

# 2023

MEMORIAL<sup>®</sup>  
HERMANN  
Health Plan  
MEDICARE ADVANTAGE PLANS



## Medicare *Advantage* Information Kit

*Dual Advantage* HMO D-SNP

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

## 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 healthcare.

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 healthcare 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.

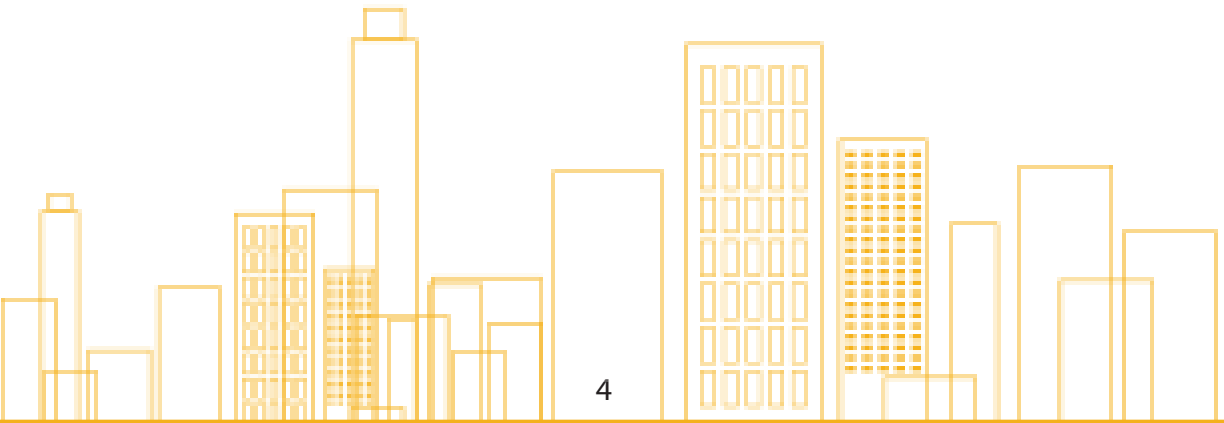
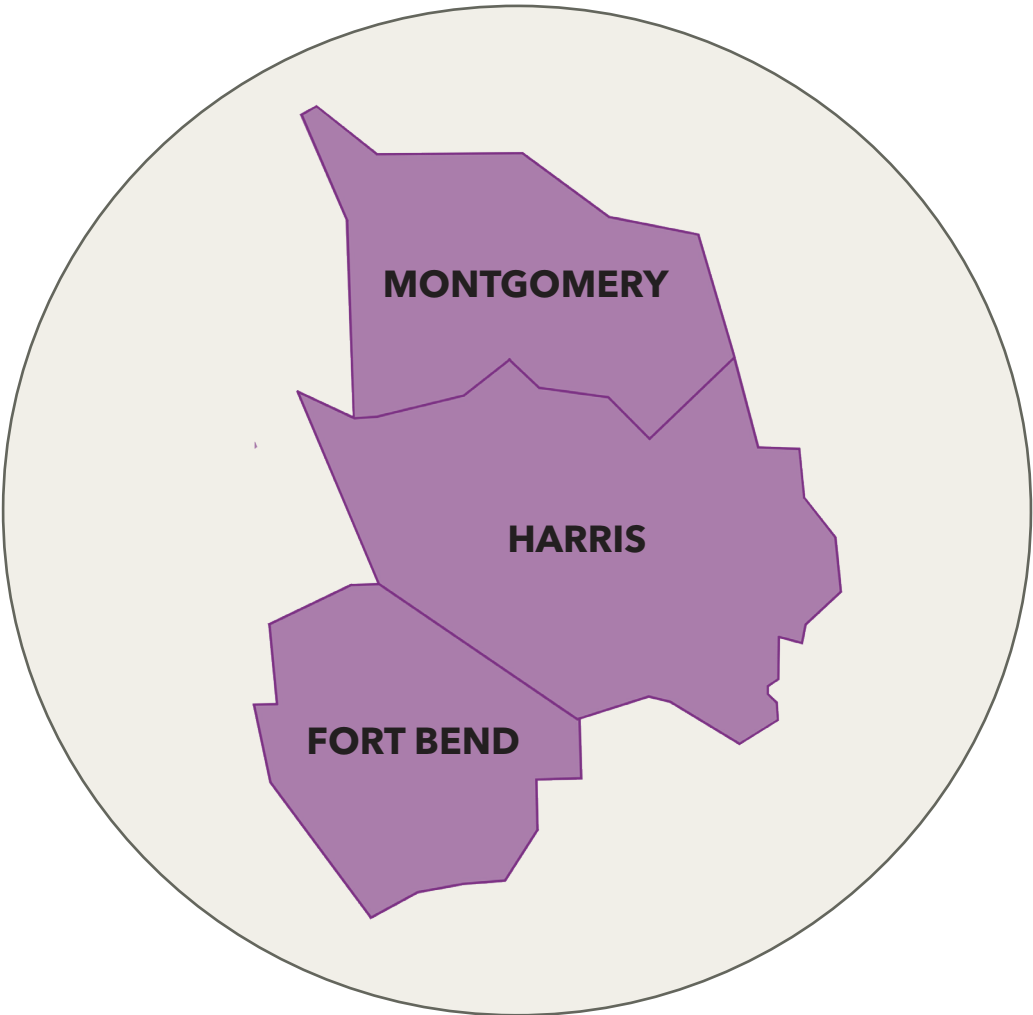
To learn more, visit us at **[memorialhermannadvantage.org/kit](https://memorialhermannadvantage.org/kit)** or call us at **833.796.1229** (TTY 711) from 8 a.m. to 8 p.m. CT to speak with a Memorial Hermann *Advantage* advisor today.



