Quartz | GUNDERSEN HEALTH SYSTEM®

Quartz Medicare Advantage (HMO), in partnership with Gundersen Health System

Summary of Benefits

Effective January 1, 2022

Value · Elite · Core D · Value D · Elite D

QuartzBenefits.com/MedicareAdvantage

Summary of Benefits

January 1, 2022 – December 31, 2022

This Summary of Benefits booklet gives you a summary of what **Quartz Medicare Advantage (HMO), in partnership with Gundersen Health System**, covers and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call Customer Service 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 this change 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 counties:

- **Iowa:** Allamakee, Clayton, Fayette, Howard, and Winneshiek.
- **Wisconsin:** Buffalo, Chippewa, Crawford, Eau Claire, Jackson, Juneau, La Crosse, Monroe, Pepin, Trempealeau, and Vernon.

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 or (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/MedicareAdvantage, 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.

Customer Service 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 Customer Service representative at (800) 394-5566, (TTY: 711).

Understanding the Benefits

- ☐ **The Evidence of Coverage** (also called an "EOC"). Review the full list of benefits in the EOC, especially for those services that you routinely see a doctor. 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 doctors you see now are in the network. If they are not listed, it means you will likely have to find 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, 2023**.
- ☐ Except in an emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in our provider/pharmacy directory).

BENEFIT	CORE D (Includes Rx)	VALUE D (Includes Rx)	ELITE D (Includes Rx)	VALUE (No Rx)	ELITE (No 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.	**$41 per month.** In addition, you must keep paying your Medicare Part B premium.	**$144 per month.** In addition, you must keep paying your Medicare Part B premium.	**$20 per month.** In addition, you must keep paying your Medicare Part B premium.	**$110 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.*	**Your yearly limit(s) in this plan:** **$5,900 for services you receive from in-network providers.**	**Your yearly limit(s) in this plan:** **$3,450 for services you receive from in-network providers.**	**Your yearly limit(s) in this plan:** **$3,000 for services you receive from in-network providers.**	**Your yearly limit(s) in this plan:** **$3,450 for services you receive from in-network providers.**	**Your yearly limit(s) in this plan:** **$3,000 for services you receive from in-network providers.**
	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.				
Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: Days 1-8: **$270 copay per day.** Days 9 and beyond: **You pay nothing.**	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: Days 1-8: **$225 copay per day.** Days 9 and beyond: **You pay nothing.**	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: **$250 copay per stay.**	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: Days 1-8: **$225 copay per day.** Days 9 and beyond: **You pay nothing.**	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay: **$250 copay per stay.**
Outpatient Hospital Coverage	Outpatient Hospital: **You pay a $265 copay per surgery.** **$0 copay for minor surgical procedures.** Ambulatory Surgical Center: **You pay a $265 copay per surgery.**	Outpatient Hospital: **You pay a $100 copay per surgery.** **$0 copay for minor surgical procedures.** Ambulatory Surgical Center: **You pay a $100 copay per surgery.**	Outpatient Hospital: **You pay a $50 copay per surgery.** **$0 copay for minor surgical procedures.** Ambulatory Surgical Center: **You pay a $50 copay per surgery.**	Outpatient Hospital: **You pay a $100 copay per surgery.** **$0 copay for minor surgical procedures.** Ambulatory Surgical Center: **You pay a $100 copay per surgery.**	Outpatient Hospital: **You pay a $50 copay per surgery.** **$0 copay for minor surgical procedures.** Ambulatory Surgical Center: **You pay a $50 copay per surgery.**
Doctor's Office Visits	Primary care provider visit: **$25 copay per visit.** Specialist visit: **$50 copay per visit.**	Primary care provider visit: **$15 copay per visit.** Specialist visit: **$40 copay per visit.**	Primary care provider visit: **$5 copay per visit.** Specialist visit: **$30 copay per visit.**	Primary care provider visit: **$15 copay per visit.** Specialist visit: **$40 copay per visit.**	Primary care provider visit: **$5 copay per visit.** Specialist visit: **$30 copay per visit.**

