



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

2023 PRIME VALUE MA-ONLY HMO SUMMARY OF BENEFITS

Memorial Hermann Prime Value MA Only HMO

H7115, Plan 006

January 1, 2023 - December 31, 2023

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann Prime Value MA Only HMO** January 1, 2023 to December 31, 2023.

Memorial Hermann Prime Value MA Only 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.

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 Prime Value MA Only HMO**, 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.

Memorial Hermann Prime Value MA Only HMO

Summary of Benefits	What You Will Pay
Monthly Plan Premium	\$0 per month You must continue to pay your Medicare Part B premium.
Part B Premium Reduction	\$125 per month is included in the plan to reduce the amount withheld from your Social Security for your Medicare Part B premium.
Deductible	\$0 deductible for medical
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	You pay no more than \$3,400 annually. Includes copays and other costs for medical services for the year.
Inpatient Hospital	
Inpatient Hospital stay	\$500 copay
Prior authorization rules may apply.	
Outpatient Hospital Services	
Ambulatory Surgical Center (ASC)	\$125 copay
Outpatient Surgery	\$200 copay
Outpatient Hospital Observation services	\$200 copay
Prior authorization rules may apply.	
Doctor Visits	
Primary Care Provider (PCP)	\$0 copay
Specialists (No referral is needed.)	\$30 copay
Telehealth Provider visit with PCP or Specialists	You pay the same copay for Telehealth visits as you do for in-person office visits.
Memorial Hermann Virtual Office Visit https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit	\$0 copay
Virtual visits exclusively through Teladoc	\$0 copay

Summary of Benefits	What You Will Pay
Preventive Care	
<ul style="list-style-type: none"> ○ 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 	<p>\$0 copay</p> <p>Please see your Evidence of Coverage for more information about these Medicare-covered preventive services.</p>
Emergency and Urgently Needed Services	
Emergency care	<p>\$125 per visit This copay is waived if admitted within 48 hours.</p>
Worldwide Emergency care	<p>\$125 per visit This copay is waived if admitted within 48 hours.</p>
Worldwide Emergency Transportation	<p>20% coinsurance</p>
Urgently Needed services	<p>\$25 per visit Coverage is worldwide.</p>
<p>\$50,000 USD maximum benefit for worldwide emergency.</p>	

Summary of Benefits	What You Will Pay
Ambulance	
Ground Ambulance (one-way)	\$250 copay
Air Ambulance (one-way)	20% coinsurance
Prior authorization is required for non-emergency Medicare services.	
Diagnostic Services/ Labs/Imaging	
Medicare-covered Therapeutic Radiology visit	\$25 copay per diagnostic test or procedure
Lab services	\$0 copay for lab services
X-rays	\$0 copay for x-rays
Complex Diagnostic Imaging services (MRI, CT, PET)	\$150 copay per test/service
Prior authorization is required for some services.	
Mental Health Services	
Inpatient Mental Health care	\$500 copay per stay
Outpatient individual therapy or group therapy visit with a non-physician provider	\$0 copay
Outpatient individual therapy or group therapy visit with a Psychiatrist	\$30 copay
Prior authorization rules may apply.	
Rehabilitation Services	
Physical Therapy, Occupational Therapy, and Speech and Language Therapy	\$30 copay
Cardiac Rehab services	\$30 copay
Pulmonary Rehab services	\$20 copay

Summary of Benefits	What You Will Pay
Chiropractic Care	
Manual manipulation of the spine to correct subluxation	\$20 copay
Acupuncture	
For the treatment of chronic lower back pain	\$30 copay
Skilled Nursing Facility	
Days 1 - 20	\$0 copay
Days 21 – 100	\$125 copay
Prior authorization rules may apply.	
Home Health Care	
Medicare-covered Home Health visit	\$0 copay
Home-based Palliative care	\$0 copay
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	20% coinsurance
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.	Covered
Prior authorization rules may apply.	

Summary of Benefits	What You Will Pay
Diabetic Services and Supplies	
Medicare-covered Diabetic Supplies	20% coinsurance
Diabetes self-management training	0% coinsurance
Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche)	0% coinsurance
Medicare-covered therapeutic custom-molded shoes or inserts	20% coinsurance
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.	20% coinsurance 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.	20% coinsurance
Wigs for chemotherapy patients	\$0 copay
Prior authorization rules may apply.	
Transportation	
Includes taxi, rideshare services, bus, subway, van, and medical transport.	Up to 10 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.	\$25 maximum reimbursement per quarter

Summary of Benefits

What You Will Pay

Dental Services

\$1,000 annual maximum plan benefit

Preventive Services

- Oral Exam (every 6 months)
- Prophylaxis (Cleanings) (every 6 months)
- X-rays (every 6 months)
- Fluoride Treatments (every 6 months)

\$0 copay for Preventive services from a network provider

20% coinsurance for Preventive services from a non-network provider

Comprehensive Services

- 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

\$30 copay per visit for each Medicare-covered Comprehensive service

0% of the cost for in-network Diagnostic services.

20% coinsurance of the cost for out-of-network Diagnostic services

20% coinsurance for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

50% coinsurance for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

50% coinsurance for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services

Dental benefits are provided by Liberty Dental. To search for a provider, visit their website at: <https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist>

Vision Services

Medicare-covered Eye Exams

\$30 copay

Routine Vision Exams

\$0 copay

Glaucoma Screenings

\$0 copay for one annual screening

Diabetic Retinopathy Screenings for Diabetics

\$0 copay for one annual screening

Eyewear (contacts, lenses, frames)

\$200 annual total benefit for eyewear or contact lenses

Summary of Benefits	What You Will Pay
Hearing Services	
Medicare-covered Annual Hearing Exam	\$20 copay
Routine Hearing Exam performed by PCP	\$0 copay for basic hearing and balance exam
Hearing Exam performed by Audiologist	\$0 copay for exam to diagnose and treat hearing and balance
Hearing Aid(s)	\$400 annual total allowance for hearing aid(s), both ears combined
Opioid Treatment Program	
Medicare-covered Opioid Treatment visit	\$30 copay
Inpatient Hospital stay	\$500 copay per stay
Prior authorization rules may apply.	
Outpatient Substance Abuse	
Outpatient individual or group therapy visit	\$30 copay
Additional Health & Wellness Benefits	
Fitness Center Membership	\$0 copay for Fitness Program via home exercise kit program
<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 Prime Value MA Only 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>	

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 • Colon 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	20% of the cost
Other Part B drugs	20% of the cost
Prior authorization is required for drugs over \$1,000.	
Telephone/Virtual Services	
Virtual visits through Primary Care Physicians	\$0 copay
Specialist Virtual visits	\$30 copay
Urgently Needed services	\$25 copay
Individual and Group sessions for: <ul style="list-style-type: none"> • Mental Health Specialty services • Psychiatric services • Outpatient Substance Abuse 	\$0 copay \$30 copay \$30 copay
Memorial Hermann Virtual Office Visit https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit	\$0 copay
24/7 Telephonic visit available through Teladoc . You may register or log in to Teladoc at https://www.teladoc.com/ .	\$0 copay



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