

MEMORIAL HERMANN MEDICARE *ADVANTAGE*

2024 HMO PLANS

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HERMANN
Health Plan
Medicare *Advantage* Plans

WELCOME



Meeting Agenda

Today's meeting will cover:

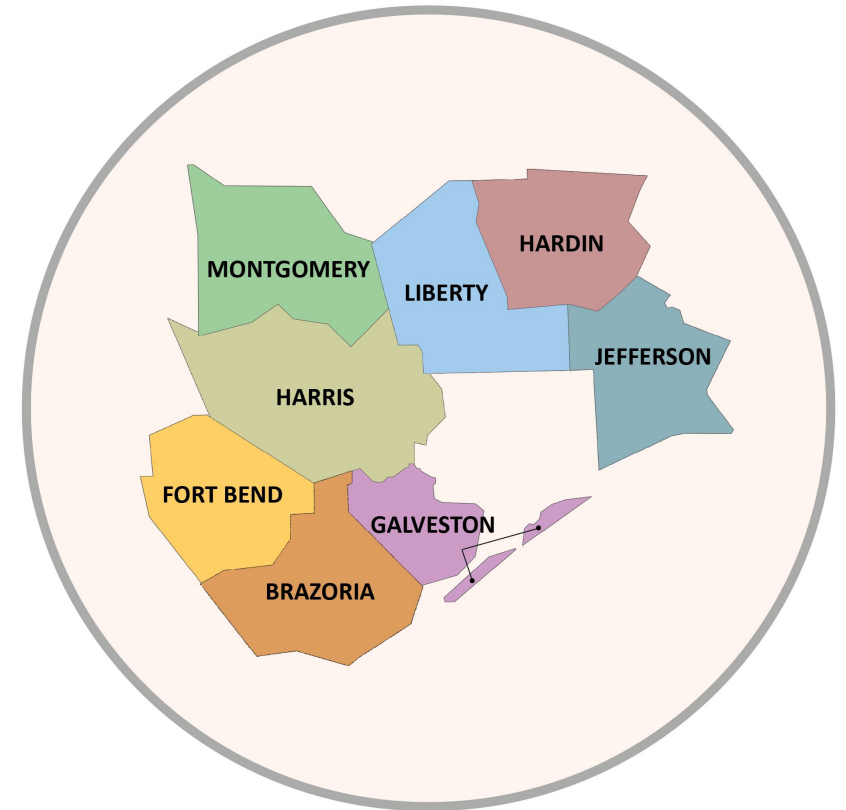
- Memorial Hermann *Advantage* Qualifications
- Why Memorial Hermann
- Provider Network
- Summary of Benefits
- Supplemental Benefit Information
- Pharmacy
- Value-Added Programs
- D-SNP
- Q&A



Are you qualified for Memorial Hermann Advantage?

In order to be eligible for Memorial Hermann *Advantage*, you must reside in our coverage area, which includes:

- **Harris County**
- **Montgomery County**
- **Fort Bend County**
- **Liberty County**
- **Galveston County**
- **Jefferson County**
- **Hardin County**
- **Brazoria County**



You must also be enrolled in Medicare Part A and B.

Our WHY



A known, respected, LOCAL brand. We are a local plan, serviced locally, to better serve our members and our communities. Memorial Hermann has been helping fellow Texans in the Houston area for over 100 years.

Access to Top-Notch Care with No Referrals. The Memorial Hermann Health System includes over 17 hospitals, 70 clinics, and over 6,700 physicians. And, while we encourage and facilitate establishing a relationship with your PCP to coordinate care, when you're in our network there are no referrals needed to see a specialist.

Care Coordination: Member – Physician – Pharmacy. We use proprietary technology that efficiently shares valuable information and identifies opportunities for value-based care improvement.

Growth Trajectory. We are investing in our products and our broker partners to significantly drive expansion and growth.

Apex Partnership. Memorial Hermann has partnered with a tech-enabled company dedicated to developing value-based care solutions that address the needs of the member, the hospital, *and* our approach to sales and retention.

A Concierge Approach to Serving Our Partners. We work directly with our partners to quickly respond to market and customer needs.

Memorial Hermann Provider Network

Your plan includes over 17 hospitals, 70 clinics, and over 6,700 physicians across the Memorial Hermann Health System. We also are partnered with a select group of in-network providers.