# 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.

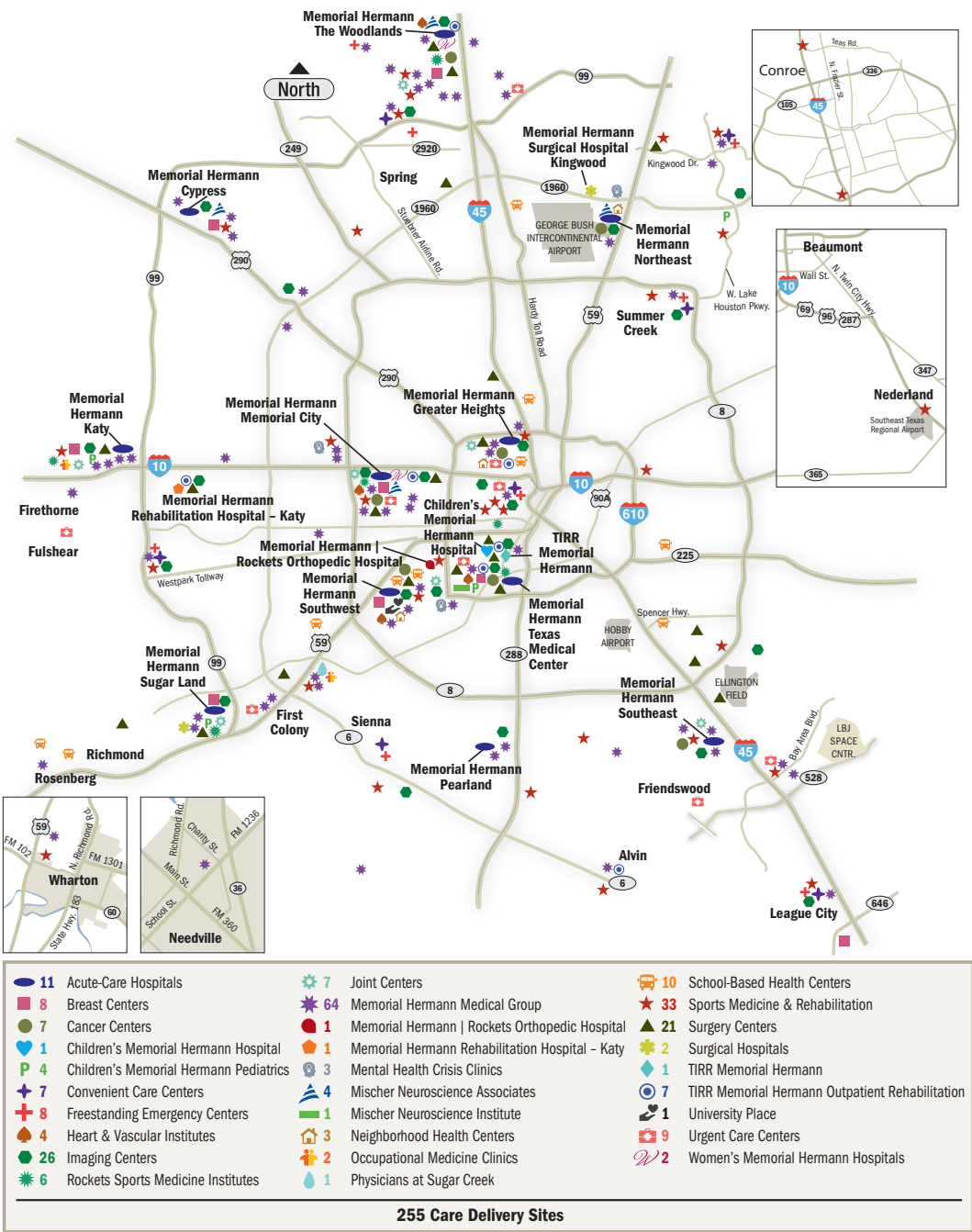
The Memorial Hermann Dual *Advantage* plan is designed for people who have both Medicaid and Medicare, and live in the following counties:



# 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.

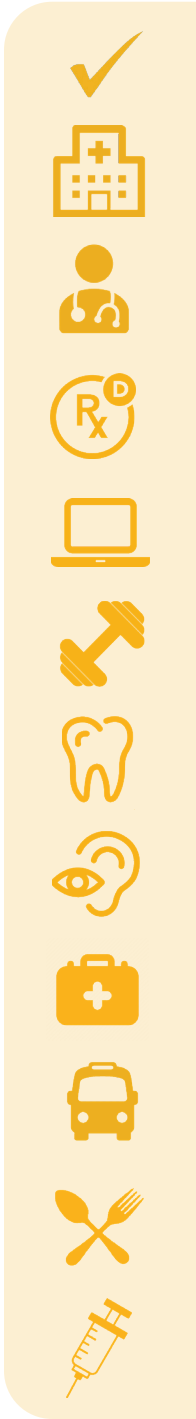
17\* Hospitals 70+ Medical Group Facilities 50+ Specialty & Urgent Care Facilities 6K+ Affiliated Providers



\*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.

# 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. You would keep your Medicaid benefits and get more benefits compared with Original Medicare. A Memorial Hermann Dual Advantage plan also includes many other extra benefits and features such as:



Benefits & Features*	Benefits You May Have Now:	*Benefits with Memorial Hermann Dual Advantage HMO D-SNP:
Medicaid Benefits	Yes	Yes
Hospital Stays	Yes	Yes
Doctor and Outpatient Care	Yes	Yes
Prescription Drug (Part D) Coverage – at no additional cost	—	Yes
Virtual Care options such as Teladoc	—	Yes
Fitness Benefits and Wellness Program - At No Extra Cost	—	Yes
Dental Benefit	—	\$2,500 Comprehensive Coverage
Vision and Hearing Allowances	—	\$400 for hearing aids \$200 for eyewear
Over-the-Counter Benefit¹	—	\$75 per quarter
Transportation Benefit	—	(58) one-way transports to a health-related location per year
Meals Benefit	—	(10) meals after in-patient hospitalization stay
Medicare Insulin Savings Program	\$35 copay for 30 day supply (Including through the coverage gap)	

\*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.

