

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

Annual Notice of Change for 2026

You're enrolled as a member of Gundersen Quartz Medicare Advantage Elite.

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Gundersen Quartz Medicare Advantage Elite.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at QuartzBenefits.com/MedicareAdvantage or call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) to get a copy by mail.

More Resources

- Call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) for additional information. 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.

About Gundersen Quartz Medicare Advantage Elite

- Quartz Medicare Advantage is an HMO plan with a Medicare Contract. Enrollment in Quartz Medicare Advantage depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Quartz Medicare Advantage. When it says “plan” or “our plan,” it means Gundersen Quartz Medicare Advantage Elite.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** Gundersen Quartz Medicare Advantage Elite. Starting January 1, 2026, you'll get your medical coverage through Gundersen Quartz Medicare Advantage Elite. Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't

have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

H5262_25 08_M CMS Approved File & Use 09202025

Table of Contents

| | |
|---|-----------|
| Summary of Important Costs for 2026 | 4 |
| SECTION 1 Changes to Benefits & Costs for Next Year | 5 |
| Section 1.1 Changes to the Monthly Plan Premium..... | 5 |
| Section 1.2 Changes to Your Maximum Out-of-Pocket Amount..... | 5 |
| Section 1.3 Changes to the Provider Network | 6 |
| Section 1.4 Changes to Benefits & Costs for Medical Services | 7 |
| SECTION 2 How to Change Plans..... | 16 |
| Section 2.1 Deadlines for Changing Plans..... | 17 |
| Section 2.2 Are there other times of the year to make a change? | 17 |
| SECTION 3 Get Help Paying for Prescription Drugs | 18 |
| SECTION 4 Questions? | 18 |
| Get Help from Gundersen Quartz Medicare Advantage Elite..... | 18 |
| Get Free Counseling about Medicare | 19 |
| Get Help from Medicare | 19 |

Summary of Important Costs for 2026

| | 2025 (this year) | 2026 (next year) |
|--|---|---|
| Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details. | \$130 | \$130 |
| Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.) | \$3,000 | \$3,500 |
| Primary care office visits | \$5 copayment per visit | \$10 copayment per visit |
| Specialist office visits | \$35 copayment per visit | \$45 copayment per visit |
| Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | For Medicare-covered inpatient hospital stays, you pay \$300 copayment per stay for days 1-90 The plan has a maximum out-of-pocket amount of \$900 for inpatient hospital benefits. Once you have paid \$900 out-of-pocket amount for inpatient hospital benefits, the plan will cover these services at no cost to you for the rest of the calendar year. | For Medicare-covered inpatient hospital stays, you pay \$300 copayment per stay for days 1-90 The plan has a maximum out-of-pocket amount of \$900 for inpatient hospital benefits. Once you have paid \$900 out-of-pocket amount for inpatient hospital benefits, the plan will cover these services at no cost to you for the rest of the calendar year. |

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

| | 2025 (this year) | 2026 (next year) |
|---|---------------------|--|
| Monthly plan premium (You must also continue to pay your Medicare Part B premium.) | \$130 | \$130 There is no change for the upcoming benefit year. |
| Additional premium for the Optional Dental Rider If you've enrolled in the Optional Dental Rider, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.) | \$44 | \$48 |

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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

| | 2025 (this year) | 2026 (next year) |
|--|---------------------|---|
| Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium doesn't count toward your maximum out-of-pocket amount. | \$3,000 | \$3,500 Once you've paid \$3,500 out of pocket for covered Part A and Part B services, you'll 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

Our network of providers has changed for next year. Review the 2026 *Provider Directory* <https://quartzbenefits.com/ProviderDirectoryPDFs> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at <https://quartzbenefits.com/ProviderDirectoryPDFs>.
- Call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) to get current provider information or to ask us to mail you a *Provider Directory*.

We can 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, call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to Benefits & Costs for Medical Services

| | 2025 (this year) | 2026 (next year) |
|--|---|--|
| Ambulance Services | <p><u>In-Network</u></p> <p>\$275 copayment for each one-way Medicare-covered ground or air ambulance service.</p> <p>No prior authorization required for non-emergency Medicare air ambulance services.</p> | <p><u>In-Network</u></p> <p>\$300 copayment for each one-way Medicare-covered ground or air ambulance service.</p> <p>Prior authorization is required for non-emergency Medicare air ambulance services.</p> |
| Brain Fitness | \$0 copayment for the Brain Fitness program. | Brain Fitness program is <u>not</u> covered. |
| Chiropractic Services | <p><u>In-Network</u></p> <p>\$10 copayment for each Medicare-covered chiropractic services visit.</p> <p>\$5 copayment for other chiropractic services visits such as labs and x-rays (unlimited visits every year).</p> | <p><u>In-Network</u></p> <p>\$10 copayment for each Medicare-covered chiropractic services visit.</p> <p>\$10 copayment for other chiropractic services visits such as labs and x-rays (unlimited visits every year).</p> |
| Colorectal Cancer Screening (Barium Enemas) | <p><u>In-Network</u></p> <p>\$0 copayment for each Medicare-covered barium enema.</p> | <p><u>In-Network</u></p> <p>Barium enemas are <u>not</u> covered.</p> |