Memorial Hermann's Network includes the following:

- Village Medical Group
- UTMB
- Unity Physicians
- CenterWell
- ACE Physicians
- New Wave Physicians
- Northwest Internal Medicine

2024 Plan Benefits

HMO

MA- Only (Prime Value Plan)

Dual Special Needs Plan (DSNP)

Plan Information

Benefit	HMO Plan	Prime Value MA Only HMO Plan	What you should know
Plan Counties	Harris, Montgomery, Fort Bend, Brazoria, Galveston and Liberty	Harris, Montgomery, Fort Bend, Brazoria, Galveston and Liberty	
Monthly Premium	You pay \$0	You pay \$0 Includes a \$125 Part B refund	In addition, you must keep paying your Medicare Part B premium. – Only applies to HMO Plan.
Deductible	No deductible	No deductible	These plans do not have a medical deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$2,950 annually.	You pay no more than \$2,950 annually.	This is the most you pay for copays, coinsurance, and other costs for medical services for the 2024 calendar year.

Plan Information Cont.

Benefit	HMO Plan	Prime Value MA Only HMO Plan	What you should know
Doctors Visits	Primary Care Physician Visit: You pay \$0 per visit Specialist Visit: You Pay \$15	Primary Care Physician Visit: You pay \$0 per visit Specialist Visit: You Pay \$30	
Preventive Care	You pay nothing	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered. For colorectal cancer screenings, please note that a colonoscopy or sigmoidoscopy conducted for polyp removal or biopsy is a surgical procedure subject to the outpatient surgery cost sharing described later in this benefit grid.
Lab Services	You pay nothing	You pay nothing	
Outpatient X-rays	You pay nothing	You pay nothing	

Plan Information Cont.

Benefit	HMO Plan	Prime Value MA Only HMO Plan	What you should know
Urgent Care	You pay \$20	You pay \$25	
Emergency Care	You pay \$125	You pay \$125	If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care.
Inpatient Hospital Coverage	You pay \$350/per stay	You pay \$500/per stay	Our plans cover an unlimited number of days for an inpatient hospital stay. Requires prior authorization.
Outpatient Hospital Services -Surgery	You pay \$150 for each Medicare-covered outpatient hospital facility visit.	You pay \$200 for each Medicare-covered outpatient hospital facility visit.	

Plan Information Cont.

Benefit	HMO Plan	Prime Value MA Only HMO Plan	What you should know
Diagnostic Radiology Services (such as MRI's, CT and PET scans)	You pay \$150 test/procedure	You pay \$150 test/procedure	Prior Authorization required for diagnostic radiology services.
Therapeutic radiology services (such as radiation treatment for cancer)	You pay \$25	You pay \$25	
Ambulance - ground/air	Ground: You pay \$250 per one-way trip Air: 20%	Ground: You pay \$250 per one-way trip Air: 20%	
Telehealth/Virtual Care Services*	\$0 copay for Nurse line, Telephonic (Teladoc) and virtual visits (Evisits) through Memorial Hermann	\$0 copay for Nurse line, Telephonic (Teladoc) and virtual visits (Evisits) through Memorial Hermann	24/7 Nurse line services through toll free number. 24/7 Telephonic Physician visits available nationwide through Teladoc. Virtual visit through MH – hours are limited and is available throughout Texas. *Services scheduled through your physicians office may be subject to corresponding cost share

Plan Information Cont.

Benefit	HMO Plan	Prime Value MA Only HMO Plan	What you should know
Mental Health Services (including inpatient)	Psychiatric Services: \$15 Opioid Treatment Program Services: \$20 Mental Health Specialist Non-Physician: \$0	Psychiatric Services: \$30 Opioid Treatment Program Services: \$30 Mental Health Specialist Non-Physician: \$0	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization required.
Rehabilitation Services	Cardiac Rehab: \$20 Pulmonary: \$20 Occupational Therapy Visit: \$20 Physical Therapy & Speech Language Therapy Visit: \$20	Cardiac Rehab: \$30 Pulmonary: \$20 Occupational Therapy Visit: \$30 Physical Therapy & Speech Language Therapy Visit: \$30	
Durable Medical Equipment/Supplies	You pay 20% coinsurance	You pay 20% coinsurance	Prior authorization required for items over \$500

Plan Information Cont.

Benefit	HMO Plan	Prime Value MA Only HMO Plan	What you should know
Skilled Nursing Facility	<p>You pay nothing for days 1 through 20.</p> <p>You pay \$125 per day for days 21 through 100.</p>	<p>You pay nothing for days 1 through 20.</p> <p>You pay \$125 per day for days 21 through 100.</p>	Prior Authorization required.
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs: You pay 20% coinsurance</p> <p>Other Part B drugs including Allergy injections: You pay 20% coinsurance</p>	<p>For Part B drugs such as chemotherapy drugs: You pay 20% coinsurance</p> <p>Other Part B drugs including Allergy injections: You pay 20% coinsurance</p>	Prior authorization may be required for some Part B Drugs.
Foot Care (podiatry services)	Foot exams and routine foot care treatment: You pay \$15	Foot exams and routine foot care treatment: You pay \$30	Limitations may apply.

