

# 2026 Annual Notice of Change

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HERMANN  
Health Plan  
Medicare Advantage Plans

## Memorial Hermann Prime Value MA Only (HMO) *offered by* Memorial Hermann Health Plan, Inc.

### Annual Notice of Change for 2026

You're enrolled as a member of Memorial Hermann Prime Value MA Only HMO.

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Memorial Hermann Prime Value MA Only HMO.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. You can also review the *Evidence of Coverage* posted on our website (<https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>) to see if other benefit or cost changes affect you.

#### More Resources

- This material is available for free in Spanish.
- Call Customer Service at (855) 645-8448 (TTY users call 711) for additional information. Hours of operation are 8 a.m. to 8 p.m., 7 days a week from October 1- March 31, excluding major holidays, and 8 a.m. to 8 p.m., Monday – Friday from April 1 – September 30, excluding major holidays. This call is free.
- We must provide information in a way that works for you (in languages other than English, in large print, etc.).

#### About Memorial Hermann Prime Value MA Only HMO

- Memorial Hermann Prime Value MA Only Advantage 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.
- When this material says “we,” “us,” or “our,” it means Memorial Hermann Health Plan, Inc. When it says “plan” or “our plan,” it means Memorial Hermann Prime Value MA Only Advantage HMO.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Memorial Hermann Prime Value MA Only HMO.** Starting January 1, 2026, you'll get your medical coverage through Memorial Hermann Prime Value MA Only HMO. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher than this amount. Go to Section 1 for details.	\$0.00	\$0.00
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$2,950.00	\$3,950.00
<b>Primary care office visits</b>	\$0.00 copay per visit	<b>\$0.00 copay per visit</b>
<b>Specialist office visits</b>	\$30.00 copay per visit	<b>\$40.00 copay per visit</b>
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$500.00 copay for each Medicare-covered inpatient hospital admission.	<b>\$750.00 copay for each Medicare-covered inpatient hospital admission.</b>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0.00	\$0.00

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services.

	2025 (this year)	2026 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.	\$2,950	<b>\$3,950</b>  <b>Once you've paid \$3,950 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b>

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* <https://mhapex.healthtrioconnect.com/public-app/consumer/provdir/search.page?> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at <https://memorialhermann.org/medicare-advantage/>.

- Call Customer Service at (855) 645-8448 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Customer Service at (855) 645-8448 (TTY users call 711) for help.

## Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Out-of-Pocket Maximum (In-Network)</b>	\$2,950.00	<b>\$3,950.00</b>
<b>Part B Premium Reduction Amount</b>	\$125.00	<b>\$175.00</b>
<b>Specialist</b>	\$30.00 copay	<b>\$40.00 copay</b>
<b>Inpatient Hospital Services</b>	\$500.00 copay	<b>\$750.00 copay</b>
<b>Emergency Services</b>	\$140.00 copay	<b>\$150.00 copay</b>
<b>Urgent Care Services</b>	\$25.00 copay	<b>\$30.00 copay</b>
<b>Worldwide Emergency Services</b>	\$125.00 copay	<b>\$150.00 copay</b>
<b>Worldwide Urgent Care Services</b>	\$25.00 copay	<b>\$30.00 copay</b>
<b>Psychiatric Services – Individual and Group</b>	\$30.00 copay	<b>\$40.00 copay</b>

