

## Memorial Hermann *Advantage* HMO offered by Memorial Hermann Health Plan, Inc.

### Annual Notice of Changes for 2023

You are currently enrolled as a member of Memorial Hermann *Advantage* HMO. Next year, there will be changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at <http://healthplan.memorialhermann.org/medicare/>. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital)
  - Review the changes to our drug coverage, including authorization requirements and costs
  - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

##### 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Memorial Hermann *Advantage* HMO.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Memorial Hermann *Advantage* HMO.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- This document is available for free in Spanish.
- Please contact our Customer Service number at (855) 645-8448 for additional information. (TTY users should call 711.) Hours of operation between October 1<sup>st</sup> and March 31<sup>st</sup> are 8 a.m. to 8 p.m., 7 days a week. Hours of operation between April 1<sup>st</sup> and September 30<sup>th</sup> are 8 a.m. to 8 p.m., Monday through Friday.
- We can also give you information for free in large print, braille, audio recording, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Memorial Hermann *Advantage* HMO**

- Memorial Hermann *Advantage* HMO is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Memorial Hermann Health Plan, Inc. When it says "plan" or "our plan," it means Memorial Hermann *Advantage* HMO.

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Memorial Hermann *Advantage* HMO in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0.00	\$0.00
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,900.00	\$3,400.00
<b>Doctor office visits</b>	Primary care visits: \$0.00 per visit  Specialist visits: \$25.00 per visit	Primary care visits: \$0.00 per visit  Specialist visits: \$25.00 per visit
<b>Inpatient hospital stays</b>	\$350.00 copay for each Medicare-covered inpatient hospital admission.	\$350.00 copay for each Medicare-covered inpatient hospital admission.

**Part D prescription drug coverage**

(See Section 1.5 for details.)

Deductible: \$300.00

Copayment during the Initial Coverage Stage:

- **Drug Tier 1**  
(Preferred Generic):  
*Preferred cost sharing:*  
You pay a \$0.00 copay per prescription.

*Standard cost sharing:*  
You pay \$10.00 copay per prescription.

- **Drug Tier 2**  
(Generic):  
*Preferred cost sharing:*  
You pay a \$5.00 copay per prescription.

*Standard cost sharing:*  
You pay \$18.00 copay per prescription.

- **Drug Tier 3**  
(Preferred Brand):  
*Preferred cost sharing:*  
You pay a \$39.00 copay per prescription.

*Standard cost sharing:*  
You pay a \$47.00 copay per prescription.

Insulin follows Tier 3 cost sharing.

Deductible: \$0.00

Copayment during the Initial Coverage Stage:

- **Drug Tier 1**  
(Preferred Generic):  
*Preferred cost sharing:*  
You pay a \$0.00 copay per prescription.

*Standard cost sharing:*  
You pay \$10.00 copay per prescription.

- **Drug Tier 2 (Generic):**  
*Preferred cost sharing:*  
You pay a \$5.00 copay per prescription.

*Standard cost sharing:*  
You pay \$18.00 copay per prescription.

- **Drug Tier 3**  
(Preferred Brand):  
*Preferred cost sharing:*  
You pay a \$39.00 copay per prescription.

*Standard cost sharing:*  
You pay a \$47.00 copay per prescription.

You pay a \$35.00 copay for Select Insulins (SI) at Preferred or Standard pharmacies for a 30-day supply. (Including through the Coverage Gap).

Cost	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> <li>• <b>Drug Tier 4</b> (Non-Preferred Drug): <i>Preferred cost sharing:</i> You pay a \$92.00 copay per prescription.</li>   <li><i>Standard cost sharing:</i> You pay a \$100.00 copay per prescription.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Drug Tier 4</b> (Non-Preferred Drug): <i>Preferred cost sharing:</i> You pay a \$92.00 copay per prescription.</li>   <li><i>Standard cost sharing:</i> You pay a \$100.00 copay per prescription.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Drug Tier 5</b> (Specialty): You pay 28% of the cost.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Drug Tier 5</b> (Specialty): You pay 33% of the cost.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Drug Tier 6</b> (Select Care): <i>Preferred cost sharing:</i> You pay \$0.00 copay per prescription.</li>   <li><i>Standard cost sharing:</i> You pay \$8.00 copay per prescription.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Drug Tier 6</b> (Select Care): <i>Preferred cost sharing:</i> You pay \$0.00 copay per prescription.</li>   <li><i>Standard cost sharing:</i> You pay \$8.00 copay per prescription.</li> </ul>

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.

