

# MEMORIAL HERMANN MEDICARE ADVANTAGE

JANUARY 1, 2026 - DECEMBER 31, 2026

## SUMMARY OF BENEFITS (SOB)

PRIME VALUE MA ONLY HMO

H7115-006

# Memorial Hermann Prime Value MA Only HMO

H7115, Plan 006

January 1, 2026 - December 31, 2026

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann Prime Value MA Only HMO** January 1, 2026, to December 31, 2026.

**Memorial Hermann Prime Value MA Only HMO** 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 Prime Value MA Only HMO**, 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, Galveston, 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. 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.

# Memorial Hermann Prime Value MA Only HMO

## Summary of Benefits

## What You Will Pay



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

Monthly Plan Premium	<b>\$0</b> per month You must continue to pay your Medicare Part B premium.
Part B Premium Reduction	<b>\$175</b> per month is included in the plan to reduce the amount withheld from your Social Security for your Medicare Part B premium.
Deductible	<b>\$0</b> deductible for medical
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	You pay no more than <b>\$3,950</b> annually. Includes copays and other costs for medical services for the year.



### Hospital Services

#### Inpatient Hospital

Inpatient Hospital stay

**\$750** copay

**Prior authorization rules may apply.**

#### Outpatient Hospital

Ambulatory Surgical Center (ASC)

**\$125** copay

Outpatient Surgery

**\$200** copay

Outpatient Hospital Observation services

**\$200** copay

**Prior authorization rules may apply.**



### Physician Office Visits

Primary Care Provider (PCP)

**\$0** copay

Specialists (No referral is needed.)

**\$40** copay

Telehealth Provider visit with PCP or Specialists

You pay the same copay for Telehealth visits as you do for in-person office visits.

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

**\$0** copay

Virtual visits exclusively through **Teladoc**

**\$0** copay

Summary of Benefits

What You Will Pay



Preventive Care

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

**\$0** copay

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



Emergency and Urgently Needed Services

Emergency care

**\$150** per visit

This copay is waived if admitted within 48 hours.

Worldwide Emergency care

**\$150** USD per visit

This copay is waived if admitted within 48 hours.

Worldwide Emergency Transportation

**20%** coinsurance

Urgently Needed services

**\$30** per visit

Worldwide Urgently Needed services

**\$30** USD per visit

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

Summary of Benefits

What You Will Pay



**Diagnostic Services/ Labs/ Imaging**

Medicare-covered Therapeutic Radiology visit

**\$25** copay per diagnostic test or procedure

Lab services

**\$0** copay for lab services

X-rays / Ultrasounds

**\$0** copay for x-rays and ultrasounds

Complex Diagnostic Imaging services  
(MRI, CT, PET)

**\$150** copay per test/service

**Prior authorization is required for some services.**



**Hearing Services**

Medicare-covered Annual Hearing Exam

**\$20** copay

Routine Hearing Exam performed by PCP

**\$0** copay for basic hearing and balance exam

Hearing Exam performed by Audiologist

**\$0** copay for exam to diagnose and treat hearing and balance

Hearing Aid(s)

**\$600** annual total allowance for hearing aid(s), for both ears combined



**Dental Services**

**\$1,000 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)

**\$0** copay for Preventive services from a network provider

**20%** coinsurance for Preventive services from a non-network provider

**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

**\$30** copay per visit for each Medicare-covered Comprehensive service

**\$0** copay for in-network Diagnostic services, or **20%** coinsurance of the cost for out-of-network Diagnostic services

**\$15.40 - \$220.00** copay for in-network Restorative services, or **50%** coinsurance for out-of-network services

## Summary of Benefits

## What You Will Pay

**Dental Services (continued)**

Dental benefits are provided by Liberty Dental. To search for a provider, visit their website at: <https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist>.

**Note: Copay amounts for in-network Comprehensive services vary depending on the type and intensity of the procedure or service. Please review the detailed dental fee schedule in the Liberty Dental Addendum to see the exact copay amount for each procedure type.**

**\$5.50 - \$201.30** copay for in-network Periodontic services, or **50%** coinsurance for out-of-network services

**\$9.90 - \$364.00** copay for in-network Endodontic services, or **50%** coinsurance for out-of-network services

**\$24.20 - \$103.40** copay for in-network Extraction services, or **50%** coinsurance for out-of-network services

**\$25.30 - \$559.90** copay for in-network Prosthodontics, or **50%** coinsurance for out-of-network services

**\$24.20 - \$1,129.70** Other Oral/Maxillofacial Surgery, Other services

Copays for in-network Non-routine services depend on type of service. **50%** coinsurance for out-of-network services.


