Medicare plans with you in mind.

Thank you for considering the only Medicare Advantage plan backed by Memorial Hermann, a health system known and trusted for more than 100 years.

Choosing the right health plan is an important decision. We're here to help you find the right care and coverage best fit for your lifestyle.

What to expect with a Memorial Hermann Advantage plan:

A vast network of doctors dedicated to providing the best possible health and wellness coverage.

Receive quality care around the corner from over 17+ local hospitals and 50+ urgent care locations.

Get benefits beyond the scope of regular medicare including drug coverage, dental benefits and a flexible spending card.

Access to fitness and wellness programs designed to help you live your best life.

We're here to help!

855.612.2890 (TTY 711)
8 a.m. to 8 p.m. CT

Table of Contents

MEMORIAL HERMANN
Health Plan
Medicare Advantage Plans

Understanding Medicare

LEARNING THE BASICS

Original Medicare

Original Medicare includes two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). Original Medicare covers most, but not all of the costs for approved health care services and supplies.

Medicare Advantage

Medicare Advantage bundles your Part A, Part B and usually Part D coverage into one plan. Plans may offer some extra benefits that Original Medicare doesn't cover – like vision, hearing and dental services.

	Original Medicare (PART A+B)	Medicare Advantage (PART C)
Costs	You pay part B premium, deductible and coinsurances	In addition to your Part B premium, you pay low (or no) monthly premium and copays
Maximum Out-of-Pocket Costs	No Limit	Annual Limit
Over-the-Counter (OTC)	✗	✓
Grocery Benefit	✗	✓
Hearing & Vision	✗	✓
Comprehensive Dental	✗	✓
Drug Coverage (PART D)	✗	✓
Fitness Benefits & Wellness Programs	✗	✓

KEY MEDICARE TERMS

Coinsurance
The costs that you and the health insurance plan pay are split on a percentage basis.

Copay
The fixed amount you pay at the time you receive a covered service.

Deductible
The amount you pay before a plan covers your prescription drug costs.

Maximum Out-Of-Pocket (MOOP)
The maximum amount you pay during a policy period (usually a year). After you reach your out-of-pocket maximum, your plan pays 100% of the allowed amount of covered services for the rest of the policy period.

Premium
The fixed amount you pay your health insurance or plan for Medicare coverage. Many Advantage plans do not have a premium.

KNOW YOUR COVERAGE OPTIONS

There are two main coverage options for people who are eligible for Medicare. Cost and coverage will differ for each option, so it's important to identify your desired level of comprehensive coverage in order to fit your health, budget and lifestyle needs.

STEP 1:

ENROLL IN ORIGINAL MEDICARE

PART A

HELPS COVER:
Hospital stays
Skilled nursing facility
Hospice care
Rehabilitation services

PART B

HELPS COVER:
Doctor visits
Outpatient services
Ambulance services
Medical equipment

STEP 2:

IF NEEDED, CHOOSE ADDITIONAL COVERAGE

OPTION 1:
Add one or more of these plans to supplement your original Medicare

PART D
Helps cover prescription drugs and is offered by private companies

And/Or

MEDIGAP OR SUPPLEMENTAL PLANS
Helps cover some or all costs not covered by Parts A & B

OPTION 2:
Enroll in a Medicare Advantage plan for benefits beyond original Medicare

PART C
MA plans combine Parts A & B

PART D
Most plans also cover prescription drugs

ADDITIONAL BENEFITS
Some plans include dental, vision, hearing, fitness incentives and more

WHAT IS PART D COVERAGE?

Medicare Part D, also known as Medicare drug coverage, helps cover the cost of prescription drugs. It's optional and only offered through private insurance companies approved by the federal government.

Part D Changes Starting 2025

No more coverage gap phase - aka 'the donut hole'
There will no longer be a stage in drug coverage where Part D enrollees have to pay 100% of their medication costs. This will save thousands of dollars for people who take high-cost drugs for cancer, rheumatoid arthritis and other serious conditions.

Lower out-of-pocket spending cap
The annual out-of-pocket cap for prescription drugs is reduced to $2,000. This means that no matter how much your medicines cost, you will never have to pay more than $2,000 a year.

Medicare Prescription Payment Plan (M3P)
This new program will offer Part D enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly payments, instead of all at once at the pharmacy. This option can help enrollees who face high prescription drug costs to manage these costs by spreading them out over the course of the plan year.

Part D Coverage Phases

With Medicare Part D, the amount you pay for prescription drugs is dependent on one of these phases:

1 Annual Deductible

During the deductible phase, you are responsible for the full cost of your prescription drugs until you meet the Medicare Part D deductible.

