

# MEMORIAL HERMANN MEDICARE ADVANTAGE

JANUARY 1, 2026 - DECEMBER 31, 2026

## SUMMARY OF BENEFITS (SOB)

DUAL ADVANTAGE HMO (DSNP)

H7115-005

# Memorial Hermann Dual Advantage HMO D-SNP

**H7115, Plan 005**

**January 1, 2026 - December 31, 2026**

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann Dual Advantage HMO D-SNP** January 1, 2026 to December 31, 2026.

**Memorial Hermann Dual Advantage HMO D-SNP** is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us and request the "Evidence of Coverage."

To join **Memorial Hermann Dual Advantage HMO D-SNP**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Texas: Brazoria, Fort Bend, Harris, Liberty, and Montgomery.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as large print or non-English language.

This information is not a complete description of benefits. For Medical benefits, call Customer Service at (855) 645-8448 (TTY users should call 711), for more information or visit us at: <https://healthplan.memorialhermann.org/medicare/>. Hours of operation from October 1st - March 31st are 8 a.m. to 8 p.m., 7 days a week, excluding major holidays. Hours of operation from April 1st - September 30th are 8 a.m. to 8 p.m., Monday through Friday, excluding major holidays.

For Part D Prescription Drug benefits, call (888) 227-7940 (TTY users should call 711), or visit: <http://mhhp.org/medicare-advantage/pharmacy-benefits>. Hours of operation are 24 hours per day/ 7 days per week/365 days per year.

This plan is a **Dual Eligible Special Needs Plan (D-SNP)** for people who have both Medicare and Medicaid. You may enroll in the Memorial Hermann Advantage D-SNP HMO if you fall into one of these two (2) categories:

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

Medicare pays covered dually eligible beneficiaries' medical services first, because Medicaid is generally the payer of last resort. Medicaid may cover medical costs Medicare may not cover or partially covers. Coverage for dually eligible beneficiaries varies by State.

Below is a list of the types of services covered by our plan and by Medicaid: As a member of **Memorial Hermann Dual Advantage HMO D-SNP** your cost sharing is paid by your Medicaid benefit for the following Medicaid Covered services.

Type of Service	Memorial Hermann Dual Advantage HMO D-SNP	Medicaid
Preventive Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Diagnostic Lab and X-Ray	Covered	Covered
Radiology Services	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Outpatient Mental Health Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Hearing Services	Covered	Covered
Chiropractic Care	Covered	Covered
Podiatry Services	Covered	Covered
Emergency Services	Covered	Covered
Urgently Needed Services	Covered	Covered
Ambulance	Covered	Covered
Transportation	Covered	Covered
Renal Dialysis	Covered	Covered
Home Health Care	Covered	Covered
Prosthetic Devices	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Not Covered*
Hospice Care	Covered	Not Covered*

\*If a service or benefit is Not Covered by Medicaid, SLMB+ program members will have a 20% Cost Share.

# Memorial Hermann Dual Advantage HMO D-SNP

## Summary of Benefits

## What You Will Pay



### Premium, Deductible, and Out-of-Pocket Maximum

Monthly Plan Premium	<b>\$4.80*</b> per month for Part D prescription drug coverage <i>*Your premium will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i> You must continue to pay your Medicare Part B premium.
Deductible	<b>\$0</b> deductible for medical
Part D Deductible	<b>\$615</b> per year for Part D prescription drugs As a member of Memorial Hermann Dual Advantage HMO D-SNP, your deductible may be paid by your “Extra Help” benefit, if applicable.
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	You pay no more than <b>\$9,250*</b> annually. Includes copays and other costs for medical services for the year. <i>*Your out-of-pocket maximum will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>



### Hospital Services

<b><u>Inpatient Hospital</u></b> Inpatient Hospital stay  <b>Prior authorization rules may apply.</b>	You pay <b>20%</b> for each Inpatient stay*  <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>
<b><u>Outpatient Hospital</u></b> Ambulatory Surgical Center (ASC)  Outpatient Surgery  Outpatient Hospital Observation services  <b>Prior authorization rules may apply.</b>	You pay <b>20%*</b>  You pay <b>20%*</b>  You pay <b>20%*</b>  <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>

## Summary of Benefits

## What You Will Pay



## Physician Office Visits

Primary Care Provider (PCP)  
Specialists (No referral is needed.)  
Telehealth Provider visit with PCP or Specialists

You pay **20%\***

You pay **20%\***

You pay **20%\***

**Memorial Hermann** Virtual Office Visit  
<https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit>

You pay **\$0**

Virtual visits exclusively through **Teladoc**

You pay **\$0**

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



## Preventive Care

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening
- Cardiovascular disease testing every 5 years
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Hepatitis C screening
- HIV screening
- Lung cancer screening
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy
- Prostate cancer screening
- Screening and counseling to reduce alcohol misuse
- Screening for sexually transmitted infections (STIs)
- Tobacco use cessation counseling
- Vaccines for flu, Hepatitis B, COVID-19, and pneumonia
- “Welcome to Medicare” preventive visit

**\$0** copay

Please see your Evidence of Coverage for more information about these Medicare-covered preventive services.

