MEMORIAL HERMANN Health Plan
Medicare *Advantage* Plans

Memorial Hermann *Dual Advantage* HMO Dual Special Needs Plan (D-SNP)

- Specially designed for people with both Medicare and Medicaid
- Understand the plan and the benefits
- Choose Memorial Hermann as your healthcare partner

MEMORIAL HERMANN Health Plan
Medicare *Advantage* Plans

MEDICARE PLANS WITH YOU IN MIND.

Thank you for requesting information regarding Memorial Hermann Dual *Advantage* HMO D-SNP, a Medicare Advantage plan backed by the Memorial Hermann Health System — a trusted name in health care.

With Memorial Hermann Dual *Advantage* HMO D-SNP, members get exceptional care and coverage in an all-in-one plan that combines your Medicare Part A and Part B benefits, your Medicare Part D prescription drug coverage, your Medicaid benefits, as well as extra benefits not provided by either Medicare or Medicaid.

Plus, you'll have access to coordinated care from over 6,000 affiliated physicians and specialists, along with a vast network of facilities and health care services available through the Memorial Hermann *Advantage* HMO plan network.

Your health is important to us, and we're proud to offer you the comprehensive coverage you need along with the high-quality, local care you deserve.

To learn more, visit us at **mhhp.org/ma-kit** or call us at **833.796.1229** (TTY 711) from 8 a.m. to 8 p.m. CT to speak with a Memorial Hermann *Advantage* advisor today.

LET'S GET STARTED

New to Medicare?

Eligibility
You are eligible for Original Medicare if you are a legal U.S citizen, are 65 years or older, have a qualifying disability or have end-stage renal disease.

Understand your ABC's
There are four parts of Medicare (A, B, C & D), with each part offering a specific type of health care coverage.

What is Medicare Advantage?
Also known as Part C, Medicare Advantage is health coverage offered through a private health plan. Medicare Advantage plans usually include Parts A, B, D and additional health benefits such vision and hearing allowances.

Know when to sign up
Enrollment in Original Medicare is not automatic. In order to avoid a penalty be sure to sign up within the enrollment window that applies to you.

Already Have Medicare?

Review your current health plan
Evaluate your current health plan and make changes if it no longer suits your health care needs.

Know important dates
There is a certain time period when you are allowed to make changes to your current health coverage.

KNOW YOUR COVERAGE OPTIONS

There are two main coverage options for people who are eligible for Medicare. Cost and coverage will differ for each option, so it's important to identify your desired level of comprehensive coverage in order to fit your health, budget and lifestyle needs.

STEP 1:

ENROLL IN ORIGINAL MEDICARE

PART A

HELPS COVER:
Hospital stays
Skilled nursing facility
Hospice care
Rehabilitation services

+

PART B

HELPS COVER:
Doctor visits
Outpatient services
Ambulance services
Medical equipment

STEP 2:

IF NEEDED, CHOOSE ADDITIONAL COVERAGE

OPTION 1:
Add one or more of these plans to supplement your Original Medicare

PART D
Helps cover prescription drugs and is offered by private companies

And/Or

MEDIGAP OR SUPPLEMENTAL PLANS
Helps cover some or all costs not covered by Parts A & B

OPTION 2:
Switch to a Medicare Advantage (MA) plan for benefits beyond Original Medicare

PART C
MA plans combine Parts A & B

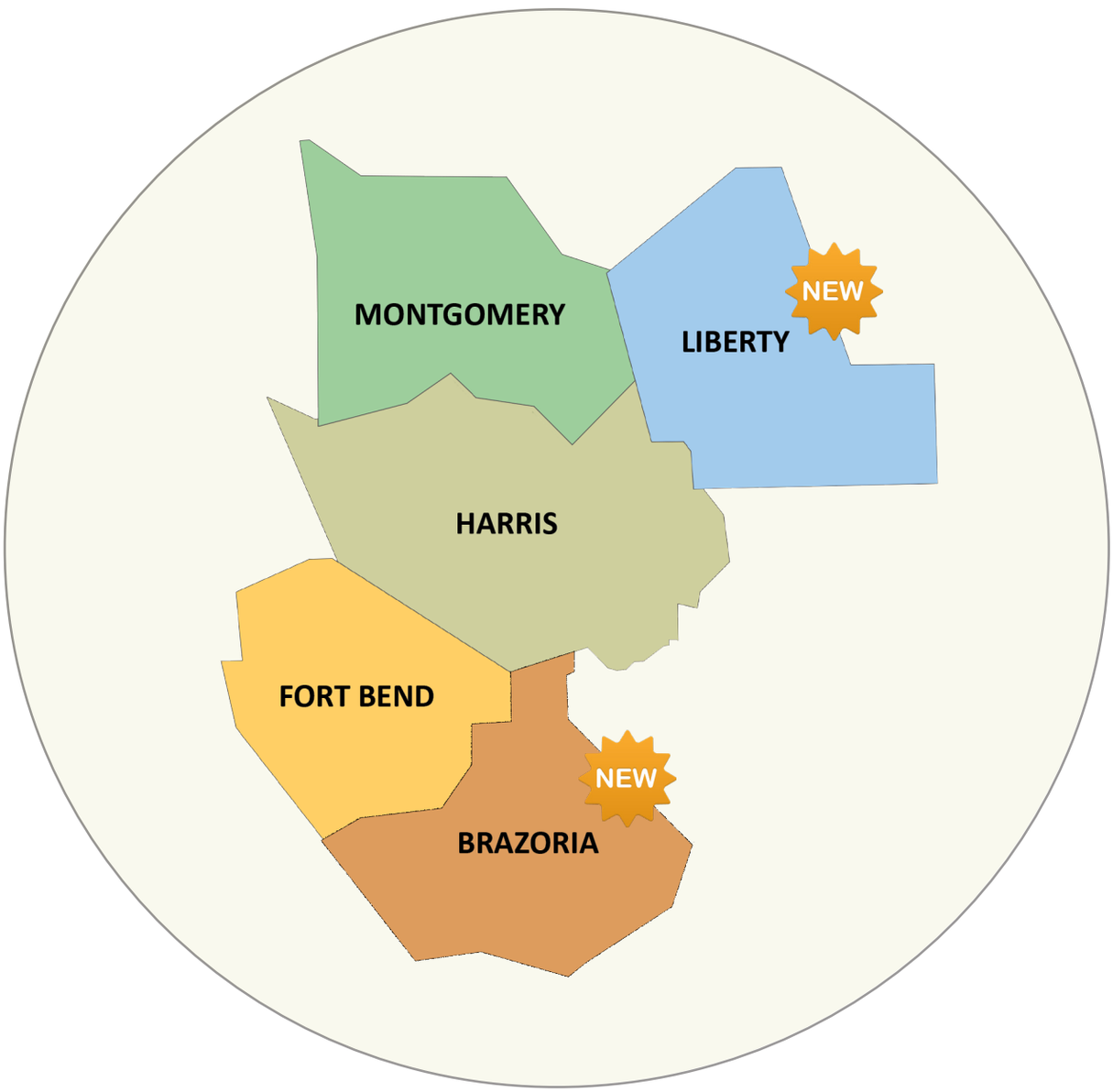
PART D
Most plans also cover prescription drugs