Plan Information Cont.

Benefit	HMO Plan	Prime Value MA Only HMO Plan	What you should know
Comprehensive Dental	Covered up to \$3,000	Covered up to \$2,000	Covered through Liberty Dental. Preventive 100% Basic & Major services: Copay per service, see Dental Schedule of Benefits for exact copays.
Transportation	MHHP covers 20 trips	MHHP covers 20 trips	
Meals	10 meals post discharge of inpatient or surgical hospital stay	10 meals post discharge of inpatient or surgical hospital stay	
NEW 2024: Flex Card	Vision and/or Hearing Allowance: \$1,500 OTC: \$150/quarter via catalog or brick-and-mortar pharmacy locations. Groceries: \$500 - ONLY if enrolled in Case Management & Approved by a Case Manager	Vision and/or Hearing Allowance: \$900 OTC: \$100/quarter via catalog or brick-and-mortar pharmacy locations. Groceries: \$500 - ONLY if enrolled in Case Management & Approved by a Case Manager	

SUPPLEMENTAL BENEFIT INFORMATION

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Dental



- Liberty Dental (3rd Year)
- Dramatically improved preventive/comprehensive annual maximum
- Co-pays for each service for member clarity – no coinsurance

Helpful Member Information:

- Liberty has an excellent network in the Houston area, and members can find a provider by calling Liberty at: 866.674.0114 (TTY: 877.855.8039).
- Or, the member can visit the Liberty website at:
<https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist>

Transportation



- Important benefit for the most at-risk members
- Increased need as Houston grows and we increase our DSNP membership
- New – Unlimited trips for DSNP
- Doubled number of trips in the Base plan and MA Only plan

Helpful Member Information:

- Members can call Modivcare directly to reserve a ride (recommend three days in advance when possible):
855.330.9138
- Or, visit their website at www.mymodivcare.com and click “Book a Ride.” Member will be instructed to set up a username and password, which can be used to quickly log-in and book future trips.

Meals



- 10 prepared meals delivered to member post in-patient hospitalization
- Available on all plans

Helpful Member Information:

- If the member is working with a Case Manager already, the Case Manager can order the meals after the member has been discharged.
- The Member also has up to 14 days post discharge to order the meals themselves by calling Memorial Hermann Customer Service at: 855.645.8448 (TTY: 711).
- Meals typically arrive in 2-3 days and can be refrigerated for up to two weeks.

Flexible Spending Card



- Vision/Hearing Combined Amount
- OTC – Quarterly via catalog (Medline) or brick-and-mortar
- DSNP – Automatic Grocery Benefit
- Other Plans: Grocery benefit if in Case Management and approved by Case Manager
- Flex card includes web site address for member portal:
 - Check balances
 - Review purchases/locations
 - Request reimbursement if card wasn't available
 - App also available

PHARMACY

2024 PHARMACY UPDATES

Prescription Drug Coverage Plan Highlights

New for 2024:

- Simplified benefit
 - No more preferred vs non preferred pharmacy
- Tier 2 – Non-preferred generics
 - Now covered at \$0 copay
 - Tier 1 and Tier 6 continue to remain at \$0 copay
- Catastrophic coverage - \$0 copay/cost share for Part D Drugs
- Covered Insulin will continue to be covered at \$35 for a one-month supply regardless of the cost-sharing tier
- Most part D vaccines are \$0 copay/cost share.

Memorial Hermann specialty pharmacy options:

- Memorial Hermann Specialty Pharmacy
- Lumicera

Plan Prescription Highlights

Preferred Diabetic Vendors

- One Touch (LifeScan products) and Accu-Chek (Roche products) are 0% coinsurance for preferred/exclusive brand of glucometer & test strips. Majority of our current members use these products and can enjoy savings! 20% coinsurance for all other Medicare-covered diabetic supplies.

Continuous Glucose Monitors (CGM) are covered at the Pharmacy!

- Continuous Glucose Monitors (CGM) are covered through your pharmacy benefit. Please check the formulary for any restrictions and for tier information. Preferred CGM brands are DexCom G6/G7 and Freestyle Libre / Libre 2 / Libre 14-day. All other brands are excluded.

