Memorial Hermann Medicare *Advantage*

2026 Formulary Information Preamble HMO D-SNP

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Health Plan
Medicare Advantage Plans

MEMORIAL HERMANN Health Plan

Medicare Advantage Plans

Memorial Hermann Dual *Advantage* (HMO D-SNP)

2026 Formulary Information Preamble

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION

ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS 00026244, Version Number 8

This formulary was updated on 10/1/2025. For more recent information or other questions, please contact Capital Rx Customer Service at (888) 227-7940 (TTY users should call 711), 24 hours a day/7 days a week/365 days a year, or visit https://healthplan.memorialhermann.org/medicare-advantage.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Customer Services for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to "we," "us", or "our," it means Memorial Hermann Dual *Advantage* (HMO D-SNP). When it refers to "plan" or "our plan," it means Memorial Hermann Dual *Advantage* (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 10/1/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Memorial Hermann Dual *Advantage* (HMO D-SNP) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Memorial Hermann Dual *Advantage* (HMO D-SNP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Memorial Hermann Dual *Advantage* (HMO D-SNP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Memorial Hermann Dual *Advantage* (HMO D-SNP) network pharmacy, and other plan rules are

followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Memorial Hermann Dual *Advantage* (HMO D-SNP) may add or remove drugs on the formulary during the year or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: *https://healthplan.memorialhermann.org/medicare-advantage/pharmacy-benefits/formulary-information-and-search-tools*.

Changes that can affect you this year*:* In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Memorial Hermann Dual *Advantage* (HMO D-SNP)’s formulary?”

  Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a (30)-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Memorial Hermann Dual *Advantage* (HMO D-SNP)'s formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2025. To get updated information about the drugs covered by Memorial Hermann Dual *Advantage* (HMO D-SNP) please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will provide details in the Medicare Part D Explanation of Benefits or through direct member mailings. To review and/or print the latest formulary list during the year, please visit our website at healthplan.memorialhermann.org/medicare-advantage. *If you would like to request a copy of the Formulary Addendum to be mailed to your home, please call Capital Rx Customer Service at (888) 227-7940, 24 hours a day/7 days a week/365 days a year, or visit healthplan.memorialhermann.org/medicare-advantage. TTY users should call 711.*

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you

know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 72. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Memorial Hermann Dual *Advantage* (HMO D-SNP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Memorial Hermann Dual *Advantage* (HMO D-SNP) requires you [or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Memorial Hermann Dual *Advantage* (HMO D-SNP) before you fill your prescriptions. If you don't get approval, Memorial Hermann Dual *Advantage* (HMO D-SNP) may not cover the drug.

- **Quantity Limits:** For certain drugs, Memorial Hermann Dual *Advantage* (HMO D-SNP) limits the amount of the drug that Memorial Hermann Dual *Advantage* (HMO D-SNP) will cover. For example, Memorial Hermann Dual *Advantage* (HMO D-SNP) provides 60 tablets per prescription for Losartan 25 mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Memorial Hermann Dual *Advantage* (HMO D-SNP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Memorial Hermann Dual *Advantage* (HMO D-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Memorial Hermann Dual *Advantage* (HMO D-SNP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Memorial Hermann Dual *Advantage* (HMO D-SNP) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Memorial Hermann Dual *Advantage* (HMO D-SNP)'s formulary?" on page vi for information about how to request an exception.

Over-the-Counter (OTC) Drugs

This plan does **not** cover over-the-counter (OTC) drugs. OTC drugs are medications that can be purchased without a prescription, such as pain relievers, cold remedies, and antacids. Because OTC drugs are not considered Part D drugs under Medicare guidelines, they are not included in this formulary and are not eligible for coverage under this plan.

If you have questions about what is covered, please refer to the over-the-counter (OTC) benefits section on our website at: http://mhhp.org/medicare-advantage/additional-valued-benefits/over-the-counter-products or please call our OTC vendor Medline at 833-511-9844 (Monday to Friday 7 AM to 6 PM CST).

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Services and ask if your drug is covered.

If you learn that Memorial Hermann Dual *Advantage* (HMO D-SNP) does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by Memorial Hermann Dual *Advantage* (HMO D-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Memorial Hermann Dual *Advantage* (HMO D-SNP).

- You can ask Memorial Hermann Dual *Advantage* (HMO D-SNP) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Memorial Hermann Dual *Advantage* (HMO D-SNP)'s formulary?

You can ask Memorial Hermann Dual *Advantage* (HMO D-SNP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Memorial Hermann Dual *Advantage* (HMO D-SNP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Memorial Hermann Dual *Advantage* (HMO D-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception*.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

As a current member of our plan, if you have a covered inpatient stay in the hospital or in a skilled nursing facility, the drugs you obtain during your stay will be covered under your medical benefit rather than your Medicare Part D prescription drug benefit. When you are discharged home or to a long-term care facility, many outpatient prescription drugs you obtain at a pharmacy may be covered under your Medicare coverage. This transfer from one treatment setting to another is called a level-of-care change. Since your drug coverage is different depending on the setting where you obtain the drug, it is possible that a drug you were taking that was covered under your medical benefit might not be covered by Medicare Part D (for example, vitamins, or cough medicine). If this happens, you will have to pay full price for that drug unless you have other coverage (for example, employer-sponsored group coverage). If you are a current member and a drug you are taking will be removed from the formulary or restricted in some way for next year, we will tell you about any change prior to the new year. You can ask for an exception at the start of next year (January 1st) and we will give you an answer within 72 hours after we receive your request (or your prescriber's supporting statement). If we approve your request, we will authorize the coverage before the change takes effect.

