

2024 Annual Notice of Change

MEMORIAL[®]
HERMANN
Health Plan
Medicare Advantage Plans

Memorial Hermann Prime Value MA Only HMO offered by Memorial Hermann Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Memorial Hermann Prime Value MA Only 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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers 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 Prime Value MA Only 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 Prime Value MA Only 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 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 Prime Value MA Only HMO

- 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 the 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 Prime Value MA Only HMO.

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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium (See Section 1.1 for details.)</p>	\$0.00	\$0.00
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	\$3,400.00	\$2,950.00
<p>Doctor office visits</p>	<p>Primary care visits: \$0.00 per visit</p> <p>Specialist visits: \$30.00 per visit</p>	<p>Primary care visits: \$0.00 per visit</p> <p>Specialist visits: \$30.00 per visit</p>
<p>Inpatient hospital stays</p>	\$500.00	\$500.00

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	\$0.00	\$0.00
(You must also continue to pay your Medicare Part B premium.)	\$125.00 Part B Premium Reduction	\$125.00 Part B Premium Reduction

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	\$3,400	\$2,950
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.		Once you have paid \$2,950 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 Network

Updated directories are located on our website at <https://healthplan.memorialhermann.org/medicare/>. You may also call Customer Service for updated provider 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.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) 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
Diabetic self-management training, diabetic services and supplies	20% coinsurance for preferred CGM brands (Dexcom G6/G7 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/ <u>Libre2/ Libre14</u>) at a network pharmacy (retail). All other brands are excluded. See your Evidence of Coverage for more information.
Part B - Insulin	A cost limit provision for Part B insulin did <u>not</u> exist until July 1, 2023.	You pay no more than \$35.00 for a one-month supply of each covered insulin product furnished through a Durable Medical Equipment (DME) insulin pump under Part B.

Cost	2023 (this year)	2024 (next year)
Hearing Services	\$400.00 annual maximum benefit toward the purchase of hearing aids.	\$900.00 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 Services	\$200.00 annual maximum benefit toward the purchase of eyewear (e.g., eyeglass lenses, eyeglass frames, or contact lenses).	\$900.00 annual maximum benefit (combined with hearing) toward the purchase of eyewear (e.g., eyeglass lenses, eyeglass frames, or contact lenses), and/or hearing aids.
Transportation	The plan provided up to ten (10) one-way transports to health-related locations per year. (Taxi, rideshare services, bus, subway, van and medical transport).	The plan provided up to twenty (20) one-way transports to health-related locations per year. (Taxi, rideshare services, bus, subway, van and medical transport).
Over-the-Counter (OTC)	\$25.00 maximum plan reimbursement every three (3) months for CMS-approved items.	\$100.00 maximum plan reimbursement every three (3) months for CMS-approved items.
Food and Produce (Grocery)	Food and Produce (Grocery) benefit was <u>not</u> offered.	\$500.00 annual grocery benefit for approved food and produce (groceries) for member upon successful completion of a Case Management Program.

Cost	2023 (this year)	2024 (next year)
<p>Dental For questions regarding your dental benefits contact: Liberty Dental (866) 674-0114.</p>	<p>Annual plan maximum benefit: \$1,000.00</p> <p><u>Preventive Services:</u> You pay 0% coinsurance in-network of 20% coinsurance out-of-network for oral exams, prophylaxis, x-rays, and fluoride treatments.</p> <p><u>Comprehensive Services:</u> You pay:</p> <ul style="list-style-type: none"> • 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. • 20% coinsurance in-network or 50% coinsurance out-of-network for Periodontic services. • 20% coinsurance in-network or 50% coinsurance out-of-network for Endodontic services. 	<p>Annual plan maximum benefit: \$2,000.00</p> <p><u>Preventive Services:</u> You pay \$0 copay in-network or 20% coinsurance out-of-network for oral exams, prophylaxis, x-rays, and fluoride treatments.</p> <p><u>Comprehensive Services:</u> You pay:</p> <ul style="list-style-type: none"> • 0% coinsurance 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 and intensity, or 50% coinsurance out-of-network for Restorative services. • \$5.00 copay to \$183.00 copay in-network, depending on type of service and intensity, or 50% coinsurance out-of-network for Periodontic services. • \$9.00 to \$331.00 copay in-network, depending on type of service and intensity, or 50% coinsurance out-of-network for Endodontic services.

Cost	2023 (this year)	2024 (next year)
Dental (continued)	<ul style="list-style-type: none"> • 20% coinsurance in-network or 50% coinsurance out-of-network for Extraction services. • 20% coinsurance in-network or 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. 	<ul style="list-style-type: none"> • \$22.00 copay to \$94.00 copay in-network, depending on type of service and intensity, or 50% coinsurance out-of-network for Extraction services. • Copays in-network depend on type of service. 50% coinsurance out-of-network for Non-Routine services. • \$4.00 copay to \$1,027.00 copay in-network depending on type of service, or 50% coinsurance out-of-network for Prosthodontics, Other Oral/Maxillofacial Surgery, Other services.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Memorial Hermann Prime Value MA Only HMO plan counties	Plan offered in Fort Bend, Harris and Montgomery County.	Plan offered in Brazoria, Fort Bend, Galveston, Harris, Liberty, and Montgomery County.

Description	2023 (this year)	2024 (next year)
<p>Flexible Spending Debit Card (Mastercard)</p> <p>For more information, visit our Flex Card page at https://mhhp.org/flex.</p> <p>Check your Flex Card balance at https://mhhp.flex.org.</p>	<p>Flexible Spending Debit Card <u>not</u> offered</p>	<p>The Flex Card includes three (3) spending categories:</p> <p><u>Hearing and Vision:</u> \$900.00 annual combined allowance for Hearing and Vision to spend as needed for eyewear and/or hearing aids.</p> <p><u>Over the Counter (OTC):</u> \$100.00 quarterly allowance for 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 if <u>not</u> used.</p> <p><u>Grocery Benefit:</u> \$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.</p>
<p>Prior Authorization</p>	<p>Prior authorization required for Part B drugs over \$1,000 only.</p>	<p>Prior authorization <u>may be</u> required for Part B drugs.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Memorial Hermann Prime Value MA Only 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 Prime Value MA Only 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, there may be 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 (SHIP) (see Section 5, or call Medicare (see Section 7.2).

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 Prime Value MA Only 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 Prime Value MA Only 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 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.
 - **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. **Note:** To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. 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 Prime Value MA Only 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, 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 Prime Value MA Only 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*).

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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