ADDITIONAL BENEFITS
Some plans include dental, vision, hearing, fitness incentives and more

WHY CHOOSE MEMORIAL HERMANN

Making a decision regarding Medicare insurance coverage can be overwhelming, but it doesn't have to be! You can now choose a plan, backed by the Memorial Hermann Health System, offering the same commitment and high standards of care you have known and trusted for more than 100 years.

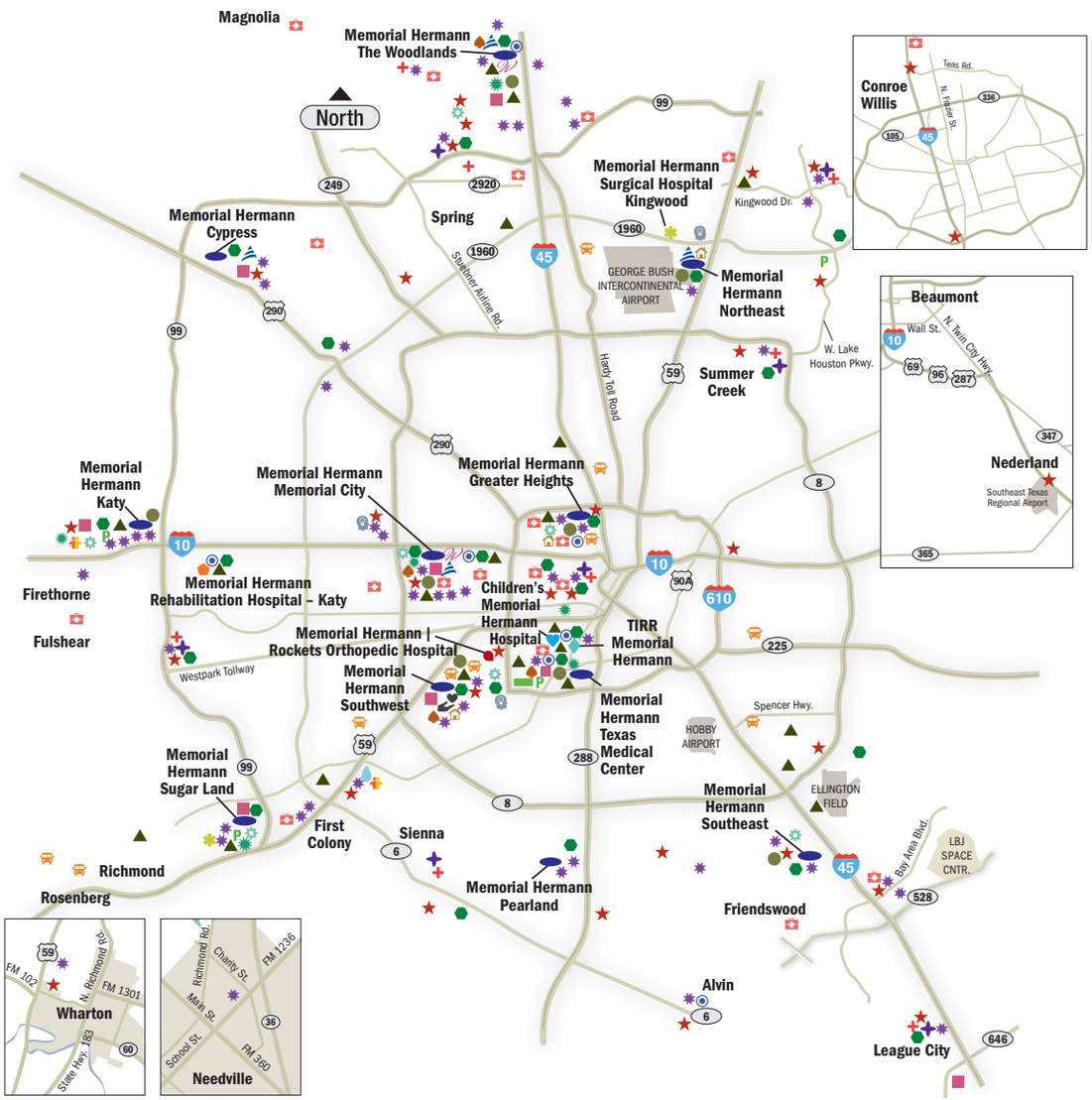
The Memorial Hermann Dual *Advantage* plan is designed for people who have both Medicaid and Medicare, and live in the following counties:



COVERAGE YOU CAN COUNT ON

By choosing Memorial Hermann Dual *Advantage* HMO D-SNP, you'll get health coverage that's fully connected to your care in Greater Houston. That means you'll get participating physicians, the Memorial Hermann Health System and your Medicare plan all on the same team, uniquely working together for you.

