Quartz | UWHealth

Quartz Champion
(800) 394-5566 (TTY: 711)
QuartzBenefits.com/MedicareAdvantage

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Quartz | UWHealth

2027 Summary of Benefits

Effective January 1, 2027

UW Health Quartz Medicare Advantage
Value • Elite • Basic D • Core D • Value D • Elite D

January 1, 2027 – December 31, 2027

Summary of Benefits

Quartz | UWHealth

This Summary of Benefits booklet gives you an overview of what **UW Health Quartz Medicare Advantage (HMO)**, covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, call a Quartz Champion and ask for the "Evidence of Coverage." Phone numbers are listed on the next page.

Quartz Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal. **Benefits, premiums, copayments, and coinsurance may change on January 1 of each year**. Limitations, copayments, and restrictions may apply. Other pharmacies/physicians/providers are available in our network. Other plans may be available in the service area. The formulary, pharmacy network, and provider network may change at any time. You will receive notice about these changes when necessary.

This information is not a complete description of the benefits. Call **(800) 394-5566 (TTY: 711)** for more information.

Who can join?

To join Quartz Medicare Advantage, **you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area.** Our service area includes the following Wisconsin counties: Columbia, Dane, and Green.

Which doctors, hospitals, and pharmacies can I use?

Quartz Medicare Advantage has a network of doctors, hospitals, pharmacies, and other providers. Generally, you need to use network pharmacies to fill your prescriptions for covered Part D drugs. If you use the providers not in our network, the plan may not pay for those services. For some services, you can use providers that are not in our network. You can see our plan's provider and pharmacy directories on our website at **QuartzBenefits.com/MAFindADoctor** and **QuartzBenefits.com/MAFindAPharmacy**, or call us and we will send you a copy.

What do we cover?

We cover everything that Original Medicare covers – and more. Our plan members get more benefits than what is covered by Original Medicare. You may pay more in our plan for some of these benefits than you would in Original Medicare. For others, you may pay less. You'll find some of these benefits outlined in this booklet.

We cover Part D drugs. We also cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of covered Part D drugs) and any restrictions on our website, **QuartzBenefits.com/2027MAFormulary**, or call us and we will send you a copy of the formulary.

How do I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we explain the prescription deductible and initial coverage benefit stages.

Need more information?

If you're a member or would like to become one, please call us at **(800) 394-5566 (TTY: 711)**, or go to our website at **QuartzBenefits.com/MedicareAdvantage**.
Hours: From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

More information about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare and You" handbook. View it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users, call **1-877-486-2048**.

Pre-enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Quartz Champion at **(800) 394-5566 (TTY: 711)**.

