2018 Medicare Select

Quartz

Underwritten by Unity Health Plans Insurance Corporation
HAS MEDICARE CROSSED YOUR MIND?

Do you find yourself more confused after reading all the information you are 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
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 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 from January 1 through March 31.

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 percent of your health care costs. A Medicare supplement plan can complete the additional 20 percent so you have 100 percent coverage on Medicare approved services. The enrollment period for purchasing a Medicare supplement plan is a six month period when you turn 65, or 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 www.medicare.gov.

QuartzBenefits.com/medicareselect

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**EXAMPLES OF DIFFERENT MEDICARE SITUATIONS**

Here are some examples 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 are 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.

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* 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.
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. In order 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 covers 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 physician 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.

**Example of coverage with Medicare and Medicare Select**

| PCP Office Visit | Medicare Part B Pays 80% of Medicare approved charges after $183 deductible | Medicare Select Pays $183 deductible and 20% of Medicare approved charges | You Pay $0 |

QuartzBenefits.com/medicareselect
# Medicare Select Part A Deductible

<table>
<thead>
<tr>
<th>Services</th>
<th>Medicare Pays</th>
<th>Medicare Select Pays (Must use Network Providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part A Deductible $1,340</strong></td>
<td>$0</td>
<td>$1,340</td>
</tr>
<tr>
<td><strong>Hospitalization (Inpatient)</strong> Semi-private room and board; general nursing and misc. hospital services and supplies. Includes meals, special care units, lab tests, prescription drugs, diagnostic X-rays, medical supplies, operation and recovery room, anesthesia and rehabilitation services.</td>
<td>Day 1-60: All but $1,340 deductible per Benefit Period. Day 61-90: All but $335 a day per Benefit Period. Day 91-150: All but $670 per day (using 60 lifetime reserve days). Day 151 and beyond: $0.</td>
<td>Day 1-60: $1,340 deductible per Benefit Period. Day 61-90: $335 per day. Day 91-150: $670 per day. Day 151 and beyond:100% of Part A-eligible charges when Medicare days are exhausted.</td>
</tr>
<tr>
<td><strong>Skilled Nursing Care (Inpatient)</strong> Confinement must meet Medicare standards. You must have been in a hospital for at least three (3) days and enter the facility within 30 days after discharge.</td>
<td>Day 1-20: 100% of the cost (after a three-day period of hospital confinement) per Benefit Period. Day 21-100: All but $167.50 per day per Benefit Period. Day 101 and beyond: $0 per Benefit Period.</td>
<td>Day 1-20: $0. Day 21-100: $167.50 per day. Day 101 and beyond: Not covered; see below.</td>
</tr>
<tr>
<td><strong>Other Skilled Nursing Care (Inpatient)</strong> Catastrophic coverage for 30 days. Must be skilled care but does not have to be covered by Medicare.</td>
<td>Not covered.</td>
<td>30 days at 100% per Benefit Period. Must meet Quartz skilled care guidelines.</td>
</tr>
<tr>
<td><strong>Hospice Care</strong> Available only to the terminally ill.</td>
<td>All but limited costs for outpatient drugs and inpatient respite care.</td>
<td>Medicare eligible expenses (except for drugs which are covered under Part D).</td>
</tr>
<tr>
<td><strong>Psychiatric / Mental Health Care (Inpatient)</strong> Includes substance abuse care.</td>
<td>190 days per lifetime.</td>
<td>175 days per lifetime after Medicare days are exhausted.</td>
</tr>
<tr>
<td><strong>Blood (Inpatient)</strong></td>
<td>All but the first three pints of blood.</td>
<td>The first three pints of blood.</td>
</tr>
<tr>
<td><strong>Kidney Disease Treatment (Inpatient and Outpatient)</strong> Dialysis, transplant and donor related services.</td>
<td>Limited.</td>
<td>Up to $30,000 annually. This policy will not duplicate other coverage.</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td>100% of Medicare Approved Home Health Care.</td>
<td>365 Home Health visits in addition to those covered by Medicare.</td>
</tr>
</tbody>
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## Medicare Select Part B Deductible

