



**MEMORIAL
HERMANN**[®]
Health Plan
Medicare Advantage Plans

2024 SUMMARY OF BENEFITS

Memorial Hermann Dual *Advantage* HMO
Dual Special Needs Plan (D-SNP)

Memorial Hermann *Dual Advantage* HMO D-SNP

H7115, Plan 005

January 1, 2024 - December 31, 2024

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann *Dual Advantage* HMO D-SNP** January 1, 2024 to December 31, 2024.

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: Brazoria, Fort Bend, Harris, Liberty, 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 Customer Service at (855) 645-8448 (TTY users should call 711), for more information or visit us at:

<https://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
Dual Advantage HMO
D-SNP**

Medicaid

	Covered	Covered
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	\$0 per month 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 Dual Advantage 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 \$8,850 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

\$0 copay

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**

Worldwide Urgently Needed services

You pay **\$0**

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

Summary of Benefits	What You Will Pay
Diagnostic Services/ Labs/ Imaging	
<p>Medicare-covered Therapeutic Radiology visit</p> <p>Lab services</p> <p>X-rays</p> <p>Complex Diagnostic Imaging services (MRI, CT, PET)</p> <p>Prior authorization is required for some services.</p>	<p>You pay \$0 per diagnostic test or procedure</p> <p>You pay \$0 for lab services</p> <p>You pay \$0 for x-rays</p> <p>You pay \$0 per test/service</p>
Hearing Services	
<p>Medicare-covered Annual Hearing Exam</p> <p>Routine Hearing Exam performed by PCP</p> <p>Hearing Exam performed by Audiologist</p> <p>Hearing Aid(s) *(Benefit amount combined with Vision)</p>	<p>You pay \$0</p> <p>You pay \$0 for basic hearing and balance exam</p> <p>You pay \$0 for exam to diagnose and treat hearing and balance</p> <p>\$1,000* annual total allowance for hearing aid(s), for both ears combined</p>
Dental Services	
<p>\$4,000 annual maximum plan benefit</p> <p><u>Preventive Services</u></p> <ul style="list-style-type: none"> ○ Oral Exam (2 per plan year) ○ Prophylaxis (Cleanings) (2 per plan year) ○ X-rays (2 per plan year) ○ Fluoride Treatments (2 per plan year) <p><u>Comprehensive Services</u></p> <ul style="list-style-type: none"> ○ Diagnostic ○ Restorative (fillings, bridges) ○ Periodontics (scaling, root planning) ○ Endodontics (root canal) ○ Extractions ○ Prosthodontics (dental appliances, dentures) ○ Other Oral/Maxillofacial Surgery ○ Other services ○ Non-routine services 	<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> <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>

Summary of Benefits	What You Will Pay
<p>Dental Services (continued)</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>	<p>You pay \$0 for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services</p>
<p>Vision Services</p>	
<p>Medicare-covered Eye Exams</p>	<p>You pay \$0</p>
<p>Routine Vision Exams</p>	<p>You pay \$0</p>
<p>Glaucoma Screenings</p>	<p>You pay \$0 for one annual screening</p>
<p>Diabetic Retinopathy Screenings for Diabetics</p>	<p>You pay \$0 for one annual screening</p>
<p>Eyewear (contacts, lenses, frames) *(Benefit amount combined with Hearing)</p>	<p>\$1,000* annual total benefit for eyewear or contact lenses</p>
<p>Mental Health / Substance Abuse Services</p>	
<p>Inpatient Mental Health care</p>	<p>You pay \$0 per stay</p>
<p>Outpatient individual therapy or group therapy session with a non-physician provider</p>	<p>You pay \$0</p>
<p>Outpatient individual therapy or group therapy session with a Psychiatrist</p>	<p>You pay \$0</p>
<p>Outpatient Opioid Treatment Program</p>	<p>You pay \$0</p>
<p>Inpatient Opioid Treatment Program</p>	<p>You pay \$0 per stay</p>
<p>Outpatient Substance Abuse visit</p>	<p>You pay \$0</p>
<p>Prior authorization rules may apply.</p>	

Summary of Benefits	What You Will Pay
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.	
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
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
Ambulance	
Ground Ambulance (one-way)	You pay \$0
Air Ambulance (one-way)	You pay \$0
Prior authorization is required for non-emergency Medicare services.	
Transportation	
Includes taxi, rideshare services, bus, subway, van, and medical transport.	Unlimited one-way transports to health-related locations per year
Medicare Part B Drugs	
Chemotherapy / Radiation drugs	You pay \$0
Other Part B drugs	You pay \$0
Prior authorization may be required for Part B drugs.	

Summary of Benefits	What You Will Pay
Home Infusion Therapy	
<p>Medicare-covered home infusion therapy, including chemotherapy, anti-infectives, and other specialty medications to treat various conditions</p> <p>Prior authorization may be required for Medicare Part B drugs.</p>	<p>You pay \$0</p>
Home Health Care	
<p>Medicare-covered Home Health visit</p>	<p>You pay \$0</p>
<p>Home-based Palliative care</p>	<p>You pay \$0</p>
<p>Prior authorization rules may apply.</p>	
Diabetic Services and Supplies	
<p>Medicare-covered Diabetic Supplies</p>	<p>You pay \$0</p>
<p>Diabetes self-management training</p>	<p>You pay \$0</p>
<p>Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche)</p>	<p>You pay \$0</p>
<p>Medicare-covered therapeutic custom-molded shoes or inserts</p>	<p>You pay \$0</p>
<p>Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom G6/G7 and Freestyle Libre/Libre 2/Libre 14. 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.</p>	<p>You pay \$0 for the preferred CGM brands at a network pharmacy (retail) All other brands are excluded.</p>
Durable Medical Equipment (DME)	
<p>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.</p>	<p>You pay \$0</p>
<p>Wigs for chemotherapy patients</p>	<p>You pay \$0</p>
<p>Prior authorization rules may apply.</p>	