BENEFIT	CORE D (Includes Rx)	VALUE D (Includes Rx)	ELITE D (Includes Rx)	VALUE (No Rx)	ELITE (No Rx)
Preventive Care	**You pay nothing.**	**You pay nothing.**	**You pay nothing.**	**You pay nothing.**	**You pay nothing.**
***Our plan covers many preventive services, including:** ▸ 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 *List continues to the right.*			**Covered preventive services continued:** ▸ 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)	**$90 copay per visit.***	**$90 copay per visit.***	**$90 copay per visit.***	**$90 copay per visit.***	**$90 copay per visit.***
*If you are admitted to the hospital within three days, you do not have to pay your share of the cost for emergency care.					
Urgently Needed Services (Worldwide)	**$65 copay per visit.**	**$40 copay per visit.**	**$30 copay per visit.**	**$40 copay per visit.**	**$30 copay per visit.**
Diagnostic Services, Labs, and Imaging	Diagnostic radiology services: (Such as MRIs, CT scans). **$150 copay.** Diagnostic tests and procedures: **$20 copay per day.** Lab Services: **$20 copay per day.** Outpatient X-rays: **$20 copay.** Therapeutic radiology services: (Such as radiation treatment for cancer.) **$60 copay.**	Diagnostic radiology services: (Such as MRIs, CT scans). **$75 copay.** Diagnostic tests and procedures: **$8 copay per day.** Lab Services: **$8 copay per day.** Outpatient X-rays: **$8 copay.** Therapeutic radiology services: (Such as radiation treatment for cancer.) **$40 copay.**	Diagnostic radiology services: (Such as MRIs, CT scans.) **$50 copay.** Diagnostic tests and procedures: **$4 copay per day.** Lab Services: **$4 copay per day.** Outpatient X-rays: **$4 copay.** Therapeutic radiology services: (Such as radiation treatment for cancer.) **$20 copay.**	Diagnostic radiology services: (Such as MRIs, CT scans). **$75 copay.** Diagnostic tests and procedures: **$8 copay per day.** Lab Services: **$8 copay per day.** Outpatient X-rays: **$8 copay.** Therapeutic radiology services: (Such as radiation treatment for cancer.) **$40 copay.**	Diagnostic radiology services: (Such as MRIs, CT scans.) **$50 copay.** Diagnostic tests and procedures: **$4 copay per day.** Lab Services: **$4 copay per day.** Outpatient X-rays: **$4 copay.** Therapeutic radiology services: (Such as radiation treatment for cancer.) **$20 copay.**

BENEFIT	CORE D (Includes Rx)	VALUE D (Includes Rx)	ELITE D (Includes Rx)	VALUE (No Rx)	ELITE (No Rx)
Hearing Services	Annual routine hearing exam: **$10 copay.** Hearing Aids: **$900 for up to 2 aids.**	Annual routine hearing exam: **$0 copay.** Hearing Aids: **$900 for up to 2 aids.**	Annual routine hearing exam: **$0 copay.** Hearing Aids: **$900 for up to 2 aids.**	Annual routine hearing exam: **$0 copay.** Hearing Aids: **$900 for up to 2 aids.**	Annual routine hearing exam: **$0 copay.** Hearing Aids: **$900 for up to 2 aids.**
Dental Services (No network. You can choose the dentist you want to see.)	Medicare-covered dental exam: **$50 copay**. Coverage for preventive and comprehensive dental services: **$250 limit**. OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48.10/month**.	Medicare-covered dental exam: **$40 copay**. Coverage for preventive and comprehensive dental services: **$350 limit**. OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48.10/month**.	Medicare-covered dental exam: **$30 copay**. Coverage for preventive and comprehensive dental services: **$550 limit**. OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48.10/month**.	Medicare-covered dental exam: **$40 copay**. Coverage for preventive and comprehensive dental services: **$350 limit**. OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48.10/month**.	Medicare-covered dental exam: **$30 copay**. Coverage for preventive and comprehensive dental services: **$550 limit**. OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48.10/month**.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$0 - $25 copay**. Initial routine eye exam each year: **$0 copay**. **Our plan pays up to $100 every year for eyeglasses and contacts (frames, lenses, and upgrades).** *Eyeglasses or contact lenses after cataract surgery: $0 copay.*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$0 - $25 copay**. Initial routine eye exam each year: **$0 copay**. **Our plan pays up to $150 every year for eyeglasses and contacts (frames, lenses, and upgrades).** *Eyeglasses or contact lenses after cataract surgery: $0 copay.*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$0 - $10 copay.** Initial routine eye exam each year: **$0 copay**. **Our plan pays up to $300 every year for eyeglasses and contacts (frames, lenses, and upgrades).** *Eyeglasses or contact lenses after cataract surgery: $0 copay.*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$0 - $25 copay**. Initial routine eye exam each year: **$0 copay**. **Our plan pays up to $150 every year for eyeglasses and contacts (frames, lenses, and upgrades).** *Eyeglasses or contact lenses after cataract surgery: $0 copay.*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$0 - $10 copay**. Initial routine eye exam each year: **$0 copay**. **Our plan pays up to $300 every year for eyeglasses and contacts (frames, lenses, and upgrades).** *Eyeglasses or contact lenses after cataract surgery: $0 copay.*