	2025 (this year)	2026 (next year)
<b>Physical Therapy and Speech-Language Pathology Services</b>	\$30.00 copay	<b>\$40.00 copay</b>
<b>Occupational Therapy Services</b>	\$30.00 copay	<b>\$40.00 copay</b>
<b>Podiatry Services</b>	\$30.00 copay	<b>\$40.00 copay</b>
<b>Telehealth Services</b>		
Specialist	\$30.00 copay	<b>\$40.00 copay</b>
Psychiatrist	\$30.00 copay	<b>\$40.00 copay</b>
Urgent Care	\$25.00 copay	<b>\$30.00 copay</b>
<b>Opioid Treatment Program Services</b>	\$30.00 copay	<b>\$40.00 copay</b>
<b>Diabetic Test Strips</b>	One Touch (LifeScan) and Ascencia (Contour)	<b>Roche (Accu-Check) and Ascencia (Contour)</b>
<b>Cardiac and Intensive Cardiac Rehabilitation Services</b>	\$30.00 copay	<b>\$40.00 copay</b>
<b>Pulmonary Rehabilitation Services</b>	\$20.00 copay	<b>\$40.00 copay</b>
<b>Fitness Benefit</b>	Member may select two kits	<b>Member may select one kit</b>
<b>Dental Services Calendar Year Maximum</b>	\$2000.00	<b>\$1,000</b>

	2025 (this year)	2026 (next year)
<b>Comprehensive Dental Services</b>	Endodontics: \$364.00 maximum copay	<b>Endodontics: \$364.10 maximum copay</b>
<b>Vision Benefit: Eyewear</b>	\$1,000 combined calendar year maximum shared between vision and hearing benefits	<b>\$300 calendar year maximum for vision benefits</b>
<b>Hearing Benefit: Prescription Hearing Aids</b>	\$1,000 combined calendar year maximum shared between vision and hearing benefits	<b>\$600 calendar year maximum for hearing benefits</b>
<b>Over-the-Counter (OTC) items</b>	\$75.00 every three months	<b>OTC benefit is <u>not</u> offered</b>
<b>Transportation Services</b>	20 approved one-way rides to approved health-related locations	<b>Transportation Services are <u>not</u> covered</b>

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Healthy Rewards (Earn up to \$180.00 annually after completion of identified wellness activities)	Gift cards are mailed to member after completing identified wellness activities.	<b>Reward dollars are added to Flex Card/Mastercard after completing identified wellness activities.</b>

	2025 (this year)	2026 (next year)
Part B Premium Reduction Amount	\$125.00	<b>\$175.00</b>
Step Therapy for Part B Prescription Drugs and Home Infusion drugs	Step therapy was <u>not</u> offered.	<b>Step therapy is offered.</b>

### SECTION 3 How to Change Plans

**To stay in Memorial Hermann Prime Value MA Only HMO, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Memorial Hermann Prime Value MA Only HMO.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Memorial Hermann Prime Value MA Only HMO.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Memorial Hermann Prime Value MA Only HMO.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at (855) 645-8448 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

#### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Texas has a program called Texas Kidney Healthcare Program (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn

more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.

## SECTION 5 Questions?

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### Get Help from Memorial Hermann Prime Value MA Only HMO

- **Call Customer Service at (855) 645-8448. (TTY users call 711.)**

We're available for phone calls between October 1 and March 31 from 8 a.m. to 8 p.m., 7 days a week, excluding major holidays. Hours of operations between April 1 and September 30 are 8 a.m. to 8 p.m., Monday – Friday, excluding major holidays. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for Memorial Hermann Prime Value MA Only HMO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at <https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>. You may also call Customer Service at (855) 645-8448 (TTY users call 711) to ask us to mail you an *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit <https://memorialhermann.org/medicare/>**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called in Health Information Counseling and Advocacy Program (HICAP).

Call Health Information Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Information Counseling and Advocacy Program (HICAP) at (800) 252-9240. Learn more about Health Information Counseling and Advocacy Program (HICAP) by visiting <https://www.hhs.texas.gov/services/health/medicare>.

## Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](https://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**[healthplan.memorialhermann.org/medicare](https://healthplan.memorialhermann.org/medicare)**

**855.645.8448 (TTY 711)**

8 a.m. to 8 p.m. Central Time, daily (Oct. 1 – March 31)

8 a.m. to 8 p.m. Central Time, Monday – Friday (April 1 – Sept. 30)

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