Memorial Hermann *Advantage* HMO

2024 Annual Notice of Change

MEMORIAL HERMANN Health Plan

Medicare *Advantage* Plans

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

Annual Notice of Changes for 2024

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 https://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.**

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 2024 "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 website or review the list in the back of your *Medicare & You 2024* 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, 2023, 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, 2024.** 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 at (855) 645-8448 for additional information. (TTY users should call 711.) 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 call is free.
- 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 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.

Annual Notice of Changes for 2024
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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Memorial Hermann *Advantage* HMO in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0.00	$0.00
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,400.00	$2,950.00
Doctor office visits	Primary care visits: $0.00 per visit Specialist visits: $25.00 per visit	Primary care visits: $0.00 per visit Specialist visits: $15.00 per visit
Inpatient hospital stays	$350.00 copay for each Medicare-covered inpatient hospital stay.	$350.00 copay for each Medicare-covered inpatient hospital stay.

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0.00 Copayment during the Initial Coverage Stage: • **Drug Tier 1:** (Preferred Generic) *Preferred cost sharing:* You pay $0.00 copay per prescription. *Standard cost sharing:* You pay $10.00 copay per prescription. • **Drug Tier 2** (Generic): *Preferred cost sharing:* You pay $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 $39.00 copay per prescription. *Standard cost sharing:* You pay $47.00 copay per prescription. You pay $35.00 per month supply of each covered insulin product on this tier.	Deductible: $0.00 Copayment during the Initial Coverage Stage: • **Drug Tier 1:** (Preferred Generic) *Preferred cost sharing:* Not offered *Standard cost sharing:* You pay $0.00 copay per prescription. • **Drug Tier 2** (Generic): *Preferred cost sharing:* Not offered *Standard cost sharing:* You pay $0.00 copay per prescription. • **Drug Tier 3** (Preferred Brand): *Preferred cost sharing:* Not offered *Standard cost sharing:* You pay $47.00 copay per prescription. You pay $35.00 per month supply of each covered insulin product on this tier.

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (continued)	• **Drug Tier 4** (Non-Preferred Brand): *Preferred cost sharing:* You pay $92.00 copay per prescription. *Standard cost sharing:* You pay $100.00 copay per prescription.	• **Drug Tier 4** (Non-Preferred Brand): *Preferred cost sharing:* Not offered *Standard cost sharing:* You pay $100.00 copay per prescription. You pay $35.00 per month supply of each covered insulin product on this tier.
	• **Drug Tier 5** (Specialty): You pay 33% of the cost.	• **Drug Tier 5** (Specialty): You pay 33% of the cost. You pay $35.00 per month supply of each covered insulin product on this tier.
	• **Drug Tier 6** (Select Care): *Preferred cost sharing:* You pay $0.00 copay Per prescription. *Standard cost sharing:* You pay $8.00 copay per prescription.	• **Drug Tier 6** (Select Care): *Preferred cost sharing:* Not offered *Standard cost sharing:* You pay $0.00 copay per prescription.
	Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs.	Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (continued)	• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	

Important Message About What You Pay for Insulin

You pay no more than $35.00 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Important Message About What You Pay for Part D Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (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	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount 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.	$3,400.00	$2,950.00 Once you have paid $2,950.00 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 https://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, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *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 2024 *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	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount	$3,400.00	$2,950.00
Medicare Part D Senior Savings for Insulin	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).	Medicare Part D Senior Savings Program ends on December 31, 2023. Please see Section 1.5 for new insulin copays.
Outpatient Hospital services	You pay a $200.00 copay for each Medicare-covered outpatient hospital surgery service per visit.	You pay a $150.00 copay for each Medicare-covered outpatient hospital surgery service per visit.
Physician services, including doctor office visits	You pay a $25.00 copay for each Medicare-covered specialist visit. You pay a $25.00 copay for each Medicare-covered individual or group session with a psychiatrist.	You pay a $15.00 copay for each Medicare-covered specialist visit. You pay a $15.00 copay for each Medicare-covered individual or group session with a psychiatrist.
Podiatry services	You pay a $25.00 copay for each Medicare-covered podiatry service visit.	You pay a $15.00 copay for each Medicare-covered podiatry service visit.
Other health care professional services	You pay a $50.00 copay per visit for Medicare-covered services provided by other health care professionals.	You pay a $35.00 copay per visit for Medicare-covered services provided by other health care professionals.
Urgently needed services	You pay a $25.00 copay for Medicare-covered urgently needed services.	You pay a $20.00 copay for Medicare-covered urgently needed services.