| | 2025 (this year) | 2026 (next year) |
|------------------------|---|---|
| Dental Services | <p><u>In-Network</u></p> <p>\$30 copayment for each Medicare-covered visit.</p> <p>\$0 copayment for each removable prosthodontics services visit (unlimited visits every year).</p> <p>\$0 copayment for each implant services visit (unlimited visits every year).</p> <p>\$0 copayment for each fixed prosthodontics services visit (unlimited visits every year).</p> <p>\$550 combined maximum plan coverage amount every year. This amount is combined for diagnostic, preventive and comprehensive dental services.</p> | <p><u>In-Network</u></p> <p>\$45 copayment for each Medicare-covered visit.</p> <p>50% of the total cost for each removable prosthodontics services visit (unlimited visits every year).</p> <p>50% of the total cost for each implant services visit (unlimited visits every year).</p> <p>50% of the total cost for each fixed prosthodontics services visit (unlimited visits every year).</p> <p>\$1,000 combined maximum plan coverage amount every year. This amount is combined for diagnostic, preventive and comprehensive dental services.</p> |

| | 2025 (this year) | 2026 (next year) |
|--|---|--|
| Diabetes Self-Management Training, Diabetic Services and Supplies | <p><u>In-Network</u></p> <p>0% to 35% of the total cost for Medicare-covered diabetic monitoring supplies.</p> <p>In 2025 the preferred manufacturer is LifeScan and Accu-Chek.</p> | <p><u>In-Network</u></p> <p>\$0 copayment for preferred Medicare-covered diabetic monitoring supplies: Blood Glucose Monitoring (BGMs); test strips, and lancets.</p> <p>In 2026 the preferred manufacturer is Accu-Chek.</p> |
| Emergency Care | <p><u>In- and Out-of-Network</u></p> <p>\$140 copayment for each visit for Medicare-covered emergency care services.</p> | <p><u>In- and Out-of-Network</u></p> <p>\$150 copayment for each visit for Medicare-covered emergency care services.</p> |
| Fitness Benefit | <p><u>In-Network</u></p> <p>\$0 copayment for the fitness benefit. Benefit includes physical fitness.</p> <p>\$250 per year is provided on the Quartz® CashCard to be used toward Fitness Membership dues.</p> | <p><u>In-Network</u></p> <p>Fitness benefit is <u>not</u> covered.</p> |
| Hearing Services | <p><u>In-Network</u></p> <p>\$15 copayment for each Medicare-covered hearing exam.</p> | <p><u>In-Network</u></p> <p>\$25 copayment for each Medicare-covered hearing exam.</p> |

| | 2025 (this year) | 2026 (next year) |
|---|--|--|
| Help with Certain Chronic Conditions | <p>Benefits for certain chronic conditions are covered.</p> <p>Members with Congestive Heart Failure and/or Hypertension are eligible for \$90 every 2 years for blood pressure cuffs.</p> | <p>Benefits for certain chronic conditions are covered.</p> <p>Members with Congestive Heart Failure and/or Hypertension are eligible for one blood pressure cuff every 4 years for specified devices and suppliers.</p> |
| Home Infusion Therapy | <p><u>In-Network</u></p> <p>15% of the total cost for Medicare-covered home infusion therapy services.</p> | <p><u>In-Network</u></p> <p>20% of the total cost for Medicare-covered home infusion therapy services.</p> |
| Medicare Part B Prescription Drugs | <p><u>In-Network</u></p> <p>15% of the total cost for Medicare Part B chemotherapy and radiation drugs.</p> <p>0% to 15% of the total cost for other Medicare Part B drugs.</p> | <p><u>In-Network</u></p> <p>20% of the total cost for Medicare Part B chemotherapy and radiation drugs.</p> <p>0% to 20% of the total cost for other Medicare Part B drugs.</p> |

| | 2025 (this year) | 2026 (next year) |
|--|---|---|
| Outpatient Diagnostic Tests and Therapeutic Services and Supplies | <p><u>In-Network</u></p> <p>\$4 copayment for Medicare-covered outpatient diagnostic procedures and tests.</p> <p>\$5 copayment for Medicare-covered outpatient lab services.</p> <p>\$60 copayment for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).</p> <p>\$25 copayment for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p> <p>\$5 copayment for Medicare-covered outpatient X-rays.</p> | <p><u>In-Network</u></p> <p>\$10 copayment for Medicare-covered outpatient diagnostic procedures and tests.</p> <p>\$10 copayment for Medicare-covered outpatient lab services.</p> <p>\$100 copayment for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).</p> <p>\$45 copayment for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p> <p>\$10 copayment for Medicare-covered outpatient X-rays.</p> |
| Over-the-Counter Items | <p><u>In-Network</u></p> <p>\$0 copayment for OTC items.</p> | <p><u>In-Network</u></p> <p>OTC items benefit is <u>not</u> covered.</p> |