BENEFIT	CORE D (Includes Rx)	VALUE D (Includes Rx)	ELITE D (Includes Rx)	VALUE (No Rx)	ELITE (No Rx)
Mental Health Services	Inpatient visit: **Our plan covers an unlimited number of days for an inpatient hospital stay.** You pay: Days 1-6: **$270 copay per day.** Days 7 and beyond: **$0** Outpatient group therapy visit: **$40 copay per visit.** Outpatient individual therapy visit: **$40 copay per visit.** Partial hospitalization: **$55 copay.**	Inpatient visit: **Our plan covers an unlimited number of days for an inpatient hospital stay.** You pay: Days 1-7: **$225 copay per day.** Days 8 and beyond: **$0** Outpatient group therapy visit: **$30 copay per visit.** Outpatient individual therapy visit: **$30 copay per visit.** Partial hospitalization: **$0 copay.**	Inpatient visit: **Our plan covers an unlimited number of days for an inpatient hospital stay.** You pay: **$250 copay per stay.** Outpatient group therapy visit: **$20 copay per visit.** Outpatient individual therapy visit: **$20 copay per visit.** Partial hospitalization: **$0 copay.**	Inpatient visit: **Our plan covers an unlimited number of days for an inpatient hospital stay.** You pay: Days 1-7: **$225 copay per day.** Days 8 and beyond: **$0** Outpatient group therapy visit: **$30 copay per visit.** Outpatient individual therapy visit: **$30 copay per visit.** Partial hospitalization: **$0 copay.**	Inpatient visit: **Our plan covers an unlimited number of days for an inpatient hospital stay.** You pay: **$250 copay per stay.** Outpatient group therapy visit: **$20 copay per visit.** Outpatient individual therapy visit: **$20 copay per visit.** Partial hospitalization: **$0 copay.**
Skilled Nursing Facility *(Prior Authorization may be required.)* *(A hospital stay is not required.)*	Our plan covers up to 100 days in a skilled nursing facility. Days 1-20: **You pay nothing** Days 21-100: **$178 copay per day.**	Our plan covers up to 100 days in a skilled nursing facility. Days 1-20: **You pay nothing.** Days 21-100: **$150 copay per day.**	Our plan covers up to 100 days in a skilled nursing facility. Days 1-20: **You pay nothing.** Days 21-100: **$150 copay per day.**	Our plan covers up to 100 days in a skilled nursing facility. Days 1-20: **You pay nothing.** Days 21-100: **$150 copay per day.**	Our plan covers up to 100 days in a skilled nursing facility. Days 1-20: **You pay nothing.** Days 21-100: **$150 copay per day.**
Rehabilitation Services *(Prior Authorization may be required.)*	Cardiac (heart) rehab services: **$15 copay per visit.** Pulmonary rehab services: **$30 copay per visit.** Occupational therapy: **$40 copay per visit.** Physical therapy and speech and language therapy: **$40 copay per visit.**	Cardiac (heart) rehab services: **$15 copay per visit.** Pulmonary rehab services: **$15 copay per visit.** Occupational therapy: **$25 copay per visit.** Physical therapy and speech and language therapy: **$25 copay per visit.**	Cardiac (heart) rehab services: **$10 copay per visit.** Pulmonary rehab services: **$10 copay per visit.** Occupational therapy: **$10 copay per visit.** Physical therapy and speech and language therapy: **$10 copay per visit.**	Cardiac (heart) rehab services: **$15 copay per visit.** Pulmonary rehab services: **$15 copay per visit.** Occupational therapy: **$25 copay per visit.** Physical therapy and speech and language therapy: **$25 copay per visit.**	Cardiac (heart) rehab services: **$10 copay per visit.** Pulmonary rehab services: **$10 copay per visit.** Occupational therapy: **$10 copay per visit.** Physical therapy and speech and language therapy: **$10 copay per visit.**
Ambulance (per trip)	**$300 copay.**	**$250 copay.**	**$225 copay.**	**$250 copay.**	**$225 copay.**
Transportation	**Not covered.**	**Not covered.**	**Not covered.**	**Not covered.**	**Not covered.**