Cost	2023 (this year)	2024 (next year)
Telehealth services	You pay a $25.00 copay for each Medicare-covered specialist telehealth visit. You pay a $25.00 copay for each Medicare-covered individual or group telehealth session with a psychiatrist.	You pay a $15.00 copay for each Medicare-covered specialist telehealth visit. You pay a $15.00 copay for each Medicare-covered individual or group telehealth session with a psychiatrist.
Diabetes self-management training, diabetic services and supplies Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers.	20% coinsurance for preferred CGM brands (Dexcom G6 and Freestyle Libre) at a network pharmacy (retail). All other brands are excluded. See your Evidence of Coverage for more information.	20% coinsurance for preferred CGM brands (Dexcom G6/G7 and Freestyle Libre/Libre2/ Libre14) at a network pharmacy (retail). All other brands are excluded. See your Evidence of Coverage for more information.
Over-the-Counter (OTC) items	$40.00 maximum plan reimbursement every three (3) months for CMS-approved items.	$150.00 maximum plan reimbursement every three (3) months for CMS-approved items.
Transportation services	The plan provides up to 10 one-way transports to health-related locations per year. (Taxi, rideshare services, bus, subway, van, and medical transport.)	The plan provides up to 20 one-way transports to health-related locations per year. (Taxi, rideshare services, bus, subway, van, and medical transport.)
Food and Produce (Grocery)	Food and Produce (Grocery) benefit not offered	$500.00 annual benefit for approved food and produce (groceries) for member upon successful completion of a Case Management Program.

Cost	2023 (this year)	2024 (next year)
Hearing services	$400.00 annual maximum benefit toward the purchase of hearing aids.	$1,500.00 annual maximum benefit (combined with vision) toward the purchase of hearing aids and/or eyewear (e.g., eyeglass lenses, eyeglass frames, or contact lenses).
Vision care	$200.00 annual maximum benefit toward the purchase of eyewear (e.g., eyeglass lenses, eyeglass frames, or contact lenses).	$1,500.00 annual maximum benefit (combined with hearing) toward the purchase of eyewear (e.g., eyeglass lenses, eyeglass frames, or contact lenses), and/or hearing aids.
Dental services For questions regarding your dental benefits, contact: **Liberty Dental:** **(866) 674-0114**	Annual maximum plan benefit: $2,000.00 <u>Preventive services</u> You pay 0% coinsurance in-network or 20% coinsurance out-of-network for oral exams, prophylaxis, x-rays, and fluoride treatments. <u>Comprehensive services</u> You pay: • 0% coinsurance in-network or 20% coinsurance out-of-network for Diagnostic services. • 20% coinsurance in-network or 50% coinsurance out-of-network for Restorative services.	Annual maximum plan benefit: $3,000.00 <u>Preventive services</u> You pay $0.00 copay in-network or 20% coinsurance out-of-network for oral exams, prophylaxis, x-rays, and fluoride treatments. <u>Comprehensive services</u> You pay: • $0.00 copay in-network or 20% coinsurance out-of-network for Diagnostic services. • $8.00 copay to $200.00 copay in-network, depending on type of service, or 50% coinsurance out-of-network for Restorative services.

Cost	2023 (this year)	2024 (next year)
Dental services (continued)	• 20% coinsurance in-network or 50% coinsurance out-of-network for Periodontic services.	• $5.00 copay to $183.00 copay in-network, depending on type and intensity of service, or 50% coinsurance out-of-network for Periodontic services.
	• 20% coinsurance in-network or 50% coinsurance out-of-network for Endodontic services.	• $9.00 copay to $331.00 copay in-network, depending on type and intensity of service, or 50% coinsurance out-of-network for Endodontic services.
	• 20% coinsurance in-network or 50% coinsurance out-of-network for Extraction services.	• $22.00 copay to $94.00 copay in-network, depending on intensity of service, or 50% coinsurance out-of-network for Extraction services.
	• 20% coinsurance in-network or 50% coinsurance out-of-network for Non-routine services.	• Copays in-network depend on type of service. 50% coinsurance out-of-network for Non-routine services.
	• 50% coinsurance in-network or out-of-network for Prosthodontics, Other Oral/ Maxillofacial Surgery, Other services.	• $4.00 copay to $1,027.00 copay in-network, depending on type and intensity of service, or 50% coinsurance out-of-network for Prosthodontics, Other Oral/ Maxillofacial Surgery, Other services.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

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 Service (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," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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.

