



**MEMORIAL<sup>®</sup>  
HERMANN**  
Health Plan  
MEDICARE ADVANTAGE PLANS

**2023 PLUS HMO SUMMARY OF BENEFITS**

# Memorial Hermann *Advantage* Plus HMO

H7115, Plan 003

January 1, 2023 - December 31, 2023

This Summary of Benefits documents provides an outline of health and drug services covered by **Memorial Hermann *Advantage* Plus HMO** January 1, 2023 to December 31, 2023.

**Memorial Hermann *Advantage* Plus 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 *Advantage* Plus 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 Braille, large print, audio, or non-English language.

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

# Memorial Hermann Advantage Plus HMO

Summary of Benefits	What You Will Pay
Monthly Plan Premium	<b>\$25</b> per month You must continue to pay your Medicare Part B premium.
Deductible	<b>\$0</b> deductible for medical
Part D Deductible	<b>\$0</b> deductible for Part D prescription drugs
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	You pay no more than <b>\$3,400</b> annually. Includes copays and other costs for medical services for the year.
<b>Inpatient Hospital</b>	
Inpatient Hospital stay	<b>\$350</b> copay
<b>Prior authorization rules may apply.</b>	
<b>Outpatient Hospital Services</b>	
Ambulatory Surgical Center (ASC)	<b>\$125</b> copay
Outpatient Surgery	<b>\$200</b> copay
Outpatient Hospital Observation services	<b>\$200</b> copay
<b>Prior authorization rules may apply.</b>	
<b>Doctor Visits</b>	
Primary Care Provider (PCP)	<b>\$0</b> copay
Specialists (No referral is needed.)	<b>\$20</b> copay
Telehealth Provider visit with PCP or Specialists	You pay the same copay for Telehealth visits as you do for in-person office visits.
<b>Memorial Hermann</b> Virtual Office Visit <a href="https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit">https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit</a>	<b>\$0</b> copay
Virtual visits exclusively through <b>Teladoc</b>	<b>\$0</b> 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

**\$125** per visit

This copay is waived if admitted within 48 hours.

Worldwide Emergency care

**\$125** per visit

This copay is waived if admitted within 48 hours.

Worldwide Emergency Transportation

**20%** coinsurance

Urgently Needed services

**\$25** per visit

Coverage is worldwide.

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

Summary of Benefits	What You Will Pay
<b>Ambulance</b>	
Ground Ambulance (one-way)	<b>\$250</b> copay
Air Ambulance (one-way)	<b>20%</b> coinsurance
<b>Prior authorization is required for non-emergency Medicare services.</b>	
<b>Diagnostic Services/ Labs/Imaging</b>	
Medicare-covered Therapeutic Radiology visit	<b>\$25</b> copay per diagnostic test or procedure
Lab services	<b>\$0</b> copay for lab services
X-rays	<b>\$0</b> copay for x-rays
Complex Diagnostic Imaging services (MRI, CT, PET)	<b>\$150</b> copay per test/service
<b>Prior authorization is required for some services.</b>	
<b>Mental Health Services</b>	
Inpatient Mental Health care	<b>\$350</b> copay per stay
Outpatient individual therapy or group therapy visit with a non-physician provider	<b>\$0</b> copay
Outpatient individual therapy or group therapy visit with a Psychiatrist	<b>\$20</b> copay
<b>Prior authorization rules may apply.</b>	
<b>Rehabilitation Services</b>	
Physical Therapy, Occupational Therapy, and Speech and Language Therapy	<b>\$20</b> copay
Cardiac Rehab services	<b>\$20</b> copay
Pulmonary Rehab services	<b>\$20</b> copay

Summary of Benefits	What You Will Pay
<b>Chiropractic Care</b>	
Manual manipulation of the spine to correct subluxation	<b>\$20</b> copay
<b>Acupuncture</b>	
For the treatment of chronic lower back pain	<b>\$20</b> copay
<b>Skilled Nursing Facility</b>	
Days 1 - 20	<b>\$0</b> copay
Days 21 – 100	<b>\$125</b> copay
<b>Prior authorization rules may apply.</b>	
<b>Home Health Care</b>	
Medicare-covered Home Health visit	<b>\$0</b> copay
Home-based Palliative care	<b>\$0</b> copay
<b>Prior authorization rules may apply.</b>	
<b>Home Infusion Therapy</b>	
Medicare-covered home infusion therapy, including chemotherapy, anti-infectives, and other specialty medications to treat various conditions	<b>20%</b> coinsurance
<b>Prior authorization is required for Medicare Part B drugs over \$1,000.</b>	
<b>Hospice</b>	
Covered services include drugs for symptom control and pain relief, short-term respite care, and home care.	Covered
<b>Prior authorization rules may apply.</b>	