*17** Hospitals | *70+* Medical Group Facilities | *50+* Specialty & Urgent Care Facilities | *6K+* Affiliated Providers



11	Acute-Care Hospitals	7	Joint Centers	1	Physicians at Sugar Creek
8	Breast Centers	55	Memorial Hermann Medical Group	10	School-Based Health Centers
8	Cancer Centers	1	Memorial Hermann | Rockets Orthopedic Hospital	32	Sports Medicine & Rehabilitation
1	Children's Memorial Hermann Hospital	1	Memorial Hermann Rehabilitation Hospital – Katy	21	Surgery Centers
4	Children's Memorial Hermann Pediatrics	19	Memorial Hermann-GoHealth Urgent Care Centers	2	Surgical Hospitals
7	Convenient Care Centers	3	Mental Health Crisis Clinics	1	TIRR Memorial Hermann
8	Freestanding Emergency Centers	4	Mischer Neuroscience Associates	7	TIRR Memorial Hermann Outpatient Rehabilitation
4	Heart & Vascular Institutes	1	Mischer Neuroscience Institute	1	University Place
26	Imaging Centers	3	Neighborhood Health Centers	2	Women's Memorial Hermann Hospitals
6	Rockets Sports Medicine Institutes	2	Occupational Medicine Clinics		

256 Care Delivery Sites

*Memorial Hermann Health System owns and operates 14 hospitals and has joint ventures with three other hospital facilities, including Memorial Hermann Surgical Hospital First Colony, Memorial Hermann Surgical Hospital Kingwood and Memorial Hermann Rehabilitation Hospital-Katy.

TIRR is a registered trademark of TIRR Foundation.

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CHOOSE A PLAN THAT WORKS FOR YOU

With a dual plan, like Memorial Hermann Dual *Advantage* HMO D-SNP, you could get more benefits than either Medicaid or Medicare alone. Memorial Hermann Dual Advantage plan also includes many other extra benefits and features such as:

Benefits & Features	Original Medicare	Memorial Hermann Dual *Advantage* HMO D-SNP
Medicaid Benefits[1]	No	Yes
Hospital Stays	No	Yes
Doctor and Outpatient Care	Must pay 20%	Yes
Prescription Drug (Part D) Coverage – at no additional cost	No	Yes
Virtual Care options such as Teladoc	No	Yes
Fitness Benefits and Wellness Program - At No Extra Cost	No	Yes
Healthy Advantage Wellness Program	No	Up to $180 in gift card rewards for routine health screenings
Flexible Spending Card[2]	No	Yes
Dental Benefit	No	$4,000 in Comprehensive Coverage
Vision & Hearing (Flex card covers cost)	No	$1,000
Over-The-Counter Products (Flex card covers cost)	No	$200 per quarter
Transportation Benefit	No	Unlimited one-way transports to a health-related location per year
Meals Benefit	No	(10) meals after in-patient hospitalization
Grocery Allowance (Flex card covers cost)	No	$240 per quarter

Copays and cost shares represent a person with full medicare and medicaid benefits. Copays and cost shares will differ if less than full dual status.

WHO CAN ENROLL?

To be considered Dual-eligible you will need to meet one of these basic requirements:

- Be Over 65 and have both Medicare and Medicaid
- Or, be under 65 with a qualifying disability

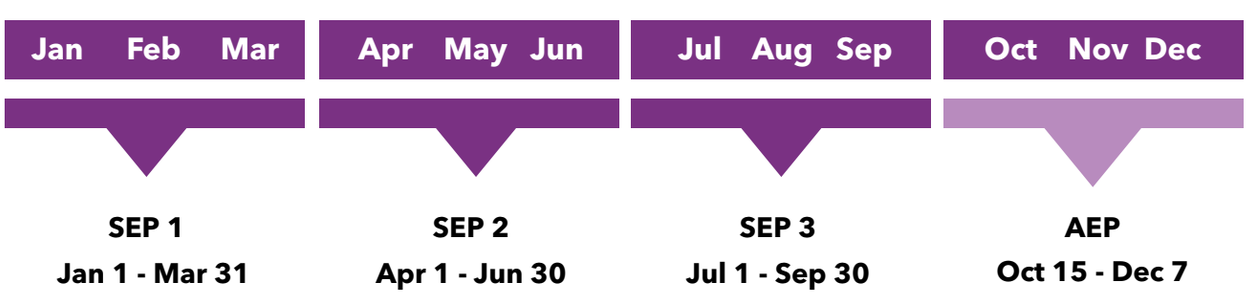
Individuals who meet one of these basic requirements must also be enrolled in Medicare Part A and/or Part B and receive full Medicaid benefits and/or assistance with Medicare premiums or cost sharing through one of the following "Medicare Savings Program" (MSP) categories:

QMB	**Qualified Medicare Beneficiary** This program provides financial assistance for Part A and/or Part B premiums, deductibles, coinsurance, and copayments.
QMB+	**Qualified Medicare Beneficiary Plus** QMB Plus recipients receive assistance with the same Medicare costs as QMB, but also have full Medicaid benefits.
SLMB+	**Specified Low-Income Medicare Beneficiary** Medicaid pays for Part B premium and full Medicaid benefits are provided.

WHEN CAN I ENROLL?

If you're newly eligible for Medicare and Medicaid you can enroll any time of the year, with no restrictions.

If you already have both Medicare and Medicaid, or already have a D-SNP, you can switch plans up to 4 times a year:



For more information on Dual Eligible Special Needs Plans (D-SNPs), Medicare eligibility and enrollment periods, go to **Medicare.gov**.

DO I NEED A MEDICARE ADVANTAGE PLAN?

Medicare can be confusing, and it's important to know all of your coverage options. Before deciding on a Medicare plan, consider the questions below:

	YES	NO
Do/Will I have Medicare Parts A and B?	☐	☐
Do/Will I take prescription medications?	☐	☐
Do/Will I need dental, hearing or vision coverage?	☐	☐
Does/Will my current health coverage still meet my needs?	☐	☐
Do I want a proactive approach to managing my health and wellness?	☐	☐

MEMORIAL HERMANN Health Plan
Medicare *Advantage* Plans

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 Customer Service representative at **855.645.8448** (TTY 711).

Understanding the benefits

- [ ] Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit **mhhp.org/ma** or call **855.645.8448** (TTY 711) to view a copy of the EOC.
- [ ] 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.
- [ ] 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.
- [ ] Review the formulary to make sure your drugs are covered.

Understanding important rules

- [ ] Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- [ ] If you are not a Qualified Medicare Beneficiary Plus (QMB+), Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB+) or Full Benefits Dual Eligible (FBDE) you may need to pay a premium. Please call Memorial Hermann or speak with your sales agent to get complete details based on your specific situation.
- [ ] You must maintain Medicaid status to remain eligible for the plan.
- [ ] This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- [ ] Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

WHAT IS MY NEXT STEP?