Select Insulins (SI) are limited insulin products that are selected as part of the CMS Senior Savings Model program at a reduced member copay. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by SI in the Drug List. If you have questions about the Drug List, you can also call Customer Service at (855) 645-8448.

If you receive Low-Income cost-sharing Subsidy (LIS), sometimes called Extra Help, you already have a set copayment and are not eligible for the savings on Select Insulins (SI) copayments. Only, non-LIS enrollees are eligible for the cost sharing for Select Insulins (SI). If you have questions about the copayment for Select Insulins (SI), you can also call Customer Service at (855) 645-8448.

**SECTION 1 Changes to Benefit and Cost for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0.00	\$0.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,900	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at <http://healthplan.memorialhermann.org/medicare/>. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a *directory*.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

### Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b>	\$3,900.00	\$3,400.00
<b>Medicare Part D Senior Savings for Insulin</b>	Insulin follows Tier 3 cost sharing. The plan did <u>not</u> participate in the Part D Senior Savings Model.	You pay a \$35.00 copay for Select Insulins (SI) at Preferred or Standard pharmacies for a 30-day supply. (Including through the Coverage Gap).
<b>Outpatient Hospital Services</b>	<p>You pay a \$300.00 copay for each Medicare-covered Outpatient Hospital surgery.</p> <p>You pay a \$300.00 copay for each Medicare-covered Outpatient Observation visit per stay.</p>	<p>You pay a \$200.00 copay for each Medicare-covered Outpatient Hospital surgery.</p> <p>You pay a \$200.00 copay for each Medicare-covered Outpatient Observation visit per stay.</p>

Cost	2022 (this year)	2023 (next year)
<b>Ambulatory Surgical Center (ASC) Services</b>	You pay a \$175.00 copay for Medicare-covered services per visit.	You pay a \$125.00 copay for Medicare-covered services per visit.
<b>Cardiac and Pulmonary Rehabilitation Services</b>	You pay a \$25.00 copay for each Medicare-covered Cardiac Rehabilitation Service, Intensive Cardiac Rehabilitation Service, Pulmonary Rehabilitation Service and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Service.	You pay a \$20.00 copay for each Medicare-covered Cardiac Rehabilitation Service, Intensive Cardiac Rehabilitation Service, Pulmonary Rehabilitation Service and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Service.
<b>Physical Therapy, Occupational Therapy and Speech-Language Pathology Services</b>	You pay a \$25.00 copay for each Medicare-covered services, per visit.	You pay a \$20.00 copay for each Medicare-covered service, per visit.
<b>Skilled Nursing Facility Services</b>	<p>You pay a \$0.00 copay for each Medicare-covered admission, days 1-20.</p> <p>You pay a \$150.00 copay for each Medicare-covered admission, days 21-100.</p>	<p>You pay a \$0.00 copay for each Medicare-covered admission, days 1-20.</p> <p>You pay a \$125.00 copay for each Medicare-covered admission, days 21-100.</p>
<b>Emergency Services</b>	You pay a \$90.00 copay for each Medicare-covered Emergency Room visit.	You pay a \$125.00 copay for each Medicare-covered Emergency Room visit.
<b>Urgently Needed Services</b>	You pay a \$35.00 copay for each Medicare-covered Urgent Care visit.	You pay a \$25.00 copay for each Medicare-covered Urgent Care visit.
<b>Air Ambulance Services</b>	You pay a \$250.00 copay for each Medicare-covered Air Ambulance trip.	You pay 20% coinsurance for each Medicare-covered Air Ambulance trip.

