

MEMORIAL HERMANN MEDICARE ADVANTAGE

JANUARY 1, 2025 - DECEMBER 31, 2025

SUMMARY OF BENEFITS (SOB)

DUAL ADVANTAGE HMO (DSNP)

H7115-005

Memorial Hermann Dual Advantage HMO D-SNP

H7115, Plan 005

January 1, 2025 - December 31, 2025

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann Dual Advantage HMO D-SNP** January 1, 2025 to December 31, 2025.

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 large print 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 (closed on major holidays). Hours of operation between April 1st and September 30th are 8 a.m. to 8 p.m., Monday through Friday (closed on major holidays).

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 these two (2) categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** means an individual who is entitled to Medicare Part A, meets federal criteria, and whose resources do not exceed twice the Supplemental Security Income (SSI) limit. A QMB individual is eligible for Medicaid payment of Medicare premiums, Deductibles, Coinsurance, and Copayments (except for Medicare Part D). A QMB Plus individual also meets the financial criteria for full Medicaid coverage. QMB Plus individuals are entitled to QMB Medical Benefits, plus all benefits available under the Texas State Plan for fully eligible Medicaid recipients.
- **Specified Low-Income Medicare Beneficiary Plus (SLMB+):** means an individual who is entitled to Medicare Part A and meets federal income and resource criteria. A SLMB individual is eligible for payment of Medicaid payment of Medicare Part B premiums. A SLMB Plus individual also meets the financial criteria for full Medicaid coverage. SLMB Plus individuals are entitled to payment of Medicare Part B premiums, plus all benefits available under the Texas State Plan for fully eligible Medicaid recipients.

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

	Memorial Hermann Dual Advantage HMO D-SNP	Medicaid
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	\$590 per year for Part D prescription drugs As a member of Memorial Hermann Dual Advantage HMO D-SNP, your deductible may be paid by your “Extra Help” benefit, if applicable.
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	You pay no more than \$9,350 annually. Includes copays and other costs for medical services for the year. Our Memorial Hermann Dual Advantage HMO D-SNP members rarely meet this out-of-pocket maximum.
Inpatient Hospital	
Inpatient Hospital stay Prior authorization rules may apply.	You pay 20% for each Inpatient stay* <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>
Outpatient Hospital Services	
Ambulatory Surgical Center (ASC)	You pay 20%*
Outpatient Surgery	You pay 20%*
Outpatient Hospital Observation services	You pay 20%*
Prior authorization rules may apply.	<i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>
Doctor Visits	
Primary Care Provider (PCP)	You pay 20%*
Specialists (No referral is needed.)	You pay 20%*
Telehealth Provider visit with PCP or Specialists	You pay 20%*
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 <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>

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 **20%** up to a maximum of **\$100** for each visit*

This copay is waived if admitted within 48 hours

Worldwide Emergency care

You pay **20%***

This copay is waived if admitted within 48 hours

Worldwide Emergency Transportation

You pay **20%***

Urgently Needed services

You pay **20%** up to a maximum of **\$45** for each visit*

Worldwide Urgently Needed services

You pay **20%***

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

**Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.*

Summary of Benefits	What You Will Pay
Diagnostic Services/ Labs/ Imaging	
Medicare-covered Therapeutic Radiology visit Lab services X-rays Complex Diagnostic Imaging services (MRI, CT, PET) Prior authorization is required for some services.	You pay 20%* per diagnostic test or procedure You pay 20%* for lab services You pay 20%* for x-rays You pay 20%* per test/service <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>
Hearing Services	
Medicare-covered Annual Hearing Exam Routine Hearing Exam performed by PCP Hearing Exam performed by Audiologist Hearing Aid(s) *(Benefit amount combined with Vision)	You pay 20%* You pay 20%* for basic hearing and balance exam You pay 20%* for exam to diagnose and treat hearing and balance \$1,000* annual total allowance for hearing aid(s), for both ears combined <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>
Dental Services	
\$4,000 annual maximum plan benefit <u>Preventive Services</u> <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) <u>Comprehensive Services</u> <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 	You pay \$0 for Preventive services from a network provider You pay \$0 for Preventive services from a non-network provider You pay \$0 per visit for each Medicare-covered Comprehensive service You pay \$0 for in-network Diagnostic services. You pay \$0 for out-of-network Diagnostic services You pay \$0 for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services You pay \$0 for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