Summary of Benefits	What You Will Pay
Hospice	
<p>Covered services include drugs for symptom control and pain relief, short-term respite care, and home care.</p> <p>Prior authorization rules may apply.</p>	<p>Covered</p>
Telephone/Virtual Services	
<p>Virtual visits through Primary Care Physicians</p>	<p>You pay \$0</p>
<p>Specialist Virtual visits</p>	<p>You pay \$0</p>
<p>Urgently Needed services</p>	<p>You pay \$0</p>
<p>Individual and Group sessions for:</p> <ul style="list-style-type: none"> • Mental Health Specialty services • Psychiatric services • Outpatient Substance Abuse 	<p>You pay \$0 You pay \$0 You pay \$0</p>
<p>Memorial Hermann Virtual Office Visit https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit</p>	<p>You pay \$0</p>
<p>24/7 Telephonic visit available through Teladoc. You may register or log in to Teladoc at https://www.teladoc.com/.</p>	<p>You pay \$0</p>
Healthy Advantage Wellness Rewards Program	
<p>Complete the following activities to earn rewards:</p> <ul style="list-style-type: none"> • Annual Health Risk Assessment • Annual Wellness Visit • Breast Cancer Screening • Colon Cancer Screening • Retinal Eye Exam 	<p>Earn up to \$180 in gift card rewards for CMS-approved goods and services.</p>

Summary of Benefits

What You Will Pay

Meals

Meals provided immediately following inpatient hospitalization discharge.

Up to **10** meals delivered per hospital discharge

Over-the-counter (OTC) Items

The Plan provides a benefit for certain CMS-approved OTC items every three (3) months. Unused funds at the end of the quarter do not roll over to the next quarter.

\$200 maximum allowance per quarter

Food and Produce (Groceries)

The Plan provides an annual benefit for approved food and produce (groceries) for member upon successful completion of a Case Management Program.

\$240 per quarter (unused funds will roll over to next quarter)

Flexible Spending Debit Card (Mastercard)

The Flex Card includes three (3) spending categories:

Hearing and Vision

Hearing and Vision have a combined annual allowance to spend as needed for eyewear and/or hearing aids.

\$1,000 annual combined allowance

Over-the-Counter (OTC) items

OTC benefit is every three (3) months for CMS-approved items. Unused funds at the end of the quarter do not roll over to the next quarter.

\$200 quarterly allowance

Grocery Benefit

Grocery benefit may be added to the Flex Card upon successful completion of a Case Management Program. Acceptable groceries follow the USDA SNAP guidelines.

\$240 quarterly allowance (unused funds will roll over to next quarter)

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:

- 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

Summary of Benefits

What You Will Pay

Additional Health & Wellness Benefits

Fitness Center Membership

With new and fun ways to get fit and stay healthy, the Silver & Fit program includes:

- Being a member at a Silver & Fit fitness center or fitness studio 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 fitness center.
- Silver & Fit Home Fitness kits, if you cannot get to a fitness center or prefer to work out at home.
- Workout plans to help you start or continue an exercise routine.
- On-demand workout videos for all fitness levels on the Silver&Fit website.
- The Well-Being Club for live virtual classes and events and exclusive resources.
- The Silver Slate® newsletter 4 times per year.
- The Silver&Fit website. A toll-free telephone hotline to answer questions about the program.
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Available contracted fitness club location must be utilized throughout the service area. Specific class offerings will vary by location.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Kits are subject to change. Fitness center participation may vary by location and is subject to change.

\$0 copay for Fitness Program via home exercise kit program

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 **\$5,030**.

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, \$1.55** or **\$4.60** depending on your level of “Extra Help”.
- Your cost sharing for eligible brand name drugs will be **\$0, \$4.50** or **\$11.20** 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

To help your pharmacist and avoid delays, please bring both your **Memorial Hermann *Dual Advantage* HMO D-SNP** card and your **Texas state Medicaid** card when getting your prescriptions filled.

Cost-Sharing may change depending on when you enter a new phase of the Part D benefit.

Select Care Drugs (Tier 6) have 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.

PRESCRIPTION DRUG BENEFITS (PART D) (continued)

Coverage Gap -

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.

You stay in this stage until your year-to-date “**out-of-pocket costs**” (total of all payments made for your covered Part D drugs) reach a total of **\$8,000**. This amount and rules for counting costs toward this amount have been set by Medicare.

Select Care Drugs (Tier 6) are available at **\$0** copayment during the Coverage Gap stage.

Not everyone will enter the Coverage Gap.

Catastrophic Coverage -

You qualify for the Catastrophic Coverage Stage when your out-of-pocket drug costs have reached the **\$8,000** 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 pays the full cost for your covered Part D drugs. You pay nothing.

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.

Pharmacy Network

To find out more about the pharmacy network, please visit our site at:

<https://healthplan.memorialhermann.org/medicare-advantage/pharmacy-benefits/pharmacy-directory> .



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