Cost	2022 (this year)	2023 (next year)
<p><b>Worldwide Emergency and Worldwide Urgent Care Services</b></p>	<p>You pay a \$90.00 USD copay for each Emergency Room visit (up to 48 hours). Copay waived if admitted.</p> <p>You pay a \$35.00 USD copay for each Urgent Care visit.</p> <p>Coinsurance is waived for Worldwide Urgent Care services if admitted to hospital.</p> <p>You pay a \$250.00 USD copay for each Worldwide Emergency Transportation.</p> <p>Maximum plan benefit coverage amount \$0.00 USD per plan year.</p>	<p>You pay a \$125.00 USD copay for each Emergency Room visit (up to 48 hours). Copay waived if admitted.</p> <p>You pay a \$25.00 USD copay for each Urgent Care visit.</p> <p>Coinsurance is <u>not</u> waived for Worldwide Urgent Care services if admitted to hospital.</p> <p>You pay 20% coinsurance of the total cost for each Worldwide Emergency Transportation.</p> <p>Maximum plan benefit coverage amount \$50,000.00 USD per plan year.</p>
<p><b>Telehealth Services</b></p>	<p>You pay a \$0.00 to \$35.00 copay for each Medicare-covered Telehealth service. (Copays are the same as the in-person office visit).</p> <p>Group session for Psychiatric and Outpatient Substance Abuse are <u>not</u> a Medicare-covered Telehealth Service.</p>	<p>You pay a \$0.00 to \$25.00 copay for each Medicare-covered Telehealth service. (Copays are the same as the in-person office visit).</p> <p>Group sessions for Psychiatric and Outpatient Substance Abuse are a Medicare-covered Telehealth Service.</p>
<p><b>Opioid Treatment Program Services</b></p>	<p>You pay a \$40.00 copay for each Medicare-covered service.</p>	<p>You pay a \$20.00 copay for each Medicare-covered service.</p>

Cost	2022 (this year)	2023 (next year)
<b>Outpatient Diagnostic Procedures and Tests</b>	You pay a \$75.00 copay for each Medicare-covered service.	You pay a \$25.00 copay for each Medicare-covered service.
<b>Outpatient High-End Diagnostic Radiological Services and Outpatient X-Ray Services</b>	<p>You pay a \$250.00 copay for each Medicare-covered service. (e.g., CT, MRI, etc.).</p> <p>You pay a \$10.00 copay for each Medicare-covered X-Ray service.</p>	<p>You pay a \$150.00 copay for each Medicare-covered service (e.g., CT, MRI, etc.).</p> <p>You pay a \$0.00 copay for each Medicare-covered X-Ray service.</p>
<b>Transportation Services</b>	Transportation Service is <u>not</u> covered.	<p>You pay \$0.00 for 10 one-way trips to health-related locations when approved by the Plan.</p> <p>(Taxi, rideshare services, bus/subway, van or medical transport).</p>
<b>Over-the-Counter (OTC) items</b>	OTC items are <u>not</u> covered.	You receive \$40.00 every 3 months for covered OTC items.
<b>Meals</b>	Meals are <u>not</u> covered.	You pay \$0.00 for up to 10 meals immediately following an Inpatient Hospitalization.
<b>Eye Exams</b>	<p>You pay a \$50.00 copay for each Medicare-covered Eye Exam.</p> <p>Routine Eye Exams are <u>not</u> covered.</p>	<p>You pay a \$20.00 copay for each Medicare-covered Eye Exam.</p> <p>You pay a \$0.00 copay for Routine Eye Exams.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Hearing Exams</b></p>	<p>You pay a \$50.00 copay for each Medicare-covered Hearing Exam.</p> <p>You pay a \$10.00 copay for a Routine Hearing Exam.</p>	<p>You pay a \$20.00 copay for each Medicare-covered Hearing Exam.</p> <p>You pay a \$0.00 copay for a Routine Hearing Exam.</p>
<p><b>Additional Benefits</b></p>	<p>Wigs for Hair Loss related to chemotherapy are <u>not</u> covered.</p> <p>Home-based Palliative Care is <u>not</u> covered.</p>	<p>Wigs for Hair Loss related to chemotherapy are covered.</p> <p>Home-based Palliative Care is covered.</p>
<p><b>Diabetic Services and Supplies</b></p>	<p>You pay 0% coinsurance for preferred brands of diabetic supplies (meters and test strips). Preferred brands are Abbott and Roche.</p> <p>You pay 20% coinsurance for all other Medicare-covered diabetic supplies.</p>	<p>You pay 0% coinsurance for preferred/exclusive brands of glucometers and test strips. Preferred brands are One Touch (LifeScan) and Accu-Chek (Roche).</p> <p>You pay 20% coinsurance for all other Medicare-covered diabetic supplies.</p>
<p><b>Prior Authorization for Prosthetics/Medical Supplies</b></p>	<p>Prior Authorization required for items over \$1,000.00 only.</p>	<p>Prior Authorization required for items over \$500.00 only.</p>
<p><b>Dental Services</b></p> <p>For questions regarding your dental benefits, contact:</p> <p><b>Liberty Dental: (866) 674-0114</b></p>	<p>No annual maximum plan benefit.</p> <p><u>Preventive Services:</u> You pay 0% coinsurance for in-network oral exams, dental x-rays and cleanings every 6 months (2 times a year).</p>	<p>Annual maximum plan benefit \$2,000.00.</p> <p><u>Preventive Services:</u> You pay 0% coinsurance for in-network oral exams, dental x-rays, cleanings and fluoride treatments every 6 months (2 times a year).</p>

