



Quartz

2025 Medicare Select



Has **Medicare** crossed your mind?

Do you find yourself more confused after reading all the information you're receiving? We want to make it easier. To help you, we've created this guide to explain Medicare and inform you when you need to enroll. We also provide information about supplemental health insurance and how it can help pay for expenses not covered by Medicare.

Let's get started.

First of all, **what is Medicare?**

It's the federal health insurance for people who are 65 and older, as well as those under 65 with certain disabilities. Medicare has three different parts. Part A and Part B are responsible for medical costs. Part D is responsible for prescription drug costs.

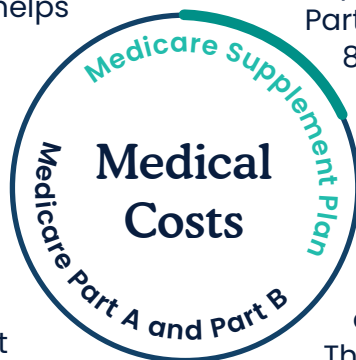
Medicare Part A and Part B

Medicare Part A

This part of the health insurance plan helps pay for your hospital visits. When you turn 65, you should enroll in Medicare Part A.

Medicare Part B

This part of the health insurance plan helps pay for your doctor visits. To receive coverage through Medicare Part B, you need to enroll. Your initial enrollment period starts three months before your 65th birthday, includes the month of your 65th birthday, and ends three months after your 65th birthday. If you don't enroll during this initial enrollment period, there is a general enrollment period each year that runs from January 1 through March 31.



Medicare Supplement Plan

Quartz can help you with your Medicare supplement needs.

In addition to Medicare coverage, you can choose to purchase a Medicare supplement plan to help fill in the gaps in Medicare Part A and Part B coverage. For example, Medicare Part A and Part B usually cover about 80% of your health care costs. A Medicare supplement plan can complete the additional 20% so you have 100% coverage on Medicare-approved services.

The enrollment period for purchasing a Medicare supplement plan is within six months of turning 65, or within six months after your enrollment in Medicare Part B is effective.

Medicare Part D

This is the prescription drug plan that helps with prescription drug costs. This is an optional program that you need to apply for. You may have to pay a late enrollment penalty if you don't have drug coverage for any continuous period of 63 days or more after your initial enrollment period is over.

Please Note: Quartz does not offer Part D Prescription coverage. Part D plan information is available at medicare.gov.

Examples of different Medicare situations.

Here are some examples of how Medicare may work for you based on your situation.

If you are almost age 65 and new to Medicare

At age 65, you qualify for Medicare. If you aren't getting Social Security benefits and you want Part A, you will need to sign up even if you're eligible to get Part A premium-free. By having group coverage*, you can choose to enroll in Part B now or delay your enrollment without a penalty. When you decide to retire, you will have a special Part B enrollment period of eight months. Once you're signed up for both Medicare Part A and Part B, you can purchase a Medicare supplement plan.

If you are at least 65 and in an employer-sponsored health plan

If you still work and have group coverage through your employer*, you can delay Part B without penalty. When you enroll in Part B, you automatically begin your open enrollment period to purchase a Medicare supplement plan. This period lasts six months starting the first day of the month you are age 65 and enrolled in Medicare Part B. When applying at this time, you can't be denied coverage because of your health, you don't have to wait for coverage to start, and you can't be charged more because of health problems. At age 65, you should enroll in Medicare Part A.

If you are at least 65 and in a retirement health plan

If you have coverage through a retirement plan offered by your employer, discuss your situation with your human resources department. If your employer does not continue to cover your health care, you have the option to enroll in Medicare with no additional insurance, enroll in Medicare and shop for a Medicare supplement plan or enroll in a Medicare Advantage plan.

If you are at least 65 with a Medicare supplement plan and want to switch

If you want to switch to a new company, you may be asked health questions on the application. When you decide to switch, keep your old plan until your new coverage begins. You may pay two premiums, but you won't have a break in coverage or be at risk for large out-of-pocket expenses.

*If your group coverage is through an employer with less than 20 total employees, you may have penalties or reduced benefits for waiving Medicare Part B. You should review your group coverage to determine the best choice for your situation.



Quartz Medicare Select Plan

Medicare Select is a Medicare supplement plan.