## Summary of Benefits

## What You Will Pay



## Emergency and Urgently Needed Services

Emergency care	You pay <b>20%</b> up to a maximum of <b>\$115</b> for each visit* This copay is waived if admitted within 48 hours.
Worldwide Emergency care	You pay <b>20%*</b> This copay is waived if admitted within 48 hours.
Worldwide Emergency Transportation	You pay <b>20%*</b>
Urgently Needed services	You pay <b>20%</b> up to a maximum of <b>\$40</b> for each visit*
Worldwide Urgently Needed services	You pay <b>20%*</b>
<b>\$50,000 USD maximum benefit for worldwide emergency</b>	<i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>



## Diagnostic Services/ Labs/ Imaging

Medicare-covered Therapeutic Radiology visit	You pay <b>20%*</b> per diagnostic test or procedure
Lab services	You pay <b>20%*</b> for lab services
X-rays / Ultrasounds	You pay <b>20%*</b> for x-rays and ultrasounds
Complex Diagnostic Imaging services (MRI, CT, PET)	You pay <b>20%*</b> per test/service
<b>Prior authorization is required for some services.</b>	<i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>



## Hearing Services

Medicare-covered Annual Hearing Exam	You pay <b>20%*</b>
Routine Hearing Exam performed by PCP	You pay <b>20%*</b> for basic hearing and balance exam
Hearing Exam performed by Audiologist	You pay <b>20%*</b> for exam to diagnose and treat hearing and balance
Hearing Aid(s)	<b>\$500</b> annual total allowance for hearing aid(s), for both ears combined <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>

## Summary of Benefits

## What You Will Pay



## Dental Services

**\$4,000 annual maximum plan benefit**

**Preventive Services**

- Oral Exam (2 per plan year)
- Prophylaxis (Cleanings) (2 per plan year)
- X-rays (2 per plan year)
- Fluoride Treatments (2 per plan year)

**Comprehensive Services**

- Diagnostic
- Restorative (fillings, bridges)
- Periodontics (scaling, root planning)
- Endodontics (root canal)
- Extractions
- Prosthodontics (dental appliances, dentures)
- Other Oral/Maxillofacial Surgery
- Other services
- Non-routine services

Dental benefits are provided by Liberty Dental.

To search for a provider, visit their website at:  
<https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist>.

You pay **\$0** for Preventive services from a network provider

You pay **\$0** for Preventive services from a non-network provider

You pay **\$0** per visit for each Medicare-covered Comprehensive service

You pay **\$0** for in-network Diagnostic services.

You pay **\$0** for out-of-network Diagnostic services

You pay **\$0** for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

You pay **\$0** for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

You pay **\$0** for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services



## Vision Services

Medicare-covered Eye Exams

You pay **20%\***

Glaucoma Screenings

You pay **20%** for one annual screening\*

Routine Vision Exams

You pay **\$0**

Eyewear (contacts, lenses, frames)

**\$500** annual total benefit for eyewear or contact lenses

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



## Summary of Benefits

## What You Will Pay



## Mental Health / Substance Abuse Services

Inpatient Mental Health care	You pay <b>20%</b> per stay*
Outpatient individual therapy or group therapy session with a non-physician provider	You pay <b>20%*</b>
Outpatient individual therapy or group therapy session with a Psychiatrist	You pay <b>20%*</b>
Outpatient Opioid Treatment Program	You pay <b>20%*</b>
Inpatient Opioid Treatment Program	You pay <b>20%</b> per stay*
Outpatient Substance Abuse visit	You pay <b>20%*</b>
<b>Prior authorization rules may apply.</b>	<i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>







## Skilled Nursing Facility




Days 1 - 20	You pay <b>20%*</b>
Days 21 – 100	QMB+ program members will pay <b>20%*</b> SLMB+ program members will pay <b>20%*</b>
<b>Prior authorization rules may apply.</b>	<i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ member.</i>



## Rehabilitation Services

Physical Therapy, Occupational Therapy, and Speech and Language Therapy	You pay <b>20%*</b>
Cardiac Rehab services	You pay <b>20%*</b>
Pulmonary Rehab services	You pay <b>20%*</b>
Chiropractic care Manual manipulation of the spine to correct subluxation	You pay <b>20%*</b>
Acupuncture For the treatment of chronic lower back pain	You pay <b>20%*</b> <i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i>