2 Initial Coverage

Your plan will pay a portion of your prescriptions as long as they are covered under the health plan formulary. The amount you'll pay for a prescription drug is determined by 1 of 5 tiers in which the drug is located. You will be responsible for copays and coinsurance until you've reached the new out-of-pocket threshold of $2,000. Listed below are the 2025 Part D coverage tiers for each plan:

Medicare Advantage HMO

- Tier 1: $0 Copay
- Tier 2: $4 Copay
- Tier 3: 25% coinsurance
- Tier 4: 45% coinsurance
- Tier 5: 33% coinsurance

Medicare Advantage DSNP

- Tier 1: 25% coinsurance
- Tier 2: 25% coinsurance
- Tier 3: 25% coinsurance
- Tier 4: 25% coinsurance
- Tier 5: 25% coinsurance

Deductible $590

Our Medicare Advantage Prime Value MA Only plan does not have Part D drug coverage.

3 Catastrophic Coverage

After you've reached your out-of-pocket maximum of $2,000 for prescription drugs, you will pay $0 for covered drugs on the plan's drug formulary for the duration of the calendar year.

Extra Help Drug Program

This program is for members who have limited income and resources to pay for a Medicare prescription program. It can help pay for premiums, deductibles, and copayments. To find out if you qualify call 1-800-MEDICARE.

Plan Benefits & Details

EXPERIENCE OUR MEDICARE ADVANTAGE

We're here for you!

The Memorial Hermann Health Care System has been caring for your friends, neighbors and family members for over 100 years.

Our Medicare Advantage plans reflect what we feel is so important about being a Memorial Hermann Health Plan member: your doctors working closely with hospitals and your health plan to deliver an outstanding level of care that's local, personal and helps you live your life to the fullest.

SERVICE AREA

- Harris
- Montgomery
- Fort Bend
- Brazoria
- Liberty
- Galveston
  (DSNP plan not offered)

Get all the benefits you deserve and more:

Part D Coverage
Helps control drug costs with low copays for generics and name-brand prescriptions. (Part D is not available on the Prime Value plan)

Telehealth Services
Teladoc gives members 24/7 access to a certified doctor through the convenience of phone, video or mobile app visits.

Dental, Hearing & Vision
Our comprehensive dental benefits are provided by Liberty Dental Plan®. Use your flexible spending card for vision, hearing and OTC costs.

Healthy Rewards Program
Receive up to $180 in gift cards by completing health-related screenings, such as an annual wellness visit and breast cancer screening.

Over-the-Counter (OTC) Benefit
Members receive a certain allowance each year that allows them to purchase OTC health and wellness products.

Transportation Benefit
Our transportation partner, Modivcare, manages routine non-emergency medical transportation for Memorial Hermann Health Plan members.

Fitness Benefit
Members can enjoy a no-cost fitness membership from a broad network of local clubs and gyms, as well as access to online training videos and a Fitbit.

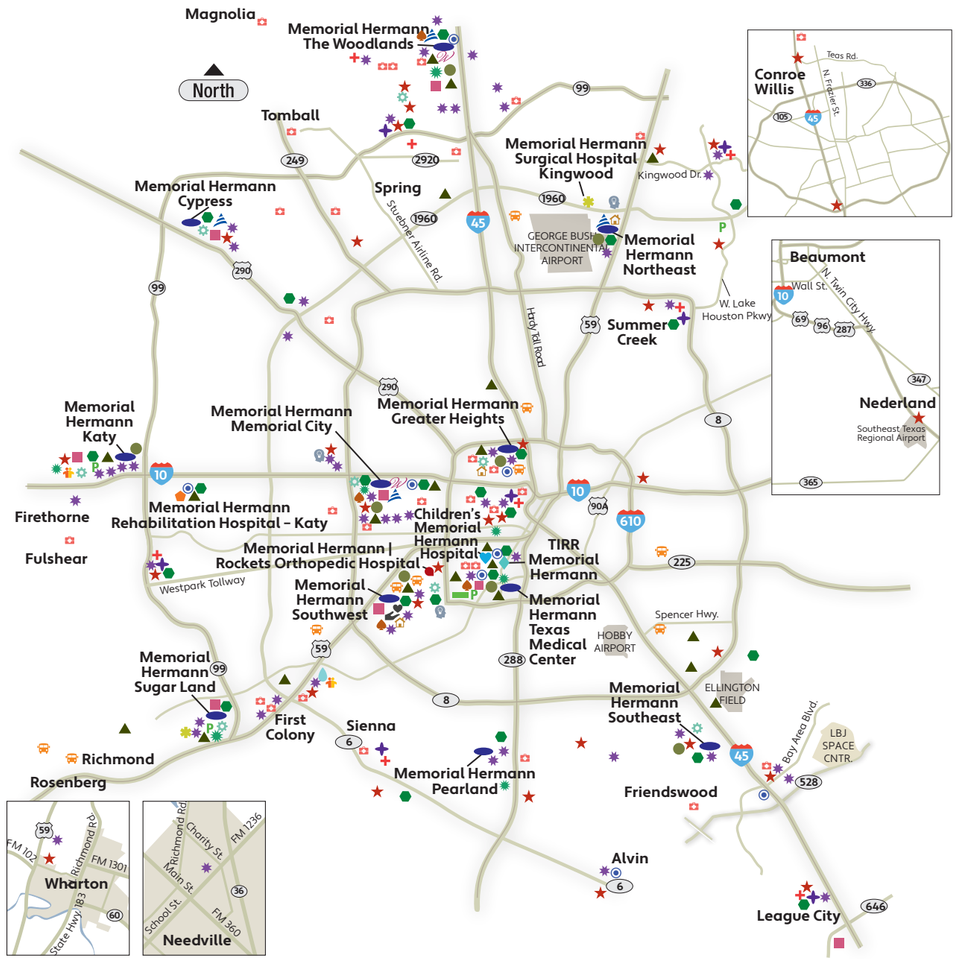
Meal Delivery Benefit
After an inpatient hospital stay, enjoy fresh and nutritious meals delivered to your home.