Medicare Select is an HMO plan that pays for many out-of-pocket costs for covered benefits that Medicare doesn't pay for. This is an individual plan. If you and your spouse both want supplemental coverage, you need to purchase two policies. To apply for Medicare Select, you need to be enrolled in Medicare Part A and Medicare Part B.

Here's some key information about Medicare Select:

- It may cover your Part A and Part B deductibles and helps fill in the gaps between Medicare and your health care requirements.
- A routine eye exam and a routine hearing exam are covered once per year.
- You have access to a large network of providers to receive your health care services including the world-class physicians at UW Health.
- You choose a primary care provider to coordinate your care. Written referrals are not required and some prior authorizations are needed.
- You receive value-added programs and services to help you maintain a healthy lifestyle.

QuartzBenefits.com/MedicareSelect

Quartz and its representatives are not connected with Medicare. This is an advertisement for a Medicare Supplement health insurance policy offered by Quartz Health Benefit Plans Corporation and you may be contacted by Quartz or one of its agents.

Services	Medicare Pays	Medicare Select Pays (Must use Network Providers)
Part A Deductible \$1,676	\$0	\$1,676
Hospitalization (Inpatient) Semi-private room and board, general nursing, and miscellaneous hospital services and supplies. Includes meals, special care units, lab tests, prescription drugs, diagnostic X-rays, medical supplies, operating and recovery rooms, anesthesia, and rehabilitation services.	<ul style="list-style-type: none"> • First 60 days: All but \$1,676. • Days 61-90: All but \$419 per day. • Days 91-150: All but \$838 per day (using 60 lifetime reserve days). • Once lifetime reserve days are used, an additional 365 lifetime days: \$0. • Beyond the additional 365 days: \$0. 	<ul style="list-style-type: none"> • First 60 days: \$1,676. • Days 61-90: \$419 per day. • Days 91 and after (while using 60 lifetime reserve days): \$838 per day. • Once lifetime reserve days are used, an additional 365 lifetime days: 100% of Medicare-eligible expenses. • Beyond the additional 365 days: \$0.
Skilled Nursing Care (Inpatient) Confinement must meet Medicare standards. You must have been in a hospital for at least three (3) days and entered the facility within 30 days after discharge.	<ul style="list-style-type: none"> • Days 1-20: 100% of the cost (after three days of hospital confinement) per Benefit Period. • Days 21-100: All but \$209.50 per day per Benefit Period. • Day 101 and beyond: \$0 per Benefit Period. 	<ul style="list-style-type: none"> • Days 1-20: \$0. • Days 21-100: \$209.50 per day. • Day 101 and beyond: Not covered; see below.
Other Skilled Nursing Care (Inpatient) Catastrophic coverage for 30 days. Must be skilled care but does not have to be covered by Medicare.	Not covered.	30 days at 100% per Benefit Period. Must meet Quartz skilled care guidelines.
Hospice Care Available only to the terminally ill.	All but limited costs for outpatient drugs and inpatient respite care.	Medicare-eligible expenses (except for drugs that are covered under Part D).
Psychiatric/Mental Health Care (Inpatient) includes substance use disorder care.	190 days per lifetime.	175 days per lifetime after Medicare days are exhausted.
Blood (Inpatient)	All but the first 3 pints of blood.	The first 3 pints of blood.
Home Health Care	100% of Medicare-approved Home Health Care.	365 Home Health Care visits in addition to those covered by Medicare.

Services	Medicare Pays	Medicare Select Pays (Must use Network Providers)
Part B Deductible \$257	\$0	If eligible for Medicare before 01/01/2020: \$257 If eligible for Medicare on or after 01/01/2020: \$0
Part B eligible expenses for physicians' services, inpatient and outpatient medical services, physical and speech therapy, diagnostic tests, and durable medical equipment.	After the \$257 deductible, generally, 80% of Medicare-approved charges.	If eligible for Medicare before Jan. 1, 2020: \$257 and 20% of Medicare-approved charges with no lifetime maximum. If eligible for Medicare on or after Jan. 1, 2020: After deductible, 20% of Medicare-approved charges with no lifetime maximum.
Blood	80% of Medicare-approved amount (after \$226 deductible, starting with the fourth pint).	First 3 pints; then 20% of approved amount (after deductible, if applicable).
Chiropractic	80% of costs for manipulation of the spine to correct subluxation when provided by a chiropractor or other qualified professional.	20% of Medicare-approved charges and 100% of medically necessary non-Medicare approved charges when received from an in-network chiropractor.
Immunizations	Flu and pneumococcal pneumonia covered at 100%; hepatitis B shot covered at 80% for those at medium to high risk.	20% of Medicare-approved charges.
Mental Health and Substance Use Disorders	80% of outpatient mental health care services when furnished by a doctor, clinical psychologist, clinical social worker, clinical nurse specialist or physician's assistant in an office setting, clinic or hospital outpatient department. Medicare covers substance use treatment in an outpatient treatment center that is certified by Medicare.	20% of Medicare-approved charges.
Emergency Room	Medicare covers 80% of Medicare-approved charges after the deductible.	20% of Medicare-approved charges received in the USA. (See the Foreign Travel benefit for services outside of the USA.)