Whether you have questions, need more information or are ready to enroll, we're here to help you every step of the way.

PHONE

Speak with a Memorial Hermann *Advantage* advisor to learn more or if ready, to enroll easily over the phone. Call us at **833.796.1229** (TTY 711) from 8 a.m. to 8 p.m. CT.

VIRTUAL

Request a virtual visit at your convenience with a Memorial Hermann *Advantage* advisor with no-obligation to enroll. Call **833.796.1229** (TTY 711) to schedule.

IN PERSON

Schedule a one-on-one consult with a Memorial Hermann *Advantage* advisor in the comfort of your own home (following CDC guidelines and precautions in place for your safety). Call **833.796.1229** (TTY 711) to schedule.

ONLINE

Visit **mhhp.org/ma-kit** to learn more about our plans, register for available webinars/seminars, or to enroll safely and securely online.

ATTEND A SEMINAR

Reserve your seat at a Medicare Advantage seminar to learn more about your options at a location near you. Sign up at **mhhp-medicare.com/kit-seminars.**

READY TO ENROLL - CHECKLIST

- ✓ Fill out information as it appears on your Medicare card
- ✓ Verify all information provided is accurate and answer all questions
- ✓ Ensure your permanent residence address is correct
- ✓ Carefully choose the plan that works best for you
- ✓ Provide the name of your primary care physician (PCP)
- ✓ Clearly sign and date where indicated
- ✓ Contact Memorial Hermann *Advantage* if you need assistance

MEMORIAL HERMANN Health Plan
Medicare *Advantage* Plans

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-645-8448. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-645-8448. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-855-645-8448。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-855-645-8448。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-645-8448. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-645-8448. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-855-645-8448 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-645-8448. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-645-8448번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-645-8448. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم . سيقوم شخص ما يتحدث العربية1-558-546-8448بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على .
مجانية

Hindi: हमारे सवा य या दवा की योजना के बारे आपके किसी भी पर न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपल . एक दुभाषिया परापत करने के लिए, बस ह 1-855-645-8448 पर फोन क . कोई वयक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-645-8448. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-645-8448. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-645-8448. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-645-8448. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と 薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-645-8448にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Benefits and features vary by plan. This information is not a complete description of benefits. Please call us at 833.796.1229 (TTY 711) for more information.

This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

[1]You must continue to pay your Medicare Part B premium.

[2]Flex card loaded with $240 per quarter grocery benefit that can't be rolled over and does not require enrollment in a Case Management Program. Flex card can be used to cover costs associated with vision, hearing, OTC products and groceries where applicable. Acceptable groceries follow the USDA SNAP guidelines.

Memorial Hermann Dual *Advantage* HMO, provided by Memorial Hermann Health Plan, Inc., is a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal.

Memorial Hermann *Advantage* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

For accommodations of persons with special needs at meetings, call 855.645.8448 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 833.796.1229 (TTY 711).

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H7115_MKInfoKitDsnp24_M CMS Accepted 9/5/2023

mhhp.org/ma-kit

833.796.1229 *(TTY 711)*
8 a.m. to 8 p.m. CT

MEMORIAL HERMANN
Health Plan
Medicare *Advantage* Plans

MEMORIAL HERMANN Health Plan

Medicare *Advantage* Plans

2024 SUMMARY OF BENEFITS

Memorial Hermann *Dual Advantage* HMO
Dual Special Needs Plan (D-SNP)

Memorial Hermann *Dual Advantage* HMO D-SNP

H7115, Plan 005

January 1, 2024 - December 31, 2024

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann *Dual Advantage* HMO D-SNP** January 1, 2024 to December 31, 2024.

Memorial Hermann *Dual Advantage* HMO D-SNP is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete listof services we cover, please call us and request the "Evidence of Coverage."

To join **Memorial Hermann *Dual Advantage* HMO D-SNP**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Texas: Brazoria, Fort Bend, Harris, Liberty, and Montgomery.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227).TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print, audio, or non-English language.

This information is not a complete description of benefits. Call Customer Service at (855) 645-8448 (TTY users should call 711), for more information or visit us at: https://healthplan.memorialhermann.org/medicare/. Hours of operation between October 1st and March 31st are 8 a.m. to 8 p.m., 7 days a week. Hours of operation between April 1st and September 30th are 8 a.m. to 8 p.m., Monday through Friday.

This plan is a **Dual Eligible Special Needs Plan (D-SNP)** for people who have both Medicare and Medicaid. You may enroll in the Memorial Hermann *Advantage* D-SNP HMO if you fall into one of the three (3) categories:

- **Qualified Medicare Beneficiary Plus (QMB+)**

You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You pay for Part D prescription drug copays.

- **Qualified Medicare Beneficiary (QMB)**

You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You pay for Part D prescription drug copays.

- **Specified Low-Income Medicare Beneficiary (SLMB+)**

You are eligible for full Medicaid benefits. Medicaid pays your Part B premium and provides full Medicaid benefits. You may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be instances where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

Medicare pays covered dually eligible beneficiaries' medical services first, because Medicaid is generally the payer of last resort. Medicaid may cover medical costs Medicare may not cover or partially covers. Coverage for dually eligible beneficiaries varies by State.

Below is a list of the types of services covered by our plan and by Medicaid: As a member of **Memorial Hermann *Dual Advantage* HMO D-SNP** your cost sharing is paid by your Medicaid benefit for the following Medicaid Covered services.

	Memorial Hermann *Dual Advantage* HMO D-SNP	**Medicaid**
Preventive Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Diagnostic Lab and X-Ray	Covered	Covered
Radiology Services	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Outpatient Mental Health Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Hearing Services	Covered	Covered
Chiropractic Care	Covered	Covered
Podiatry Services	Covered	Covered
Emergency Services	Covered	Covered
Urgently Needed Services	Covered	Covered
Ambulance	Covered	Covered
Transportation	Covered	Covered
Renal Dialysis	Covered	Covered
Home Health Care	Covered	Covered
Prosthetic Devices	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Not Covered*
Hospice Care	Covered	Not Covered*

*If a service or benefit is Not Covered by Medicaid, SLMB+ program members will have a 20% Cost Share.