Summary of Benefits	What You Will Pay
<b>Diabetic Services and Supplies</b>	
Medicare-covered Diabetic Supplies	<b>20%</b> coinsurance
Diabetes self-management training	<b>0%</b> coinsurance
Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche)	<b>0%</b> coinsurance
Medicare-covered therapeutic custom-molded shoes or inserts	<b>20%</b> coinsurance
Continuous Glucose Monitors (CGM) are limited to our preferred manufacturers, DexCom G6 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.	<b>20%</b> coinsurance for the preferred CGM brands at a network pharmacy (retail) <b>All other brands are excluded.</b>
<b>Durable Medical Equipment (DME)</b>	
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.	<b>20%</b> coinsurance
Wigs for chemotherapy patients	<b>\$0</b> copay
<b>Prior authorization rules may apply.</b>	
<b>Transportation</b>	
Includes taxi, rideshare services, bus, subway, van, and medical transport.	Up to <b>15</b> plan-approved one-way transports to health-related locations per year
<b>Meals</b>	
Meals provided immediately following inpatient hospitalization discharge.	Up to <b>10</b> meals delivered per hospital discharge
<b>Over-the-counter (OTC) Items</b>	
The Plan reimburses for certain OTC items every 3 months.	<b>\$55</b> maximum reimbursement per quarter

**Summary of Benefits**

**What You Will Pay**

**Dental Services**

**\$2,500 annual maximum plan benefit.**

**Preventive Services**

- Oral Exam (every 6 months)
- Prophylaxis (Cleanings) (every 6 months)
- X-rays (every 6 months)
- Fluoride Treatments (every 6 months)

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

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

**Comprehensive Services**

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

**\$20** copay per visit for each Medicare-covered Comprehensive service

**0%** of the cost for in-network Diagnostic services.

**20%** coinsurance of the cost for out-of-network Diagnostic services

**20%** coinsurance for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

**50%** coinsurance for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services

**50%** coinsurance for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services

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

**Vision Services**

Medicare-covered Eye Exams

**\$20** copay

Routine Vision Exams

**\$0** copay

Glaucoma Screenings

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

Diabetic Retinopathy Screenings for Diabetics

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

Eyewear (contacts, lenses, frames)

**\$200** annual total benefit for eyewear or contact lenses

Summary of Benefits	What You Will Pay
<b>Hearing Services</b>	
Medicare-covered Annual Hearing Exam	<b>\$20</b> copay
Routine Hearing Exam performed by PCP	<b>\$0</b> copay for basic hearing and balance exam
Hearing Exam performed by Audiologist	<b>\$0</b> copay for exam to diagnose and treat hearing and balance
Hearing Aid(s)	<b>\$400</b> annual total allowance for hearing aid(s), both ears combined
<b>Opioid Treatment Program</b>	
Medicare-covered Opioid Treatment visit	<b>\$20</b> copay
Inpatient Hospital stay	<b>\$350</b> copay per stay
<b>Prior authorization rules may apply.</b>	
<b>Outpatient Substance Abuse</b>	
Outpatient individual or group therapy visit	<b>\$20</b> copay
<b>Additional Health &amp; Wellness Benefits</b>	
<p>Fitness Center Membership</p> <p><b>\$0</b> copay for Fitness Program via home exercise kit program</p> <p>New and fun ways to get fit and stay healthy, the Silver &amp; Fit program consists of:</p> <ul style="list-style-type: none"> <li>○ Being a member at a Silver &amp; Fit fitness club or exercise center that participates in Memorial Hermann <i>Advantage</i> Plus HMO basic program is at no cost to you. You may choose to purchase additional buy-up services. Contact your exercise center.</li> <li>○ The Silver &amp; Fit Home Fitness program, if you cannot get to a fitness facility or prefer to work out at home.</li> <li>○ Healthy Aging classes (online or DVD)</li> <li>○ The Silver Slate® newsletter 4 times per year</li> <li>○ The Silver &amp; Fit website</li> <li>○ A toll-free telephone hotline to answer questions about the program</li> </ul> <p>Available contracted fitness club location must be utilized throughout the service area. Specific class offerings will vary by location.</p>	

Summary of Benefits	What You Will Pay
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<b>Healthy Advantage Wellness Rewards Program</b>	
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<p>Complete the following activities to earn rewards:</p> <ul style="list-style-type: none"> <li>• Annual Health Risk Assessment</li> <li>• Annual Wellness Visit</li> <li>• Breast Cancer Screening</li> <li>• Colon Cancer Screening</li> <li>• Retinal Eye Exam</li> </ul>	<p>Earn up to <b>\$180</b> in gift card rewards for CMS-approved goods and services.</p>
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<b>Case Management</b>	
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A Case Manager is a Registered Nurse (RN) who provides one-on-one care to the member, with a focus on maintaining wellness and independence. Examples include:

- helping to understand a new diagnosis and how to manage it;
- finding a new in-network provider; and
- helping a member find community resources if they're struggling to pay bills or having trouble moving safely around their home

<b>Medicare Part B Drugs</b>	
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Chemotherapy / Radiation drugs	20% of the cost
Other Part B drugs	20% of the cost
<b>Prior authorization is required for drugs over \$1,000.</b>	

<b>Telephone/Virtual Services</b>	
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Virtual visits through some Primary Care Physicians	\$0 copay
Specialist Virtual visits	\$20 copay
Urgently Needed services	\$25 copay
Individual and Group sessions for:	
• Mental Health Specialty services	\$0 copay
• Psychiatric services	\$20 copay
• Outpatient Substance Abuse	\$20 copay
<b>Memorial Hermann</b> Virtual Office Visit <a href="https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit">https://www.memorialhermann.org/services/specialties/virtual-care/virtual-office-visit</a>	\$0 copay
24/7 Telephonic visit available through <b>Teladoc</b> . You may register or log in to Teladoc at <a href="https://www.teladoc.com/">https://www.teladoc.com/</a> .	\$0 copay

**PRESCRIPTION DRUG BENEFITS (PART D)**

**Deductible Phase** | \$0 deductible for Part D drugs

**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 **\$4,660**.

<b>Initial Coverage</b>	<b>Retail Cost-sharing (In-Network) (30-day supply)</b>	<b>Retail Cost-sharing (In-Network) (90-day supply)</b>	<b>Mail Order Cost-sharing (90-day supply) through <b>Costco</b></b>
Tier 1: Preferred Generic	<b>Preferred Pharmacy \$0 copay</b>	<b>Preferred Pharmacy \$0 copay</b>	<b>\$0 copay</b>
Tier 2: Generic	<b>\$5 copay</b>	<b>\$10 copay</b>	<b>\$10 copay</b>
Tier 3: Preferred Brand	<b>\$39 copay</b>	<b>\$78 copay</b>	<b>\$78 copay</b>
<b>Select Insulins (SI)</b>	<b>\$35 copay</b>	<b>\$70 copay</b>	<b>\$70 copay</b>
Tier 4: Non-Preferred Drug	<b>\$92 copay</b>	<b>\$184 copay</b>	<b>\$184 copay</b>
Tier 5: Specialty	<b>33% coinsurance</b>	Not offered	Not offered
Tier 6: Select Care	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>

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

Select Care Drugs (Tier 6) have low or no copayment for this tier and is limited to select generic medications commonly prescribed to treat ongoing health conditions like high blood pressure, cholesterol, and diabetes.

Select Insulins (SI) are limited insulin products that are selected as part of the CMS Senior Savings Model program at a reduced member copay. To find out which drugs are Select Insulins, review the most recent Drug List. If you receive Low-Income cost-sharing Subsidy (LIS), sometimes called Extra Help, you already have a set copayment and are not eligible for the savings on Select Insulins (SI) copayments. Only, non-LIS enrollees are eligible for the cost sharing for Select Insulins (SI).

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

### Coverage Gap -

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.

You stay in this stage until your year-to-date “**out-of-pocket costs**” (total of all payments made for your covered Part D drugs) reach a total of **\$7,400**. This amount and rules for counting costs toward this amount have been set by Medicare.

Memorial Hermann *Advantage* Plus HMO offers additional gap coverage for Select Insulins (SI). During the Coverage Gap stage, your out-of-pocket costs for Select Insulins (SI) will be **\$35.00** for a 30-day supply.

Select Care Drugs (Tier 6) are available at **\$0** copayment at preferred pharmacies during the Coverage Gap stage.

Not everyone will enter the Coverage Gap.

### Catastrophic Coverage -

You qualify for the Catastrophic Coverage Stage when your out-of-pocket drug costs have reached the **\$7,400** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this stage, the plan will pay most of the cost for your drugs.

- **Your share** of the cost for a covered drug will be either coinsurance or a copayment, whichever is the *larger* amount:
  - – *either* – coinsurance of 5% of the cost of the drug
  - – *Or* – \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs.

**Our plan pays the rest** of the cost.

### 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.

### Preferred Pharmacies

Prescription Drug costs may be less at pharmacies that offer preferred cost sharing. Retail pharmacies offering lower cost sharing are:

Costco  
CVS  
HEB  
Wal-Mart  
Select Memorial Hermann pharmacy locations

To find out more about the pharmacy network, please visit our site at:

<https://healthplan.memorialhermann.org/medicare-advantage/pharmacy-benefits/pharmacy-directory>

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