Understanding the benefits

- ☐ **The Evidence of Coverage (EOC)** provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. To view a copy of the EOC, visit **QuartzBenefits.com/MedicareAdvantage** or call **(800) 394-5566 (TTY: 711)**.
- ☐ **The Provider Directory**. Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ **The Pharmacy Directory**. Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ **The Formulary**. Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium, you will need to continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on **January 1, 2027**.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in our provider and pharmacy directories).
- ☐ Effect on current coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Benefit	Value (no Rx)	Elite (no Rx)	Basic D (with Rx)	Core D (with Rx)	Value D (with Rx)	Elite D (with Rx)
Monthly premium, deductible, and limits on how much you pay for covered services						
Monthly plan premium	**$0 per month** In addition, you must keep paying your Medicare Part B premium	**$70 per month** In addition, you must keep paying your Medicare Part B premium	**$0 per month** In addition, you must keep paying your Medicare Part B premium	**$47 per month** In addition, you must keep paying your Medicare Part B premium	**$114 per month** In addition, you must keep paying your Medicare Part B premium	**$171 per month** In addition, you must keep paying your Medicare Part B premium
Medical deductible	None	None	None	None	None	None
Medical maximum out-of-pocket responsibility Please note that you will still need to pay your monthly premiums. If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.	**Your yearly limit(s) in this plan:** **$4,900** for services you receive from in-network providers	**Your yearly limit(s) in this plan:** **$4,450** for services you receive from in-network providers	**Your yearly limit(s) in this plan:** **$7,150** for services you receive from in-network providers	**Your yearly limit(s) in this plan:** **$6,500** for services you receive from in-network providers	**Your yearly limit(s) in this plan:** **$6,500** for services you receive from in-network providers	**Your yearly limit(s) in this plan:** **$6,500** for services you receive from in-network providers
Inpatient hospital coverage Our plan covers an unlimited number of days for an inpatient hospital stay.	You pay days 1-7: **$200 copay per day** Days 8 and beyond: **You pay nothing**	You pay: **$350 copay per stay** Annual limit: **$1,050**	You pay days 1-7: **$335 copay per day** Days 8 and beyond: **You pay nothing**	You pay days 1-8: **$290 copay per day** Days 9 and beyond: **You pay nothing**	You pay days 1-7: **$245 copay per day** Days 8 and beyond: **You pay nothing**	You pay: **$500 copay per stay** Annual limit: **$1,500**
Outpatient hospital coverage	Outpatient hospital: **$300 copay per surgery** **$0 copay for minor surgical procedures** Ambulatory Surgical Center: **$250 copay per surgery**	Outpatient hospital: **$200 copay per surgery** **$0 copay for minor surgical procedures** Ambulatory Surgical Center: **$100 copay per surgery**	Outpatient hospital: **$450 copay per surgery** **$0 copay for minor surgical procedures** Ambulatory Surgical Center: **$415 copay per surgery**	Outpatient hospital: **$400 copay per surgery** **$0 copay for minor surgical procedures** Ambulatory Surgical Center: **$375 copay per surgery**	Outpatient hospital: **$350 copay per surgery** **$0 copay for minor surgical procedures** Ambulatory Surgical Center: **$300 copay per surgery**	Outpatient hospital: **$200 copay per surgery** **$0 copay for minor surgical procedures** Ambulatory Surgical Center: **$200 copay per surgery**

Benefit	Value (no Rx)	Elite (no Rx)	Basic D (with Rx)	Core D (with Rx)	Value D (with Rx)	Elite D (with Rx)
Doctor's office visits Telehealth visits with your in-network provider or specialist have the same copays as a doctor's office visit.	Primary care provider visit: **$15 copay per visit** Specialist visit: **$50 copay per visit**	Primary care provider visit: **$10 copay per visit** Specialist visit: **$40 copay per visit**	Primary care provider visit: **$55 copay per visit** Specialist visit: **$75 copay per visit**	Primary care provider visit: **$20 copay per visit** Specialist visit: **$70 copay per visit**	Primary care provider visit: **$15 copay per visit** Specialist visit: **$60 copay per visit**	Primary care provider visit: **$10 copay per visit** Specialist visit: **$50 copay per visit**
Preventive care	**You pay nothing**	**You pay nothing**	**You pay nothing**	**You pay nothing**	**You pay nothing**	**You pay nothing**

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screening
- HIV screening

List continues to the right.

Covered preventive services continued:

- Lung cancer screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (for people with no sign of tobacco-related diseases)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- One annual wellness visit per calendar year
- One annual routine physical per calendar year

Quartz covers all preventive services approved by Medicare.

Emergency care ER cost-sharing is waived if you are admitted to the hospital within three days for the same condition.	**$130 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$150 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$130 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$130 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$130 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$130 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)
Urgently needed services	**$45 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$35 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$50 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$50 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$45 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$35 copay per visit** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)