Services	Medicare Pays	Medicare Select Pays (Must use Network Providers)
Breast Reconstruction	Limited.	Covers non-Medicare breast reconstruction of the affected tissue incident to a mastectomy.
Foreign Travel	Not covered.	80% up to lifetime limit of \$50,000 for medically necessary hospital services and supplies as a result of an injury or illness of sudden and unexpected onset during the first 60 days of a trip after a \$250 separate deductible is satisfied. Follow-up care must be provided in the USA.
Routine Eye Exam and Refraction	Not covered.	One routine exam per calendar year is covered at 100%.
Routine Hearing Exam	Not covered.	One routine exam per calendar year is covered at 100%.
Other Routine Care	Not covered.	Covered at 100%.
Preventive Medical Care	Medicare pays for one annual wellness visit. Medicare also covers a defined list of preventive care services. A full list is found at medicare.gov.	Preventive care covered under the Affordable Care Act; vision and hearing examinations; mammograms; office visits with member's PCP or PCC.
Diabetic Supplies (Medical Benefit)	Medicare pays 80% after the Part B deductible. Part B covers some blood glucose test strips, blood glucose monitor, lancet devices and lancets, glucose control solutions for checking test strip accuracy, and monitors.	Part B deductible, if applicable, then 20% of Medicare-approved charges. The plan also covers diabetic supplies that Medicare Part B has not approved at the Usual, Customary, and Reasonable amount, subject to primary coverage by Part D as described below.
Diabetic Insulin, Syringes, and Needles (Pharmacy Benefit)	Insulin, syringes, and needles are covered under Medicare Part D.	Not covered if covered by Part D. If Part D covers part of the cost, this policy will cover the rest at 100%. If Part D does not cover any of the cost, this policy will cover the Usual, Customary, and Reasonable amount.

Please fold out this page
to see benefits for:

**Medicare
Select Part A**

**Medicare
Select Part B**



Frequently asked questions

Does Quartz offer Medicare Part D?

Quartz does not offer Medicare Part D. If you're interested in purchasing a Medicare Part D plan, we can provide information about companies that offer this plan.

Who are my in-network providers?

You can find a list of in-network providers (doctors, hospitals, and other health care facilities) by going to [QuartzBenefits.com/findadoctor](https://www.QuartzBenefits.com/findadoctor) or in the Medicare Select Provider Directory.

What is a primary care provider?

A primary care provider (PCP) is a doctor who manages your health care so you receive consistent medical care in an effective and efficient manner. Your PCP will coordinate your medical care through the use of in-network specialty practitioners.

Do I need to choose a PCP?

All Quartz members must choose either a specific primary care provider (PCP) or a primary care clinic (PCC). If you don't select one, Quartz will assign you to a PCC close to your home. Having a relationship with a PCP or PCC ensures you receive continuous, quality care in an efficient, cost-effective manner.

If you would like to select a PCP at a UW Health clinic and need help selecting one, contact the UW Health Welcome Center at **(800) 552-4255** weekdays from 8 a.m. to 5 p.m. You can also send an email to patient.resources@uwmf.wisc.edu.

Can I change my PCP or PCC?

Yes. You can change your PCP or PCC at any time. We offer two convenient ways to change your PCP:

Go to [QuartzMyChart.com](https://www.QuartzMyChart.com) and log in to Quartz MyChart.

Call Quartz Customer Success at **(800) 362-3310 (TTY: 711)**.

PCP changes are effective on the day of Quartz's receipt of your request unless you request a future date.

Do I need to visit my PCP or PCC for all my health care?

If you have health care needs, your first point of contact should be your PCC. They will help coordinate your care and connect you with the right resource for your condition, which may include an initial visit with your PCP.