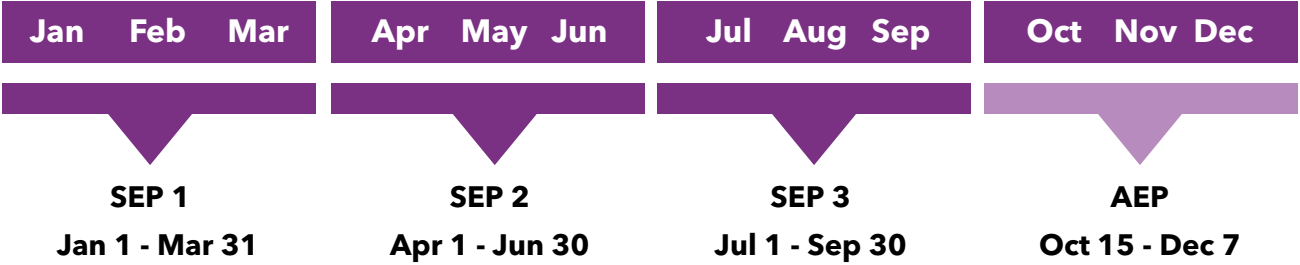
SLMB+

**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**.



## PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and requirements. If you have any questions, you can call and speak to a Customer Service representative at 855.645.8448 (TTY 711).

### Understanding Benefits and Plan Requirements

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit [healthplan.memorialhermann.org/medicare](https://healthplan.memorialhermann.org/medicare) 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, 2023.
- ☐ 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 [memorialhermannadvantage.org/kit](https://memorialhermannadvantage.org/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 [memorialhermannadvantage.org/events](https://memorialhermannadvantage.org/events).

## READY TO ENROLL - CHECKLIST

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

## 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。如需要翻譯服務，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 quý vị cần thông dịch viên xin gọi 1-855-645-8448 sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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 대해 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 للمترجم العربي المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك، هذه خدمة قورية. ليس عليك سوى الاتصال بنا على 1-8448-546-558. ستقوم شخص ما يتحدث العربية مجانية.

**Hindi:** हमारे स्वास्थ्य वा दवा की योजना के बारे में आपके किसी भी तरह के सवाल के लिए हमारे पास मुफ्त दुभाषि सेवाएँ उपलब्ध हैं। फ़्त दुभाषि प्राप्त करने के लिए, बस हों 1-855-645-8448 पर फ़ोन करें। कोई बचि जो हिन्दी बोलता है आपकी मदद कर सता है। यह फ़्त 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.

**Português:** Disponos 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 ouwa 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。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。

H7115\_PDMLI\_C IA 11/20/2020

\* Benefits and features vary by plan. This information is not a complete description of benefits. Please call us at 833.796.1229 for more information.

<sup>1</sup>For the Over-the-Counter Benefit, Medline At Home provides over-the-counter products covered under this specific plan at no additional cost to you.

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.

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\_MKInfoKitDual23\_M CMS Accepted 9/5/2022



**memorialhermannadvantage.org/kit**



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

**MEMORIAL  
HERMANN**  
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MEDICARE ADVANTAGE PLANS



A photograph of three elderly women laughing together outdoors. The woman on the left has short grey hair and wears glasses and an orange sweater. The woman in the middle has dark skin and wears a maroon shirt. The woman on the right has grey hair and wears a yellow shirt. They are all smiling broadly and laughing.

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**2023 DUAL ADVANTAGE HMO  
(D-SNP) SUMMARY OF BENEFITS**

# Memorial Hermann *Dual Advantage* HMO D-SNP

H7115, Plan 005

January 1, 2023 - December 31, 2023

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann *Dual Advantage* HMO D-SNP** January 1, 2023 to December 31, 2023.

**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 list of 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: Fort Bend, Harris, 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](http://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 (855) 645-8448 (TTY users should call 711), for more information or visit us at <http://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.

	<b>Memorial Hermann <i>Dual Advantage</i> HMO D-SNP</b>	<b>Medicaid</b>
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	Your monthly premium will be <b>\$0</b> as long as you are eligible for Medicaid benefits. You must continue to pay your Medicare Part B premium.
Deductible	<b>\$0</b> deductible for medical
Part D Deductible	<b>\$0</b> per year for Part D prescription drugs As a member of Memorial Hermann <i>Dual Advantage</i> HMO D-SNP, your deductible is paid by your “Extra Help” benefit.
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	You pay no more than <b>\$8,300</b> annually. Includes copays and other costs for medical services for the year. Our Memorial Hermann <i>Dual Advantage</i> HMO D-SNP members rarely meet this out-of-pocket maximum.
<b>Inpatient Hospital</b>	
Inpatient Hospital stay	You pay <b>\$0</b> for each Inpatient stay
<b>Prior authorization rules may apply.</b>	
<b>Outpatient Hospital Services</b>	
Ambulatory Surgical Center (ASC)	You pay <b>\$0</b>
Outpatient Surgery	You pay <b>\$0</b>
Outpatient Hospital Observation services	You pay <b>\$0</b>
<b>Prior authorization rules may apply.</b>	
<b>Doctor Visits</b>	
Primary Care Provider (PCP)	You pay <b>\$0</b>
Specialists (No referral is needed.)	You pay <b>\$0</b>
Telehealth Provider visit with PCP or Specialists	You pay <b>\$0</b>
<b>Memorial Hermann</b> Virtual Office Visit <a href="https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit">https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit</a>	You pay <b>\$0</b>
Virtual visits exclusively through <b>Teladoc</b>	You pay <b>\$0</b>

