

2025 Annual Notice of Change

MEMORIAL[®]
HERMANN
Health Plan
Medicare Advantage Plans

Memorial Hermann *Dual Advantage* HMO D-SNP offered by Memorial Hermann Health Plan, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Memorial Hermann *Dual Advantage* HMO D-SNP. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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*.

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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- 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 the www.medicare.gov/plan-compare website or review the list in the back of your

Medicare & You 2025 handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- 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, 2024, you will stay in Memorial Hermann *Dual Advantage* HMO D-SNP.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Memorial Hermann *Dual Advantage* HMO D-SNP.
- Look in section 4, page 16 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 must provide information in a way that works for you (in languages other than English, in large print, etc.).
- **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 *Dual Advantage* HMO D-SNP

- 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 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 *Dual Advantage* HMO D-SNP.
-

**Annual Notice of Changes for 2025
Table of Contents**

Summary of Important Costs for 2025 4

SECTION 1 Changes to Benefits and Costs for Next Year 7

Section 1.1 – Changes to the Monthly Premium 7

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount..... 7

Section 1.3 – Changes to the Provider and Pharmacy Networks..... 8

Section 1.4 – Changes to Benefits and Costs for Medical Services 8

Section 1.5 – Changes to Part D Prescription Drug Coverage 10

SECTION 2 Administrative Changes 14

SECTION 3 Deciding Which Plan to Choose..... 15

Section 3.1 – If you want to stay in Memorial Hermann *Dual Advantage* HMO D-SNP 15

Section 3.2 – If you want to change plans 15

SECTION 4 Deadline for Changing Plans..... 16

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid 16

SECTION 6 Programs That Help Pay for Prescription Drugs 17

SECTION 7 Questions?..... 18

Section 7.1 – Getting Help from Memorial Hermann *Dual Advantage* HMO D-SNP 18

Section 7.2 – Getting Help from Medicare 18

Section 7.3 – Getting Help from Medicaid..... 19

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Memorial Hermann *Dual Advantage* HMO D-SNP in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p> <p>Your monthly premium will be \$0 as long as you are eligible for Medicaid benefits.</p>	\$28.40	\$16.70
Deductible	<p>\$545.00</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>\$590.00</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Doctor office visits	<p>Primary care visits: 0-20% of the Medicare-covered cost per visit.</p> <p>Specialist visits: 0-20% of the Medicare-covered cost per visit.</p> <p>Your cost share will be \$0 as long as you remain enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.</p>	<p>Primary care visits: 0-20% of the Medicare-covered cost per visit.</p> <p>Specialist visits: 0-20% of the Medicare-covered cost per visit.</p> <p>Your cost share will be \$0 as long as you remain enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.</p>
Inpatient hospital stays	<p>0-20% of the cost for Medicare-covered inpatient hospital stays.</p> <p>Your cost share will be \$0 as long as you remain</p>	<p>0-20% of the cost for Medicare-covered inpatient hospital stays.</p> <p>Your cost share will be \$0 as long as you remain</p>

Cost	2024 (this year)	2025 (next year)
	enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.	enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p> <p>Your cost sharing amount is dependent on your level of “Extra Help” (also known as the Low-Income Subsidy Rider or the LIS Rider).</p> <p>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.</p>	<p>Deductible: \$545.00</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: (Preferred Generic) <i>Standard cost sharing:</i> You pay \$0.00. • Drug Tier 2: (Generic): <i>Standard cost sharing:</i> You pay \$0.00. • Drug Tier 3: (Preferred Brand) <i>Standard cost sharing:</i> You pay \$0.00. <p>You pay no more than \$35.00 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: (Non-Preferred Drug) <i>Standard cost sharing:</i> You pay \$0.00. 	<p>Deductible: \$590.00 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: (Preferred Generic) <i>Standard cost sharing:</i> You pay 25% coinsurance. • Drug Tier 2: (Generic) <i>Standard cost sharing:</i> You pay 25% coinsurance. • Drug Tier 3: (Preferred Brand) <i>Standard cost sharing:</i> You pay 25% coinsurance. <p>You pay no more than \$35.00 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: (Non-Preferred Drug) <i>Standard cost sharing:</i> You pay 25% coinsurance.

Cost	2024 (this year)	2025 (next year)
	<p>You pay no more than \$35.00 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: (Specialty) <i>Standard cost sharing:</i> You pay \$0.00. • Drug Tier 6 (Select Care): <i>Standard cost sharing:</i> You pay \$0.00. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. 	<p>You pay no more than \$35.00 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: (Specialty) <i>Standard cost sharing:</i> You pay 25% coinsurance. • Drug Tier 6 (Select Care): <i>Standard cost sharing:</i> <u>Not</u> offered. (Most Tier 6 drugs are now offered in Tier 1). <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs.
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p> <p>Because our members also get assistance from Medicaid, very few members reach this out-of-pocket maximum.</p>	<p style="text-align: center;">\$8,850.00</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p style="text-align: center;">\$9,350.00</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<p>Monthly premium</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p> <p>Your monthly premium will be \$0 as long as you are eligible for Medicaid benefits.</p>	\$28.40	\$16.70

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.

