

# Quartz Medicare Advantage (HMO)

## 2023 Part D copayment/coinsurance amounts\*

Part D vaccines are covered at no cost to you. Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on. The Initial coverage stage begins after you pay your deductible (if applicable). Find the table that applies to the plan you are in. You pay the amounts shown in the table until you reach the Initial Coverage Limit of \$4,660 (this is the total drug costs paid by both you and your Quartz Medicare Advantage plan). After you reach the Initial Coverage Limit, you enter the Gap stage of coverage and will pay 25% of the total drug cost until your true (or total) out-of-pocket cost (TrOOP) reaches \$7,400. Both the amount you pay and the amount paid by the manufacturer (for brand-name drugs) count toward your TrOOP. After this, you enter the Catastrophic stage of coverage and will pay 5% of the total drug cost or \$4.15 (generic drugs) / \$10.35 (brand/other drugs), whichever is less.

Aurora Health Quartz Medicare Advantage (HMO)	Deductible	Retail			Mail-Order 90-Day
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$5	\$10	\$15	\$0
Tier 3: Preferred Brand	\$0	\$47	\$94	\$141	\$118
Tier 4: Non-Preferred Drug	\$0	\$100	\$200	\$300	\$300
Tier 5: Specialty	\$0	33% of the cost	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

Gundersen Quartz Medicare Advantage (HMO)	Deductible	Retail			Mail-Order 90-Day
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$2	\$4	\$6	\$5
Tier 2: Generic	\$0	\$15	\$30	\$45	\$38
Tier 3: Preferred Brand	\$0	\$45	\$90	\$135	\$113
Tier 4: Non-Preferred Drug	\$0	\$100	\$200	\$300	\$300
Tier 5: Specialty	\$0	33% of the cost	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

UW Health Quartz Medicare Advantage (HMO)	Deductible	Retail			Mail-Order 90-Day
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$3	\$6	\$9	\$7
Tier 2: Generic	\$0	\$15	\$30	\$45	\$38
Tier 3: Preferred Brand	\$0	\$45	\$90	\$135	\$113
Tier 4: Non-Preferred Drug	\$0	\$100	\$200	\$300	\$300
Tier 5: Specialty	\$0	33% of the cost	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

UW Health Illinois Quartz Medicare Advantage (HMO)	Deductible	Retail			Mail-Order 90-Day
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$12	\$24	\$36	\$30
Tier 3: Preferred Brand	\$0	\$47	\$94	\$141	\$118
Tier 4: Non-Preferred Drug	\$0	\$100	\$200	\$300	\$300
Tier 5: Specialty	\$0	33% of the cost	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

Quartz Medicare Advantage Dual Eligible with Rx Plans*	Deductible	Retail			Mail-Order 90-Day
		30-Day	60-Day	90-Day	
Tier 1: Preferred Generic	\$505	25% of the cost			
Tier 2: Generic	\$505	25% of the cost			
Tier 3: Preferred Brand	\$505	25% of the cost			
Tier 4: Non-Preferred Drug	\$505	25% of the cost			
Tier 5: Specialty	\$505	25% of the cost	Not offered	Not offered	Not offered
Tier 6: Vaccines	\$0	\$0 copay	Not offered	Not offered	Not offered

\*If you qualify for Low-Income Subsidy (LIS), also known as "Extra Help," your cost shares will differ from what is shown in these tables. Your cost-share is based on your level of "Extra Help." Your cost will be \$0 / \$1.45 / \$4.15 / 15% (generics) or \$0 / \$4.30 / \$10.35/ 15% (brand/other).

**Quartz Champion:**

**(800) 394-5566 (TTY: 711)**

Monday-Friday, 8 a.m. – 8 p.m.

Oct. 1-March 31, daily, 8 a.m. – 8 p.m.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal. Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate based on race, color, national origin, age, disability, or sex.

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310 (TTY: 711).

**Hmong** – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310 (TTY: 711).