Memorial Hermann *Dual Advantage* HMO D-SNP

Summary of Benefits	What You Will Pay
Monthly Plan Premium	**$0** per month You must continue to pay your Medicare Part B premium.
Deductible	**$0** deductible for medical
Part D Deductible	**$0** per year for Part D prescription drugs As a member of Memorial Hermann Dual Advantage HMO D-SNP, your deductible is paid by your "Extra Help" benefit.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	You pay no more than **$8,850** annually. Includes copays and other costs for medical services for the year. Our Memorial Hermann *Dual Advantage* HMO D-SNP members rarely meet this out-of-pocket maximum.
Inpatient Hospital	
Inpatient Hospital stay **Prior authorization rules may apply.**	You pay **$0** for each Inpatient stay
Outpatient Hospital Services	
Ambulatory Surgical Center (ASC)	You pay **$0**
Outpatient Surgery	You pay **$0**
Outpatient Hospital Observation services **Prior authorization rules may apply.**	You pay **$0**
Doctor Visits	
Primary Care Provider (PCP)	You pay **$0**
Specialists (No referral is needed.)	You pay **$0**
Telehealth Provider visit with PCP or Specialists	You pay **$0**
Memorial Hermann Virtual Office Visit https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit	You pay **$0**
Virtual visits exclusively through **Teladoc**	You pay **$0**

Summary of Benefits	What You Will Pay
Preventive Care	
○ Abdominal aortic aneurysm screening ○ Annual wellness visit ○ Bone mass measurement ○ Breast cancer screening ○ Cardiovascular disease testing every 5 years ○ Cervical and vaginal cancer screening ○ Colorectal cancer screening ○ Depression screening ○ Diabetes screening ○ Hepatitis C screening ○ HIV screening ○ Lung cancer screening ○ Medical nutrition therapy ○ Medicare Diabetes Prevention Program (MDPP) ○ Obesity screening and therapy ○ Prostate cancer screening ○ Screening and counseling to reduce alcohol misuse ○ Screening for sexually transmitted infections (STIs) ○ Tobacco use cessation counseling ○ Vaccines for flu, Hepatitis B, COVID-19, and pneumonia ○ “Welcome to Medicare” preventive visit	**$0** copay Please see your Evidence of Coverage for more information about these Medicare-covered preventive services.
Emergency and Urgently Needed Services	
Emergency care	You pay **$0** This copay is waived if admitted within 48 hours.
Worldwide Emergency care	You pay **$0** This copay is waived if admitted within 48 hours.
Worldwide Emergency Transportation	You pay **$0**
Urgently Needed services	You pay **$0**
Worldwide Urgently Needed services	You pay **$0**
$50,000 USD maximum benefit for worldwide emergency.	

Summary of Benefits	What You Will Pay
Diagnostic Services/ Labs/ Imaging	
Medicare-covered Therapeutic Radiology visit	You pay **$0** per diagnostic test or procedure
Lab services	You pay **$0** for lab services
X-rays	You pay **$0** for x-rays
Complex Diagnostic Imaging services (MRI, CT, PET) **Prior authorization is required for some services.**	You pay **$0** per test/service
Hearing Services	
Medicare-covered Annual Hearing Exam	You pay **$0**
Routine Hearing Exam performed by PCP	You pay **$0** for basic hearing and balance exam
Hearing Exam performed by Audiologist	You pay **$0** for exam to diagnose and treat hearing and balance
Hearing Aid(s) *(Benefit amount combined with Vision)	**$1,000*** annual total allowance for hearing aid(s), for both ears combined
Dental Services	
$4,000 annual maximum plan benefit	You pay **$0** for Preventive services from a network provider
<u>Preventive Services</u> ○ Oral Exam (2 per plan year) ○ Prophylaxis (Cleanings) (2 per plan year) ○ X-rays (2 per plan year) ○ Fluoride Treatments (2 per plan year)	You pay **$0** for Preventive services from a non-network provider
<u>Comprehensive Services</u> ○ Diagnostic ○ Restorative (fillings, bridges) ○ Periodontics (scaling, root planning) ○ Endodontics (root canal) ○ Extractions ○ Prosthodontics (dental appliances, dentures) ○ Other Oral/Maxillofacial Surgery ○ Other services ○ Non-routine services	You pay **$0** per visit for each Medicare-covered Comprehensive service You pay **$0** for in-network Diagnostic services. You pay **$0** for out-of-network Diagnostic services You pay **$0** for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services You pay **$0** for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

Summary of Benefits	What You Will Pay
Dental Services (continued) Dental benefits are provided by Liberty Dental. To search for a provider, visit their website at: https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist	You pay **$0** for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services
Vision Services	
Medicare-covered Eye Exams	You pay **$0**
Routine Vision Exams	You pay **$0**
Glaucoma Screenings	You pay **$0** for one annual screening
Diabetic Retinopathy Screenings for Diabetics	You pay **$0** for one annual screening
Eyewear (contacts, lenses, frames) *(Benefit amount combined with Hearing)	**$1,000*** annual total benefit for eyewear or contact lenses
Mental Health / Substance Abuse Services	
Inpatient Mental Health care	You pay **$0** per stay
Outpatient individual therapy or group therapy session with a non-physician provider	You pay **$0**
Outpatient individual therapy or group therapy session with a Psychiatrist	You pay **$0**
Outpatient Opioid Treatment Program	You pay **$0**
Inpatient Opioid Treatment Program	You pay **$0** per stay
Outpatient Substance Abuse visit	You pay **$0**
Prior authorization rules may apply.	