Summary of Benefits	What You Will Pay
<p>Dental Services (continued) 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 Glaucoma Screenings Routine Vision Exams Eyewear (contacts, lenses, frames) *(Benefit amount combined with Hearing)</p>	<p>You pay 20%* You pay 20% for one annual screening* You pay \$0 \$1,000* annual total benefit for eyewear or contact lenses <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
<p>Mental Health / Substance Abuse Services</p>	
<p>Inpatient Mental Health care Outpatient individual therapy or group therapy session with a non-physician provider Outpatient individual therapy or group therapy session with a Psychiatrist Outpatient Opioid Treatment Program Inpatient Opioid Treatment Program Outpatient Substance Abuse visit Prior authorization rules may apply.</p>	<p>You pay 20% per stay* You pay 20%* You pay 20%* You pay 20%* You pay 20% per stay* You pay 20%* <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
<p>Skilled Nursing Facility</p>	
<p>Days 1 - 20 Days 21 – 100 Prior authorization rules may apply.</p>	<p>You pay 20%* QMB+ program members will pay 20%* SLMB+ program members will pay 20% <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ member.</i></p>

Summary of Benefits	What You Will Pay
Rehabilitation Services	
Physical Therapy, Occupational Therapy, and Speech and Language Therapy	You pay 20%*
Cardiac Rehab services	You pay 20%*
Pulmonary Rehab services	You pay 20%*
Chiropractic care Manual manipulation of the spine to correct subluxation	You pay 20%*
Acupuncture For the treatment of chronic lower back pain	You pay 20%* <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>
Ambulance	
Ground Ambulance (one-way)	You pay 20%*
Air Ambulance (one-way)	You pay 20%*
Prior authorization is required for non-emergency Medicare services.	<i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>
Transportation	
Includes taxi, rideshare services, bus, subway, van, and medical transport. To learn more and book your ride visit: https://www.mymodivcare.com .	You pay \$0 for unlimited one-way transports to health-related locations per year
Medicare Part B Drugs	
Chemotherapy / Radiation drugs	You pay 20%*
Other Part B drugs	You pay 20%*
Part B insulin furnished through a DME supplier	20% of the cost up to a \$35 maximum for a one-month supply*
Some Part B drugs may be subject to step therapy	
Prior authorization may be required for Part B drugs.	<i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>

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 20%*</p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
Home Health Care	
<p>Medicare-covered Home Health visit</p>	<p>You pay 20%*</p>
<p>Home-based Palliative care</p> <p>Prior authorization rules may apply.</p>	<p>You pay 20%*</p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
Diabetic Services and Supplies	
<p>Medicare-covered Diabetic Supplies</p>	<p>You pay 20%*</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 Ascencia by Contour)</p>	<p>You pay \$0</p>
<p>Medicare-covered therapeutic custom-molded shoes or inserts</p>	<p>You pay 20%*</p>
<p>Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom and Freestyle Libre. We may only cover other brands and manufacturers if your doctor or other provider tells us that the preferred brand is not appropriate for your medical needs.</p>	<p>You pay 20%* for the preferred CGM brands at a network pharmacy (retail) All other brands are subject to review of medical necessity.</p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></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 20%*</p>
<p>Wigs for chemotherapy patients</p> <p>Prior authorization rules may apply.</p>	<p>You pay \$0</p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>

Summary of Benefits	What You Will Pay
Hospice	
<p>Medicare-certified hospice program 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 and paid for by Original Medicare</p>
Telephone/Virtual Services	
<p>Virtual visits through Primary Care Physicians</p>	<p>You pay 20%*</p>
<p>Specialist Virtual visits</p>	<p>You pay 20%*</p>
<p>Urgently Needed services</p>	<p>You pay 20%*</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 20%*</p> <p>You pay 20%*</p> <p>You pay 20%*</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> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></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

Meals

Meals provided immediately following inpatient hospitalization discharge or outpatient surgery.

Up to **10** meals delivered per hospital discharge or outpatient surgery

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.
*Unused funds at the end of the quarter do not roll over to the next quarter.

\$255 allowance per 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 will be added to the Flex Card every quarter. Acceptable groceries follow the USDA SNAP guidelines.
*Unused funds at the end of the quarter do not roll over to the next quarter.

\$255 quarterly allowance*

For more information, visit our Flex Card page at: <https://mhhp.org/flex>.

Summary of Benefits

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.

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.

For more information, visit:
<https://www.silverandfit.com>.

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

PRESCRIPTION DRUG BENEFITS (PART D)

Deductible Phase

\$590 deductible for Part D drugs
 As a member of **Memorial Hermann Dual Advantage HMO D-SNP**, your deductible may be paid by your “**Extra Help**” benefit, if applicable.

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 **\$2,000.**

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, \$1.60** or **\$4.90** depending on your level of “**Extra Help**”.
- Your cost sharing for eligible brand name drugs will be **\$0, \$4.80** or **\$12.15** 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 25%	You pay 25%	You pay 25%
Tier 2: Generic	You pay 25%	You pay 25%	You pay 25%
Tier 3: Preferred Brand	You pay 25%	You pay 25%	You pay 25%
Tier 4: Non-Preferred Drug	You pay 25%	You pay 25%	You pay 25%
Tier 5: Specialty	You pay 25%	Not available	Not available

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.

Important Message About What You Pay for Vaccines – Our Plan covers most Part D and some Part B vaccines at no cost to you. Call Customer Service for more information.

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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