Benefit	Value (no Rx)	Elite (no Rx)	Basic D (with Rx)	Core D (with Rx)	Value D (with Rx)	Elite D (with Rx)
Diagnostic services, labs, and imaging	Diagnostic radiology services, such as MRIs and CT scans: **$225 copay** Diagnostic tests and procedures: **$30 copay per day** Lab services: **$30 copay per day** Outpatient X-rays: **$30 copay** Therapeutic radiology services, such as radiation treatment for cancer: **$75 copay**	Diagnostic radiology services, such as MRIs and CT scans: **$200 copay** Diagnostic tests and procedures: **$25 copay per day** Lab services: **$25 copay per day** Outpatient X-rays: **$25 copay** Therapeutic radiology services, such as radiation treatment for cancer: **$60 copay**	Diagnostic radiology services, such as MRIs and CT scans: **$350 copay** Diagnostic tests and procedures: **$60 copay per day** Lab services: **$60 copay per day** Outpatient X-rays: **$85 copay** Therapeutic radiology services, such as radiation treatment for cancer: **$85 copay**	Diagnostic radiology services, such as MRIs and CT scans: **$300 copay** Diagnostic tests and procedures: **$35 copay per day** Lab services: **$35 copay per day** Outpatient X-rays: **$50 copay** Therapeutic radiology services, such as radiation treatment for cancer: **$80 copay**	Diagnostic radiology services, such as MRIs and CT scans: **$250 copay** Diagnostic tests and procedures: **$30 copay per day** Lab services: **$30 copay per day** Outpatient X-rays: **$30 copay** Therapeutic radiology services, such as radiation treatment for cancer: **$75 copay**	Diagnostic radiology services, such as MRIs and CT scans: **$200 copay** Diagnostic tests and procedures: **$25 copay per day** Lab services: **$25 copay per day** Outpatient X-rays: **$25 copay** Therapeutic radiology services, such as radiation treatment for cancer: **$60 copay**
Hearing services	Annual routine hearing exam: **$35 copay** Hearing aids: **$1,500 every two years**	Annual routine hearing exam: **$30 copay** Hearing aids: **$1,500 every two years**	Annual routine hearing exam: **$40 copay** Hearing aids: **$800 every two years**	Annual routine hearing exam: **$40 copay** Hearing aids: **$1,000 every two years**	Annual routine hearing exam: **$35 copay** Hearing aids: **$1,250 every two years**	Annual routine hearing exam: **$30 copay** Hearing aids: **$1,500 every two years**
Dental services You can choose the dentist you want to see. If you see a provider outside of the Delta Dental network, you may be balance-billed for the difference of what the provider charges and what is allowed.	Medicare-covered dental exam: **$40 copay** Coverage for preventive and comprehensive dental services: **$1,750 limit** **50% coinsurance** up to the annual plan limit on prosthodontics (e.g., removable and fixed prosthodontics, including bridges and implant coverage) OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48/month**	Medicare-covered dental exam: **$35 copay** Coverage for preventive and comprehensive dental services: **$1,000 limit** **50% coinsurance** up to the annual plan limit on prosthodontics (e.g., removable and fixed prosthodontics, including bridges and implant coverage) OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48/month**	Medicare-covered dental exam: **$75 copay** Coverage for oral exam and prophylaxis (cleaning) once every other calendar year Comprehensive dental services: **Not covered** OPTIONAL: Purchase an additional $1,000 of dental coverage: **$56/month**	Medicare-covered dental exam: **$65 copay** Coverage for preventive and comprehensive dental services: **$300 limit** **50% coinsurance** up to the annual plan limit on prosthodontics (e.g., removable and fixed prosthodontics, including bridges and implant coverage) OPTIONAL: Purchase an additional $1,000 of dental coverage: **$56/month**	Medicare-covered dental exam: **$50 copay** Coverage for preventive and comprehensive dental services: **$425 limit** **50% coinsurance** up to the annual plan limit on prosthodontics (e.g., removable and fixed prosthodontics, including bridges and implant coverage) OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48/month**	Medicare-covered dental exam: **$40 copay** Coverage for preventive and comprehensive dental services: **$525 limit** **50% coinsurance** up to the annual plan limit on prosthodontics (e.g., removable and fixed prosthodontics, including bridges and implant coverage) OPTIONAL: Purchase an additional $1,000 of dental coverage: **$48/month**

