

UW Health Quartz Medicare Advantage Elite D (w/Rx) (HMO) offered by Quartz Medicare Advantage

Annual Notice of Change for 2026

You're enrolled as a member of UW Health Quartz Medicare Advantage Elite D (w/Rx).

This material describes changes to our 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 UW Health Quartz Medicare Advantage Elite D (w/Rx).
- 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 more 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 UW Health Quartz Medicare Advantage Elite D (w/Rx)

- 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 UW Health Quartz Medicare Advantage Elite D (w/Rx).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in UW Health Quartz Medicare Advantage Elite D (w/Rx).** Starting January 1, 2026, you'll get your medical and drug coverage through UW Health Quartz Medicare Advantage Elite D (w/Rx). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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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.	\$124	\$162
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.)	\$3,450	\$4,200
Primary care office visits	\$5 copayment per visit	\$10 copayment per visit
Specialist office visits	\$35 copayment per visit	\$40 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 \$350 copayment per stay for days 1-90 The plan has a maximum out-of-pocket amount of \$1,050 for inpatient hospital benefits. Once you have paid \$1,050 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 \$450 copayment per stay for days 1-90 The plan has a maximum out-of-pocket amount of \$1,300 for inpatient hospital benefits. Once you have paid \$1,300 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.

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$175 except for covered insulin products and most adult Part D vaccines.	\$200 except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage:	Copayment/Coinsurance during the Initial Coverage Stage:
	Drug Tier 1: \$5 copayment	Drug Tier 1: \$2 copayment
	Drug Tier 2: \$15 copayment	Drug Tier 2: \$10 copayment
	Drug Tier 3: 25% of the total cost You pay a \$35 copayment per month supply of covered insulin products on this tier.	Drug Tier 3: 20% of the total cost You pay the lesser of 20% coinsurance or \$35 copayment per month supply of covered insulin products on this tier.
	Drug Tier 4: 33% of the total cost You pay a \$35 copayment per month supply of covered insulin products on this tier.	Drug Tier 4: 40% of the total cost You pay the lesser of 25% coinsurance or \$35 copayment per month supply of covered insulin products on this tier.
	Drug Tier 5: 30% of the total cost	Drug Tier 5: 30% of the total cost

	2025 (this year)	2026 (next year)
	• Drug Tier 6: \$0 copayment	• Drug Tier 6: \$0 copayment
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

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.)	\$124	\$162
Additional premium for 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

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be less if you get Extra Help with your drug costs. Go to Section 4 for more information about 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'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 and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$3,450	\$4,200 Once you've paid \$4,200 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 our 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 the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* <https://quartzbenefits.com/ProviderDirectoryPDFs> to see which pharmacies are in our network. Here's how to get an updated *Pharmacy 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 pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulance Services	<u>In-Network</u> \$250 copayment for each one-way Medicare-covered ground or air ambulance service. No prior authorization required for non-emergency Medicare air ambulance services.	<u>In-Network</u> \$300 copayment for each one-way Medicare-covered ground or air ambulance service. Prior authorization is required for non-emergency Medicare air ambulance services.
Brain Fitness	\$0 copayment for the Brain Fitness program.	Brain Fitness program is <u>not</u> covered.
Chiropractic Services	<u>In-Network</u> \$10 copayment for each Medicare-covered chiropractic services visit.	<u>In-Network</u> \$10 copayment for each Medicare-covered chiropractic services visit.

	2025 (this year)	2026 (next year)
	\$10 to \$20 copayment for other chiropractic services such as labs and x-rays. (unlimited visits every year).	\$15 to \$25 copayment for other chiropractic services such as labs and x-rays. (unlimited visits every year).
Colorectal Cancer Screening (Barium Enemas)	<u>In-Network</u> \$0 copayment for each Medicare-covered barium enema.	<u>In-Network</u> Medicare-covered barium enema benefit is <u>not</u> covered.
Dental Services	<u>In-Network</u> \$25 copayment for each Medicare-covered visit. \$0 copayment for each removable prosthodontics services visit (unlimited visits every year). \$0 copayment for each implant services visit (unlimited visits every year). \$0 copayment for each fixed prosthodontics services visit (unlimited visits every year). \$700 combined maximum plan coverage amount every year. This amount is combined for diagnostic, preventive and comprehensive dental services.	<u>In-Network</u> \$40 copayment for each Medicare-covered visit. 50% of the total cost for each removable prosthodontics services visit (unlimited visits every year). 50% of the total cost for each implant services visit (unlimited visits every year). 50% of the total cost for each fixed prosthodontics services visit (unlimited visits every year). \$575 combined maximum plan coverage amount every year. This amount is combined for diagnostic, preventive and comprehensive dental services.

