

# Aurora Health Quartz Medicare Advantage (HMO)

## 2024 Part D copayment/coinsurance amounts

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>Retail and Mail-order:</b> \$0 per year for Part D deductible.			
<b>Stage 2:</b> Initial Coverage	<p>You pay the following until your total yearly drug costs reach <b>\$5,030</b>. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs from network retail or mail-order pharmacies.</p> <ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90-day supply of a covered Part D prescription drug.</li> </ul>			
	<b>Retail</b>			<b>Mail-order</b>
	<b>30-day</b>	<b>60-day</b>	<b>90-day</b>	<b>3-month</b>
<b>Tier 1</b> (Preferred Generic)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2</b> (Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$0</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$47</b>	<b>\$94</b>	<b>\$141</b>	<b>\$118</b>
<b>Tier 4</b> (Non-Preferred Drugs)	<b>\$100</b>	<b>\$200</b>	<b>\$300</b>	<b>\$300</b>
<b>Tier 5</b> (Specialty Tier)	<b>33% of cost</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 6</b> (Vaccines)	<b>\$0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Note:</b> Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) are covered at no cost to you when received in a pharmacy. You will need to submit a reimbursement request form for vaccines received in a clinic.				
<b>Stage 3:</b> Coverage Gap	<p>After your total yearly drug costs reach <b>\$5,030</b>, you will enter the Coverage Gap. <b>While you're in the Coverage Gap:</b></p> <ul style="list-style-type: none"> <li>• For drugs in Tiers 1 through 5, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand-name drugs.</li> <li>• Both the amount you pay and the amount paid by the manufacturer (for brand-name drugs) count toward your true (or total) out-of-pocket (TrOOP).</li> </ul>			
<b>Stage 4:</b> Catastrophic Coverage	<p>After your yearly true (or total) out-of-pocket (TrOOP) drug costs (including drugs you buy from network retail or mail-order pharmacies) reach <b>\$8,000</b>, you pay nothing.</p>			

# Gundersen Quartz Medicare Advantage (HMO)

## 2024 Part D copayment/coinsurance amounts

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D \$300; Value D \$250; Elite D \$200.				
<b>Stage 2:</b> Initial Coverage	You pay the following until your total yearly drug costs reach <b>\$5,030</b> . Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs from network retail or mail-order pharmacies.				
	<ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90-day supply of a covered Part D prescription drug.</li> </ul>				
		Retail			Mail-order
		30-day	60-day	90-day	3-month
<b>Tier 1</b> (Preferred Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$12.50</b>	
<b>Tier 2</b> (Generic)	<b>\$15</b>	<b>\$30</b>	<b>\$45</b>	<b>\$38</b>	
<b>Tier 3</b> (Preferred Brand)	<b>\$47</b>	<b>\$94</b>	<b>\$141</b>	<b>\$117.50</b>	
<b>Tier 4</b> (Non-Preferred Drugs)	<b>\$100</b>	<b>\$200</b>	<b>\$300</b>	<b>\$300</b>	
<b>Tier 5</b> (Specialty Tier)	<b>Core D = 28%</b> <b>Value D = 29%</b> <b>Elite D = 30%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Tier 6</b> (Vaccines)	<b>\$0 copay</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Note:</b> Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) are covered at no cost to you when received in a pharmacy. You will need to submit a reimbursement request form for vaccines received in a clinic.					
<b>Stage 3:</b> Coverage Gap	After your total yearly drug costs reach <b>\$5,030</b> , you will enter the Coverage Gap. <b>While you're in the Coverage Gap:</b>				
	<ul style="list-style-type: none"> <li>• For drugs in Tiers 1 through 5, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand-name drugs.</li> <li>• Both the amount you pay and the amount paid by the manufacturer (for brand-name drugs) count toward your true (or total) out-of-pocket (TrOOP).</li> </ul>				
<b>Stage 4:</b> Catastrophic Coverage	After your yearly true (or total) out-of-pocket (TrOOP) drug costs (including drugs you buy from network retail or mail-order pharmacies) reach <b>\$8,000</b> , you pay nothing.				