Summary of Benefits	What You Will Pay
Skilled Nursing Facility	
Days 1 - 20	You pay **$0**
Days 21 – 100 **Prior authorization rules may apply.**	QMB program members will pay **$0** SLMB+ program members will pay **20%**.
Rehabilitation Services	
Physical Therapy, Occupational Therapy, and Speech and Language Therapy	You pay **$0**
Cardiac Rehab services	You pay **$0**
Pulmonary Rehab services	You pay **$0**
Chiropractic care Manual manipulation of the spine to correct subluxation	You pay **$0**
Acupuncture For the treatment of chronic lower back pain	You pay **$0**
Ambulance	
Ground Ambulance (one-way)	You pay **$0**
Air Ambulance (one-way) **Prior authorization is required for non-emergency Medicare services.**	You pay **$0**
Transportation	
Includes taxi, rideshare services, bus, subway, van, and medical transport.	Unlimited one-way transports to health-related locations per year
Medicare Part B Drugs	
Chemotherapy / Radiation drugs	You pay **$0**
Other Part B drugs **Prior authorization may be required for Part B drugs.**	You pay **$0**

Summary of Benefits	What You Will Pay
Home Infusion Therapy	
Medicare-covered home infusion therapy, including chemotherapy, anti-infectives, and other specialty medications to treat various conditions **Prior authorization may be required for Medicare Part B drugs.**	You pay **$0**
Home Health Care	
Medicare-covered Home Health visit	You pay **$0**
Home-based Palliative care **Prior authorization rules may apply.**	You pay **$0**
Diabetic Services and Supplies	
Medicare-covered Diabetic Supplies	You pay **$0**
Diabetes self-management training	You pay **$0**
Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche)	You pay **$0**
Medicare-covered therapeutic custom-molded shoes or inserts	You pay **$0**
Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom G6/G7 and Freestyle Libre/Libre 2/Libre 14. We may only cover other brands and manufacturers if your doctor or other provider tells us that the preferred brand is not appropriate for your medical needs.	You pay **$0** for the preferred CGM brands at a network pharmacy (retail) **All other brands are excluded.**
Durable Medical Equipment (DME)	
Covered items include, but are not limited to: wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers.	You pay **$0**
Wigs for chemotherapy patients **Prior authorization rules may apply.**	You pay **$0**

Summary of Benefits	What You Will Pay
Hospice	
Covered services include drugs for symptom control and pain relief, short-term respite care, and home care. **Prior authorization rules may apply.**	Covered
Telephone/Virtual Services	
Virtual visits through Primary Care Physicians	You pay **$0**
Specialist Virtual visits	You pay **$0**
Urgently Needed services	You pay **$0**
Individual and Group sessions for: • Mental Health Specialty services • Psychiatric services • Outpatient Substance Abuse	 You pay **$0** You pay **$0** You pay **$0**
Memorial Hermann Virtual Office Visit https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit	You pay **$0**
24/7 Telephonic visit available through **Teladoc**. You may register or log in to Teladoc at https://www.teladoc.com/.	You pay **$0**
Healthy Advantage Wellness Rewards Program	
Complete the following activities to earn rewards: • Annual Health Risk Assessment • Annual Wellness Visit • Breast Cancer Screening • Colon Cancer Screening • Retinal Eye Exam	Earn up to **$180** in gift card rewards for CMS-approved goods and services.

Summary of Benefits	What You Will Pay
Meals	
Meals provided immediately following inpatient hospitalization discharge.	Up to **10** meals delivered per hospital discharge
Over-the-counter (OTC) Items	
The Plan provides a benefit for certain CMS-approved OTC items every three (3) months. Unused funds at the end of the quarter do not roll over to the next quarter.	**$200** maximum allowance per quarter
Food and Produce (Groceries)	
The Plan provides an annual benefit for approved food and produce (groceries) for member upon successful completion of a Case Management Program.	**$240** per quarter (unused funds will roll over to next quarter)
Flexible Spending Debit Card (Mastercard)	
The Flex Card includes three (3) spending categories:	
Hearing and Vision Hearing and Vision have a combined annual allowance to spend as needed for eyewear and/or hearing aids.	**$1,000** annual combined allowance
Over-the-Counter (OTC) items OTC benefit is every three (3) months for CMS-approved items. Unused funds at the end of the quarter do not roll over to the next quarter.	**$200** quarterly allowance
Grocery Benefit Grocery benefit may be added to the Flex Card upon successful completion of a Case Management Program. Acceptable groceries follow the USDA SNAP guidelines.	**$240** quarterly allowance (unused funds will roll over to next quarter)

Case Management

A Case Manager is a Registered Nurse (RN) who provides one-on-one care to the member, with a focus on maintaining wellness and independence. Examples include:

- helping to understand a new diagnosis and how to manage it;
- finding a new in-network provider; and
- helping a member find community resources if they’re struggling to pay bills or having trouble moving safely around their home

Summary of Benefits	What You Will Pay
Additional Health & Wellness Benefits	
Fitness Center Membership With new and fun ways to get fit and stay healthy, the Silver & Fit program includes: ○ Being a member at a Silver & Fit fitness center or fitness studio that participates in Memorial Hermann Prime Value MA Only HMO basic program is at no cost to you. You may choose to purchase additional buy-up services. Contact your fitness center. ○ Silver & Fit Home Fitness kits, if you cannot get to a fitness center or prefer to work out at home. ○ Workout plans to help you start or continue an exercise routine. ○ On-demand workout videos for all fitness levels on the Silver&Fit website. ○ The Well-Being Club for live virtual classes and events and exclusive resources. ○ The Silver Slate® newsletter 4 times per year. ○ The Silver&Fit website. A toll-free telephone hotline to answer questions about the program. ○ Available contracted fitness club location must be utilized throughout the service area. Specific class offerings will vary by location. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herin. Kits are subject to change. Fitness center participation may vary by location and is subject to change.	**$0** copay for Fitness Program via home exercise kit program

PRESCRIPTION DRUG BENEFITS (PART D)	
Deductible Phase	**$0** deductible for Part D drugs As a member of **Memorial Hermann *Dual Advantage* HMO D-SNP,** your deductible is paid by your "Extra Help" benefit.

Initial Coverage Phase

During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**

You stay in this Initial Coverage Stage until your **total drug costs** (total of all payments made for your covered Part D drugs) for the year reach **$5,030**.

If you receive "Extra Help" to pay your Medicare prescription drug program costs, you are eligible for reduced cost sharing.

- Your cost sharing for eligible generic prescription drugs will be **$0**, **$1.55** or **$4.60** depending on your level of "Extra Help".
- Your cost sharing for eligible brand name drugs will be **$0**, **$4.50** or **$11.20** depending on your level of "Extra Help".

If you do not receive "Extra Help" or if your drug is not covered by Texas Medicaid, you will pay **25%** of the total cost for covered Tier 1 – Tier 5 Part D drugs.