BENEFIT	CORE D (Includes Rx)	VALUE D (Includes Rx)	ELITE D (Includes Rx)	VALUE (No Rx)	ELITE (No Rx)
Medicare Part B Drugs *(Prior Authorization may be required.)*	For Part B drugs, such as chemotherapy drugs: **You pay 20% of the cost.** Other Part B drugs: **You pay 20% of the cost.**	For Part B drugs, such as chemotherapy drugs: **You pay 20% of the cost.** Other Part B drugs: **You pay 20% of the cost.**	For Part B drugs, such as chemotherapy drugs: **You pay 10% of the cost.** Other Part B drugs: **You pay 10% of the cost.**	For Part B drugs, such as chemotherapy drugs: **You pay 20% of the cost.** Other Part B drugs: **You pay 20% of the cost.** **This plan does not cover Part D prescription drugs.**	For Part B drugs, such as chemotherapy drugs: **You pay 10% of the cost.** Other Part B drugs: **You pay 10% of the cost.** **This plan does not cover Part D prescription drugs.**
Chiropractic (per visit)	**$20 copay.**	**$15 copay.**	**$10 copay.**	**$15 copay.**	**$10 copay.**
Medical Equipment & Supplies *(Prior Authorization may be required.)*	Durable Medical Equipment: (e.g., wheelchairs, oxygen) **You pay 20% of the cost.** Prosthetics: (e.g., braces, artificial limbs). **You pay 20% of the cost.** Diabetic Supplies: (e.g., test strips, lancets). **You pay nothing for preferred supplies.** Self-Management Training: **You pay nothing.**	Durable Medical Equipment: (e.g., wheelchairs, oxygen) **You pay 20% of the cost.** Prosthetics: (e.g., braces, artificial limbs). **You pay 20% of the cost.** Diabetic Supplies: (e.g., test strips, lancets). **You pay nothing for preferred supplies.** Self-Management Training: **You pay nothing.**	Durable Medical Equipment: (e.g., wheelchairs, oxygen) **You pay 10% of the cost.** Prosthetics: (e.g., braces, artificial limbs). **You pay 10% of the cost.** Diabetic Supplies: (e.g., test strips, lancets). **You pay nothing for preferred supplies.** Self-Management Training: **You pay nothing.**	Durable Medical Equipment: (e.g., wheelchairs, oxygen) **You pay 20% of the cost.** Prosthetics: (e.g., braces, artificial limbs). **You pay 20% of the cost.** Diabetic Supplies: (e.g., test strips, lancets). **You pay nothing for preferred supplies.** Self-Management Training: **You pay nothing.**	Durable Medical Equipment: (e.g., wheelchairs, oxygen) **You pay 10% of the cost.** Prosthetics: (e.g., braces, artificial limbs). **You pay 10% of the cost.** Diabetic Supplies: (e.g., test strips, lancets). **You pay nothing for preferred supplies.** Self-Management Training: **You pay nothing.**
Quartz® CashCard	Use the Quartz® CashCard toward: 1. Fitness membership: Get **$25 per month** for a membership at a licensed fitness facility of your choice. 2. Over-the-counter purchases with participating retailers: Get **$25 quarterly** for health and wellness items, first-aid supplies, and other qualifying items. The **$25 reloads to the card quarterly (starting in Jan, then April, July, and Oct. after that), and doesn't carry-over to the next quarter.**		Use the Quartz® CashCard toward: 1. Fitness membership: Get **$25 per month** for a membership at a licensed fitness facility of your choice. 2. Over-the-counter purchases with participating retailers: Get **$25 quarterly** for health and wellness items, first -aid supplies, and other qualifying items. The **$25 reloads to the card quarterly (starting in Jan, then April, July, and Oct. after that), and doesn't carry-over to the next quarter.**		
Virtual Visits	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	6 (60-minute) visits per year: **$20 copay.**	12 (60-minute) visits per year: **$15 copay.**	12 (60-minute) visits per year: **$0 copay.**	12 (60-minute) visits per year: **$15 copay.**	12 (60 minute) visits per year: **$0 copay.**