	2025 (this year)	2026 (next year)
Diabetes Self-Management Training, Diabetic Services and Supplies	<u>In-Network</u> 0% to 35% of the total cost for Medicare-covered diabetic monitoring supplies. In 2025 the preferred manufacturer is LifeScan and Accu-Chek. \$0 copayment for Medicare-covered diabetic therapeutic shoes and inserts.	<u>In-Network</u> \$0 copayment for preferred Medicare-covered diabetic monitoring supplies: Blood Glucose Monitoring (BGMs); test strips, and lancets. In 2026 the preferred manufacturer is Accu-Chek. 20% of the total cost for Medicare-covered diabetic therapeutic shoes and inserts.
Emergency Care	<u>In- and Out-of-Network</u> \$140 copayment for each visit for Medicare-covered emergency care services.	<u>In- and Out-of-Network</u> \$150 copayment for each visit for Medicare-covered emergency care services.
Fitness Benefit	\$175 per year is provided on the Quartz® CashCard to be used toward Fitness Membership dues.	\$500 per year is provided on the Quartz® CashCard to be used toward Fitness Membership dues.
Hearing Services	<u>In-Network</u> \$25 copayment for each Medicare-covered hearing exam.	<u>In-Network</u> \$30 copayment for each Medicare-covered hearing exam.

	2025 (this year)	2026 (next year)
Help with Certain Chronic Conditions	Benefits for certain chronic conditions are covered. Members with Congestive Heart Failure and/or Hypertension are eligible for \$90 every 2 years for blood pressure cuffs.	Benefits for certain chronic conditions are covered. Members with Congestive Heart Failure and/or Hypertension are eligible for one blood pressure cuff every 4 years for specified devices and suppliers.
Inpatient Hospital Care	<u>In-Network</u> For Medicare-covered inpatient hospital stays, you pay \$350 copayment per stay for days 1-90. The plan has a maximum out-of-pocket amount of \$1,050 for inpatient hospital benefits. Once you have paid \$1,050 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.	<u>In-Network</u> For Medicare-covered inpatient hospital stays, you pay \$450 copayment per stay for days 1-90. The plan has a maximum out-of-pocket amount of \$1,300 for inpatient hospital benefits. Once you have paid \$1,300 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.
Inpatient Services in a Psychiatric Hospital	<u>In-Network</u> For Medicare-covered inpatient mental health stays, \$350 copayment per stay for days 1-90.	<u>In-Network</u> For Medicare-covered inpatient mental health stays, \$450 copayment per stay for days 1-90.

	2025 (this year)	2026 (next year)
	After you pay the \$1,050 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 \$1,300 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.
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	<u>In-Network</u> For Medicare-covered outpatient diagnostic procedures and tests, \$10 copayment. For Medicare-covered outpatient lab services, \$10 copayment. For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), \$125 copayment. For Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer), \$40 copayment. For Medicare-covered outpatient X-rays, \$20 copayment.	<u>In-Network</u> For Medicare-covered outpatient diagnostic procedures and tests, \$15 copayment. For Medicare-covered outpatient lab services, \$15 copayment. For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), \$125 copayment. For Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer), \$60 copayment. For Medicare-covered outpatient X-rays, \$25 copayment.

	2025 (this year)	2026 (next year)
Outpatient Rehabilitation Services	<u>In-Network</u> \$40 copayment for each Medicare-covered occupational therapy visit. \$40 copayment for each Medicare-covered physical therapy or speech therapy visit.	<u>In-Network</u> \$50 copayment for each Medicare-covered occupational therapy visit. \$50 copayment for each Medicare-covered physical therapy or speech therapy visit.
Physician/Practitioner Services, Including Doctor's Office Visits	<u>In-Network</u> \$5 copayment for each Medicare-covered primary care doctor visit. \$35 copayment for each Medicare-covered specialist visit. For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), \$10 to \$35 copayment.	<u>In-Network</u> \$10 copayment for each Medicare-covered primary care doctor visit. \$40 copayment for each Medicare-covered specialist visit. For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), \$10 to \$40 copayment.