**Vision Services**

Medicare-covered Eye Exams

**\$30** copay

Routine Vision Exams

**\$0** copay

Glaucoma Screenings

**\$0** copay for one annual screening

Eyewear (contacts, lenses, frames)

**\$300** annual total benefit for eyewear or contact lenses


**Mental Health / Substance Abuse Services**

Inpatient Mental Health care

**\$750** copay per stay

Outpatient individual therapy or group therapy session with a non-physician provider

**\$0** copay

Outpatient individual therapy or group therapy session with a Psychiatrist

**\$40** copay

Outpatient Opioid Treatment Program

**\$40** copay

Inpatient Opioid Treatment Program

**\$750** copay per stay

Outpatient Substance Abuse visit

**\$30** copay

**Prior authorization rules may apply.**

## Summary of Benefits

## What You Will Pay



## Skilled Nursing Facility

Days 1 - 20

\$0 copay per day

Days 21 – 100

\$125 copay per day

Prior authorization rules may apply.



## Rehabilitation Services

Physical Therapy, Occupational Therapy, and Speech and Language Therapy

\$40 copay

Cardiac Rehab services

\$40 copay

Pulmonary Rehab services

\$40 copay

Chiropractic care

\$20 copay

Manual manipulation of the spine to correct subluxation

Acupuncture

\$20 copay

For the treatment of chronic lower back pain



## Ambulance

Ground Ambulance (one-way)

\$250 copay

Air Ambulance (one-way)

20% coinsurance

Prior authorization is required for non-emergency Medicare services.



## Medicare Part B Drugs

Chemotherapy / Radiation drugs

20% of the cost

Other Part B drugs

20% of the cost

Part B insulin furnished through a DME supplier

20% of the cost up to a \$35 maximum for a one-month supply

Some Part B drugs may be subject to step therapy

Prior authorization may be required for Part B drugs.

Summary of Benefits

What You Will Pay



Home Infusion Therapy

Medicare-covered home infusion therapy, including chemotherapy, anti-infectives, and other specialty medications to treat various conditions

**Prior authorization may be required for Medicare Part B drugs.**

**20%** coinsurance



Home Health Care

Medicare-covered Home Health visit

Covered by Original Medicare

Home-based Palliative care

Covered by Original Medicare

**Prior authorization rules may apply.**



Diabetic Services and Supplies

Medicare-covered Diabetic Supplies

**20%** coinsurance

Diabetes self-management training

**0%** coinsurance

Preferred exclusive brands of glucometers and test strips (Accu-Chek by Roche and Ascencia by Contour)

**0%** coinsurance

Medicare-covered therapeutic custom-molded shoes or inserts

**20%** coinsurance

Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom and Freestyle Libre. **We may only cover other brands and manufacturers if your doctor or other provider tells us that the preferred brand is not appropriate for your medical needs.**

**20%** coinsurance for the preferred CGM brand at a network pharmacy (retail)

**All other brands are subject to review of medical necessity.**



## Summary of Benefits

## What You Will Pay



## Durable Medical Equipment (DME)

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.

**20%** coinsurance

Wigs for chemotherapy patients

**\$0** copay

**Prior authorization rules may apply.**



## Hospice

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

Covered by Original Medicare

**Prior authorization rules may apply.**



## Telephone/Virtual Services

Virtual visits through Primary Care Physicians

**\$0** copay

Specialist Virtual visits

**\$40** copay

Urgently Needed services

**\$30** copay

Individual and Group sessions for:

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

**\$0** copay

**\$40** copay

**\$30** copay

**Memorial Hermann** Virtual Office Visit

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

**\$0** copay

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

You may register or log in to Teladoc at

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

**\$0** copay

Summary of Benefits

What You Will Pay



**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



**Food and Produce (Groceries)**

The Plan provides a quarterly 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.

**\$40** 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.

**\$600** annual allowance

**Vision**

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

**\$300** annual 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.

**\$40** 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

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