Summary of Benefits	What You Will Pay
<div data-bbox="115 218 196 275"></div> <div data-bbox="232 237 404 268"><b>Ambulance</b></div>	
<p>Ground Ambulance (one-way)</p> <p>Air Ambulance (one-way)</p> <p><b>Prior authorization is required for non-emergency Medicare services.</b></p>	<p>You pay <b>20%*</b></p> <p>You pay <b>20%*</b></p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
<div data-bbox="121 623 190 686"></div> <div data-bbox="232 642 456 674"><b>Transportation</b></div>	
<p>Includes taxi, rideshare services, bus, subway, van, and medical transport.</p> <p>To learn more and book your ride visit: <a href="https://www.mymodivcare.com">https://www.mymodivcare.com</a>.</p>	<p>You pay <b>\$0</b> for unlimited one-way transports to health-related locations per year.</p>
<div data-bbox="126 982 181 1062"></div> <div data-bbox="232 1012 573 1043"><b>Medicare Part B Drugs</b></div>	
<p>Chemotherapy / Radiation drugs</p> <p>Other Part B drugs</p> <p>Part B insulin furnished through a DME supplier</p> <p>Some Part B drugs may be subject to step therapy</p> <p><b>Prior authorization may be required for Part B drugs.</b></p>	<p>You pay <b>20%*</b></p> <p>You pay <b>20%*</b></p> <p><b>20%</b> of the cost up to a <b>\$35</b> maximum for a one-month supply*</p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
<div data-bbox="126 1528 181 1608"></div> <div data-bbox="232 1558 586 1589"><b>Home Infusion Therapy</b></div>	
<p>Medicare-covered home infusion therapy, including chemotherapy, anti-infectives, and other specialty medications to treat various conditions</p> <p><b>Prior authorization may be required for Medicare Part B drugs.</b></p>	<p>You pay <b>20%*</b></p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>

Summary of Benefits	What You Will Pay
<div>  <b>Home Health Care</b> </div>	
<p>Medicare-covered Home Health visit</p> <p>Home-based Palliative care</p> <p><b>Prior authorization rules may apply.</b></p>	<p>You pay <b>20%*</b></p> <p>You pay <b>20%*</b></p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
<div>  <b>Diabetic Services and Supplies</b> </div>	
<p>Medicare-covered Diabetic Supplies</p> <p>Diabetes self-management training</p> <p>Preferred exclusive brands of glucometers and test strips (Accu-Chek by Roche and Ascencia by Contour)</p> <p>Medicare-covered therapeutic custom-molded shoes or inserts</p> <p>Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom and Freestyle Libre. <b>We may only cover other brands and manufacturers if your doctor or other provider tells us that the preferred brand is not appropriate for your medical needs.</b></p>	<p>You pay <b>20%*</b></p> <p>You pay <b>\$0</b></p> <p>You pay <b>\$0</b></p> <p>You pay <b>20%*</b></p> <p>You pay <b>20%*</b> for the preferred CGM brand at a network pharmacy (retail)  <b>All other brands are subject to review of medical necessity.</b></p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>
<div>  <b>Durable Medical Equipment (DME)</b> </div>	
<p>Covered items include, but are not limited to: wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers.</p> <p>Wigs for chemotherapy patients</p> <p><b>Prior authorization rules may apply.</b></p>	<p>You pay <b>20%*</b></p> <p>You pay <b>\$0</b></p> <p><i>*Your cost share will be \$0 if you are enrolled as a Medicaid QMB+ or SLMB+ member.</i></p>

## Summary of Benefits



## Hospice

Medicare-certified hospice program services include drugs for symptom control and pain relief, short-term respite care, and home care.

**Prior authorization rules may apply.**

Covered and paid for by Original Medicare



## Telephone/Virtual Services

Virtual visits through Primary Care Physicians

You pay **20%\***

Specialist Virtual visits

You pay **20%\***

Urgently Needed services

You pay **20%\***

Individual and Group sessions for:

- Mental Health Specialty services
- Psychiatric services
- Outpatient Substance Abuse

You pay **20%\***

You pay **20%\***

You pay **20%\***

**Memorial Hermann** Virtual Office Visit

<https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit>

You pay **\$0**

24/7 Telephonic visit available through **Teladoc**.

You may register or log in to Teladoc at

<https://www.teladoc.com/>.

You pay **\$0**

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



## Healthy Advantage Wellness Rewards Program

Complete the following activities to earn rewards:

- Annual Health Risk Assessment
- Annual Wellness Visit
- Breast Cancer Screening
- Colon Cancer Screening
- Retinal Eye Exam

Earn up to **\$180** in rewards for CMS-approved goods and services.



## Meals

Meals provided immediately following inpatient hospitalization discharge or outpatient surgery.