# Gundersen MN Quartz Medicare Advantage (HMO)

## 2024 Part D copayment/coinsurance amounts

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D: \$300; Value D: \$250; Elite D: \$200.			
<b>Stage 2:</b> Initial Coverage	<p>You pay the following until your total yearly drug costs reach <b>\$5,030</b>. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs from network retail or mail-order pharmacies.</p> <ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90-day supply of a covered Part D prescription drug.</li> </ul>			
		Retail		Mail-order
		30-day	60-day	90-day
		3-month		
<b>Tier 1</b> (Preferred Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$12.50</b>
<b>Tier 2</b> (Generic)	<b>\$15</b>	<b>\$30</b>	<b>\$45</b>	<b>\$38</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$47</b>	<b>\$94</b>	<b>\$141</b>	<b>\$117.50</b>
<b>Tier 4</b> (Non-Preferred Drugs)	<b>\$100</b>	<b>\$200</b>	<b>\$300</b>	<b>\$300</b>
<b>Tier 5</b> (Specialty Tier)	<b>Core D = 28%</b> <b>Value D = 29%</b> <b>Elite D = 30%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 6</b> (Vaccines)	<b>\$0 copay</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Note:</b> Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) are covered at no cost to you when received in a pharmacy. You will need to submit a reimbursement request form for vaccines received in a clinic.				
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<b>Stage 4:</b> Catastrophic Coverage	<p>After your yearly true (or total) out-of-pocket (TrOOP) drug costs (including drugs you buy from network retail or mail-order pharmacies) reach <b>\$8,000</b>, you pay nothing.</p>			

# UW Health Quartz Medicare Advantage (HMO)

## 2024 Part D copayment/coinsurance amounts

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D \$300; Value D \$250; Elite D \$200.				
<b>Stage 2:</b> Initial Coverage	You pay the following until your total yearly drug costs reach <b>\$5,030</b> . Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs from network retail or mail-order pharmacies.				
	<ul style="list-style-type: none"> <li>• <b>For retail:</b> Your share of the retail cost shown is based on a 30-day, 60-day, or 90-day covered Part D prescription drug.</li> <li>• <b>For mail-order:</b> Your share of the cost shown is based on a 90-day supply of a covered Part D prescription drug.</li> </ul>				
		Retail	Mail-order		
		30-day	60-day	90-day	3-month
<b>Tier 1</b> (Preferred Generic)	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$12.50</b>	
<b>Tier 2</b> (Generic)	<b>\$15</b>	<b>\$30</b>	<b>\$45</b>	<b>\$38</b>	
<b>Tier 3</b> (Preferred Brand)	<b>\$47</b>	<b>\$94</b>	<b>\$141</b>	<b>\$117.50</b>	
<b>Tier 4</b> (Non-Preferred Drugs)	<b>\$100</b>	<b>\$200</b>	<b>\$300</b>	<b>\$300</b>	
<b>Tier 5</b> (Specialty Tier)	<b>Core D = 28%</b> <b>Value D = 29%</b> <b>Elite D = 30%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Tier 6</b> (Vaccines)	<b>\$0 copay</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Note:</b> Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) are covered at no cost to you when received in a pharmacy. You will need to submit a reimbursement request form for vaccines received in a clinic.					
<b>Stage 3:</b> Coverage Gap	After your total yearly drug costs reach <b>\$5,030</b> , you will enter the Coverage Gap. <b>While you're in the Coverage Gap:</b>				
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<b>Stage 4:</b> Catastrophic Coverage	After your yearly true (or total) out-of-pocket (TrOOP) drug costs (including drugs you buy from network retail or mail-order pharmacies) reach <b>\$8,000</b> , you pay nothing.				

# UW Health Illinois Quartz Medicare Advantage (HMO)

## 2024 Part D copayment/coinsurance amounts

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no cost to you. **Also, you won't pay more than \$35 per month for covered insulin, no matter what tier it is on.**