Summary of Benefits	What You Will Pay
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>○ Abdominal aortic aneurysm screening</li> <li>○ Annual wellness visit</li> <li>○ Bone mass measurement</li> <li>○ Breast cancer screening</li> <li>○ Cardiovascular disease testing every 5 years</li> <li>○ Cervical and vaginal cancer screening</li> <li>○ Colorectal cancer screening</li> <li>○ Depression screening</li> <li>○ Diabetes screening</li> <li>○ Hepatitis C screening</li> <li>○ HIV screening</li> <li>○ Lung cancer screening</li> <li>○ Medical nutrition therapy</li> <li>○ Medicare Diabetes Prevention Program (MDPP)</li> <li>○ Obesity screening and therapy</li> <li>○ Prostate cancer screening</li> <li>○ Screening and counseling to reduce alcohol misuse</li> <li>○ Screening for sexually transmitted infections (STIs)</li> <li>○ Tobacco use cessation counseling</li> <li>○ Vaccines for flu, Hepatitis B, COVID-19, and pneumonia</li> <li>○ “Welcome to Medicare” preventive visit</li> </ul>	<p>You pay <b>\$0</b></p> <p>Please see your Evidence of Coverage for more information about these Medicare-covered preventive services.</p>
<b>Emergency and Urgently Needed Services</b> <p>Emergency care</p> <p>Worldwide Emergency care</p> <p>Worldwide Emergency Transportation</p> <p>Urgently Needed services</p> <p><b>\$50,000 USD maximum benefit for worldwide emergency.</b></p>	<p>You pay <b>\$0</b> This copay is waived if admitted within 48 hours.</p> <p>You pay <b>\$0</b> This copay is waived if admitted within 48 hours.</p> <p>You pay <b>\$0</b></p> <p>You pay <b>\$0</b> Coverage is worldwide.</p>

Summary of Benefits	What You Will Pay
<b>Ambulance</b>	
Ground Ambulance (one-way)	You pay <b>\$0</b>
Air Ambulance (one-way)	You pay <b>\$0</b>
<b>Prior authorization is required for non-emergency Medicare services.</b>	
<b>Diagnostic Services/ Labs/Imaging</b>	
Medicare-covered Therapeutic Radiology visit	You pay <b>\$0</b> per diagnostic test or procedure
Lab services	You pay <b>\$0</b> for lab services
X-rays	You pay <b>\$0</b> for x-rays
Complex Diagnostic Imaging services (MRI, CT, PET)	You pay <b>\$0</b> per test/service
<b>Prior authorization is required for some services.</b>	
<b>Mental Health Services</b>	
Inpatient Mental Health care	You pay <b>\$0</b> per stay
Outpatient individual therapy or group therapy visit with a non-physician provider	You pay <b>\$0</b>
Outpatient individual therapy or group therapy visit with a Psychiatrist	You pay <b>\$0</b>
<b>Prior authorization rules may apply.</b>	
<b>Rehabilitation Services</b>	
Physical Therapy, Occupational Therapy, and Speech and Language Therapy	You pay <b>\$0</b>
Cardiac Rehab services	You pay <b>\$0</b>
Pulmonary Rehab services	You pay <b>\$0</b>