Flexible Spending Card
Receive a flexible spending card to help cover costs associated with your benefits including vision, hearing and OTC products.

Member Portal
Visit your secure member portal to easily access your plan documents and coverage details.

QUALITY CARE JUST AROUND THE CORNER .

17 Hospitals | **70+** Medical Group Facilities | **50+** Specialty & Urgent Care Facilities | **7K+** Affiliated Providers



11 Acute-Care Hospitals	8 Joint Centers	1 Physicians at Sugar Creek
8 Breast Centers	55 Memorial Hermann Medical Group	10 School-Based Health Centers
8 Cancer Centers	1 Memorial Hermann | Rockets Orthopedic Hospital	32 Sports Medicine & Rehabilitation
1 Children's Memorial Hermann Hospital	1 Memorial Hermann Rehabilitation Hospital - Katy	21 Surgery Centers
4 Children's Memorial Hermann Pediatrics	30 Memorial Hermann-GoHealth Urgent Care Centers	2 Surgical Hospitals
7 Convenient Care Centers	3 Mental Health Crisis Clinics	1 TIRR Memorial Hermann
8 Freestanding Emergency Centers	4 Mischer Neuroscience Associates	8 TIRR Memorial Hermann Outpatient Rehabilitation
4 Heart & Vascular Institutes	1 Mischer Neuroscience Institute	1 University Place
26 Imaging Centers	3 Neighborhood Health Centers	2 Women's Memorial Hermann Hospitals
7 Rockets Sports Medicine Institutes	2 Occupational Medicine Clinics	

270 Care Delivery Sites

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Memorial Hermann Medicare Advantage HMO

Benefits & Features	Memorial Hermann Advantage HMO
Monthly Plan Premium[1]	$0
Maximum Out-of-Pocket (MOOP)	$2,950
Drug Coverage	Yes (see back)
Provider Services	
Copay for Primary Care Physician (PCP)	$0
Copay for In-Network specialist (with no referral needed)	$15
Facility Care	
Inpatient Hospital Care	$350/stay
Emergency Care	$140
Urgent Care	$20
Ambulance	$250
Tests, Labs & Imaging	
Diagnostic Tests/Procedures	$25
Lab Services	$0
Diagnostic Radiological Services (CT/MRI)	$150
Outpatient X-Ray Services	$0
Supplemental Benefits	
Dental	$3,000 in Comprehensive Coverage
Vision & Hearing	$1,000 (loaded on flex card)
Over-the-Counter Items (OTC)	$75 per quarter (loaded on flex card); does not rollover to next quarter
Flexible Spending Card	Yes
Healthy Advantage Wellness Program	Up to $180 in gift card rewards for routine health screenings
Fitness	Silver&Fit®
Transportation Benefit	(20) one-way transports to a health-related location per year
Meals Benefit	(10) meals after inpatient hospitalization
Groceries	$60 per quarter (loaded on flex card); does not rollover to next quarter

