

A photograph of three elderly women laughing and hugging 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 t-shirt. The woman on the right has grey hair and wears a yellow t-shirt. They are all smiling broadly and laughing.

**MEMORIAL[®]
HERMANN**
Health Plan
MEDICARE ADVANTAGE PLANS

**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 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.

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

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

Memorial Hermann *Dual Advantage* HMO D-SNP

| Summary of Benefits | What You Will Pay |
|---|---|
| Monthly Plan Premium | Your monthly premium will be \$0 as long as you are eligible for Medicaid benefits. You must continue to pay your Medicare Part B premium. |
| Deductible | \$0 deductible for medical |
| Part D Deductible | \$0 per year for Part D prescription drugs As a member of Memorial Hermann <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 \$8,300 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. |
| Inpatient Hospital | |
| Inpatient Hospital stay | You pay \$0 for each Inpatient stay |
| Prior authorization rules may apply. | |
| Outpatient Hospital Services | |
| Ambulatory Surgical Center (ASC) | You pay \$0 |
| Outpatient Surgery | You pay \$0 |
| Outpatient Hospital Observation services | You pay \$0 |
| Prior authorization rules may apply. | |
| Doctor Visits | |
| Primary Care Provider (PCP) | You pay \$0 |
| Specialists (No referral is needed.) | You pay \$0 |
| Telehealth Provider visit with PCP or Specialists | You pay \$0 |
| Memorial Hermann Virtual Office Visit https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit | You pay \$0 |
| Virtual visits exclusively through Teladoc | You pay \$0 |

Summary of Benefits

What You Will Pay

Preventive Care

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening
- Cardiovascular disease testing every 5 years
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Hepatitis C screening
- HIV screening
- Lung cancer screening
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy
- Prostate cancer screening
- Screening and counseling to reduce alcohol misuse
- Screening for sexually transmitted infections (STIs)
- Tobacco use cessation counseling
- Vaccines for flu, Hepatitis B, COVID-19, and pneumonia
- “Welcome to Medicare” preventive visit

You pay **\$0**

Please see your Evidence of Coverage for more information about these Medicare-covered preventive services.

Emergency and Urgently Needed Services

Emergency care

You pay **\$0**

This copay is waived if admitted within 48 hours.

Worldwide Emergency care

You pay **\$0**

This copay is waived if admitted within 48 hours.

Worldwide Emergency Transportation

You pay **\$0**

Urgently Needed services

You pay **\$0**

Coverage is worldwide.

\$50,000 USD maximum benefit for worldwide emergency.

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

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

| Summary of Benefits | What You Will Pay |
|---|--|
| Diabetic Services and Supplies | |
| Medicare-covered Diabetic Supplies | You pay \$0 |
| Diabetes self-management training | You pay \$0 |
| Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche) | You pay \$0 |
| Medicare-covered therapeutic custom-molded shoes or inserts | You pay \$0 |
| Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom G6 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 \$0 for the preferred CGM brands at a network pharmacy (retail). All other brands are excluded. |
| Durable Medical Equipment (DME) | |
| Covered items include, but are not limited to: wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers. | You pay \$0 |
| Wigs for chemotherapy patients | You pay \$0 |
| Prior authorization rules may apply. | |
| Transportation | |
| Includes taxi, rideshare services, bus, subway, van, and medical transport. | Up to 58 plan-approved one-way transports to health-related locations per year |
| Meals | |
| Meals provided immediately following inpatient hospitalization discharge. | Up to 10 meals delivered per hospital discharge |
| Over-the-counter (OTC) Items | |
| The Plan reimburses for certain OTC items every 3 months. | \$75 maximum reimbursement per quarter |

| Summary of Benefits | What You Will Pay |
|--|---|
| Hearing Services | |
| Medicare-covered Annual Hearing Exam | You pay \$0 |
| Routine Hearing Exam performed by PCP | You pay \$0 for basic hearing and balance exam |
| Hearing Exam performed by Audiologist | You pay \$0 for exam to diagnose and treat hearing and balance |
| Hearing Aid(s) | \$400 annual total allowance for hearing aid(s), both ears combined |
| Dental Services | |
| \$2,500 annual maximum plan benefit | |
| <u>Preventive Services</u> | |
| <ul style="list-style-type: none"> Oral Exam (every 6 months) Prophylaxis (Cleanings) (every 6 months) X-rays (every 6 months) Fluoride Treatments (every 6 months) | <p>You pay \$0 for Preventive services from a network provider</p> <p>You pay \$0 for Preventive services from a non-network provider</p> |
| <u>Comprehensive Services</u> | |
| <ul style="list-style-type: none"> Diagnostic Extractions Restorative (fillings, bridges) Endodontics (root canal) Periodontics (scaling, root planing) Non-routine services Prosthodontics (dental appliances, dentures) Other Oral/Maxillofacial Surgery Other services | <p>You pay \$0 per visit for each Medicare-covered Comprehensive service</p> <p>You pay \$0 for in-network Diagnostic services.</p> <p>You pay \$0 for out-of-network Diagnostic services</p> <p>You pay \$0 for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services</p> <p>You pay \$0 for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services</p> <p>You pay \$0 for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services</p> |
| <p>Dental benefits are provided by Liberty Dental. To search for a provider, visit their website at: https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist</p> | |

| Summary of Benefits | What You Will Pay |
|--|--|
| Vision Services | |
| Medicare-covered Eye Exams | You pay \$0 |
| Routine Vision Exams | You pay \$0 |
| Glaucoma Screenings | You pay \$0 for one annual screening |
| Diabetic Retinopathy Screenings for Diabetics | You pay \$0 for one annual screening |
| Eyewear (contacts, lenses, frames) | \$200 annual total benefit for eyewear or contact lenses |
| Opioid Treatment Program | |
| Medicare-covered Opioid Treatment visit | You pay \$0 |
| Inpatient Hospital stay | You pay \$0 per stay |
| Prior authorization rules may apply. | |
| Outpatient Substance Abuse | |
| Outpatient individual or group therapy visit | You pay \$0 |
| Additional Health & Wellness Benefits | |
| <p>Fitness Center Membership</p> <p>New and fun ways to get fit and stay healthy, the Silver & Fit program consists of:</p> <ul style="list-style-type: none"> Being a member at a Silver & 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. The Silver & Fit Home Fitness program, if you cannot get to a fitness facility or prefer to work out at home. Healthy Aging classes (online or DVD) The Silver Slate® newsletter 4 times per year The Silver & Fit website A toll-free telephone hotline to answer questions about the program <p>Available contracted fitness club location must be utilized throughout the service area. Specific class offerings will vary by location.</p> | You pay \$0 for Fitness Program via home exercise kit program |

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

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.

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

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.



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