Summary of Benefits	What You Will Pay
<b>Chiropractic Care</b>	
Manual manipulation of the spine to correct subluxation	You pay <b>\$0</b>
<b>Acupuncture</b>	
For the treatment of chronic lower back pain	You pay <b>\$0</b>
<b>Skilled Nursing Facility</b>	
Days 1 - 20	You pay <b>\$0</b>
Days 21 – 100	QMB program members will pay <b>\$0</b> SLMB+ program members will pay <b>20%</b> .
<b>Prior authorization rules may apply.</b>	
<b>Home Health Care</b>	
Medicare-covered Home Health visit	You pay <b>\$0</b>
Home-based Palliative care	You pay <b>\$0</b>
<b>Prior authorization rules may apply.</b>	
<b>Home Infusion Therapy</b>	
Medicare-covered home infusion therapy, including chemotherapy, anti-infectives, and other specialty medications to treat various conditions	You pay <b>\$0</b>
<b>Prior authorization is required for Medicare Part B drugs over \$1,000.</b>	
<b>Hospice</b>	
Covered services include drugs for symptom control and pain relief, short-term respite care, and home care.	QMB program members will pay <b>\$0</b> SLMB+ program members will pay <b>20%</b> .
<b>Prior authorization rules may apply.</b>	

Summary of Benefits	What You Will Pay
<b>Diabetic Services and Supplies</b>	
Medicare-covered Diabetic Supplies	You pay <b>\$0</b>
Diabetes self-management training	You pay <b>\$0</b>
Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche)	You pay <b>\$0</b>
Medicare-covered therapeutic custom-molded shoes or inserts	You pay <b>\$0</b>
Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom G6 and Freestyle Libre. 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 <b>\$0</b> for the preferred CGM brands at a network pharmacy (retail). <b>All other brands are excluded.</b>
<b>Durable Medical Equipment (DME)</b>	
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 <b>\$0</b>
Wigs for chemotherapy patients	You pay <b>\$0</b>
<b>Prior authorization rules may apply.</b>	
<b>Transportation</b>	
Includes taxi, rideshare services, bus, subway, van, and medical transport.	Up to <b>58</b> plan-approved one-way transports to health-related locations per year
<b>Meals</b>	
Meals provided immediately following inpatient hospitalization discharge.	Up to <b>10</b> meals delivered per hospital discharge
<b>Over-the-counter (OTC) Items</b>	
The Plan reimburses for certain OTC items every 3 months.	<b>\$75</b> maximum reimbursement per quarter



Summary of Benefits	What You Will Pay
<b>Dental Services</b>	
<b>\$2,500 annual maximum plan benefit</b>	
<b><u>Preventive Services</u></b> <ul style="list-style-type: none"> <li>○ Oral Exam (every 6 months)</li> <li>○ Prophylaxis (Cleanings) (every 6 months)</li> <li>○ X-rays (every 6 months)</li> <li>○ Fluoride Treatments (every 6 months)</li> </ul>	<p>You pay <b>\$0</b> for Preventive services from a network provider</p> <p>You pay <b>\$0</b> for Preventive services from a non-network provider</p>
<b><u>Comprehensive Services</u></b> <ul style="list-style-type: none"> <li>○ Diagnostic</li> <li>○ Extractions</li> <li>○ Restorative (fillings, bridges)</li> <li>○ Endodontics (root canal)</li> <li>○ Periodontics (scaling, root planing)</li> <li>○ Non-routine services</li> <li>○ Prosthodontics (dental appliances, dentures)</li> <li>○ Other Oral/Maxillofacial Surgery</li> <li>○ Other services</li> </ul> <p>Dental benefits are provided by Liberty Dental. To search for a provider, visit their website at: <a href="https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist">https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist</a></p>	<p>You pay <b>\$0</b> per visit for each Medicare-covered Comprehensive service</p> <p>You pay <b>\$0</b> for in-network Diagnostic services.</p> <p>You pay <b>\$0</b> for out-of-network Diagnostic services</p> <p>You pay <b>\$0</b> for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services</p> <p>You pay <b>\$0</b> for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services</p> <p>You pay <b>\$0</b> for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services</p>
<b>Vision Services</b>	
Medicare-covered Eye Exams	You pay <b>\$0</b>
Routine Vision Exams	You pay <b>\$0</b>
Glaucoma Screenings	You pay <b>\$0</b> for one annual screening
Diabetic Retinopathy Screenings for Diabetics	You pay <b>\$0</b> for one annual screening
Eyewear (contacts, lenses, frames)	<b>\$200</b> annual total benefit for eyewear or contact lenses