Part D Drug Coverage

Plan	Memorial Hermann Advantage HMO
Out-of-Pocket Max (MOOP)	$2,000
Deductible	$0
Tier 1 - Preferred Generic	$0
Tier 2 - Generic	$4
Tier 3 - Preferred Brand	25% coinsurance
Tier 4 - Non-Preferred	45% coinsurance
Tier 5 - Specialty	33% coinsurance
Insulins	$35 for one month supply - refer to 2025 formulary
Vaccines	Most vaccines covered at $0 - refer to 2025 formulary

[1] You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network, may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

Memorial Hermann Advantage Prime Value MA Only HMO

Benefits & Features	Memorial Hermann Advantage Prime Value MA Only HMO
Monthly Plan Premium[1]	$0
Monthly Part B Premium Reduction	$125
Maximum Out-of-Pocket (MOOP)	$2,950
Part D Drug Coverage	N/A
Provider Services	
Copay for Primary Care Physician (PCP)	$0
Copay for In-Network specialist (with no referral needed)	$30
Facility Care	
Inpatient Hospital Care	$500/stay
Emergency Care	$140
Urgent Care	$25
Ambulance	$250
Tests, Labs & Imaging	
Diagnostic Tests/Procedures	$25
Lab Services	$0
Diagnostic Radiological Services (CT/MRI)	$150
Outpatient X-Ray Services	$0
Supplemental Benefits	
Dental	$2,000 in Comprehensive Coverage
Vision & Hearing	$1,000 (loaded on flex card)
Over-the-Counter Items (OTC)	$75 per quarter (loaded on flex card); does not rollover to next quarter
Flexible Spending Card	Yes
Healthy Advantage Wellness Program	Up to $180 in gift card rewards for routine health screenings
Fitness	Silver&Fit®
Transportation Benefit	(20) one-way transports to a health-related location per year
Meals Benefit	(10) meals after inpatient hospitalization
Groceries	$50 per quarter (loaded on flex card); does not rollover to next quarter

[1] You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network, may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/ coinsurance may change on January 1 of each year.

Memorial Hermann Dual Advantage HMO DSNP

Benefits & Features	Memorial Hermann Dual Advantage HMO DSNP
Monthly Plan Premium[1]	$0
Maximum Out-of-Pocket (MOOP)	$9,350
Drug Coverage	Yes (see back)
Provider Services	
Copay for Primary Care Physician (PCP)	$0
Copay for In-Network specialist (with no referral needed)	$0
Facility Care	
Inpatient Hospital Care	$0
Emergency Care	$0
Urgent Care	$0
Ambulance	$0
Tests, Labs & Imaging	
Diagnostic Tests/Procedures	$0
Lab Services	$0
Diagnostic Radiological Services (CT/MRI)	$0
Outpatient X-Ray Services	$0
Supplemental Benefits	
Dental	$4,000 in Comprehensive Coverage
Vision & Hearing	$1,000 (loaded on flex card)
Over-the-Counter Items (OTC)	$200 per quarter (loaded on flex card); does not rollover to next quarter
Flexible Spending Card	Yes
Healthy Advantage Wellness Program	Up to $180 in gift card rewards for routine health screenings
Fitness	Silver&Fit®
Transportation Benefit	Unlimited trips
Meals Benefit	(10) meals after inpatient hospitalization
Groceries	$255 per quarter (loaded on flex card); does not rollover to next quarter

Part D Drug Coverage

Plan	Memorial Hermann Dual Advantage HMO DSNP
Out-of-Pocket Max (MOOP)	$2,000
Deductible	$590
Tier 1 - Preferred Generic	25% coinsurance
Tier 2 - Generic	25% coinsurance
Tier 3 - Preferred Brand	25% coinsurance
Tier 4 - Non-Preferred	25% coinsurance
Tier 5 - Specialty	25% coinsurance
Insulins	$35 for one month supply - refer to 2025 formulary
Vaccines	Most vaccines covered at $0 - refer to 2025 formulary