Benefit	Value (no Rx)	Elite (no Rx)	Basic D (with Rx)	Core D (with Rx)	Value D (with Rx)	Elite D (with Rx)
Vision services To buy eyewear, you must use the Quartz Medicare Advantage network providers, which can be found at **QuartzBenefits.com/MAFindADoctor**.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$35 copay** Initial routine eye exam each year: **$0 copay** **Plan pays $300 a year for eyeglasses and contacts (frames, lenses, and upgrades)** *Eyeglasses or contact lenses after cataract surgery: $0 copay*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$30 copay** Initial routine eye exam each year: **$0 copay** **Plan pays $350 a year for eyeglasses and contacts (frames, lenses, and upgrades)** *Eyeglasses or contact lenses after cataract surgery: $0 copay*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$40 copay** Initial routine eye exam each year: **$0 copay** *Eyeglasses or contact lenses after cataract surgery: $0 copay*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$40 copay** Initial routine eye exam each year: **$0 copay** **Plan pays $100 a year for eyeglasses and contacts (frames, lenses, and upgrades)** *Eyeglasses or contact lenses after cataract surgery: $0 copay*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$35 copay** Initial routine eye exam each year: **$0 copay** **Plan pays $250 a year for eyeglasses and contacts (frames, lenses, and upgrades)** *Eyeglasses or contact lenses after cataract surgery: $0 copay*	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$30 copay** Initial routine eye exam each year: **$0 copay** **Plan pays $300 a year for eyeglasses and contacts (frames, lenses, and upgrades)** *Eyeglasses or contact lenses after cataract surgery: $0 copay*
Mental health services Plan covers an unlimited number of days for an inpatient hospital stay. Includes mental well-being support, with access to therapy, coaching, and virtual appointments within five days.	You pay days 1-7: **$200 copay per day** Days 8 and beyond: **$0 copay** Outpatient group therapy: **$40 copay per visit** Outpatient individual therapy: **$40 copay per visit** Partial hospitalization: **$55 copay**	You pay: **$350 copay per stay** Annual limit: **$1,050** Outpatient group therapy: **$35 copay per visit** Outpatient individual therapy: **$35 copay per visit** Partial hospitalization: **$55 copay**	You pay days 1-7: **$335 copay per day** Days 8 and beyond: **$0 copay** Outpatient group therapy: **$60 copay per visit** Outpatient individual therapy: **$60 copay per visit** Partial hospitalization: **$55 copay**	You pay days 1-8: **$290 copay per day** Days 9 and beyond: **$0 copay** Outpatient group therapy: **$50 copay per visit** Outpatient individual therapy: **$50 copay per visit** Partial hospitalization: **$55 copay**	You pay days 1-7: **$245 copay per day** Days 8 and beyond: **$0 copay** Outpatient group therapy: **$40 copay per visit** Outpatient individual therapy: **$40 copay per visit** Partial hospitalization: **$55 copay**	You pay: **$500 copay per stay** Annual limit: **$1,500** Outpatient group therapy: **$35 copay per visit** Outpatient individual therapy: **$35 copay per visit** Partial hospitalization: **$55 copay**
Skilled nursing facility Plan covers up to 100 days in a skilled nursing facility. Prior authorization may be required. A hospital stay is not required.	Days 1-20: **You pay nothing** Days 21-100: **$221 copay per day**	Days 1-20: **You pay nothing** Days 21-100: **$221 copay per day**	Days 1-20: **You pay nothing** Days 21-100: **$221 copay per day**	Days 1-20: **You pay nothing** Days 21-100: **$221 copay per day**	Days 1-20: **You pay nothing** Days 21-100: **$221 copay per day**	Days 1-20: **You pay nothing** Days 21-100: **$221 copay per day**