	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> \$40 copayment for each Medicare-covered podiatry services visit. \$40 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; \$170 copayment per day for days 21-100.	<u>In-Network</u> For Medicare-covered SNF stays, \$0 copayment per day for days 1-20; \$215 copayment per day for days 21-100.
Transportation Services (routine)	<u>In-Network</u> \$0 copayment for routine transportation services (unlimited one-way trips to health-related locations) using taxi and rideshare services. \$100 maximum plan coverage amount every year for routine transportation services.	<u>In-Network</u> Routine transportation services are <u>not</u> covered.

	2025 (this year)	2026 (next year)
Vision Care	<u>In-Network</u> \$0 copayment for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye. \$275 per year is provided on the Quartz® CashCard to be used toward all non-Medicare-covered eyewear.	<u>In-Network</u> \$30 copayment for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye. \$300 per year is provided toward all non-Medicare-covered eyewear at an in-network provider.
U.S. Visitor / Travel Program	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. 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.	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. 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.

	2025 (this year)	2026 (next year)
Worldwide Emergency / Urgently Needed Care Services	\$140 copayment for each emergency care visit outside of the United States and its territories. \$250 copayment for each emergency/urgently needed care transportation service outside of the United States and its territories. There is a \$20,000 yearly combined maximum benefit for all worldwide coverage.	\$150 copayment for each emergency care visit outside of the United States and its territories. \$300 copayment for each emergency/urgently needed care transportation service outside of the United States and its territories. The \$20,000 combined maximum benefit is for all out-of-country emergent and urgent services.

Section 1.6 Changes to Part D 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 calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material with this packet, call your Quartz Champion Service Team at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **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 no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. 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've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your total out-of-pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our 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 don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$175 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've reached the yearly deductible.	\$200 During this stage, you pay \$0-\$10 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've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month(30-day) supply filled at a network pharmacy with standard cost sharing.

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. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Preferred Generic: 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.	You pay a \$5 copayment per month, per prescription.	You pay a \$2 copayment per month, per prescription.
Generic: 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.	You pay a \$15 copayment per month, per prescription.	You pay a \$10 copayment per month, per prescription.
Preferred Brand: 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.	You pay 25% of the total cost per month, per prescription. You pay a \$35 copayment per month supply of covered insulin products on this tier.	You pay 20% of the total cost per month, per prescription. You pay the lesser of 20% coinsurance or \$35 copayment per month supply of covered insulin products on this tier.
Non-Preferred Drug: 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.	You pay 33% of the total cost per month, per prescription. You pay a \$35 copayment per month supply of covered insulin products on this tier.	You pay 40% of the total cost per month, per prescription. You pay the lesser of 25% coinsurance or \$35 copayment per month supply of covered insulin products on this tier.
Specialty Tier: 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.	You pay 30% of the total cost per month, per prescription.	You pay 30% of the total cost per month, per prescription.

	2025 (this year)	2026 (next year)
Select Care Drugs: 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.	You pay a \$0 copayment per month, per prescription.	You pay a \$0 copayment per month, per prescription.

Changes to the Catastrophic Coverage Stage

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, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) or visit www.Medicare.gov .

SECTION 3 How to Change Plans

To stay in UW Health Quartz Medicare Advantage Elite D (w/Rx), 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 UW Health Quartz Medicare Advantage Elite D (w/Rx).

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 UW Health Quartz Medicare Advantage Elite D (w/Rx).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from UW Health Quartz Medicare Advantage Elite D (w/Rx).
- **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 4).
- **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 5), 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 3.1 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 3.2 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 4 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.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Wisconsin has a program called Wisconsin Senior Care 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Wisconsin AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Wisconsin AIDS/HIV Drug Assistance Program at 1(800)991-5532. 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 payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **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 the Medicare Prescription Payment Plan, regardless of payment option. To learn more about this payment option, call us at 1(800) 394-5566 (TTY users call 711, 1(800) 877-8973) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from UW Health Quartz Medicare Advantage Elite D (w/Rx)

- **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, go to the *2026 Evidence of Coverage* for UW Health Quartz Medicare Advantage Elite D (w/Rx). The *Evidence of Coverage* is the legal, detailed description of our 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](https://www.QuartzBenefits.com/MedicareAdvantage)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

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.

Call the State of Wisconsin Board on Aging and Long-Term Care 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).

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።

ထာရှ်လီဖဲအံ / Karen

ဆူ- နမူကတိဝ် ထာရှ်လီဖဲအံ အသိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုၣ်လၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၣ်ပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၣ်အိၣ်သ့တဖၣ် 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 និងបសវាកម្មខ្មែរលំដាប់ការផ្តល់សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ 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 serbisyonang 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.