

Gundersen Quartz Medicare Advantage Elite (HMO) offered by Quartz Medicare Advantage

Annual Notice of Changes for 2025

You are currently enrolled as a member of Gundersen Quartz Medicare Advantage Elite (HMO). 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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ 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, 2024, you will stay in Gundersen Quartz Medicare Advantage Elite (HMO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Gundersen Quartz Medicare Advantage Elite (HMO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact your Quartz Champion Service Team number 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. This call is free.
- This information is available 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 Gundersen Quartz Medicare Advantage Elite (HMO)

- 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 Gundersen Quartz Medicare Advantage Elite (HMO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Annual Notice of Changes for 2025

Table of Contents

Summary of Important Costs for 2025	4
SECTION 1 Changes to Benefits and Costs for Next Year	5
Section 1.1 – Changes to the Monthly Premium	5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	5
Section 1.3 – Changes to the Provider Network	5
Section 1.4 – Changes to Benefits and Costs for Medical Services	6
SECTION 2 Deciding Which Plan to Choose.....	10
Section 2.1 – If you want to stay in Gundersen Quartz Medicare Advantage Elite (HMO) ..	10
Section 2.2 – If you want to change plans	10
SECTION 3 Deadline for Changing Plans.....	11
SECTION 4 Programs That Offer Free Counseling about Medicare	12
SECTION 5 Programs That Help Pay for Prescription Drugs	12
SECTION 6 Questions?.....	13
Section 6.1 – Getting Help from Gundersen Quartz Medicare Advantage Elite (HMO).....	13
Section 6.2 – Getting Help from Medicare	13

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Gundersen Quartz Medicare Advantage Elite (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$130	\$130
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.)	\$3,000	\$3,000
Doctor office visits	Primary care visits: \$5 copayment per visit Specialist visits: \$35 copayment per visit	Primary care visits: \$5 copayment per visit Specialist visits: \$35 copayment per visit
Inpatient hospital stays	\$250 copayment per stay for days 1-90 After you pay the \$750 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.	\$300 copayment per stay for days 1-90 After you pay the \$900 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.

SECTION 1 Changes to Benefits and Costs for Next Year**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$130	\$130 There is no change for the upcoming benefit year.
Monthly premium for Optional Dental Rider	\$36	\$44

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	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,000	\$3,000 Once you have paid \$3,000 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 Network

Updated directories are located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call your Quartz Champion Service Team for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* <https://quartzbenefits.com/ProviderDirectoryPDFs> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) 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	2024 (this year)	2025 (next year)
Dental Services	\$1,200 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.	\$550 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.

Cost	2024 (this year)	2025 (next year)
Diabetes Self-Management Training, Diabetic Services and Supplies	<u>In-Network</u> You pay \$0 copayment for Medicare-covered diabetic monitoring supplies.	<u>In-Network</u> You pay 0% to 35% of the total cost for Medicare-covered diabetic monitoring supplies. You pay 10% cost sharing for Continuous Glucose Monitors (CGM). You pay \$0 cost sharing for Preferred Brand (LifeScan) Blood Glucose Meters (BGM) and test strips. You pay 35% cost sharing for non-preferred Blood Glucose Meters (BGM) and test strips.
Emergency Care	<u>In- and Out-of-Network</u> You pay \$120 copayment for each visit for Medicare-covered emergency care services.	<u>In- and Out-of-Network</u> You pay \$140 copayment for each visit for Medicare-covered emergency care services.
Fitness Benefit	\$1000 combined maximum available through the Quartz CashCard for fitness, non-emergent transportation, and vision hardware.	\$250 maximum plan coverage amount every year for the fitness benefit through the Quartz CashCard.

Cost	2024 (this year)	2025 (next year)
Inpatient Hospital Care	<u>In-Network</u> For Medicare-covered inpatient hospital stays, you pay \$250 copayment per stay for days 1-90. After you pay the \$750 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.	<u>In-Network</u> For Medicare-covered inpatient hospital stays, you pay \$300 copayment per stay for days 1-90. After you pay the \$900 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.
Inpatient Services in a Psychiatric Hospital	<u>In-Network</u> For Medicare-covered inpatient mental health stays, you pay \$250 copayment per stay for days 1-90. After you pay the \$750 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.	<u>In-Network</u> For Medicare-covered inpatient mental health stays, you pay \$300 copayment per stay for days 1-90. After you pay the \$900 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.
Optional Dental Rider	You pay \$36 for this supplemental benefit.	You pay \$44 for this supplemental benefit.
Over-the-Counter Items	\$25 maximum plan coverage amount every 3 months for OTC items.	\$20 maximum plan coverage amount every 3 months for OTC items.

Cost	2024 (this year)	2025 (next year)
Podiatry Services	<u>In-Network</u> You pay \$30 copayment for each Medicare-covered podiatry services visit. You pay \$30 copayment for each routine foot care visit (6 visits every year).	<u>In-Network</u> You pay \$35 copayment for each Medicare-covered podiatry services visit. You pay \$35 copayment for each routine foot care visit (6 visits every year).
Transportation Services (routine)	<u>In-Network</u> You pay \$0 copayment for routine transportation services (unlimited one-way trips to health-related locations) using taxi and rideshare services up to the maximum \$1000 combined available benefit through the Quartz CashCard.	<u>In-Network</u> Routine transportation services are <u>not</u> covered.
Vision Hardware	\$1,000 maximum plan coverage amount every year for all non-Medicare-covered eyewear through the Quartz CashCard.	\$250 maximum plan coverage amount every year for all non-Medicare-covered eyewear through the Quartz CashCard.
Worldwide Emergency / Urgently Needed Care Services	You pay \$120 copayment for each emergency care visit outside of the United States and its territories.	You pay \$140 copayment for each emergency care visit outside of the United States and its territories.

Cost	2024 (this year)	2025 (next year)
	You pay \$30 copayment for each urgently needed care visit outside of the United States and its territories.	You pay \$30 copayment for each urgently needed care visit outside of the United States and its territories.
	You pay \$275 copayment for each emergency/urgently needed care transportation service outside of the United States and its territories.	You pay \$275 copayment for each emergency/urgently needed care transportation service outside of the United States and its territories.
	No maximum plan benefit coverage amount for the worldwide benefit.	\$20,000 maximum plan benefit coverage amount per year for the worldwide benefit which includes Urgent Care, Ambulance and Emergency care visits.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Gundersen Quartz Medicare Advantage Elite (HMO)

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 Gundersen Quartz Medicare Advantage Elite (HMO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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, there may be 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 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2). 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 Gundersen Quartz Medicare Advantage Elite (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Gundersen Quartz Medicare Advantage Elite (HMO).
- 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 3 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 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. In Iowa, the SHIP is called Senior Health Insurance Information Program (Iowa).

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 about the State Health Insurance Assistance Program by visiting their website (longtermcare.wi.gov). In Iowa, you can call Senior Health Insurance Information Program (Iowa) at 1(800) 351-4664. You can learn more about the State Health Insurance Assistance Program by visiting their website (ship.iowa.gov)

SECTION 5 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 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.
- **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. Iowa has a program called Iowa Drug Card. To learn more about the program, check with your State Health Insurance Assistance Program.

SECTION 6 Questions?

Section 6.1 – Getting Help from Gundersen Quartz Medicare Advantage Elite (HMO)

Questions? We're here to help. Please call your Quartz Champion Service Team at 1(800) 394-5566. (TTY only, call 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 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Gundersen Quartz Medicare Advantage Elite (HMO). 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*).

Section 6.2 – 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 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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 website (<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.