Benefit	Value (no Rx)	Elite (no Rx)	Basic D (with Rx)	Core D (with Rx)	Value D (with Rx)	Elite D (with Rx)
Rehabilitation services Prior authorization may be required.	Cardiac (heart) rehab services: **$25 copay per visit** Pulmonary rehab services: **$15 copay per visit** Occupational therapy: **$50 copay per visit** Physical, speech, and language therapy: **$50 copay per visit**	Cardiac (heart) rehab services: **$20 copay per visit** Pulmonary rehab services: **$20 copay per visit** Occupational therapy: **$50 copay per visit** Physical, speech, and language therapy: **$50 copay per visit**	Cardiac (heart) rehab services: **$30 copay per visit** Pulmonary rehab services: **$15 copay per visit** Occupational therapy: **$50 copay per visit** Physical, speech, and language therapy: **$75 copay per visit**	Cardiac (heart) rehab services: **$30 copay per visit** Pulmonary rehab services: **$15 copay per visit** Occupational therapy: **$50 copay per visit** Physical, speech, and language therapy: **$50 copay per visit**	Cardiac (heart) rehab services: **$25 copay per visit** Pulmonary rehab services: **$15 copay per visit** Occupational therapy: **$50 copay per visit** Physical, speech, and language therapy: **$50 copay per visit**	Cardiac (heart) rehab services: **$20 copay per visit** Pulmonary rehab services: **$20 copay per visit** Occupational therapy: **$50 copay per visit** Physical, speech, and language therapy: **$50 copay per visit**
Ambulance for ground and air (per trip)	**$275 copay** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$250 copay** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$300 copay** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$300 copay** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$300 copay** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)	**$300 copay** **$20,000 max benefit/yearly** combined for all coverages outside the United States and its territories (emergency care, urgent care, and ambulance)
Medicare Part B Drugs These drugs are generally given to you in the clinic by your doctor. Prior authorization may be required.	For Part B drugs, such as chemotherapy, etc.: **You pay 20% of the cost** This plan does not cover Part D prescription drugs	For Part B drugs, such as chemotherapy, etc.: **You pay 20% of the cost** This plan does not cover Part D prescription drugs	For Part B drugs, such as chemotherapy, etc.: **You pay 20% of the cost**	For Part B drugs, such as chemotherapy, etc.: **You pay 20% of the cost**	For Part B drugs, such as chemotherapy, etc.: **You pay 20% of the cost**	For Part B drugs, such as chemotherapy, etc.: **You pay 20% of the cost**
Chiropractic (per visit)	**$15 copay**	**$10 copay**	**$15 copay**	**$15 copay**	**$15 copay**	**$10 copay**
Podiatry benefit	Medicare covered services: **$50 copay** Routine visits (6 maximum): **$50 copay**	Medicare covered services: **$40 copay** Routine visits (6 maximum): **$40 copay**	Medicare covered services: **$75 copay** Routine visits (6 maximum): **$75 copay**	Medicare covered services: **$70 copay** Routine visits (6 maximum): **$70 copay**	Medicare covered services: **$60 copay** Routine visits (6 maximum): **$60 copay**	Medicare covered services: **$50 copay** Routine visits (6 maximum): **$50 copay**