What if I need to see a specialist?

You should work with your PCP to determine if you need specialty care. If you do, your PCP will refer you to an appropriate specialist who participates in your network.

What if I need behavioral health (mental health) services?

Quartz offers a service to assist you with your behavioral health care needs. Behavioral Health Care Management offers a triage line staffed by experienced mental health clinicians. They will help you make an appointment and ensure you see the correct type of behavioral health practitioner for your specific needs.

Call Behavioral Health Care Management at **(800) 683-2300** or **(608) 640-4450** for prior authorization of all mental health assessments and treatments.

Do I need prior authorization for certain services?

Yes. Specific types of services require you to receive prior authorization before the services are received. You will need a prior authorization if you wish to receive services from an out-of-network provider.

Who files claims when I receive health care services?

When you receive care from in-network practitioners, the practitioner will submit the claim for you. If you receive a bill from an in-network practitioner prior to receiving your Explanation of Benefits, please send a message to Customer Success through Quartz MyChart at **QuartzMyChart.com** or call **(800) 362-3310 (TTY: 711)**.

What preventive care coverage do I have?

Preventive care services are covered by your plan without a copayment, coinsurance or deductible when received by a primary care provider.

What is considered an emergency or urgent care situation?

An emergency medical condition is one that manifests itself by acute symptoms of sufficient severity, including severe pain, to lead a prudent layperson who possesses an average knowledge of health and medicine to reasonably conclude that a lack of immediate medical attention will likely result in any one of the following –

- Serious jeopardy to the person's health or with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child.
- Serious impairment to the person's bodily functions.
- Serious dysfunction of one or more of the person's body organs or parts.

Urgent care services are those needed due to illness or symptoms where delay in care could jeopardize your health or result in disability.

What should I do if I need emergency or urgent care?

If you have an emergency condition, get help first. For urgent situations, contact your primary care clinic. They will tell you how to get appropriate care. Remember, if you receive emergency or urgent care from an out-of-network provider you need to contact Quartz Customer Success within three days of receiving the care.



What if I have urgent health care needs or require care outside the Quartz service area?

If you have a life-threatening medical situation, call 911 or go directly to the nearest medical facility. If you believe you need urgent care, contact your PCP clinic first, even after clinic hours, or if you're outside of Quartz's service area.

If you receive urgent care or emergency treatment from an out-of-network provider you need to contact Quartz Customer Success within three business days of receiving the care so we can make sure your claims are paid correctly.

What is Quality Improvement? Does Quartz have a Quality Improvement program?

Quality Improvement (also called Quality Assurance) is a process designed to measure and track the continuous improvement of care and services offered to Quartz members. Quartz's Quality Improvement processes identify opportunities to improve care and service, identify actual or potential problems, and identify trends that suggest variation in the outcome of care and services received.

The scope of Quartz's Quality Improvement program includes preventive, acute, and chronic care services; services received in inpatient and outpatient settings; PCPs, specialists, and other practitioners involved in delivering care to you. For more information about Quartz's Quality Improvement program, call **(866) 884-4601**.

Steps for applying for Medicare Select

If you have any questions about Medicare Select, call the Quartz Individual Sales Team at **(800) 926-8227**, send an email to **individualsales@QuartzBenefits.com**, or visit **QuartzBenefits.com/MedicareSelect**.

Signing up for Medicare Select is easy to do. Just follow the steps below:

1. Complete and sign a Quartz Medicare Select enrollment application.

2. Review and sign the Medicare Notice.

3. You will receive a mailed paper invoice. If you would prefer to receive your invoice electronically, please visit **QuartzMyChart.com**. You can also arrange one-time or recurring Automated Clearing House (ACH) payments through Quartz MyChart. Other acceptable methods of payment include paper checks, cashier's checks, money orders, ACH, credit cards and all general-purpose pre-paid debit cards.

4. Mail the signed application, signed Medicare Notice, and the first month's premium to:

Attn.: Medicare Select Enrollment
Quartz
2650 Novation Pkwy
Fitchburg, WI 53713

Quartz

QuartzBenefits.com/MedicareSelect

Offered by Quartz Health Benefit Plans Corporation.

Quartz complies with applicable Federal civil rights laws and does not discriminate on the basis of 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 or toll free (800) 877-8973.

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 or toll free (800) 877-8973.

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