| | 2025 (this year) | 2026 (next year) |
|--|---|--|
| | <p>Nicotine Replacement Therapy (NRT) is covered.</p> <p>Naloxone is covered.</p> <p>Quartz® CashCard provides \$20 per quarter for eligible OTC products at select retailers. Unused portion does not carry over to the next period.</p> <p>Unused portion does not carry over to the next period.</p> | <p>Nicotine Replacement Therapy (NRT) is <u>not</u> covered.</p> <p>Naloxone is <u>not</u> covered.</p> |
| Physician/Practitioner Services, Including Doctor's Office Visits | <p><u>In-Network</u></p> <p>\$5 copayment for each Medicare-covered primary care doctor visit.</p> <p>\$35 copayment for each Medicare-covered specialist visit.</p> <p>For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), \$10 to \$35 copayment.</p> | <p><u>In-Network</u></p> <p>\$10 copayment for each Medicare-covered primary care doctor visit.</p> <p>\$45 copayment for each Medicare-covered specialist visit.</p> <p>For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), \$10 to \$45 copayment.</p> |

| | 2025 (this year) | 2026 (next year) |
|--|---|---|
| Podiatry Services | <u>In-Network</u> \$35 copayment for each Medicare-covered podiatry services visit. \$35 copayment for each routine foot care visit (6 visits every year). | <u>In-Network</u> \$45 copayment for each Medicare-covered podiatry services visit. \$45 copayment for each routine foot care visit (6 visits every year). |
| Skilled Nursing Facility (SNF) Care | <u>In-Network</u> For Medicare-covered SNF stays, \$0 copayment per day for days 1-20; \$150 copayment per day for days 21-100. | <u>In-Network</u> For Medicare-covered SNF stays, \$0 copayment per day for days 1-20; \$200 copayment per day for days 21-100. |

| | 2025 (this year) | 2026 (next year) |
|---|--|--|
| Telehealth Benefits (additional) | <p><u>In-Network</u></p> <p>For additional telehealth benefits, \$0 to \$35 copayment for urgently needed services, home health services, primary care physician services, physician specialist services, individual sessions for mental health specialty services, group sessions for mental health specialty services, other health care professional, individual sessions for psychiatric services, group sessions for psychiatric services, physical therapy and speech-language pathology services, opioid treatment program services, individual sessions for outpatient substance abuse, group sessions for outpatient substance abuse, kidney disease education services.</p> | <p><u>In-Network</u></p> <p>For additional telehealth benefits, \$0 to \$45 copayment for urgently needed services, home health services, primary care physician services, physician specialist services, individual sessions for mental health specialty services, group sessions for mental health specialty services, other health care professional, individual sessions for psychiatric services, group sessions for psychiatric services, physical therapy and speech-language pathology services, opioid treatment program services, individual sessions for outpatient substance abuse, group sessions for outpatient substance abuse, kidney disease education services.</p> |
| Urgently Needed Care Services | <p><u>In- and Out-of-Network</u></p> <p>\$30 copayment for each visit for Medicare-covered urgently needed care services.</p> | <p><u>In- and Out-of-Network</u></p> <p>\$50 copayment for each visit for Medicare-covered urgently needed care services.</p> |

| | 2025 (this year) | 2026 (next year) |
|--------------------------------------|--|---|
| Vision Care | <p><u>In-Network</u></p> <p>One routine eye exam per year at \$0 copay.</p> <p>\$10 copayment for each additional Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>\$250 per year is provided on the Quartz® CashCard to be used toward all non-Medicare-covered eyewear.</p> | <p><u>In-Network</u></p> <p>One routine eye exam per year at \$0 copay.</p> <p>\$25 copayment for each additional Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>\$300 per year is provided toward all non-Medicare-covered eyewear at an in-network provider.</p> |
| U.S. Visitor / Travel Program | <p>When traveling outside of the network, services are covered in-network for a total of 6 months. The benefit gives members 3 months of visitor/travel benefits up to 2 times per calendar year.</p> <p>Activation is required by contacting your Quartz Champion Service Team. Coverage is available when you are visiting/traveling in the United States or its territories outside of Iowa, Illinois, Minnesota and Wisconsin.</p> | <p>When traveling outside of the network, services are covered in-network for a total of 6 months. The benefit is available on a month-to-month basis.</p> <p>Activation is required by contacting your Quartz Champion Service Team. Coverage is available when you are visiting/traveling in the United States or its territories outside of Iowa, Illinois, Minnesota and Wisconsin.</p> |