BENEFIT	CORE D (Includes Rx)	VALUE D (Includes Rx)	ELITE D (Includes Rx)	VALUE (No Rx)	ELITE (No Rx)
Acupuncture Benefit (For chronic lower back pain.)	Get up to 20 treatments a year with a licensed practitioner: **$20 copay.**	Get up to 20 treatments a year with a licensed practitioner: **$15 copay.**	Get up to 20 treatments a year with a licensed practitioner: **$10 copay.**	Get up to 20 treatments a year with a licensed practitioner: **$15 copay.**	Get up to 20 treatments a year with a licensed practitioner: **$10 copay.**
Meal Delivery after a Hospital Stay	**Not covered.**	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.**	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 up to six months when traveling domestically outside the states of Iowa, Illinois, Minnesota, and Wisconsin.		You may receive all plan-covered services at in-network costs for up to six months when traveling domestically outside the states of Iowa, Illinois, Minnesota, and Wisconsin.		
Brain Fitness Benefit	Get access to online memory fitness exercises, games, newsletters, and more at no extra charge.		Get access to online memory fitness exercises, games, newsletters, and more at no extra charge.		

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 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.

Stage 1: Yearly Prescription Deductible	**Retail: $0** per year for Tiers 1 through 6 Part D prescription drugs. **Mail-Order: $0** per year for Tiers 1 through 6 Part D prescription drugs.			
Stage 2: Initial Coverage	You pay the following until your total yearly drug costs reach **$4,430**. 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. ▸ **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**	**90-Day**
Tier 1 (Preferred Generic)	**$3**	**$6**	**$9**	**$7**
Tier 2 (Generic)	**$15**	**$30**	**$45**	**$38**
Tier 3 (Preferred Brand)	**$45** **$35 for select insulins**	**$90** **$70 for select insulins**	**$135** **$105 for select insulins**	**$113** **$87 for select insulins**
Tier 4 (Non-Preferred Drug)	**40% of cost**	**40% of cost**	**40% of cost**	**40% of cost**
Tier 5 (Specialty Tier)	**30% of cost**	**N/A**	**N/A**	**N/A**
Tier 6 (Vaccines)	**$0 copay**			
Stage 3: Coverage Gap	After your total yearly drug costs reach **$4,430**, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand-name drugs for any drug tier during the coverage gap. **While you're in the Coverage Gap:** ▸ The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand-name drugs. ▸ You pay 25% of the negotiated price, plus a portion of the dispensing fee for most brand-name drugs. ▸ For select insulins, you will continue to pay a $35-$105 copay. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them, and it moves you through the Coverage Gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs you buy from network retail or mail-order pharmacies) reach **$7,050**, you pay the greater of: ▸ **5% of the cost; or** ▸ **$3.95 copay for generic (including brand name drugs treated as generic); and** ▸ **$9.85 copay for all other drugs.**			

Note: **Tetanus (Tdap)** and **shingles vaccines** are covered under the Part D benefit **only when you receive them from a network pharmacist** certified to administer vaccines. See our provider directory for a list of network pharmacies.

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 or by calling Customer Service at (800) 394-5566 or TTY 711 to request a copy.

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 Service 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

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 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**.

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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 [Deitsch (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, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ 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).

Quartz | GUNDERSEN HEALTH SYSTEM®

Customer Service

(800) 394-5566 or TTY 711

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