Summary of Benefits	What You Will Pay
<b>Hearing Services</b>	
Medicare-covered Annual Hearing Exam	You pay <b>\$0</b>
Routine Hearing Exam performed by PCP	You pay <b>\$0</b> for basic hearing and balance exam
Hearing Exam performed by Audiologist	You pay <b>\$0</b> for exam to diagnose and treat hearing and balance
Hearing Aid(s)	<b>\$400</b> annual total allowance for hearing aid(s), both ears combined
<b>Opioid Treatment Program</b>	
Medicare-covered Opioid Treatment visit	You pay <b>\$0</b>
Inpatient Hospital stay	You pay <b>\$0</b> per stay
<b>Prior authorization rules may apply.</b>	
<b>Outpatient Substance Abuse</b>	
Outpatient individual or group therapy visit	You pay <b>\$0</b>
<b>Additional Health &amp; Wellness Benefits</b>	
Fitness Center Membership	You pay <b>\$0</b> for Fitness Program via home exercise kit program
<p>New and fun ways to get fit and stay healthy, the Silver &amp; Fit program consists of:</p> <ul style="list-style-type: none"> <li>Being a member at a Silver &amp; Fit fitness club or exercise center that participates in Memorial Hermann <i>Advantage</i> HMO basic program is at no cost to you. You may choose to purchase additional buy-up services. Contact your exercise center.</li> <li>The Silver &amp; Fit Home Fitness program, if you cannot get to a fitness facility or prefer to work out at home.</li> <li>Healthy Aging classes (online or DVD)</li> <li>The Silver Slate® newsletter 4 times per year</li> <li>The Silver &amp; Fit website</li> <li>A toll-free telephone hotline to answer questions about the program</li> </ul> <p>Available contracted fitness club location must be utilized throughout the service area. Specific class offerings will vary by location.</p>	

Summary of Benefits	What You Will Pay
<b>Healthy Advantage Wellness Rewards Program</b>	
Complete the following activities to earn rewards: <ul style="list-style-type: none"> <li>• Annual Health Risk Assessment</li> <li>• Annual Wellness Visit</li> <li>• Breast Cancer Screening</li> <li>• Retinal Eye Exam</li> </ul>	Earn up to <b>\$180</b> in gift card rewards for CMS-approved goods and services.
<b>Case Management</b>	
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: <ul style="list-style-type: none"> <li>• helping to understand a new diagnosis and how to manage it;</li> <li>• finding a new in-network provider; and</li> <li>• helping a member find community resources if they're struggling to pay bills or having trouble moving safely around their home</li> </ul>	
<b>Medicare Part B Drugs</b>	
Chemotherapy / Radiation drugs	You pay <b>\$0</b>
Other Part B drugs	You pay <b>\$0</b>
<b>Prior authorization is required for drugs over \$1,000.</b>	
<b>Telephone/Virtual Services</b>	
Virtual visits through Primary Care Physicians	You pay <b>\$0</b>
Specialist Virtual visits	You pay <b>\$0</b>
Urgently Needed services	You pay <b>\$0</b>
Individual and Group sessions for: <ul style="list-style-type: none"> <li>• Mental Health Specialty services</li> <li>• Psychiatric services</li> <li>• Outpatient Substance Abuse</li> </ul>	You pay <b>\$0</b> You pay <b>\$0</b> You pay <b>\$0</b>
<b>Memorial Hermann Virtual Office Visit</b> <a href="https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit">https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit</a>	You pay <b>\$0</b>
24/7 Telephonic visit available through <b>Teladoc</b> . You may register or log in to Teladoc at <a href="https://www.teladoc.com/">https://www.teladoc.com/</a> .	You pay <b>\$0</b>

**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 **\$4,660**.

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, \$1.45** or **\$4.15** depending on your level of “Extra Help”.
- Your cost sharing for eligible brand name drugs will be **\$0, \$4.30** or **\$10.35** 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.

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

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. Cost-Sharing may also change if you have a change in your “Extra Help” Cost Sharing.

Select Care Drugs (Tier 6) have low or 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.

