



MEMORIAL[®]
HERMANN
Health Plan
MEDICARE ADVANTAGE PLANS

**2023 DUAL ADVANTAGE HMO
(D-SNP) SUMMARY OF BENEFITS**

Memorial Hermann *Dual Advantage* HMO D-SNP

H7115, Plan 005

January 1, 2023 - December 31, 2023

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

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: Fort Bend, Harris, 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 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.

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 the three (3) categories:

- **Qualified Medicare Beneficiary Plus (QMB+)**

You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You pay for Part D prescription drug copays.

- **Qualified Medicare Beneficiary (QMB)**

You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You pay for Part D prescription drug copays.

- **Specified Low-Income Medicare Beneficiary (SLMB+)**

You are eligible for full Medicaid benefits. Medicaid pays your Part B premium and provides full Medicaid benefits. You may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be instances where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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.

	Memorial Hermann <i>Dual Advantage</i> 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
Monthly Plan Premium	Your monthly premium will be \$0 as long as you are eligible for Medicaid benefits. You must continue to pay your Medicare Part B premium.
Deductible	\$0 deductible for medical
Part D Deductible	\$0 per year for Part D prescription drugs As a member of Memorial Hermann <i>Dual Advantage</i> HMO D-SNP, your deductible is paid by your “Extra Help” benefit.
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	You pay no more than \$8,300 annually. Includes copays and other costs for medical services for the year. Our Memorial Hermann <i>Dual Advantage</i> HMO D-SNP members rarely meet this out-of-pocket maximum.
Inpatient Hospital	
Inpatient Hospital stay	You pay \$0 for each Inpatient stay
Prior authorization rules may apply.	
Outpatient Hospital Services	
Ambulatory Surgical Center (ASC)	You pay \$0
Outpatient Surgery	You pay \$0
Outpatient Hospital Observation services	You pay \$0
Prior authorization rules may apply.	
Doctor Visits	
Primary Care Provider (PCP)	You pay \$0
Specialists (No referral is needed.)	You pay \$0
Telehealth Provider visit with PCP or Specialists	You pay \$0
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

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

You pay **\$0**

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

Emergency and Urgently Needed Services

Emergency care

You pay **\$0**

This copay is waived if admitted within 48 hours.

Worldwide Emergency care

You pay **\$0**

This copay is waived if admitted within 48 hours.

Worldwide Emergency Transportation

You pay **\$0**

Urgently Needed services

You pay **\$0**

Coverage is worldwide.

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

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

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

Summary of Benefits	What You Will Pay
Diabetic Services and Supplies	
Medicare-covered Diabetic Supplies	You pay \$0
Diabetes self-management training	You pay \$0
Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche)	You pay \$0
Medicare-covered therapeutic custom-molded shoes or inserts	You pay \$0
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.	You pay \$0 for the preferred CGM brands at a network pharmacy (retail). All other brands are excluded.
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.	You pay \$0
Wigs for chemotherapy patients	You pay \$0
Prior authorization rules may apply.	
Transportation	
Includes taxi, rideshare services, bus, subway, van, and medical transport.	Up to 58 plan-approved one-way transports to health-related locations per year
Meals	
Meals provided immediately following inpatient hospitalization discharge.	Up to 10 meals delivered per hospital discharge
Over-the-counter (OTC) Items	
The Plan reimburses for certain OTC items every 3 months.	\$75 maximum reimbursement per quarter

Summary of Benefits	What You Will Pay
Hearing Services	
Medicare-covered Annual Hearing Exam	You pay \$0
Routine Hearing Exam performed by PCP	You pay \$0 for basic hearing and balance exam
Hearing Exam performed by Audiologist	You pay \$0 for exam to diagnose and treat hearing and balance
Hearing Aid(s)	\$400 annual total allowance for hearing aid(s), both ears combined
Dental Services	
\$2,500 annual maximum plan benefit	
<u>Preventive Services</u>	
<ul style="list-style-type: none"> ○ Oral Exam (every 6 months) ○ Prophylaxis (Cleanings) (every 6 months) ○ X-rays (every 6 months) ○ Fluoride Treatments (every 6 months) 	<p>You pay \$0 for Preventive services from a network provider</p> <p>You pay \$0 for Preventive services from a non-network provider</p>
<u>Comprehensive Services</u>	
<ul style="list-style-type: none"> ○ 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 	<p>You pay \$0 per visit for each Medicare-covered Comprehensive service</p> <p>You pay \$0 for in-network Diagnostic services.</p> <p>You pay \$0 for out-of-network Diagnostic services</p> <p>You pay \$0 for in-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services</p> <p>You pay \$0 for out-of-network Extractions, Restorative, Endodontic, Periodontic, and Non-routine services</p>
<p>Dental benefits are provided by Liberty Dental. To search for a provider, visit their website at: https://client.libertydentalplan.com/MemorialHermannMedicare/FindADentist</p>	<p>You pay \$0 for in and out-of-network Prosthodontics, Other Oral/Maxillofacial Surgery, and Other services</p>