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

## Summary of Benefits

## What You Will Pay


**Over-the-counter (OTC) Items**

The Plan provides a benefit for certain CMS-approved OTC items every three (3) months.  
\*Unused funds at the end of the quarter do not roll over to the next quarter.

**\$205** maximum allowance per quarter\*


**Food and Produce (Groceries)**

The Plan provides an annual benefit for approved food and produce (groceries) for member.  
\*Unused funds at the end of the quarter do not roll over to the next quarter.

**\$255** allowance per quarter\*


**Flexible Spending Debit Card (Mastercard)**

The Flex Card includes three (3) spending categories:

**Hearing**

Hearing has an annual allowance to spend as needed for hearing aids.

**\$500** annual allowance

**Vision**

Vision has an annual allowance to spend as needed for eyewear.

**\$500** annual allowance

**Over-the-Counter (OTC) items**

OTC benefit is every three (3) months for CMS-approved items.

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

**\$205** quarterly allowance\*

**Grocery Benefit**

Grocery benefit will be added to the Flex Card every quarter. Acceptable groceries follow the USDA SNAP guidelines.

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

**\$255** quarterly allowance\*

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

Summary of Benefits

What You Will Pay



Additional Health & Wellness Benefits

Fitness Center Membership

With new and fun ways to get fit and stay healthy, the Silver & Fit program includes:

- Being a member at a Silver & Fit fitness center or fitness studio that participates in Memorial Hermann Prime Value MA Only HMO basic program is at no cost to you. You may choose to purchase additional buy-up services. Contact your fitness center.
- Silver & Fit Home Fitness kits, if you cannot get to a fitness center or prefer to work out at home.
- Workout plans to help you start or continue an exercise routine.
- On-demand workout videos for all fitness levels on the Silver&Fit website.
- The Well-Being Club for live virtual classes and events and exclusive resources.
- The Silver Slate® newsletter 4 times per year.
- The Silver&Fit website. A toll-free telephone hotline to answer questions about the program.

Available contracted fitness club location must be utilized throughout the service area. Specific class offerings will vary by location.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Kits are subject to change. Fitness center participation may vary by location and is subject to change.

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

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



## PRESCRIPTION DRUG BENEFITS (PART D)

### Deductible Phase

**\$615** deductible for Part D drugs  
As a member of **Memorial Hermann Dual Advantage HMO D-SNP**, your deductible may be paid by your “**Extra Help**” benefit, if applicable.

### Initial Coverage Phase

During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost**.

You stay in this Initial Coverage Stage until your **total drug costs** (total of all payments made for your covered Part D drugs) for the year reach **\$2,100**.

If you receive “**Extra Help**” to pay your Medicare prescription drug program costs, you are eligible for reduced cost sharing.

- Your cost sharing for eligible generic prescription drugs will be **\$0, \$1.60** or **\$5.10** depending on your level of “**Extra Help**”.
- Your cost sharing for eligible brand name drugs will be **\$0, \$4.90** or **\$12.65** depending on your level of “**Extra Help**”.

If you do not receive “**Extra Help**” or if your drug is not covered by Texas Medicaid, you will pay **25%** of the total cost for covered Tier 1 – Tier 5 Part D drugs.

Initial Coverage	Retail Cost- sharing (In-Network) (30-day supply)	Retail Cost- sharing (In-Network) (90-day supply)	Mail Order Cost- sharing (90-day supply) through <b>Costco</b>
Tier 1: Preferred Generic	You pay <b>25%</b>	You pay <b>25%</b>	You pay <b>25%</b>
Tier 2: Generic	You pay <b>25%</b>	You pay <b>25%</b>	You pay <b>25%</b>
Tier 3: Preferred Brand	You pay <b>25%</b>	You pay <b>25%</b>	You pay <b>25%</b>
Tier 4: Non-Preferred Drug	You pay <b>25%</b>	You pay <b>25%</b>	You pay <b>25%</b>
Tier 5: Specialty	You pay <b>25%</b>	Not available	Not available

To help your pharmacist and avoid delays, please bring both your **Memorial Hermann Dual Advantage HMO D-SNP** card and your **Texas state Medicaid** card when getting your prescriptions filled.

Cost-Sharing may change depending on when you enter a new phase of the Part D benefit.

**You won’t pay more than \$35.00 per month supply of each covered insulin product, regardless of the cost-sharing tier.**

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

### Mail Order Pharmacy

Receive up to a 90-day supply of your drug through Costco. You do not need to be a Costco member to use their mail order pharmacy service. Visit: <https://rx.costco.com/>.

### Pharmacy Network

To find out more about the pharmacy network, please visit our site at:  
<http://mhhp.org/medicare-advantage/pharmacy-benefits/pharmacy-directory>.

MEMORIAL<sup>®</sup>  
HERMANN  
Health Plan  
Medicare Advantage Plans