Quartz Medicare Advantage (HMO)
2650 Novation Parkway, Fitchburg, WI 53713
Quartz Champion: (800) 394-5566 (TTY: 711)
QuartzBenefits.com/MedicareAdvantage

2026 Plan benefit selection form

Date:

Member name:

Member ID number:

Election type

I want to transfer from my current plan to the plan I've selected below. By checking one of the following boxes, I certify that, to the best of my knowledge, I am eligible for an enrollment period to change my plan. I understand that if this completed form is received by the end of the month, my new plan will generally be effective on the 1st of the following month.

- ☐ **Annual Election Period (AEP) from October 15 – December 7**
- ☐ **Medicare Advantage Open Enrollment Period**
- ☐ **Special Enrollment Period – I have had a change in Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid).**
- ☐ **Special Enrollment Period – I belong to a pharmacy assistance program provided by my state.**
- ☐ **Special Enrollment Period – I was enrolled in a Special Needs Plan (SNP), but I lost the special needs qualification required to be in that plan.**
- ☐ **Other (Please provide a reason not listed above).** _____

_____

Plan selection (please check one)

	Monthly premium
☐ **Core D (with Rx)** UW Health Quartz Medicare Advantage plan	**$34.00**
☐ **Basic D (with Rx)** UW Health Quartz Medicare Advantage plan	**$0.00**
☐ **Optional Supplemental Dental Benefit** (Available only during Annual Election Period or during the first 30 days of your initial enrollment.)	**$59.00**
☐ **Value D (with Rx)** UW Health Quartz Medicare Advantage plan	**$106.00**
☐ **Elite D (with Rx)** UW Health Quartz Medicare Advantage plan	**$162.00**
☐ **Value (no Rx)** UW Health Quartz Medicare Advantage plan*	**$0.00**
☐ **Elite (no Rx)** UW Health Quartz Medicare Advantage plan*	**$70.00**
☐ **Optional Supplemental Dental Benefit** (Available only during Annual Election Period or during the first 30 days of your initial enrollment.)	**$48.00**

* I understand that I may be subject to a late enrollment penalty if I do not maintain creditable prescription drug coverage and choose to add Medicare prescription benefits at a later date.

Paying your plan premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) through a Quartz automatic withdrawal from your checking or savings account, automatic deduction from your Social Security check or Railroad Retirement Board benefit check, or you can make your own payments upon receipt of your monthly invoice. If you want to change your current payment option, please contact a Quartz Champion at **(800) 394-5566 (TTY: 711)**.

Easy payment options:

- **Quartz MyChart**: View and pay bills online, set up recurring payments, and sign up for paperless invoices at **QuartzMyChart.com**. Sign up at **QuartzMyChart.com/Quartz/SignUp**.
- **Automated phone system**: Call **(800) 394-5566** 24/7 to pay with Electronic Funds Transfer, credit, or debit card. Have your account number ready. It begins with 7, 8, or 9 and can be found on your invoice or ID card.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours per day, 7 days per week. TTY users should call **1-800-486-2048**.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. You will get an invoice if you don't select a payment option.

A signature is required to complete this form

Signature: _____ **Date:** _____

If you are the authorized representative, you must sign below and provide the following information.

Last name: First name: MI:

Address:

Relationship to enrollee: Phone number:

Signature: _____ **Date:** _____

Please mail this form in the enclosed envelope or email it to us at:
MemberChanges@QuartzBenefits.com

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.**

Quartz

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 Sprachassistenzdienste 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, ຈະ ມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 394-5566 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

አማርኛ / Amharic

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

ထါနှုာ်လီၤဖဲအံၤ / Karen

ဆူ– နမ့ၢ်ကတိၤ ထါနှုာ်လီၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလၢာ် ဘူဉ်လၢာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နှၢ်ဟူဘိးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘာဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အီၤသ့တဖဉ် လၢတလၢာ်ဘူဉ်လၢာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 394-5566 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ဉ် 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

សូ មយកចិត្តទុកដាក់៖ ប្រសិនបរើអ្នកនិយាយ ភាសាខ្មែរ បសវាកម្មែជំនួយភាសា ឥត្គិត្ថ្លៃគឺមានសប្មាប់អ្នក។ ជំនួយ និងបសវាកម្មែឧប្ែលជាការជួយែ៏សមរមយ កន ុងការផ្តល់ព័ត៌្មានតាមទប្មង់ ឧប្ែលអាចចូលបប្រើប្ាស់ាន ក៏អាចរកាន បដាយឥតគិតថ្លៃផ្ងឧប្ែរ។ ទៅទូរសព្ទទៅ (800) 394-5566 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់បសវាររស់អ្នក។

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.