Benefit	Value (no Rx)	Elite (no Rx)	Basic D (with Rx)	Core D (with Rx)	Value D (with Rx)	Elite D (with Rx)
Care Management programs for the prevention, management, and support of chronic conditions For members with select chronic conditions and enrolled in a Quartz Care Management program, the following benefits can be available:	• **Blood pressure monitor:** Plan provides one device every four years for specified devices and suppliers for members with congestive heart failure or hypertension • **Scales:** Plan provides $20 limit every three years for members with congestive heart failure, hypertension, and/or diabetes • **Quartz Nourishing Meal Program:** Two meals for up to six weeks, and then one food box monthly for up to six months, plus one call with a registered dietitian for members with congestive heart failure		• **Blood pressure monitor:** Plan provides one device every four years for specified devices and suppliers for members with congestive heart failure or hypertension • **Scales:** Plan provides $20 limit every three years for members with congestive heart failure, hypertension, and/or diabetes • **Quartz Nourishing Meal Program:** Two meals for up to six weeks, and then one food box monthly for up to six months, plus one call with a registered dietitian for members with congestive heart failure			
Medical equipment & supplies Prior authorization may be required.	Durable medical equipment (DME) such as wheelchairs, oxygen, and insulin pumps: **You pay 20% of the cost** Continuous glucose monitors (CGMs) and sensors: **You pay 10% of the cost** Prosthetics (e.g., braces, artificial limbs): **You pay 20% of the cost** Preferred brand Accu-Chek diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc.: **You pay nothing** Self-management training: **You pay nothing**	Durable medical equipment (DME) such as wheelchairs, oxygen, and insulin pumps: **You pay 20% of the cost** Continuous glucose monitors (CGMs) and sensors: **You pay 10% of the cost** Prosthetics (e.g., braces, artificial limbs): **You pay 20% of the cost** Preferred brand Accu-Chek diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc.: **You pay nothing** Self-management training: **You pay nothing**	Durable medical equipment (DME) such as wheelchairs, oxygen, and insulin pumps: **You pay 25% of the cost** Continuous glucose monitors (CGMs) and sensors: **You pay 10% of the cost** Prosthetics (e.g., braces, artificial limbs): **You pay 25% of the cost** Preferred brand Accu-Chek diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc.: **You pay nothing** Self-management training: **You pay nothing**	Durable medical equipment (DME) such as wheelchairs, oxygen, and insulin pumps: **You pay 20% of the cost** Continuous glucose monitors (CGMs) and sensors: **You pay 10% of the cost** Prosthetics (e.g., braces, artificial limbs): **You pay 20% of the cost** Preferred brand Accu-Chek diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc.: **You pay nothing** Self-management training: **You pay nothing**	Durable medical equipment (DME) such as wheelchairs, oxygen, and insulin pumps: **You pay 20% of the cost** Continuous glucose monitors (CGMs) and sensors: **You pay 10% of the cost** Prosthetics (e.g., braces, artificial limbs): **You pay 20% of the cost** Preferred brand Accu-Chek diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc.: **You pay nothing** Self-management training: **You pay nothing**	Durable medical equipment (DME) such as wheelchairs, oxygen, and insulin pumps: **You pay 20% of the cost** Continuous glucose monitors (CGMs) and sensors: **You pay 10% of the cost** Prosthetics (e.g., braces, artificial limbs): **You pay 20% of the cost** Preferred brand Accu-Chek diabetes supplies, such as blood glucose meters (BGMs), test strips, lancets, etc.: **You pay nothing** Self-management training: **You pay nothing**