Select Care drugs

- Select Care Drugs (Tier 6) are certain generic medications commonly used to treat diabetes, high blood pressure and cholesterol. These drug are available at retail pharmacies and through mail order services at \$0 copay.
- Select Care Drugs (Tier 6) drugs are fully covered during coverage gap (donut hole) at \$0 copay at network pharmacies and Costco mail order service!

HMO Initial Coverage: Retail Cost-Sharing

Tier	One-Month Supply at a Preferred Pharmacy	Three-Month Supply at a Pharmacy
Tier 1 (Preferred Generic)	\$0.00	\$0.00
Tier 2 (Generic)	\$0.00	\$0.00
Tier 3 (Preferred Brand)	\$47.00	\$141.00
Tier 4 (Non-Preferred Brand)	\$100.00	\$300.00
Tier 5 (Specialty Tier Drugs)	33%	N/A
Tier 6 (Select Care Drugs)	\$0.00	\$0.00

HMO Initial Coverage: Mail Order Cost-Sharing- Costco Mail Order

Tier	90 Day Supply
Tier 1 (Preferred Generic)	\$0.00
Tier 2 (Generic)	\$0.00
Tier 3 (Preferred Brand)	\$141.00
Tier 4 (Non-Preferred Brand)	\$300.00
Tier 5 (Specialty Tier Drugs)	N/A
Tier 6 (Select Care Drugs)	\$0.00

HMO Plans Prescription Drug Coverage:

2024 Memorial Hermann Prescription Drug Benefit	
Total Yearly Drug Cost (Cost paid by you and our Part D plan)	\$5,030.00

- For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us at 855.645.8448 (TTY 711) available 8 a.m. to 8 p.m. CST, seven days per week from October 1 – March 30 and 8 a.m. to 8 p.m. CST, Monday – Friday from April 1st - September 30; or access our Evidence of Coverage at healthplan.memorialhermann.org/medicare.
- You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Coverage Gap & Catastrophic Coverage

Coverage Gap:

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.

After you enter the coverage gap, 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.

Not everyone will enter the coverage gap.

Catastrophic Coverage:

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay \$0 (per the Inflation Reduction Act).

- \$0 Cost Share

VALUE-ADDED PROGRAMS

2024 PROGRAMS

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Silver&Fit® Fitness Program

The Silver&Fit® Exercise and Healthy Aging program includes the following benefits*:

No-cost fitness facility access

Enjoy no-cost fitness facility memberships to a broad network of participating locations. Participating locations including 24-hour Fitness, local YMCAs, and Planet Fitness, and more.

The Home Fitness Program

Choose one home fitness kit, including free Fit Bit, yoga mat and more each benefit year to keep you active at home, even if you can't make it to a fitness facility.

Resource Library

Get The Silver Slate® newsletter along with Healthy Aging videos and booklets. Stay motivated and social by engaging in fitness challenges with your friends.

Silver&Fit Connected!™

Track and view your activity levels through wearable fitness devices or mobile applications.

Rewards program

Earn fun rewards like hats and collector pins for staying active.

*Visit [SilverandFit.com](https://www.SilverandFit.com) to learn more.



Healthy *Advantage* Wellness Program

The Memorial Hermann Healthy *Advantage* Wellness Program rewards members for certain health-related activities. We are offering a MasterCard gift card that can be used anywhere MasterCard is accepted. Each reward will vary based on the type of service completed during the current plan year.

You do not have to return anything back to the plan. Also, we'll track your completed wellness activities on your behalf!

- **\$25 Annual Health Risk Assessment**
- **\$50 Annual Wellness/Comprehensive visit**
- **\$25 Breast Cancer screening**
- **\$50 Colon Cancer screening**
- **\$30 Retinal Eye Exam for Diabetics (excluding Glaucoma screening)***

*Subject to vision care benefit coverage as outlined in the Evidence of Coverage.

The Healthy *Advantage* Wellness Program and reward gift care are not a plan benefit. Gift card reward is not redeemable for cash.

DUAL *ADVANTAGE* HMO (D-SNP)

2024 D-SNP PLAN

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D-SNP

With Memorial Hermann Dual *Advantage* HMO D-SNP, members get exceptional care and coverage in an all-in-one plan that combines your Medicare Part A and Part B benefits, your Medicare Part D prescription drug coverage, your Medicaid benefits, as well as extra benefits not provided by either Medicare or Medicaid.

