

MEMORIAL HERMANN MEDICARE ADVANTAGE PLANS



Plan	Memorial Hermann Advantage HMO	Memorial Hermann Dual Advantage HMO DSNP	Memorial Hermann Prime Value MA Only HMO
Monthly Plan Premium ¹	\$0	\$0 ²	\$0 (\$175 Part B buydown)
Out-of-Pocket Maximum (MOOP)	\$3,400	\$9,250	\$3,950
PCP Copay	\$0	\$0	\$0
Specialist Copay	\$25	\$0	\$40
Urgent Care	\$30	\$0	\$30
Emergency Care	\$150	\$0	\$150
Inpatient Hospital Stay	\$400/stay	\$0	\$750/stay
Outpatient Therapeutic/ Radiological Services	\$25	\$0	\$25
Outpatient Lab Services	\$0	\$0	\$0
Outpatient Radiology Services (CT/MRI)	\$150	\$0	\$150
Outpatient X-Ray Services	\$0	\$0	\$0
Ambulance	\$250	\$0	\$250
Durable Medical Equipment (DME)	20%	\$0	20%
Dental Benefit	\$2,500 in Comprehensive Coverage	\$4,000 in Comprehensive Coverage	\$1,000 in Comprehensive Coverage
Vision & Hearing (Flex card covers cost)	\$500 Vision \$500 Hearing	\$500 Vision \$500 Hearing	\$300 Vision \$600 Hearing
Over-the-Counter Items (Flex card covers cost)	\$50/quarter (does not rollover to next quarter)	\$205/quarter (does not rollover to next quarter)	Not Covered
Transportation Benefit	20 one-way trips	Unlimited	Not Covered
Meals Benefit	(10) meals after in-patient hospitalization	(10) meals after in-patient hospitalization	(10) meals after in-patient hospitalization
Grocery Benefit (Flex card covers cost)	\$80/quarter (does not rollover to next quarter)	\$255/quarter (does not rollover to next quarter)	\$40/quarter (does not rollover to next quarter)

MEMORIAL HERMANN ADVANTAGE PLANS & BENEFITS GUIDE

PART D DRUG COVERAGE

Plan	Memorial Hermann Advantage HMO	Memorial Hermann Dual Advantage HMO DSNP	Memorial Hermann Prime Value MA Only HMO
Out-of-Pocket Max (MOOP)	\$2,100	\$2,100	NA
Deductible	\$200	\$615	--
Tier 1 - Preferred Generic	\$0	25%	--
Tier 2 - Generic	\$5	25%	--
Tier 3 - Preferred Brand	23%	25%	--
Tier 4 - Non-Preferred	44%	25%	--
Tier 5 - Specialty	30%	25%	--
Insulins	\$35 for one month supply - refer to 2026 formulary		
Vaccines	Most vaccines covered at \$0 - refer to 2026 formulary		

¹ You must continue to pay your Medicare Part B premium.
² 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.)
This information is not a complete description of benefits. Contact the plan for more information.
The formulary and/or pharmacy network, may change at any time. You will receive notice when necessary.
Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change January 1 of each year.
Memorial Hermann Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
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