Initial Coverage	**Retail Cost- sharing** (In-Network) (30-day supply)	**Retail Cost- sharing** (In-Network) (90-day supply)	**Mail Order Cost-sharing** (90-day supply) through **Costco**
Tier 1: Preferred Generic	You pay **$0**	You pay **$0**	You pay **$0**
Tier 2: Generic	You pay **$0**	You pay **$0**	You pay **$0**
Tier 3: Preferred Brand	You pay **$0**	You pay **$0**	You pay **$0**
Tier 4: Non-Preferred Drug	You pay **$0**	You pay **$0**	You pay **$0**
Tier 5: Specialty	You pay **$0**	Not available	Not available
Tier 6: Select Care	You pay **$0**	You pay **$0**	You pay **$0**

To help your pharmacist and avoid delays, please bring both your **Memorial Hermann *Dual Advantage* HMO D-SNP** card and your **Texas state Medicaid** card when getting your prescriptions filled.

Cost-Sharing may change depending on when you enter a new phase of the Part D benefit.

Select Care Drugs (Tier 6) have no copayment for this tier and is limited to select generic medications commonly prescribed to treat ongoing health conditions like high blood pressure, cholesterol, and diabetes.

Important Message About What You Pay for Vaccines – Our Plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

PRESCRIPTION DRUG BENEFITS (PART D) (continued)

Coverage Gap -

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.

You stay in this stage until your year-to-date **"out-of-pocket costs"** (total of all payments made for your covered Part D drugs) reach a total of **$8,000**. This amount and rules for counting costs toward this amount have been set by Medicare.

Select Care Drugs (Tier 6) are available at **$0** copayment during the Coverage Gap stage.

Not everyone will enter the Coverage Gap.

Catastrophic Coverage -

You qualify for the Catastrophic Coverage Stage when your out-of-pocket drug costs have reached the **$8,000** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Mail Order Pharmacy

Receive up to a 90-day supply of your drug through Costco. You do not need to be a Costco member to use their mail order pharmacy service.

Pharmacy Network

To find out more about the pharmacy network, please visit our site at:
https://healthplan.memorialhermann.org/medicare-advantage/pharmacy-benefits/pharmacy-directory .

MEMORIAL HERMANN Health Plan

Medicare *Advantage* Plans

H7115_PDSBHMO005_M CMS Accepted 09/23/2023

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MEMORIAL HERMANN Health Plan
Medicare *Advantage* Plans

OMB No. 0938-1378
Expires: 7/31/2024

MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
Memorial Hermann *Advantage*
P.O. Box 19909
Houston, TX 77224-1909

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Memorial Hermann *Advantage* at (855) 645-8448. TTY users can call 711.
Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
En español: Llame a Memorial Hermann *Advantage* al (855) 645-8448/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

MEMORIAL HERMANN Health Plan
Medicare Advantage Plans

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage or Medicare Prescription Drug Plan only during the Annual Enrollment Period (AEP) from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period.

If you are enrolling outside of the Annual Enrollment Period (AEP), please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period.
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I recently was released from incarceration. I was released on(insert date)_____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid on (insert date)_____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care facility (for example, a nursing home or long term care facility). I moved/will move into/out of facility on (insert date) _____.

- ☐ I recently left a PACE Program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements apply to you or you're not sure, please contact Memorial Hermann *Advantage* at (855) 645-8448 to see if you are eligible to enroll. We are open between October 1st and March 31st from 8 a.m. to 8 p.m., 7 days a week. We are open between April 1st and September 30th from 8 a.m. to 8 p.m., Monday through Friday. TTY users should call 711.

MEMORIAL HERMANN Health Plan
MEDICARE ADVANTAGE PLANS

OMB No. 0938-1378
Expires: 7/31/2024

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

☐ *Advantage* HMO - $0 per month
☐ *Dual Advantage* HMO D-SNP - $0 per month
☐ *Advantage* Golden Triangle HMO - $0 per month
☐ Prime Value MA Only HMO - $0 per month

FIRST name:	LAST name:	Middle Initial (Optional):

Birth date: MM/DD/YYYY / /	Sex: ☐ Male ☐ Female	Cell Phone Number: ( )	Alternate Number (if no cell): ( )

Permanent Residence street address (Don't enter a PO Box):	Email:

City:	County:	State:	ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed):
Street address: City: State: ZIP Code:

Your Medicare information:

Medicare Number: _____

Answer these important questions:

Are you enrolled in the State Medicaid Program? ☐ Yes ☐ No Medicaid Number: _____

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Memorial Hermann *Advantage*? ☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Memorial Hermann *Advantage*.
- By joining this Medicare *Advantage* Plan or Medicare Prescription Drug Plan, I acknowledge that Memorial Hermann *Advantage* will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Memorial Hermann *Advantage* coverage begins, I must get all of my medical and prescription drug benefits from Memorial Herman *Advantage*. Benefits and services provided by Memorial Hermann *Advantage* and contained in my Memorial Hermann *Advantage* "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Memorial Hermann *Advantage* will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1) This person is authorized under State law to complete this enrollment, and
  2) Documentation of this authority is available upon request by Medicare.

Signature:	**Today's date:**

If you're the authorized representative, sign above and fill out these fields:

Name:	Address:
Phone number:	Relationship to enrollee:

MEMORIAL HERMANN Health Plan
Medicare Advantage Plans

OMB No.
0938-1378
Expires:7/31/2024

Name of Staff Member/Agent/Broker (if assisted in enrollment): _____

Agent/Broker ID: _____

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ **I choose not to answer.**

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian or Chamorro
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Vietnamese
- ☐ White
- ☐ **I choose not to answer.**

Select one if you would like us to send you information in a language other than English.

☐ Spanish

Select one if you would like us to send you information in an accessible format.

☐ Braille ☐ Large Print ☐ Audio CD

Please contact Memorial Hermann *Advantage* at (855) 645-8448 if you need information in an accessible format other than what's listed above. Our office hours between October 1st and March 31st are 8 a.m. to 8p.m., 7 days a week. Hours of operation between April 1st and September 30th are 8 a.m. to 8 p.m., Monday through Friday. TTY users can call 711

Do you work? ☐ Yes ☐ No Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP) and office location OR Health Center and office location:

I want to get the following materials via email. Select one or more.

