Gundersen MN Quartz Medicare Advantage Elite D (w/Rx) (HMO) offered by Quartz Medicare Advantage

Annual Notice of Changes for 2025

You are currently enrolled as a member of Gundersen MN Quartz Medicare Advantage Elite D (w/Rx) (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).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ 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 MN Quartz Medicare Advantage Elite D (w/Rx) (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 MN Quartz Medicare Advantage Elite D (w/Rx) (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 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 MN Quartz Medicare Advantage Elite D (w/Rx) (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 MN Quartz Medicare Advantage Elite D (w/Rx) (HMO).

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Summary of Important Costs for 2025

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

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$157	$157
Maximum out-of-pocket amount This is the most 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.

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $200 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $5 copayment • Drug Tier 2: $15 copayment • Drug Tier 3: $47 copayment You pay a $35 copayment at a network pharmacy per month supply of each covered insulin product on this tier. • Drug Tier 4: $100 copayment • Drug Tier 5: 30% of the total cost • Drug Tier 6: $0 copayment Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Deductible: $200 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $5 copayment • Drug Tier 2: $15 copayment • Drug Tier 3: 25% of the total cost You pay a $35 copayment at a network pharmacy per month supply of each covered insulin product on this tier. • Drug Tier 4: 33% of the total cost • Drug Tier 5: 30% of the total cost • Drug Tier 6: $0 copayment Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs.

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.)	$157	$157 There is no change for the upcoming benefit year.
Monthly premium for Optional Dental Rider	$36	$44

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

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 and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,000	$3,000 There is no change for the upcoming benefit year. 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 and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are located on our website at QuartzBenefits.com/MedicareAdvantage. You may also call your Quartz Champion Service Team for updated provider and/or pharmacy 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 and pharmacies for next year. **Please review the 2025 *Provider and Pharmacy Directories* https://quartzbenefits.com/ProviderDirectoryPDFs to see if your providers (primary care provider, specialists, hospitals, pharmacies, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies 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	$1,550 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.	$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.
Diabetes Self-Management Training, Diabetic Services and Supplies	**In-Network** You pay $0 copayment for Medicare-covered diabetic monitoring supplies.	**In-Network** 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.

Cost	2024 (this year)	2025 (next year)
Emergency Care	**In- and Out-of-Network** You pay $120 copayment for each visit for Medicare-covered emergency care services.	**In- and Out-of-Network** 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.
Inpatient Hospital Care	**In-Network** For Medicare-covered inpatient hospital stays, you pay a $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.	**In-Network** For Medicare-covered inpatient hospital stays, you pay a $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	**In-Network** For Medicare-covered inpatient mental health stays, you pay a $250 copayment per stay for days 1-90.	**In-Network** For Medicare-covered inpatient mental health stays, you pay a $300 copayment per stay for days 1-90.

Cost	2024 (this year)	2025 (next year)
	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.	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.	$15 maximum plan coverage amount every 3 months for OTC items.
Podiatry Services	**In-Network** 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).	**In-Network** 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).

Cost	2024 (this year)	2025 (next 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 $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 $140 copayment for each emergency 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.

Cost	2024 (this year)	2025 (next year)
	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 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact your Quartz Champion Service Team for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact your Quartz Champion Service Team or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call your Quartz Champion Service Team and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $200. During this stage, you pay $0 - $15 cost sharing for drugs on Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 6 (Vaccines) and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty Tier) until you have reached the yearly deductible.	The deductible is $200. During this stage, you pay $0 - $15 cost sharing for drugs on Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 6 (Select Care Drugs) and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty Tier) until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3 (Preferred Brand) and Tier 4 (Non-Preferred Drugs), your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply filled is:	Your cost for a one-month supply filled is:

Stage	2024 (this year)	2025 (next year)
For 2024 you paid a $47 copayment for drugs on Tier 3 (Preferred Brand) and a $100 copayment for drugs on Tier 4 (Non-Preferred Brand). For 2025 you will pay a 25% coinsurance for drugs on Tier 3 and a 33% coinsurance for drugs on Tier 4. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you.	**Preferred Generic:** You pay $5 copayment per prescription. **Generic:** You pay $15 copayment per prescription. **Preferred Brand:** You pay $47 copayment per prescription. **Non-Preferred Drug:** You pay $100 copayment per prescription. **Specialty Tier:** You pay 30% of the total cost per prescription. **Vaccines ($0 cost sharing):** You pay $0 copayment per prescription. ________________ Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).	**Preferred Generic:** You pay $5 copayment per prescription. **Generic:** You pay $15 copayment per prescription. **Preferred Brand:** You pay 25% of the total cost per prescription. **Non-Preferred Drug:** You pay 33% of the total cost per prescription. **Specialty Tier:** You pay 30% of the total cost per prescription. **Select Care Drugs:** You pay $0 copayment per prescription. ________________ Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact us at 1(800)506-4614 or visit Medicare.gov.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Gundersen MN Quartz Medicare Advantage Elite D (w/Rx) (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 MN Quartz Medicare Advantage Elite D (w/Rx) (HMO).

Section 3.2 – 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, please see Section 1.1 regarding 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 (see Section 5), or call Medicare (see Section 7.2). 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 MN Quartz Medicare Advantage Elite D (w/Rx) (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Gundersen MN Quartz Medicare Advantage Elite D (w/Rx) (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 4 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 5 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 Minnesota, the SHIP is called Senior LinkAge Line.

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 the Senior LinkAge Line at 1(800)333-2433. You can learn more about the State Health Insurance Assistance Program by visiting their website (mn.gov/senior-linkage-line).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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, yearly 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.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Minnesota HIV/AIDS Program Department of Human Services.

  For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Minnesota HIV/AIDS Program Department of Human Services at 1(800)657-3761. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  "Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1(800)506-4614 or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Gundersen MN Quartz Medicare Advantage Elite D (w/Rx) (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 MN Quartz Medicare Advantage Elite D (w/Rx) (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*) and our *List of Covered Drugs* (*Formulary/Drug List*).

Section 7.2 – 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.