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 sent you 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, 2023, please call Customer Service and ask for the LIS Rider.

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	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. 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." Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply at a network pharmacy: **Tier 1 – Preferred Generic*:*** *Standard cost sharing:* You pay $10.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription. **Tier 2 – Generic:** *Standard cost sharing:* You pay $18.00 per prescription. *Preferred cost sharing:* You pay $5.00 per prescription. **Tier 3 – Preferred Brand:** *Standard cost sharing:* You pay $47.00 per prescription. *Preferred cost sharing:* You pay $39.00 per prescription.	Your cost for a one-month supply at a network pharmacy: **Tier 1 – Preferred Generic*:*** *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* Not offered **Tier 2 – Generic:** *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* Not offered **Tier 3 – Preferred Brand:** *Standard cost sharing:* You pay $47.00 per prescription. *Preferred cost sharing:* Not offered

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued)	You pay $35.00 per month supply of each covered insulin product on this tier.	You pay $35.00 per month supply of each covered insulin product on this tier.
	Tier 4 – Non-Preferred Drug: *Standard cost sharing:* You pay $100.00 per prescription. *Preferred cost sharing:* You pay $92.00 per prescription.	**Tier 4 – Non-Preferred Drug:** *Standard cost sharing:* You pay $100.00 per prescription. *Preferred cost sharing:* Not offered You pay $35.00 per month supply of each covered insulin product on this tier.
	Tier 5 - Specialty: You pay 33% of the cost.	**Tier 5 - Specialty**: You pay 33% of the cost. You pay $35.00 per month supply of each covered insulin product on this tier.
	Tier 6 – Select Care: *Preferred cost sharing:* You pay $0.00 copay Per prescription. *Standard cost sharing:* You pay $8.00 copay per prescription. Once your total drug costs have reached *$*4,660.00, you will move to the next stage (the Coverage Gap Stage).	**Tier 6 – Select Care:** *Preferred cost sharing:* Not offered *Standard cost sharing:* You pay $0.00 copay per prescription. Once your total drug costs have reached $5,030.00, you will move to the next stage (the Coverage Gap Stage).

Important Message About What You Pay for Insulin

You pay no more than $35.00 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Important Message About What You Pay for Part D Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Part D Cost Sharing	Drugs on Tiers 1- 4 are offered at a Preferred cost sharing and a Standard cost sharing.	Drugs on Tiers 1 – 4 are all offered at a Standard cost sharing amount.
Prior Authorization	Prior authorization required for Part B drugs over $1,000.00 only.	Prior authorization may be required for Part B drugs.

Description	2023 (this year)	2024 (next year)
Flexible Spending Debit Card (Mastercard) For more information, visit our Flex Card page at: https://mhhp.org/flex. Check your Flex Card balance at: https://mhhp-flex.org.	Flexible Spending Debit Card (Flex Card) not offered.	The Flex Card includes three (3) spending categories : **Hearing and Vision** $1500.00 annual combined allowance for Hearing and Vision to spend as needed for eyewear and/or hearing aids. **Over-the-Counter (OTC)** $150.00 quarterly allowance OTC health-related products. Products can be obtained through your local pharmacy or via the Medline catalog provided by the Plan. Funds do not rollover to next quarter if not used. **Grocery Benefit** $500.00 grocery benefit may be added to the Flex Card (once per benefit year), upon successful completion of a Case Management Program. Acceptable groceries follow the USDA SNAP guidelines.

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 plans for 2024 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 2.1 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), read the *Medicare & You 2024* 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 from 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, 2024.

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, 2024, 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, 2024.

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 and Advocacy Program (HICAP) at (800) 252-9240. You can learn more about Health Information Counseling and 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 two programs called Texas Kidney Healthcare Program (KHC) and Texas HIV State Pharmacy Assistance Program (SPAP) that help 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. 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 1st and March 31st from 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. Calls to these numbers are free.

Read your *2024 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 2024. For details, look in the *2024 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 https://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*.

Visit our Website

You can also visit our website at https://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").*

Section 7.2 – Getting Help from Medicare

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). 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.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document 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.

healthplan.memorialhermann.org/medicare

855.645.8448 (TTY 711)

8 a.m. to 8 p.m. Central Time, daily (Oct. 1 – March 31)
8 a.m. to 8 p.m. Central Time, Monday – Friday (April 1 – Sept. 30)

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