- ☐ Provider and Pharmacy Directory
- ☐ Member Communications

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe by mail, Electronic Funds Transfer (EFT), credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Memorial Hermann *Advantage* the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Say Hello to Simple!

New for 2024

The Memorial Hermann *Advantage* Mastercard Flexible spending program (we like to call it the **Flex Card** for short).

What It Is

The Memorial Hermann *Advantage* Flex Card is a debit card that can be used like a credit card to purchase **Vision and Hearing** items (such as glasses and hearing aids) and **Over-the-Counter (OTC)** items. Also, in situations where a member is in our Dual Special Needs (D-SNP) plan or has successfully completed a Case Management program, an allowance is added for **Groceries**.

How It Works

After you enroll, you will receive your card in the mail ready to go – it will automatically begin working on your enrollment effective date. After that, simply use your Flex Card like a credit card at the time of purchase. If you exceed your allowance, you will need to cover the remaining amount with another form of payment. For example:

Your vision and hearing allowance is already loaded onto the card (note: the dollar amount of your vision/hearing allowance is based on the plan you select). You can use these dollars in any combination you want when purchasing items such as glasses, contacts, and hearing aids. Simply present the card and dollars will be deducted accordingly.

Each quarter (every three months) an allowance for OTC items will be automatically loaded to your card (again, the dollar amount is based on the plan you select). You can purchase OTC items at retail outlets such as Kroger, Walmart, CVS, and Walgreens; or, you can use our mail-order catalog from Medline and pay with your flex card.

If you are a member of our Dual Special Needs (D-SNP) plan, which is designed for folks who are eligible for both Medicare and Medicaid, you will also receive a quarterly allowance for groceries. For members on our other plans, you can receive a one-time grocery allowance of $500 for successfully completing a Case Management program, which is designed for members facing challenges such a new medical diagnosis, medical procedure, or in-patient hospitalization.

You can check your card balance at any time by visiting your Flex Card portal – the site address will be located on the back of your card.

It's that simple – and helpful!

MEMORIAL HERMANN
Health Plan
Medicare *Advantage* Plans

Your Medicare Made Personal.

Talk to Your Sales Representative to Learn More

If you have any additional questions, feel free to ask your Sales Representative – they will have the information you need to make an informed decision.

Visit our website at **mhhp.org/flex**

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MEMORIAL HERMANN
Health Plan
Medicare *Advantage* Plans

MEMORIAL HERMANN Health Plan

Medicare *Advantage* Plans

Over-the-counter (OTC) benefit

Personal wellness products

Memorial Hermann Health Plan members receive a quarterly allowance to purchase OTC products. These products and others can be ordered from the Medline catalog by going to *athome.medline.com/MHHP* or purchased directly at participating retailers such as CVS, Walgreens, Kroger and Walmart.

OTC items can be paid for using the **NEW** Mastercard Flexible Spending Card. You can find a list of OTC products supported by your Flex Card at *mhhp.org/flex.*

Choose from hundreds of high-quality items in the following categories:

- Oral care
- Orthopedic supports
- First aid
- Home medical
- Leg and foot care
- Skin care

Friendly, reliable service

Knowledgeable customer service representatives are available by phone, online or by mail to answer your questions.

Three easy ways to order:

Phone

833-511-9844

Online

https://athome.medline.com/mhhp

Mail

We ship your products directly to your door at no additional cost.

Brought to you by:

LiveWell™ OTC Benefits Solution

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Silver&Fit®

MEMORIAL HERMANN Health Plan
Medicare *Advantage* Plans

Flexibility & Choice in Fitness

The Silver&Fit® program has Something for Everyone®. Eligible members can enjoy tools and features like:

Fitness Network Choices

You can join a participating fitness center or select YMCA, many with exercise classes for older adults. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences, for a buy-up price.*

Home Fitness Kits

You can pick one kit per benefit year. Choose from Wearable Fitness Tracker, Walking/Trekking, Pilates, Strength, Swim, and Yoga options.**

Fitness Tracking

You can sync your wearable fitness tracker or mobile app to the Silver&Fit Connected!™ tool to track your activity and earn rewards like hats and pins.***

On-Demand Workout Videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos at **SilverandFit.com**.

Workout Plans

By answering a few online questions about your fitness level and goals, you can get workouts to help you start or continue an exercise routine.

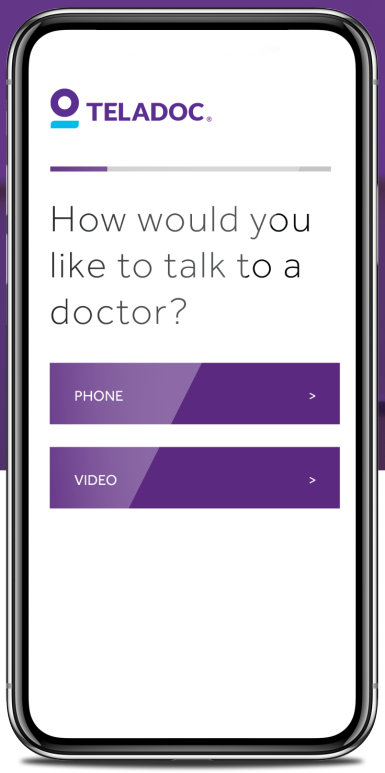
Well-Being Club

You can learn new skills and focus on your well-being by connecting with others, joining live virtual classes and events, and viewing exclusive articles and videos.

For questions, call Memorial Hermann Health Plan at **855.645.8448** (TTY/TDD: 711),
Oct. 1 - March 31: 8 a.m. to 8 p.m. CT, 7 days a week,
April 1 - Sept. 30: 8 a.m. to 8 p.m. CT, Monday to Friday.

TELADOC.

MEMORIAL HERMANN Health Plan
Medicare *Advantage* Plans



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Use your phone, the app, or the website to create an account and complete your medical history

Talk to a doctor

Request a time and a Teladoc doctor will contact you

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The doctor will diagnose symptoms and send a prescription if necessary

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IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

Memorial Hermann Health Plan - H7115

For 2024, Memorial Hermann Health Plan - H7115 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★★☆☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at medicare.gov/plan-compare.

Questions about this plan?

Contact Memorial Hermann Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 866-434-1282 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 855-645-8448 (toll-free) or 711 (TTY).