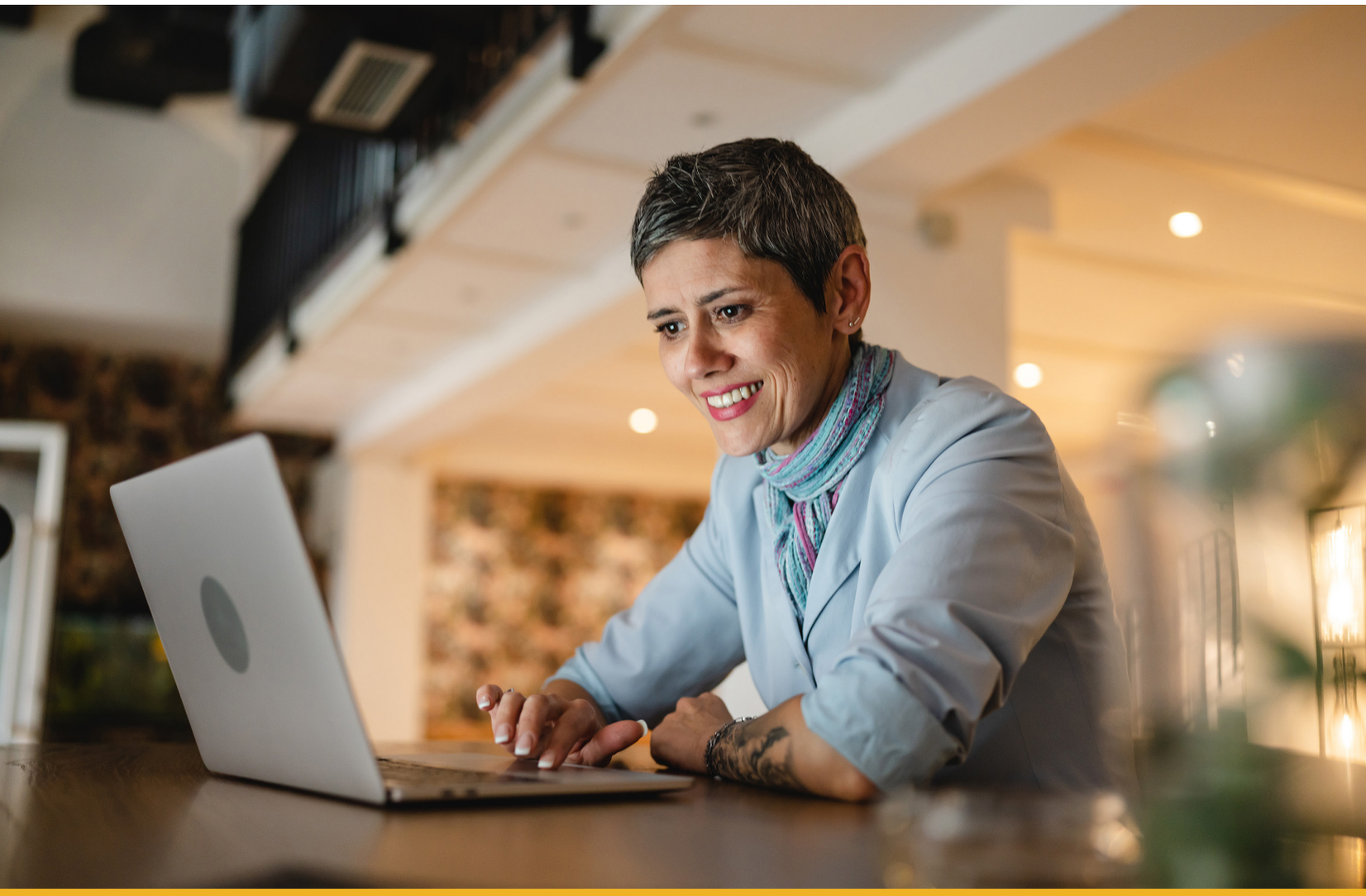
[1]The Memorial Hermann Health Plan DSNP plan is for those individuals with complete Medicare and Medicaid coverage. Sometimes referred to as Full Duals. Full Duals do not have copays or coinsurance for medical benefits. If Full Dual status changes, copays and coinsurances may apply. (QMB+ and SLMB+ are eligible for this plan.)

If you qualify for a DSNP, you may also be eligible for the EXTRA HELP program which assists with the cost of prescription drugs. Medicare Part D Extra Help, also known as the Low-Income Subsidy (LIS), is a federal program designed to assist Medicare beneficiaries with limited income and resources in paying for their prescription drug costs. This program helps cover expenses such as monthly premiums, annual deductibles, and co-payments related to Medicare Part D prescription drug plans. To qualify, you must be enrolled in Medicare and meet specific income and resource limits. You can apply for Extra Help through the Social Security Administration (SSA) either online, by phone, or at your local SSA office.

The formulary and/or pharmacy network, may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.



Enrollment Information

WHEN YOU CAN ENROLL

When you're 65 and new to Medicare, there can be a lot of dates to remember. There are four enrollment periods for Medicare Advantage Plans and Medicare Prescription Drug Plans:

Initial Coverage Enrollment Period (ICEP)

Enroll when you first become eligible for Medicare. You are eligible to enroll 3 months before your 65th birthday, on the month of your 65th birthday and 3 months after you turn 65. If you do not enroll in Medicare within your initial enrollment period, you could be charged a late enrollment penalty.