### Catastrophic Coverage -

You qualify for the Catastrophic Coverage Stage when your out-of-pocket drug costs have reached the **\$7,400** 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 will pay most of the cost for your drugs.

- **Your share** of the cost for a covered drug will be either coinsurance or a copayment, whichever is the *larger* amount:
  - – *either* – coinsurance of 5% of the cost of the drug
  - – *Or* – \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs.

**Our plan pays the rest** of the cost.

### 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.



MEDICARE ADVANTAGE PLANS



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

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### 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](https://www.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*  
929 Gessner, Suite 1500  
Houston, TX 77024

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.

### 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.

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

**Select the plan you want to join:**

☐ *Advantage* HMO - \$0 per month

☐ *Advantage* Plus HMO - \$25 per month

☐ *Advantage* Golden Triangle HMO - \$0 per month

☐ *Dual Advantage* HMO D-SNP - \$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 Hermann *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:

## 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.

## IMPORTANT INFORMATION:

### 2023 Medicare Star Ratings



#### Memorial Hermann Health Plan - H7115

For 2023, Memorial Hermann Health Plan - H7115 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★☆

**Health Services Rating:** ★★★★★☆

**Drug Services Rating:** ★★★★★☆

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](https://www.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).



# MEMORIAL HERMANN<sup>®</sup> Health Plan

MEDICARE ADVANTAGE PLANS

Over-the-counter (OTC) benefit

## Personal wellness products

Memorial Hermann Health Plan members can get **up to \$30 worth of healthcare products** every quarter. Members use the benefit to order items such as mobility aids, compression garments, incontinence products, toothpaste, lotions, cleansers and much more, from familiar brands including CURAD<sup>®</sup>, Biotene<sup>®</sup> and Remedy<sup>®</sup>.

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<sup>™</sup>**  
OTC Benefits Solution



# Something for Everyone®

The Silver&Fit® Healthy Aging and Exercise program supports every unique member.

Enjoy all of the following, anytime, anywhere, at no cost to you:



## On-Demand Workout Videos

Go to **[www.SilverandFit.com](http://www.SilverandFit.com)** or download the ASHConnect™ mobile app to find workout videos for all fitness levels.



## Well-Being Club

Learn new skills and focus on well-being by:

- Connecting with others
- Enjoying live-streaming classes and events on the Silver&Fit website
- Viewing exclusive articles and videos



## Workout Plans

Answer a few online questions about your fitness level and goals to get workouts to help you start an exercise routine.



## Home Fitness Kits

Pick your favorite kit (one per benefit year):\*\*

- Fitbit® or Garmin® Wearable Fitness Tracker Kit
- Pilates Kit
- Beginner, Intermediate, or Advanced Strength Kit
- Beginner or Advanced Swim Kit
- Beginner or Intermediate/Advanced Yoga Kit



## Standard and Premium Fitness Network Choices

Join one of thousands of participating fitness centers or select YMCAs, 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.\*

Go to **[www.SilverandFit.com](http://www.SilverandFit.com)** to get started today! For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

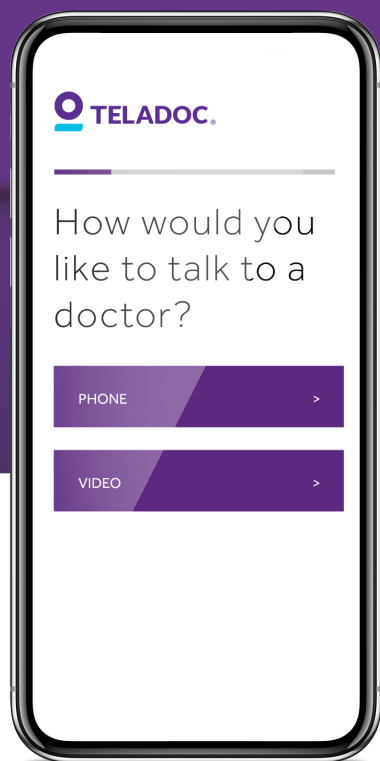
\*Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

\*\*Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, **kits cannot be exchanged.**

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### Feel better


The doctor will diagnose symptoms and send a prescription if necessary

### Talk to a doctor

Request a time and a Teladoc doctor will contact you

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