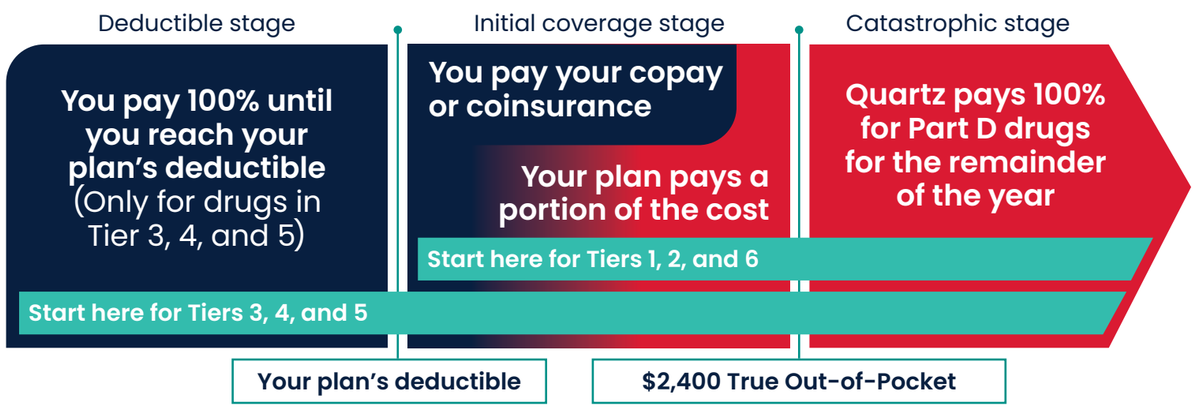
Benefit	Value (no Rx)	Elite (no Rx)	Basic D (with Rx)	Core D (with Rx)	Value D (with Rx)	Elite D (with Rx)
Quartz® CashCard	Quartz CashCard: Fitness: **$250/year** Over-the-counter (OTC): **$30/quarter** for health and wellness items, first-aid supplies, and other qualifying items Reloads every 3 months (Jan, Apr, Jul, Oct) Use your Quartz CashCard at participating retailers	Quartz CashCard: Fitness: **$500/year** Over-the-counter (OTC): **$30/quarter** for health and wellness items, first-aid supplies, and other qualifying items Reloads every 3 months (Jan, Apr, Jul, Oct) Use your Quartz CashCard at participating retailers	**Not covered**	**Not covered**	Quartz CashCard: Fitness: **$250/year** Over-the-counter (OTC): **Not covered**	Quartz CashCard: Fitness: **$500/year** Over-the-counter (OTC): **$15/quarter** for health and wellness items, first-aid supplies, and other qualifying items Reloads every 3 months (Jan, Apr, Jul, Oct) Use your Quartz CashCard at participating retailers
Virtual visits with the UW Health Care Anywhere app or website	Get 24/7 online access to a non-emergency medical evaluation and management service provided by a physician or other qualified health care professional: **$0 copay** per visit		Get 24/7 online access to a non-emergency medical evaluation and management service provided by a physician or other qualified health care professional: **$0 copay** per visit			
Massage therapy for chronic conditions	12 (60-minute) visits per year: **$10 copay**	12 (60-minute) visits per year: **$0 copay**	**Not covered**	6 (60-minute) visits per year: **$15 copay**	12 (60-minute) visits per year: **$10 copay**	12 (60-minute) visits per year: **$0 copay**
Acupuncture benefit Medicare-covered for chronic lower back pain.	**$15 copay per visit with a network provider**	**$10 copay per visit with a network provider**	**$15 copay per visit with a network provider**	**$15 copay per visit with a network provider**	**$15 copay per visit with a network provider**	**$10 copay per visit with a network provider**
Quartz Nourishing Meal Program after a hospital or skilled nursing facility stay	Get 20 meals delivered to your home after a hospital or skilled nursing facility stay, at no extra charge. **Limited to four times per calendar year**		Get 20 meals delivered to your home after a hospital or skilled nursing facility stay, at no extra charge. **Limited to four times per calendar year**			
Travel benefit	You may receive all plan-covered services at in-network costs for one-month increments, up to six months when traveling nationwide outside of the states of Illinois, Iowa, Minnesota, and Wisconsin		You may receive all plan-covered services at in-network costs for one-month increments, up to six months when traveling nationwide outside of the states of Illinois, Iowa, Minnesota, and Wisconsin			

What you pay for prescription drugs in 2027

Each plan has a deductible only for drugs in Tiers 3, 4, and 5:

Basic D: $270	Core D: $270	Value D: $225	Elite D: $200

Deductible does not apply to medications in Tiers 1, 2, or 6. After reaching the deductible, they are subject to a copay or coinsurance. Once you reach the annual True Out-of-Pocket (TrOOP) limit of $2,400, your plan will cover all of your Part D drug costs for the rest of the year. See the image below to learn about the coverage stages.



