmonary rehab services: \$15 copay per visit. Occupational therapy: \$35 copay per visit. Physical therapy, and speech and language therapy: \$35 copay per visit.	Cardiac (heart) rehab services: \$0 copay per visit. Pulmonary rehab services: \$15 copay per visit. Occupational therapy: \$30 copay per visit. Physical therapy, and speech and language therapy: \$30 copay per visit.	Cardiac (heart) rehab services: \$0 copay per visit. Pulmonary rehab services: \$10 copay per visit. Occupational therapy: \$20 copay per visit. Physical therapy, and speech and language therapy: \$20 copay per visit.
Ambulance for ground and air (per trip)	\$275 copay. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$250 copay. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$275 copay. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$275 copay. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).	\$250 copay. \$20,000 max benefit/yearly combined for all worldwide coverages (Emergency Care, Urgent Care, and Ambulance).
Non-emergent Transportation	Our plan pays \$75 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.	Our plan pays \$100 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.	Our plan pays \$50 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.	Our plan pays \$75 a year with the Quartz® CashCard for Uber, Lyft, and taxi rides to and from routine medical appointments.	Our plan pays \$100 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 for routine visits (6 maximum).	Medicare-covered \$25 copay, plus \$25 copay for routine visits (6 maximum).	Medicare-covered \$40 copay, plus \$40 copay for routine visits (6 maximum).	Medicare-covered \$35 copay, plus \$35 copay for 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 (DME) such as wheelchairs, oxygen, and insulin pumps: You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMS) and sensors: You pay 10% of the cost.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Preferred brand OneTouch diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc: You pay nothing.</p> <p>Non-preferred diabetic supplies will be covered: You pay 35% of the cost.</p> <p>Self-management training: You pay nothing.</p>	<p>Durable Medical Equipment (DME) such as wheelchairs, oxygen, and insulin pumps: You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMS) and sensors: You pay 10% of the cost.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Preferred brand OneTouch diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc: You pay nothing.</p> <p>Non-preferred diabetic supplies will be covered: You pay 35% of the cost.</p> <p>Self-management training: You pay nothing.</p>	<p>Durable Medical Equipment (DME) such as wheelchairs, oxygen, and insulin pumps: You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMS) and sensors: You pay 10% of the cost.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Preferred brand OneTouch diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc: You pay nothing.</p> <p>Non-preferred diabetic supplies will be covered: You pay 35% of the cost.</p> <p>Self-management training: You pay nothing.</p>	<p>Durable Medical Equipment (DME) such as wheelchairs, oxygen, and insulin pumps: You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMS) and sensors: You pay 10% of the cost.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Preferred brand OneTouch diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc: You pay nothing.</p> <p>Non-preferred diabetic supplies will be covered: You pay 35% of the cost.</p> <p>Self-management training: You pay nothing.</p>	<p>Durable Medical Equipment (DME) such as wheelchairs, oxygen, and insulin pumps: You pay 20% of the cost.</p> <p>Continuous glucose monitors (CGMS) and sensors: You pay 10% of the cost.</p> <p>Prosthetics (e.g., braces, artificial limbs): You pay 20% of the cost.</p> <p>Preferred brand OneTouch diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc: You pay nothing.</p> <p>Non-preferred diabetic supplies will be covered: You pay 35% of the cost.</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	Quartz CashCard: Eyewear: \$300/year Fitness: \$225/year Transportation: \$75 Over-the-Counter (OTC) benefits. Get \$65/quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$65 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.	Quartz CashCard: Eyewear: \$350/year Fitness: \$250/year Transportation: \$100 Over-the-Counter (OTC) benefits. Get \$65/quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$65 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.	Quartz CashCard: Eyewear: \$250/year Fitness: \$200/year Transportation: \$50 Over-the-Counter (OTC) benefits. Get \$60/quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$60 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.	Quartz CashCard: Eyewear: \$300/year Fitness: \$225/year Transportation: \$75 Over-the-Counter (OTC) benefits. Get \$60/quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$60 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.	Quartz CashCard: Eyewear: \$350/year Fitness: \$250/year Transportation: \$100 Over-the-Counter (OTC) benefits. Get \$60/quarterly to buy health and wellness items, first-aid supplies, and other qualifying items. The \$60 reloads quarterly (every 3 months) starting in Jan., then April, July, and Oct. after that. Use your Quartz CashCard to swipe at participating retailers.
Virtual visits with the Live Well app or LiveWellAAH.org	Get 24/7 online access to a non-emergency 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 non-emergency 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 (Copays are per treatment with a network provider.)	Medicare-covered for chronic low back pain. Up to 20 treatments per year: \$20 copay. For other conditions, plan covers up to 20 treatments per year: \$20 copay.		Medicare-covered for chronic low back pain. Up to 20 treatments per year: \$20 copay. For other conditions, plan covers up to 20 treatments per year: \$20 copay.		
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 extra 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	There is a deductible for Tiers 3, 4, and 5 prescription drugs: Core D \$325; Value D \$300; Elite D \$275.			
Stage 2: Initial Coverage	You pay the following until your True Out-of-Pocket (TrOOP) costs reach \$2,000 . The TrOOP is the maximum you will spend out of pocket. 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 to 100-day covered Part D prescription drug. For mail-order: Your share of the cost shown is based on a 90 to 100-day supply of a covered Part D prescription drug. 			
		Retail		Mail-order
	30-day	60-day	90 to 100-day	90 to 100-day
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$5	\$10	\$12.50	\$12.50
Tier 3 (Preferred Brand)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	33%	33%	33%	33%
Tier 5 (Specialty)	29% of cost	N/A	N/A	N/A
Tier 6 (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://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。