<b>Stage 1:</b> Yearly Prescription Deductible	<b>There is a deductible for Tiers 3, 4, and 5 prescription drugs:</b> Core D \$300; Value D \$250; Elite D \$200.																																											
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<table border="1"> <thead> <tr> <th data-bbox="99 863 418 968"></th> <th colspan="3" data-bbox="423 863 1256 968">Retail</th> <th data-bbox="1256 863 1520 968">Mail-order</th> </tr> <tr> <th data-bbox="99 968 418 1037"></th> <th data-bbox="423 968 712 1037">30-day</th> <th data-bbox="712 968 984 1037">60-day</th> <th data-bbox="984 968 1256 1037">90-day</th> <th data-bbox="1256 968 1520 1037">3-month</th> </tr> </thead> <tbody> <tr> <td data-bbox="99 1037 418 1106">Tier 1 (Preferred Generic)</td> <td data-bbox="423 1037 712 1106">\$10</td> <td data-bbox="712 1037 984 1106">\$20</td> <td data-bbox="984 1037 1256 1106">\$30</td> <td data-bbox="1256 1037 1520 1106">\$25</td> </tr> <tr> <td data-bbox="99 1106 418 1176">Tier 2 (Generic)</td> <td data-bbox="423 1106 712 1176">\$20</td> <td data-bbox="712 1106 984 1176">\$40</td> <td data-bbox="984 1106 1256 1176">\$60</td> <td data-bbox="1256 1106 1520 1176">\$50</td> </tr> <tr> <td data-bbox="99 1176 418 1245">Tier 3 (Preferred Brand)</td> <td data-bbox="423 1176 712 1245">\$47</td> <td data-bbox="712 1176 984 1245">\$94</td> <td data-bbox="984 1176 1256 1245">\$141</td> <td data-bbox="1256 1176 1520 1245">\$117.50</td> </tr> <tr> <td data-bbox="99 1245 418 1314">Tier 4 (Non-Preferred Drugs)</td> <td data-bbox="423 1245 712 1314">\$100</td> <td data-bbox="712 1245 984 1314">\$200</td> <td data-bbox="984 1245 1256 1314">\$300</td> <td data-bbox="1256 1245 1520 1314">\$300</td> </tr> <tr> <td data-bbox="99 1314 418 1392">Tier 5 (Specialty Tier)</td> <td data-bbox="423 1314 712 1392">Core D = 28% Value D = 29% Elite D = 30%</td> <td data-bbox="712 1314 984 1392">N/A</td> <td data-bbox="984 1314 1256 1392">N/A</td> <td data-bbox="1256 1314 1520 1392">N/A</td> </tr> <tr> <td data-bbox="99 1392 418 1444">Tier 6 (Vaccines)</td> <td data-bbox="423 1392 712 1444">\$0 copay</td> <td data-bbox="712 1392 984 1444">N/A</td> <td data-bbox="984 1392 1256 1444">N/A</td> <td data-bbox="1256 1392 1520 1444">N/A</td> </tr> </tbody> </table>		Retail			Mail-order		30-day	60-day	90-day	3-month	Tier 1 (Preferred Generic)	\$10	\$20	\$30	\$25	Tier 2 (Generic)	\$20	\$40	\$60	\$50	Tier 3 (Preferred Brand)	\$47	\$94	\$141	\$117.50	Tier 4 (Non-Preferred Drugs)	\$100	\$200	\$300	\$300	Tier 5 (Specialty Tier)	Core D = 28% Value D = 29% Elite D = 30%	N/A	N/A	N/A	Tier 6 (Vaccines)	\$0 copay	N/A	N/A	N/A	<p><b>Note:</b> Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) are covered at no cost to you when received in a pharmacy. You will need to submit a reimbursement request form for vaccines received in a clinic.</p>			
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<b>Stage 4:</b> Catastrophic Coverage	<p>After your yearly true (or total) out-of-pocket (TrOOP) drug costs (including drugs you buy from network retail or mail-order pharmacies) reach <b>\$8,000</b>, you pay nothing.</p>																																											

# Quartz Medicare Advantage Dual Eligible with Rx

## 2024 Part D copayment/coinsurance amounts

If you reside in a long-term care facility, you pay the same costs as at a retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Part D vaccines are covered at no cost to you. If you have Extra Help for your Part D benefits, you will pay reduced cost-sharing for your Part D drugs. Please see the chart below for the Extra Help cost-sharing, copays, and standard benefits.

	Retail			Mail-order
	30-day	60-day	90-day	3-month
<b>Extra Help Copay if you have LIS Level 3</b>				
Generic drugs	\$0	\$0	\$0	\$0
Brand/Other drugs	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0
<b>Extra Help Copay if you have LIS Level 2</b>				
Generic drugs	\$1.55	\$1.55	\$1.55	\$1.55
Brand/Other drugs	\$4.60	\$4.60	\$4.60	\$4.60
Vaccines	\$0	\$0	\$0	N/A
<b>Extra Help Copay if you have LIS Level 1</b>				
Generic drugs	\$4.50	\$4.50	\$4.50	\$4.50
Brand/Other drugs	\$11.20	\$11.20	\$11.20	\$11.20
Vaccines	\$0	\$0	\$0	\$0
<b>Standard Part D Benefit — Does not receive Extra Help</b>				
Generic and Brand/Other drugs	Deductible \$545, then 25% coinsurance	Deductible \$545, then 25% coinsurance	Deductible \$545, then 25% coinsurance	Deductible \$545, then 25% coinsurance
Insulins	\$35	\$70	\$105	\$105
Vaccines	\$0	N/A	N/A	N/A
(Cost-sharing Tier 6)				

**Note:** Part D vaccines (e.g., Tetanus (Tdap), shingles, etc.) are covered at no cost to you when received in a pharmacy. You will need to submit a reimbursement request form for vaccines received in a clinic.



**Quartz Champion:**

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

April 1 – Sept. 30, Mon. – Friday, 8 a.m. – 8 p.m.

Oct. 1 – March 31, seven days a week, 8 a.m. – 8 p.m.

**[QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage)**

**[QuartzBenefits.com/DualEligible](https://www.QuartzBenefits.com/DualEligible)**

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal. This information is not a complete description of benefits. Call (800) 394-5566 (TTY: 711) for more information. Other pharmacies/physicians/providers are available in our network. Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do 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). 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).