3 months before your 65th birthday

Birthday month

3 months after your 65th birthday

Annual Election Period (AEP)

During the Annual Election Period you may enroll in a Medicare Advantage plan, switch from one Medicare Advantage plan to another or go back to just having Original Medicare with a PDP plan. Your coverage will begin January 1 of the next year.

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	**Oct.**	**Nov.**	**Dec.**

October 15 - December 7

Open Enrollment Period (OEP)

If you already have a Medicare Advantage plan, the Open Enrollment Period gives you a chance to switch back to Original Medicare or change to a different Medicare Advantage plan, depending on which coverage works better for you.

Jan.	**Feb.**	**March**	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

January 1 - March 31

Special Enrollment Period (SEP)

You may enroll in a Medicare Advantage plan when certain events happen in your life, including relocation, FEMA emergencies, loss of coverage or when your employment coverage ends.

For more information on Medicare eligibility and enrollment periods, go to Medicare.gov.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 855.645.8448 (TTY 711).

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit mhhp.org/ma or call 855.645.8448 (TTY 711) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- ☐ The Memorial Hermann Health Plan DSNP plan is for those individuals with complete Medicare and Medicaid coverage. Sometimes referred to as Full Duals. Full Duals do not have copays or coinsurance for medical benefits. If Full Dual status changes, copays and coinsurances may apply. (QMB+ and SLMB+ are eligible for this plan.)

READY TO ENROLL?

PHONE

Speak with a Memorial Hermann Advantage advisor to learn more or if ready, to enroll easily over the phone. Call us at **855.612.2890** (TTY 711) from 8 a.m. to 8 p.m. CT.

VIRTUAL

Request a virtual visit at your convenience with a Memorial Hermann Advantage advisor with no-obligation to enroll. Call **855.612.2890** (TTY 711) to schedule.

IN PERSON

Schedule a one-on-one consult with a Memorial Hermann Advantage advisor in the comfort of your own home. Call **855.612.2890** (TTY 711) to schedule.

ONLINE

Visit **mhhp.org/ma-kit** to learn more about our plans, register for available webinars/seminars, or to enroll safely and securely online.

ATTEND A SEMINAR

Reserve your seat at a Medicare Advantage seminar to learn more about your options at a location near you. Sign up at **mhhp-medicare.com/seminars/**.

READY TO ENROLL - CHECKLIST

- ✓ Fill out information as it appears on your Medicare card
- ✓ Verify all information provided is accurate and answer all questions
- ✓ Ensure your permanent residence address is correct
- ✓ Carefully choose the plan that works best for you
- ✓ Provide the name of your primary care physician (PCP)
- ✓ Clearly sign and date where indicated
- ✓ Contact Memorial Hermann Advantage if you need assistance

OMB No. 0938-1378
Expires: 6/30/2026

MEMORIAL HERMANN Health Plan
Medicare Advantage Plans

2025 Individual Enrollment Request Form for a Medicare Advantage Plan

Who can use this form?
People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:
- Be a United States citizen or be lawfully in the U.S.
- Live in the plans' service area

Important
To join a Medicare Advantage plan, you must also have both:
- Medicare Part A (Hospital insurance)
- Medicare Part B (Medical insurance)

When do I use this form?
You can join a plan:
- Between October 15 – December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?
- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

NOTE: You must complete all items in Section I. The items in Section II are optional – you can't be denied coverage because you don't fill them out.

Reminders:
- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?
Send your completed and signed form to:

Memorial Hermann Advantage
P.O. Box 19909
Houston, TX 77224-1909

Once they process your request to join, they'll contact you.

How do I get help with this form?
- Call Memorial Hermann Advantage at **(855) 645-8448**. TTY users can call **711**.
- Or, call Medicare at **1-800-MEDICARE** (**1-800-633-4227**). TTY users can call **1-877-486-2048**.

En español: Llame a Memorial Hermann Advantage al (**855) 645-8448/TTY 711** o a Medicare gratis al **1-800-633-4227** y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness
If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

H7115_PDMAEnrlIFrm25v2_M CMS Accepted 08/25/2024

Attestation of Eligibility for a Special Enrollment Period

Typically, you may enroll in a Medicare Advantage or Medicare Prescription Drug Plan only during the Annual Enrollment Period (AEP) from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period.