To qualify:

- **Be over the age of 65 and have both Medicare and Medicaid. Specifically designed for people with both Medicare and Medicaid.**
- **You must reside in Harris, Montgomery, Fort Bend, and NEW for 2024 - Brazoria or Liberty County to qualify for this plan.**
- **You can keep your Medicaid benefits and get more benefits compared with Original Medicare**
- **Or, be under 65 with a qualifying disability**

Individuals who meet one of these basic requirements must also be enrolled in Medicare Part A and/or Part B and receive full Medicaid benefits and/or assistance with Medicare premiums or cost sharing through one of the following “Medicare Savings Program” (MSP) categories:

QMB	Qualified Medicare Beneficiary This program provides financial assistance for Part A and/or Part B premiums, deductibles, coinsurance, and copayments.
QMB+	Qualified Medicare Beneficiary Plus QMB Plus recipients receive assistance with the same Medicare costs as QMB, but also have full Medicaid benefits.
SLMB+	Specified Low-Income Medicare Beneficiary Medicaid pays for Part B premium and full Medicaid benefits are provided.

D-SNP- What's New for 2024

With the Memorial Hermann Dual *Advantage* HMO D-SNP you will receive extra benefits and features:

D-SNP Benefits 2024



Increased dental coverage \$4,000



Vision and hearing allowance of \$1,000 preloaded onto your Flex card



Unlimited Health-related trips.



Meal benefit includes 10 meals post-discharge after every surgery or inpatient discharge during the benefit year.



\$240 per quarter grocery benefit. – Flex Card



OTC (Over-the-counter) \$200/per quarter. – Flex Card

D-SNP Benefits

Benefit	Coverage
Primary Care	Covered by Standard Medicare
Specialist Care	Covered by Standard Medicare
Lab testing	Covered by Standard Medicare
Inpatient treatment	Covered by Standard Medicare

D-SNP Benefits

Benefit	Coverage
Transportation	Covered: Unlimited Trips
Dental	Covered: \$4,000 limit – Covered through Liberty Dental
Telemedicine	Included
Meals	Coverage: (10) meals post-discharge of inpatient or surgical hospital stay
Fitness	Included – through Silver&Fit
Flex Card	
Over-the-counter (OTC)	\$200 per quarter (no rollover)
Grocery	\$240/per quarter (no rollover)
Vision & Hearing	\$1,000 pre-loaded onto Flex card
Pharmacy Benefits	Present your Medicaid ID card and your DSNP card at the Pharmacy

Language Support Services

<p>Spanish</p> <p>ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.855.645.8448 (TTY: 711).</p>	<p>Vietnamese</p> <p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.855.645.8448 (TTY: 711).</p>
<p>Arabic</p> <p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.8448.546.558 (رقم هاتف الصم والبكم: 117).</p>	<p>Japanese</p> <p>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.855.645.8448 (TTY:711) まで、お電話にてご連絡ください。</p>
<p>Cantonese Chinese</p> <p>注意: 如果您說廣東話, 您可以免費獲得語言援助服務。請致電1.855.645.8448 (TTY: 711)。</p>	<p>Korean</p> <p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.855.645.8448 (TTY: 711) 번으로 전화해 주십시오.</p>
<p>Mandarin Chinese</p> <p>注意: 如果您说普通话, 您可以免费获得语言援助服务。请致电1.855.645.8448 (TTY: 711)。</p>	<p>Laotian</p> <p>ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.855.645.8448 (TTY: 711).</p>
<p>French</p> <p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.855.645.8448 (ATS: 711).</p>	<p>Farsi</p> <p>توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. تماس بگیرید 1.855.645.8448 (TTY: 711)</p>
<p>German</p> <p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.855.645.8448 (TTY: 711).</p>	<p>Russian</p> <p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.855.645.8448 (телетайп: 711).</p>
<p>Gujarati</p> <p>સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કોલ કરો 1.855.645.8448 (TTY: 711).</p>	<p>Tagalog</p> <p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.855.645.8448 (TTY: 711).</p>
<p>Hindi</p> <p>ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.855.645.8448 (TTY: 711) पर कॉल करें।</p>	<p>Urdu</p> <p>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1.855.645.8448 (TTY: 711).</p>

**Resources are available for the visually impaired.*

Memorial Hermann *Advantage* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

This information is not a complete description of benefits. Call 855.645.8448 (TTY 711) for more information.

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Language Support Services

Memorial Hermann *Advantage* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Memorial Hermann *Advantage* does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Memorial Hermann *Advantage*:

Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters. Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters

- Information written in other languages

If you need these services, contact Customer Service at the number below.

If you believe that Memorial Hermann *Advantage* has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator, Memorial Hermann Health Plan, 11740 Katy Freeway, 5th Floor., Houston, TX 77079

855.645.8448 (TTY 711) 8 a.m. to 8 p.m. 7 days a week CST.

Fax 713.338.6487

Email MHHealthAppeals@memorialhermann.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1.800.368.1019, 800.537.7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Questions?