Summary of Benefits	What You Will Pay
Vision Services	
Medicare-covered Eye Exams	You pay \$0
Routine Vision Exams	You pay \$0
Glaucoma Screenings	You pay \$0 for one annual screening
Diabetic Retinopathy Screenings for Diabetics	You pay \$0 for one annual screening
Eyewear (contacts, lenses, frames)	\$200 annual total benefit for eyewear or contact lenses
Opioid Treatment Program	
Medicare-covered Opioid Treatment visit	You pay \$0
Inpatient Hospital stay	You pay \$0 per stay
Prior authorization rules may apply.	
Outpatient Substance Abuse	
Outpatient individual or group therapy visit	You pay \$0
Additional Health & Wellness Benefits	
<p>Fitness Center Membership</p> <p>New and fun ways to get fit and stay healthy, the Silver & Fit program consists of:</p> <ul style="list-style-type: none"> ○ Being a member at a Silver & Fit fitness club or exercise center that participates in Memorial Hermann <i>Advantage</i> HMO basic program is at no cost to you. You may choose to purchase additional buy-up services. Contact your exercise center. ○ The Silver & Fit Home Fitness program, if you cannot get to a fitness facility or prefer to work out at home. ○ Healthy Aging classes (online or DVD) ○ The Silver Slate® newsletter 4 times per year ○ The Silver & Fit website ○ A toll-free telephone hotline to answer questions about the program <p>Available contracted fitness club location must be utilized throughout the service area. Specific class offerings will vary by location.</p>	<p>You pay \$0 for Fitness Program via home exercise kit program</p>

Summary of Benefits	What You Will Pay
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Healthy Advantage Wellness Rewards Program	
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Complete the following activities to earn rewards: <ul style="list-style-type: none"> • Annual Health Risk Assessment • Annual Wellness Visit • Breast Cancer Screening • Retinal Eye Exam 	Earn up to \$180 in gift card rewards for CMS-approved goods and services.
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Case Management

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

Medicare Part B Drugs

Chemotherapy / Radiation drugs	You pay \$0
Other Part B drugs	You pay \$0
Prior authorization is required for drugs over \$1,000.	

Telephone/Virtual Services

Virtual visits through Primary Care Physicians	You pay \$0
Specialist Virtual visits	You pay \$0
Urgently Needed services	You pay \$0
Individual and Group sessions for:	
<ul style="list-style-type: none"> • Mental Health Specialty services • Psychiatric services • Outpatient Substance Abuse 	You pay \$0 You pay \$0 You pay \$0
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

PRESCRIPTION DRUG BENEFITS (PART D)

Deductible Phase

\$0 deductible for Part D drugs
As a member of **Memorial Hermann *Dual Advantage* HMO D-SNP**, your deductible is paid by your “Extra Help” benefit.

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**.

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, \$1.45** or **\$4.15** depending on your level of “Extra Help”.
- Your cost sharing for eligible brand name drugs will be **\$0, \$4.30** or **\$10.35** 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 Costco
Tier 1: Preferred Generic	You pay \$0	You pay \$0	You pay \$0
Tier 2: Generic	You pay \$0	You pay \$0	You pay \$0
Tier 3: Preferred Brand	You pay \$0	You pay \$0	You pay \$0
Tier 4: Non-Preferred Drug	You pay \$0	You pay \$0	You pay \$0
Tier 5: Specialty	You pay \$0	Not available	Not available
Tier 6: Select Care	You pay \$0	You pay \$0	You pay \$0

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. Cost-Sharing may also change if you have a change in your “Extra Help” Cost Sharing.

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.

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.

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.

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