For more information

For more detailed information about your Memorial Hermann Dual *Advantage* (HMO D-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Memorial Hermann Dual *Advantage* (HMO D-SNP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

Memorial Hermann Dual *Advantage* (HMO D-SNP) formulary

The formulary below provides coverage information about the drugs covered by Memorial Hermann Dual *Advantage* (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LANTUS) and generic drugs are listed in lower-case italics (e.g., *metformin*).

The information in the Requirements/Limits column tells you if Memorial Hermann Dual *Advantage* (HMO D-SNP) has any special requirements for coverage of your drug.

Definitions

BD Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.

PA Prior Authorization - The Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from The Plan before you fill your prescriptions. If you don't get approval, The Plan may not cover the drug

QL Quantity Limits - For certain drugs, The Plan limits the amount of the drug that The Plan will cover. This could include a per fill, daily, monthly, or yearly limitation.

ST Step Therapy - In some cases, The Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, The Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, The Plan will then cover Drug B.

High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

* Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at (888) 227-7940 (TTY users should call 711), 24 hours a day/7 days a week/365 days a year.

> Non-Extended Day Supply. This prescription drug is limited to a 1-month supply per prescription.

2026 Dosage Form Abbreviations Key

act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aers, aero	aerosol
afib/afl	atrial fibrillation/atrial flutter
app	applicator
ba, br act, breath act, breath activ	breath activated
bau	bioequivalent allergy unit
cap, caps	capsules
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
cpcr	controlled release capsule
conc	concentrate
conj	conjugate, conjugated
crm	cream
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
er, extended, extended rel, xr	extended release
ext	extract
ig	immunoglobulin
gm	gram
gu	genitourinary
hr	hour
im	intramuscular
inh, inhal	inhalation
inj	injection

ir	index of reactivity
iv	intravenous
l	liter
la	long acting
lipo	lipophilic
lf, lfu	flocculation units
liq, liqd	liquid
maint	maintenance
mcg	microgram
meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
nebu	nebules
oc	oral contraceptive
oin, oint	ointment
omv	outer membrane vesicles
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak, pk	pack
pf	preservative-free
pfu	plaque forming units
pow, powd	powder
pmdd	premenstrual dysphoric disorder
pref	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
tbcr	controlled release tablet
tbdp	dispersible tablet
tbec	enteric coated tablet
tbpk	tablet pack
td	transdermal
ther	therapy
titr	titration
tl	translingual
unt, ut	unit
va	vaginal
vac, vacc	vaccine

For more information call (888) 227-7940. Hours of operation: 24 hours a day/7 days a week/365 days a year. TTY Users call: 711. Last updated date: 10/1/2025.

Memorial Hermann Health Plan, Inc., Memorial Hermann Health Insurance Company and Memorial Hermann Health Solutions, Inc. (collectively “MHHP”) comply 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.

Notice of Availability

English
ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-645-8448 (TTY: 711) or speak to your provider.

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-645-8448 (TTY: 711) o hable con su proveedor.

Việt (Vietnamese)
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-645-8448 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

台語 (Traditional Chinese)
注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-855-645-8448（TTY：711）或與您的提供者討論。

中文 (Simplified Chinese)
注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-645-8448（文本电话：711）或咨询您的服务提供商。

العربية (Arabic)
تنبيه :إذا كنت تتحدث العربية، ستتوفر لك خدمات المساعدة اللغوية المجانية .تتوفر أيضًا صيغ معلومات قابلة للوصول مجانًا .اتصل بالرقم 1-855-645-8448 .أو تحدث إلى مزود الخدمة الخاص بك (711)

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-645-8448 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Français (French)
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-645-8448 (TTY : 711) ou parlez à votre fournisseur. »

فارسي (Persian, Farsi)
شما می‌توانید به خدمات رایگان حمایت زبانی دسترسی داشته باشید .علاوه بر این، خدمات مناسب و پشتیبانی برای ارائه اطلاعات در قالب‌های قابل دسترسی به صورت رایگان در دسترس است .لطفاً با شماره 1-855-645-8448 (TTY: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-645-8448 (TTY: 711) o makipag-usap sa iyong provider.

اردو (Urdu)
توجہ :اگر آپ اردو بولتے ہیں تو آپ کے لئے مفت زبان کی معاونت خدمات دستیاب ہیں۔ معلومات کو قابل رسائی فارمیٹس میں فراہم کرنے کے لئے مناسب یا اپنے فراہم کنندہ سے بات کریں۔ (TTY: 711) معاونت اور خدمات بھی مفت میں دستیاب ہیں۔ کال کریں 8448-645-855-1

తెలుగు (Telugu)
సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-855-645-8448 (TTY: 711)కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

বাংলা (Bengali)
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-855-645-8448 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।"

ગુજરાતી (Gujarati)
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-645-8448 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો."

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-645-8448 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

РУССКИЙ (Russian)
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-645-8448 (TTY: 711) или обратитесь к своему поставщику услуг.

한국어 (Korean)
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-645-8448 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ລາວ (Laotian, Laos)
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-855-645-8448 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ."

MEMORIAL HERMANN Health Plan
Medicare Advantage Plans

healthplan.memorialhermann.org/medicare

This formulary was updated on 10/1/2025. For more recent information or other questions, please contact Capital Rx Customer Service at (888) 227-7940 (TTY users should call 711), 24 hours a day/7 days a week/365 days a year, or visit https://healthplan.memorialhermann.org/medicare-advantage.

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