| | 2025 (this year) | 2026 (next year) |
|--|--|--|
| Worldwide Emergency / Urgently Needed Care Services | <p>\$140 copayment for each emergency care visit outside of the United States and its territories.</p> <p>\$30 copayment for each urgently needed care visit outside of the United States and its territories.</p> <p>\$275 copayment for each emergency/urgently needed care transportation service outside of the United States and its territories.</p> | <p>\$150 copayment for each emergency care visit outside of the United States and its territories.</p> <p>\$50 copayment for each urgently needed care visit outside of the United States and its territories.</p> <p>\$300 copayment for each emergency/urgently needed care transportation service outside of the United States and its territories.</p> |

SECTION 2 How to Change Plans

To stay in Gundersen Quartz Medicare Advantage Elite, you don't need to do anything.

Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Gundersen Quartz Medicare Advantage Elite.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Gundersen Quartz Medicare Advantage Elite.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Gundersen Quartz Medicare Advantage Elite.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) for more information on how to do this. Or call

Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Quartz Medicare Advantage offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Wisconsin has a program called Wisconsin Senior Care and Iowa has a program called Iowa Drug Card that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

SECTION 4 Questions?

Get Help from Gundersen Quartz Medicare Advantage Elite

- **Call your Quartz Champion Service Team at 1(800) 394-5566. (TTY users call 711, 1(800) 877-8973).**

We're 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 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the *2026 Evidence of Coverage* for Gundersen Quartz Medicare Advantage Elite. 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. Get the *Evidence of Coverage* on our website at QuartzBenefits.com/MedicareAdvantage or call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) to ask us to mail you a copy.

- **Visit QuartzBenefits.com/MedicareAdvantage**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get 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 the State of Wisconsin Board on Aging and Long-Term Care. In Iowa, the SHIP is called the Senior Health Insurance Information Program (Iowa).

Call the State of Wisconsin Board on Aging and Long-Term Care or the Senior Health Insurance Information Program (Iowa) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans.

Call the State of Wisconsin Board on Aging and Long-Term Care at 1(800) 242-1060. Learn more about the State of Wisconsin Board on Aging and Long-Term Care by visiting (longtermcare.wi.gov).

In Iowa, call the Senior Health Insurance Information Program (Iowa) at 1(800) 351-4664. Learn more about the Senior Health Insurance Information Program (Iowa) by visiting (shiip.iowa.gov).

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of nondiscrimination

Discrimination is against the law.

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, or sex (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

- We provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Success at (800) 362-3310.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Chief 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, our Chief 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.



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 394-5566 (TTY: 711) or speak to your provider.

Español / Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (800) 394-5566 (TTY: 711) o hable con su proveedor.

Lus Hmoob / Hmong

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 394-5566 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Soomaali / Somali

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac (800) 394-5566 (TTY: 711) ama la hadal bixiyahaaga.

Việt / Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 394-5566 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 / Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (800) 394-5566（文本电话：711）或咨询您的服务提供商。

РУССКИЙ / Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (800) 394-5566 (TTY: 711) или обратитесь к своему поставщику услуг.

Deutsch / German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (800) 394-5566 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

ລາວ / Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 394-5566 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

አማርኛ / Amharic

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር (800) 394-5566 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

ထာန့်လီမဲအံ / Karen

ဆူ- နမူကတိဝ် ထာန့်လီမဲအံ အသိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုၣ်လၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူၣ်ပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၢ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျုၣ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 394-5566 (TTY: 711) မ့တမ့ၢ် ကတိဝ်တၢ်ဒီး နပုၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Српски / Serbian

ПАЖЊА: Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите (800) 394-5566 (TTY: 711) или разговарајте са вашим пружаоцем услуга.

ភាសាខ្មែរ / Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ បសវាកម្មជំនួយភាសា ឥតគិតថ្លៃមានសង្វាក់អ្នក។ ជំនួយ និងបសវាកម្មខ្មែរនៃការផ្តល់សមរម្យ កន្លែងការផ្តល់ព័ត៌មានតាមទម្រង់ ខ្មែរអាចចូលប្រើប្រាស់សេវា ក៏អាចរកបាន បងាយឥតគិតថ្លៃផងដែរ។ ជៀសវាងការប្រើប្រាស់ (800) 394-5566 (TTY: 711) ឬនិយាយជៀសវាងអ្នកផ្តល់បសវាកម្មអ្នក។

Français / French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (800) 394-5566 (TTY : 711) ou parlez à votre fournisseur.

한국어 / Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (800) 394-5566 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Tagalog / Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (800) 394-5566 (TTY: 711) o makipag-usap sa iyong provider.