If you are enrolling outside of the Annual Enrollment Period (AEP), please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

Proposed Coverage Start Date _____/_____/_____	**SEP Date** _____/_____/_____
☐ AEP	Annual Enrollment Period (October 15 – December 7)
☐ IEP	I am new to Medicare (Initial Enrollment Period).
☐ OEP	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (January 1 – March 31).
☐ ICE	I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.
☐ RET	I'm new to Medicare, and I was notified about getting my Medicare after my Part A and/or Part B coverage started (insert date) _____/_____/_____.
☐ MOV	I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____/_____/_____.
☐ INC	I recently was released from incarceration. I was released on (insert date)____/____/_____.
☐ RUS	I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____/_____/_____.
☐ LAW	I recently obtained lawful presence status in the United States. I got this status on (insert date) _____/_____/_____.
☐ MCD	I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid on (insert date)_____/_____/_____.
☐ NLS	I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____/_____/_____.
☐ MDE	I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ LTC	I am moving into, live in, or recently moved out of a Long-Term Care facility (for example, a nursing home or long term care facility). I moved/will move into/out of facility on (insert date) _____/_____/_____.
☐ PAC	I recently left a PACE Program on (insert date) _____/_____/_____.
☐ LCC	I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date) _____/_____/_____.
☐ LEC	I am leaving employer or union coverage on (insert date) _____/_____/_____.
☐ PAP	I belong to a pharmacy assistance program provided by my state.
☐ NON	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
☐ DIF	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____/_____/_____.
☐ SNP	I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) ____/____/_____.
☐ DST	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)), or by a Federal, state, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements apply to you or you're not sure, please contact Memorial Hermann *Advantage* at (855) 645-8448 to see if you are eligible to enroll. We are open between October 1st and March 31st from 8 a.m. to 8 p.m., 7 days a week (closed on major holidays). We are open between April 1st and September 30th from 8 a.m. to 8 p.m., Monday through Friday (closed on major holidays). TTY users should call 711.

MEMORIAL HERMANN Health Plan
Medicare Advantage Plans

2025 Individual Enrollment Request Form for a Medicare Advantage Plan

Enrollment form is for a: ☐ New MHHP Member ☐ MHHP Member Plan Change

Section I – All fields on this page are required (unless marked optional)

Select the plan you want to join

For members who need **both** Medical and Part D Prescription Drug coverage
☐ Memorial Hermann Advantage HMO - $0 per month
For members with full dual **Medicare and Medicaid** coverage
☐ Memorial Hermann Dual Advantage HMO DSNP - $0 per month
For members who need Medical coverage **only** – No Part D Prescription Drug coverage
☐ Memorial Hermann Prime Value MA only HMO - $0 per month

Personal and Contact Information

Last Name	First Name	Middle Initial

Title	Date of Birth	Gender
☐ Mr ☐ Mrs ☐ Ms	/ /	☐ Male ☐ Female

Phone Number (Required)	Alternate Phone Number
☐ Cell ☐ Land Line	☐ Cell ☐ Land Line
( )	( )

Email Address

Permanent Street Address (Don't enter a PO Box) *Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.*	County

City	State	Country (optional)	Zip Code

Mailing Address (if different from Permanent Address)

City	State	Country (optional)	Zip Code

Your Medicare Information

Name (as it appears on your Medicare ID card)	Coverage Start Dates (MM/DD/YYYY)
Medicare ID Number	Hospital (Part A) ____/____/_____ Medical (Part B) ____/____/_____

Answer these important questions

Are you enrolled in the State Medicaid program? ☐ Yes ☐ No

Medicaid Number	Medicaid Case Number

Will you have other prescription drug coverage (e.g., VA or TRICARE) in addition to Memorial Hermann Advantage? ☐ Yes ☐ No

If yes, Name of other coverage	Effective Date / /	ID Number
Phone Number of other coverage ( )	Rx BIN	Rx PCN

Do you live in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If yes, name of facility

Address

City	State	Zip Code
Phone Number ( )	Admission Date / /	

Primary Care Provider (PCP), Clinic, or Health Center Selection (Required)

Full name of Provider	PCP ID or National Provider Number (NPN)
Office location (if multiple offices)	Are you an existing patient? ☐ Yes ☐ No

IMPORTANT – Read and sign below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Memorial Hermann Advantage.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that Memorial Hermann Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan(exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Memorial Hermann Advantage coverage begins, I must get all of my medical and prescription drug benefits from Memorial Herman Advantage. Benefits and services provided by Memorial Hermann Advantage and contained in my Memorial Hermann Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Memorial Hermann Advantage will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
    1. This person is authorized under State law to complete this enrollment, and
    2. Documentation of this authority is available upon request by Medicare.

Signature	Today's Date / /

Authorized Representative / Individuals helping enrollee to complete this form
Please complete all information below if you are the authorized representative who signed above or a third party who assisted the enrollee with completing this form.