Cost	2022 (this year)	2023 (next year)
<b>Dental Services (continued)</b>	<p>Preventive Services provided out-of-network are <u>not</u> covered.</p> <p><u>Comprehensive Services:</u> You pay a \$50.00 copay for Medicare-covered Comprehensive Dental Services.</p> <p>You pay 20% coinsurance for in-network Periodontic Services. Out-of-network services are <u>not</u> covered.</p> <p>Diagnostic Services are <u>not</u> covered.</p> <p>Restorative, Endodontic, Extraction and Non-Routine Services are <u>not</u> covered.</p> <p>Prosthodontic, Other Oral Maxillofacial Surgery and Other Services are <u>not</u> covered.</p>	<p>You pay 20% coinsurance for out-of-network Preventive services.</p> <p><u>Comprehensive Services:</u> You pay a \$20.00 copay for Medicare-covered Comprehensive Dental Services.</p> <p>You pay 20% coinsurance in-network or 50% coinsurance out-of-network for Periodontic Services.</p> <p>You pay 0% coinsurance in-network or 20% coinsurance out-of-network for Diagnostic Services.</p> <p>You pay 20% coinsurance in-network or 50% coinsurance out-of-network for Restorative, Endodontic, Extraction and Non-Routine Services.</p> <p>You pay 50% coinsurance in-network and out-of-network for Prosthodontic, Other Oral/Maxillofacial Surgery and Other Services.</p>

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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<b>Changes to Our Drug List</b>
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Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the *complete Drug List*** by calling Customer Services (see the back cover) or visiting our website <https://healthplan.memorialhermann.org/medicare-advantage/pharmacy-benefits/formulary-information-drug-list>.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by SI in the Drug List. If you have questions about the Drug List, you can also call Customer Service.

If you receive Low-Income cost-sharing Subsidy (LIS), sometimes called Extra Help, you already have a set copayment and are not eligible for the savings on Select Insulins (SI) copayments. Only, non-LIS enrollees are eligible for the cost sharing for Select Insulins (SI). If you have questions about the copayment for Select Insulins (SI), you can also call Customer Service at (855) 645-8448.

**Changes to Prescription Drug Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Customer Service and ask for the “LIS Rider.”

**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.

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 4 and Tier 5 drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$300.00.</p> <p>During this stage, you pay \$0, \$5, \$39, \$0 preferred cost sharing for drugs and \$10, \$18, \$47, \$8 standard cost sharing for drugs on Tier 1, Tier 2, Tier 3 and Tier 6 and the full cost of drugs on Tier 4 and Tier 5 until you have reached the yearly deductible.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

## Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

<p><b>Stage 2: Initial Coverage Stage</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>
	<p><b>Tier 1 – Preferred Generic:</b></p> <p><i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$10.00 per prescription.</p>	<p><b>Tier 1 – Preferred Generic:</b></p> <p><i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$10.00 per prescription.</p>
	<p><b>Tier 2 - Generic:</b></p> <p><i>Preferred cost sharing:</i> You pay \$5.00 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$18.00 per prescription.</p>	<p><b>Tier 2 - Generic:</b></p> <p><i>Preferred cost sharing:</i> You pay \$5.00 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$18.00 per prescription.</p>
	<p><b>Tier 3 – Preferred Brand:</b></p> <p><i>Preferred cost sharing:</i> You pay \$39.00 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$47.00 per prescription.</p>	<p><b>Tier 3 – Preferred Brand:</b></p> <p><i>Preferred cost sharing:</i> You pay \$39.00 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$47.00 per prescription.</p>
<p>Insulin follows Tier 3 cost sharing.</p>	<p>You pay a \$35.00 copay for Select Insulins (SI) at Preferred or Standard pharmacies for a 30-day supply. (Including through the Coverage Gap).</p>	

**Stage 2: Initial Coverage Stage**  
(continued)

**Tier 4 – Non-Preferred Drug:**

*Preferred cost sharing:*

You pay \$92.00 per prescription.

*Standard cost sharing:*

You pay \$100.00 per prescription.

**Tier 5 – Specialty:**

*Preferred cost sharing:*

You pay 28% of the total cost.

*Standard cost sharing:*

You pay 28% of the total cost.

**Tier 6 – Select Care Drugs:**

*Preferred cost sharing:*

You pay \$0.00 per prescription.

*Standard cost sharing:*

You pay \$8.00 per prescription.

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Once your total drug costs have reached \$4430.00, you will move to the next stage (the Coverage Gap Stage).

**Tier 4 – Non-Preferred Drug:**

*Preferred cost sharing:*

You pay \$92.00 per prescription.

*Standard cost sharing:*

You pay \$100.00 per prescription.

**Tier 5 – Specialty:**

*Preferred cost sharing:*

You pay 33% of the total cost.

*Standard cost sharing:*

You pay 33% of the total cost.

**Tier 6 – Select Care Drugs:**

*Preferred cost sharing:*

You pay \$0.00 per prescription.

*Standard cost sharing:*

You pay \$8.00 per prescription.

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Once your total drug costs have reached \$4660.00, you will move to the next stage (the Coverage Gap Stage).

Memorial Hermann *Advantage* HMO offers additional gap coverage for Select Insulins (SI). During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$35.00 for a 30-day supply.

## SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Prior Authorization for Prosthetics/Medical Supplies	Prior Authorization required for items over \$1,000.00 only.	Prior Authorization required for items over \$500.00 only.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Memorial Hermann *Advantage* HMO

**To stay in our plan you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Memorial Hermann *Advantage* HMO.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5, or call Medicare (see Section 7.2). As a reminder, Memorial Hermann Health Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Memorial Hermann *Advantage* HMO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled Memorial Hermann *Advantage* HMO.

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll Contact Customer Service if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Health Information Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Information Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Health Information Counseling Advocacy Program (HICAP) at (800) 252-9240. You can learn more about Health Information Counseling Advocacy Program (HICAP) by visiting their website (<https://www.hhs.texas.gov/services/health/medicare>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Texas Kidney Healthcare Program (KHC) and Texas HIV State Pharmacy Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program (THMP), P.O. Box 14947, MSJA-MC1873, Austin, TX 78741-9347, [www.dshs.state.tx.us/hivstd/meds](http://www.dshs.state.tx.us/hivstd/meds). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (800) 255-1090.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Memorial Hermann *Advantage* HMO

Questions? We’re here to help. Please call Customer Service at (855) 645-8448. (TTY only, call 711). We are available for phone calls between October 1<sup>st</sup> and March 31<sup>st</sup> 8 a.m. to 8 p.m., 7 days a week. Hours of operation between April 1<sup>st</sup> and September 30<sup>th</sup> are 8 a.m. to 8 p.m., Monday through Friday. Calls to these numbers are free.

#### **Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Memorial Hermann *Advantage* HMO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at <http://healthplan.memorialhermann.org/medicare/>. You can also review the enclosed *Evidence of*

*Coverage* to see if other benefit or cost changes affect you. You may also call Customer Services to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at <http://healthplan.memorialhermann.org/medicare/>. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.