Tier	Deductible applies?	Your share	Retail or mail-order 30-day	31 to 60-day	61 to 100-day
Tier 1 (Preferred generic)	✖ No	Copay	**$0**	**$0**	**$0**
Tier 2 (Generic)	✖ No	Copay	**$10**	**$20**	**$25**
Tier 3* (Preferred brand)	✔ Yes	Coinsurance	**20%**	**20%**	**20%**
Tier 4 (Non-preferred drugs)	✔ Yes	Coinsurance	**35%**	**35%**	**35%**
Tier 5** (Specialty)			**retail only:**		
Basic D and Core D plans	✔ Yes	Coinsurance	**28%**	**Not available****	
Value D and Elite D plans	✔ Yes	Coinsurance	**30%**	**Not available****	
Tier 6*** (Select Care drugs)	✖ No	Copay	**$0**	**$0**	**$0**

You can fill your prescriptions at any in-network retail or mail-order pharmacy.

*Tier 3 includes many common brand-name drugs, some higher-cost generic drugs, and insulin.
**Tier 5 (Specialty) 30-day supply is available in retail and specialty pharmacy locations only; not available through mail-order pharmacies.
***Tier 6 includes many low-cost medications that treat diabetes, high blood pressure, high cholesterol, osteoporosis, and other conditions.

Insulin

You won't pay more than $35 per month (or 20-25%, whichever is less) for covered insulin, no matter what tier it is on.

Vaccines

Our plan covers Part D vaccines (e.g, Tetanus (Tdap), shingles, etc) at no extra cost to you, even if your plan has a deductible and you haven't paid it. There is no extra cost for vaccines received in a pharmacy. You will need to submit a reimbursement form for Part D vaccines received in a clinic.

Opioids

You can get up to a 30-day supply of covered opioid pain medications. To help promote safe use, extended-day supplies are not covered.

Protecting your privacy

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation are committed to protecting the privacy and confidentiality of your protected personal and health information. We comply with all state and federal privacy laws, including the Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). These laws require that we provide our members with a Privacy Notice that explains our privacy practices. We must also provide you with access to your records, allow you to request corrections to your information and allow you to request that access to your information be limited. In order to provide you with insurance products and services, we must collect healthcare and personal information about you. Access to your information is restricted to those persons who need to know in order to provide service or administer Quartz Health Plan Corporation and Quartz Health Plan MN Corporation insurance products and services. We maintain physical, electronic, and procedural safeguards that comply with state and federal laws to protect your information. Quartz Health Plan Corporation and Quartz Health Plan MN Corporation do not use, disclose, sell, or make available any protected personal or health information about you to affiliates or non-affiliated third parties, unless required or permitted by law. Furthermore, if any of this information is disclosed without your authorization, we will notify you as required by law.

Our Notice of Privacy Practices is available online at **QuartzBenefits.com/Privacy-Practices** or by calling a Quartz Champion at **(800) 394-5566 (TTY: 711)** to request a copy.

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.

QuartzBenefits.com

Quartz

ລາວ / Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. 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።

ထၢနၤာ်လီ၊ဖဲအံၤ / Karen

ဆူ– နမ့ၢ်ကတိၤ ထၢနၤာ်လီ၊ဖဲအံၤ အဃိ, တၢ်အိၣ်ဒီး ကျိာ်တၢ်ဆီၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘူၣ်လၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ်အီၤသ့တဖၣ် လၢတလၢ်ဘူၣ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 394-5566 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ၣ် 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៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ បសវ៉ាកមែជំនួយភាសា ឥត្តិវ្ណៃ្ណគឺមានសម្រាប់អ្នក។ ជំនួយ និងបសវ៉ាកមែឧ្ល ជាការជួយ៍សមរមយ កន ុងការផ្តល់ព័ត៌មានតាមទ្ម្ម ង ឧ្ល អាចចូលបប្រើប្ាស់ាន ក៏អាចរកាន បដាយឥត្តិវ្ណៃ្ជ ឧ្ល ។ ជៅទូរសពទជៅ (800) 394-5566 (TTY: 711) ឬនិយាយជៅកាន់អ្នកផ្តល់បសវ៉ាររស់អ្នក។

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.

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