Name	Phone Number ( )
Address	
City	State / Zip Code
Relationship to Enrollee	

Agent / Broker (*to be completed by Agent assisting in Enrollment*)

Name of Agent	Agent ID	National Producer No.
Phone Number ( )	Date of Appointment / /	Scope of Appointment ☐ Yes ☐ No

Section II – All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out. Your answers will be kept private. This information helps to ensure that all customers have equal access to care.

Ethnicity

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ **I choose not to answer**

Race

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Black or African American

Asian:

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

Native Hawaiian and Pacific Islander

- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

- ☐ White
- ☐ **I choose not to answer**

Gender

What is your gender?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term: _____
- ☐ **I choose not to answer**

Self-Identify

- ☐ Lesbian or gay
- ☐ Straight, that is, not gay or lesbian
- ☐ Bisexual
- ☐ I use a different term: _____
- ☐ I don't know
- ☐ **I choose not to answer**

Other Language

Select if you want us to send you information in a language other than English.

☐ Spanish

Accessible Formats

Select if you would like us to send you information in an accessible format.

☐ Large Print

Please contact Memorial Hermann Advantage at (855) 645-8448 if you need information in an accessible format other than what's listed above. Our office hours 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. TTY users can call 711

Work Status

Do you work? ☐ Yes ☐ No Does your spouse work? ☐ Yes ☐ No

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1860D-1 of the Social Security Act and 42 CFR §§ 423.30, and 423.32, authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Notice of Nondiscrimination

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

Agent Materials

SCOPE OF APPOINTMENT

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss:

☐ **Medicare Advantage Plans (Part C) and Cost Plans**

Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

☐ **Medicare Advantage DSNP Plans**

Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by the agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact:	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:

NEW MEMBER CHECKLIST

FOR AGENTS:
Review the new member list carefully with each new member enrolling into our plan.

Member Name _____ **Date** _____

✓	I understand that I am still responsible for paying my Part B monthly premium.	Yes ☐ No ☐
✓	I understand that I may be responsible for certain copays or coinsurance for covered medical services.	Yes ☐ No ☐
✓	My agent has left me a copy of the enrollment guide packet, which includes a summary of benefits for the plan I have chosen.	Yes ☐ No ☐
✓	My agent reviewed and confirmed that my current providers are in the plan's network.	Yes ☐ No ☐

FOR PLANS WITH PART D DRUG COVERAGE

✓	My agent explained the copays and coinsurance	Yes ☐ No ☐
✓	I have reviewed my currently prescribed drugs with my agent and have confirmed if they are in the plan's list of covered drugs, also called a formulary. I understand not all drugs are covered by this plan.	Yes ☐ No ☐

NEW MEMBER ATTESTATION

I understand that I am enrolling in a Medicare Advantage plan that will provide all my health and/or prescription drug coverage.

Member Signature: _____

Agent Signature: _____

NOTES

MEMORIAL HERMANN
Health Plan
Medicare Advantage Plans

APPLICATION SUMMARY & RECEIPT

PLAN INFORMATION

Plan Name: _____

Effective Date: _____

Monthly Premium: _____

PCP Name: _____

PCP Phone: _____

RX BIN: _____

RX Group: _____

COPAY/COINSURANCE AMOUNTS

PCP: _____

Specialist: _____

Emergency Room: _____

AGENT INFORMATION

Agent Name: _____

Agent Phone: _____

Agent ID (NPI): _____

Electronic Enrollment Confirmation: _____
(if applicable)

NOTES

Member Resources

GET TO KNOW YOUR MEMBER PORTAL

Simplify your member experience by connecting to all of the tools you need in one place - from keeping track of your coverage and claims to working more closely with your care team.

The member portal helps you easily find what you need in record time. Spend less time looking for the information you need:

- View Coverage Details
- Review MOOP Status
- View Claims History
- Find a Provider
- Find a Drug
- Print ID Card

For more information visit mhhp.org/portal

MEMORIAL HERMANN Health Plan
Medicare Advantage Plans

RESOURCES

Website
mhhp.org/ma

Customer Service
855.645.8448

Find a Provider
mhhp.org/find-a-doctor

Find a Drug
mhhp.org/find-a-drug

Legal Documents

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-645-8448. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-645-8448. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-855-645-8448。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-855-645-8448。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-645-8448. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-645-8448. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-855-645-8448 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-645-8448. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-645-8448 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-645-8448. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-×××-×××-××××]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-645-8558 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-645-8448. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-645-8448. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-645-8558. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-645-8448. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-645-8448 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。