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<tr>
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<th>Medicare Select Pays (Must use Network Providers)</th>
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<tr>
<td><strong>Part B Deductible ($183)</strong></td>
<td>$0</td>
<td>$183 deductible and 20% of Medicare approved charges with no lifetime maximum.</td>
</tr>
<tr>
<td>Part B eligible expenses for physicians’ services, in- and outpatient medical services, physical and speech therapy, diagnostic tests and durable medical equipment.</td>
<td>After the $183 deductible, generally 80% of Medicare approved charges.</td>
<td></td>
</tr>
<tr>
<td><strong>Blood</strong></td>
<td>80% of approved amount (after $183 deductible, starting with the fourth pint).</td>
<td>First three pints; then 20% of approved amount (after $183 deductible).</td>
</tr>
<tr>
<td><strong>Chiropractic</strong></td>
<td>80% of costs for manipulation of the spine to correct subluxation when provided by a chiropractor or other qualified professional.</td>
<td>20% of Medicare approved charges and 100% of medically necessary non-Medicare approved charges when received from a participating chiropractor.</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>Flu and Pneumococcal Pneumonia covered at 100%; Hepatitis B shot covered at 80% for those at medium to high risk.</td>
<td>20% of Medicare approved charges. Includes Shingles Vaccine.</td>
</tr>
<tr>
<td><strong>Mental Health and Substance Abuse</strong></td>
<td>60% 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 abuse treatment in an outpatient treatment center that is certified by Medicare.</td>
<td>40% of Medicare approved charges.</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>Medicare covers 80% of Medicare approved charges after the deductible.</td>
<td>20% of Medicare approved charges received in the USA. (See the Foreign Travel benefit for services outside the USA.)</td>
</tr>
<tr>
<td>Services</td>
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<tr>
<td>Breast Reconstruction</td>
<td>Limited.</td>
<td>Covers non-Medicare breast reconstruction of the affected tissue incident to a mastectomy.</td>
</tr>
<tr>
<td>Foreign Travel</td>
<td>Not covered.</td>
<td>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 United States.</td>
</tr>
<tr>
<td>Routine Eye Exam and Refraction</td>
<td>Not covered.</td>
<td>One routine exam per calendar year is covered at 100%.</td>
</tr>
<tr>
<td>Routine Hearing Exam</td>
<td>Not covered.</td>
<td>One routine exam per calendar year is covered at 100%.</td>
</tr>
<tr>
<td>Other Routine Care</td>
<td>Not covered.</td>
<td>Covered at 100%.</td>
</tr>
<tr>
<td>Preventive Medical Care</td>
<td>Medicare pays for one annual wellness visit. Medicare also covers a defined list of preventive care services. A full list is found at <a href="http://www.medicare.gov">www.medicare.gov</a>.</td>
<td>Preventive Care covered under the Affordable Care Act; Vision and hearing examinations; mammograms; office visits with member’s Primary Care Provider.</td>
</tr>
<tr>
<td>Diabetic Supplies (Medical Benefit)</td>
<td>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.</td>
<td>Part B deductible, 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.</td>
</tr>
<tr>
<td>Diabetic Insulin, Syringes and Needles (Pharmacy Benefit)</td>
<td>Insulin, syringes and needles are covered under Medicare Part D.</td>
<td>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 at the Usual, Customary and Reasonable amount.</td>
</tr>
</tbody>
</table>
Please fold out this page to see benefits for:

**Medicare Select Part A**

**Medicare Select Part B**

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

Who are my participating providers?
You can find a list of participating providers (doctors, hospitals and other health care facilities) by going to QuartzBenefits.com/findadoctor or in the Medicare Select Provider Directory.

What is a primary care physician?
A primary care physician (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 participating specialty practitioners.

Do I need to choose a PCP?
Quartz requires all members to have a PCP. To select your PCP, Quartz provides you with the following options –
- Choose a PCP from the list of participating practitioners found at QuartzBenefits.com/findadoctor or in the Medicare Select Provider Directory.
- Choose a participating clinic and Quartz will assign a PCP at the clinic.
- Have Quartz assign you a PCP and clinic close to your home.

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?
Yes. You can change your PCP at any time. We offer two convenient ways to change your PCP –
- Go to QuartzMyChart.com and log in to MyChart
- Call Quartz Customer Service at (800) 362-3310.
PCP changes are effective on the day of Quartz’s receipt of your request unless you request a future date.

Do I need to see my PCP for all my health care?
You should talk with your PCP before seeing other types of practitioners so he/she may coordinate your health care.

What if I need to see a specialist?
You should work with your PCP to determine if you need specialty care. If you do, he/she will refer you to an appropriate specialist who is participating for your network.
What if I need behavioral health (mental health) services?
Quartz offers a service to assist you with your behavioral health care needs. UW Health – 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 UW Health - Behavioral Health Care Management at (800) 683-2300 or (608) 422-8380 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 a non-participating provider.

Who files claims when I receive health care services?
When you receive care from participating practitioners, the practitioner will submit the claim for you. If you receive a bill from a participating practitioner prior to receiving your Explanation of Benefits, please send a message to Customer Service through MyChart at QuartzMyChart.com or call (800) 362-3310.

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 a non-participating provider you need to contact Quartz Customer Service 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 are outside of Quartz’s service area.

If you receive urgent care or emergency treatment from a non-participating provider you need to contact Quartz Customer Service 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 which 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. You can obtain more information about Quartz’s Quality Improvement Program by calling (866) 884-4601.
If you have any questions about Medicare Select, call the Quartz Individual Sales Team at (800) 926-8227, Ext. 2, send an email to medicare@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 the Medicare Select Enrollment application.

2. Review and sign the Medicare Notice.

3. Write a check for the first month’s premium (write check to Unity Health Insurance) and include a voided check if you are signing up for ACH* payments.

4. Mail the signed application, signed Medicare Notice and the first month’s premium to –
   Quartz
   840 Carolina Street
   Sauk City, WI 53583-1374
   Attn.: Medicare Select Enrollment

*Automated Clearing House

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Unity Health Plans Insurance Corporation 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 / TDD: 711 / (800) 877-8973.


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