	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$8,850.00	<p>\$9,350.00</p> <p>Once you have paid \$9,350.00 out of pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at <https://healthplan.memorialhermann.org/medicare-advantage/>. 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 2025 Provider Directory** <https://healthplan.memorialhermann.org/medicare-advantage/> **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 2025 Pharmacy Directory** <https://healthplan.memorialhermann.org/medicare-advantage/pharmacy-benefits/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 a 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

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Maximum Out-of-Pocket Amount	\$8,500.00	\$9,350.00

Cost	2024 (this year)	2025 (next year)
Emergency Services	<p>You pay 0-20% of the Medicare-covered cost (up to \$100.00) for each Emergency Room visit. (Coinsurance is waived if admitted to the hospital within 48 hours).</p> <p>Your cost share will be \$0 as long as you remain enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.</p>	<p>You pay 0-20% of the Medicare-covered cost (up to \$110.00) for each Emergency Room visit. (Coinsurance is waived if admitted to the hospital within 48 hours).</p> <p>Your cost share will be \$0 as long as you remain enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.</p>
Urgent Needed Services	<p>You pay 0-20% of the Medicare-covered cost (up to a maximum of \$55.00) for each Urgent Care visit.</p> <p>Your cost share will be \$0 as long as you remain enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.</p>	<p>You pay 0-20% of the Medicare-covered cost (up to a maximum of \$45.00) for each Urgent Care visit.</p> <p>Your cost share will be \$0 as long as you remain enrolled in the Medicaid QMB+ or SLMB+ Medicare Savings Program.</p>
Food and Produce (Grocery)	<p>\$240.00 quarterly benefit for groceries is added to the Flex Card. Acceptable groceries follow the USDA SNAP guidelines. Unused funds do <u>not</u> rollover to the next quarter. Case Management <u>not</u> required.</p>	<p>\$255.00 quarterly benefit for groceries is added to the Flex Card. Acceptable groceries follow the USDA SNAP guidelines. Unused funds do <u>not</u> rollover to the next quarter. Case Management <u>not</u> required.</p>

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>).

If you are affected by a change in drug coverage 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.

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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides

consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **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, 2024, please call Customer Service and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$545.00.</p>	<p>The deductible is \$590.00.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>For 2024 you paid a \$0 copayment for drugs on Tiers 1 - 5. For 2025 you will pay 25% coinsurance for drugs on this Tiers 1 - 5.</p> <p>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.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>Your cost sharing amount is dependent on your level of “Extra Help” (also known as the Low-Income Subsidy Rider or the LIS Rider).</p> <p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p>Tier 1 - Preferred Generic: You pay \$0 per prescription. Your cost for a one-month mail-order prescription is \$0.</p> <p>Tier 2 - Generic: You pay \$0 per prescription. Your cost for a one-month mail-order prescription is \$0.</p> <p>Tier 3 - Preferred Brand You pay \$0 per prescription. You pay no more than \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$0.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p>Tier 1 - Preferred Generic: You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25% coinsurance.</p> <p>Tier 2 - Generic: You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25% coinsurance.</p> <p>Tier 3 -Preferred Brand You pay 25% of the total cost. You pay no more than \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25% coinsurance.</p>

Stage	2024 (this year)	2025 (next year)
<p>Initial Coverage Stage (continued)</p>	<p>Tier 4 - Non-Preferred Drug</p> <p>You pay \$0 per prescription.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$0.</p>	<p>Tier 4 - Non-Preferred Drug</p> <p>You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 25% coinsurance.</p>
	<p>Tier 5 – Specialty</p> <p>You pay \$0 per prescription.</p> <p>Mail-order is <u>not</u> available for specialty drugs.</p>	<p>Tier 5 – Specialty</p> <p>You pay 25% of the total cost.</p> <p>Mail-order is <u>not</u> available for specialty drugs.</p>
	<p>Tier 6 – Select Care</p> <p>You pay \$0 per prescription,</p>	<p>Tier 6 – Select Care</p> <p><u>Not</u> offered. (Most Tier 6 drugs are now offered in Tier 1).</p>
	<p>Once your total drug costs have reached \$5,030.00, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once you have paid \$2,000.00 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and

biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<p>Pharmacy Benefits Manager (PBM)</p>	<p>Navitus Health Solutions, LLC</p> <p>Customer Service: (866) 270-3877</p> <p>Appeals & Complaints: (866) 270-3877</p> <p>Coverage Determination & Redetermination: (866) 270-3877</p>	<p>Capital RX, Inc.</p> <p>Customer Service: (888) 227-7940</p> <p>Appeals & Complaints (888) 227-7940</p> <p>Coverage Determination & Redetermination: (888) 227-7940</p>
<p>Medicare Prescription Payment Plan</p>	<p><u>Not applicable</u></p>	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at (855) 645-8448 or visit Medicare.gov.</p>
<p>Part B Prescription Drug Step Therapy</p>	<p><u>Not applicable</u></p>	<p>Some Part B drugs may be subject to step therapy.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Memorial Hermann *Dual Advantage* HMO D-SNP

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 *Dual Advantage* HMO D-SNP.

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 2025 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.

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 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), 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 *Dual Advantage* HMO D-SNP.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Memorial Hermann *Dual Advantage* HMO D-SNP.
- **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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

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, 2025.

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.

Because you have Texas Medicaid (Texas Health and Human Services), you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can also 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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>).

For questions about your Texas Medicaid benefits, contact Texas Health and Human Services Commission (HHSC) at (800) 252-8263, TYY (512) 424-6597. Ask how joining another plan or returning to Original Medicare affects how you get your Texas Medicaid coverage.

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.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” 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.
- **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.
- **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. 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. 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, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call (800) 255-1090.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary**

throughout the year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at (855) 645-8448 or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Memorial Hermann *Dual Advantage* HMO D-SNP

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 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Memorial Hermann *Dual Advantage* HMO D-SNP. 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 2025*

Read the *Medicare & You 2025* 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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call Texas Health and Human Services Commission at (800) 252-8263. TTY users should call (512) 424-6597.

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)

**MEMORIAL[®]
HERMANN**
Health Plan

Medicare Advantage Plans

Copyright © 2024 Memorial Hermann. All rights reserved.