

2023

MEMORIAL
HERMANN[®]
Health Plan
MEDICARE ADVANTAGE PLANS



Medicare *Advantage*
Information Kit
Golden Triangle HMO

- Understand your Medicare options
- Explore Memorial Hermann Medicare *Advantage*
- Choose a plan that fits your needs

MEDICARE PLANS WITH YOU IN MIND.

Thank you for requesting information regarding the Memorial Hermann Medicare *Advantage* Golden Triangle HMO plan, a Medicare Advantage plan backed by the Memorial Hermann Health System — a trusted name in healthcare.

With the Memorial Hermann *Advantage* Golden Triangle HMO plan, you'll get all your Original Medicare benefits along with additional benefits – such as prescription drug coverage (Part D), dental, vision and hearing coverage, fitness benefits, as well as access to telehealth services and more.

Plus, you'll have access to coordinated care from over 6,000 affiliated physicians, specialists, facilities and healthcare services available through the Memorial Hermann *Advantage* HMO plan network.

Your health is important to us, and we're proud to offer you the comprehensive coverage you need along with the high-quality, local care you deserve.

To learn more, visit us at **memorialhermannadvantage.org/kit** or call us at **833.796.1219** (TTY 711) from 8 a.m. to 8 p.m. CT to speak with a Memorial Hermann Advantage advisor today.



LET'S GET STARTED

New to Medicare?

Eligibility

You are eligible for Original Medicare if you are a legal U.S citizen, are 65 years or older, have a qualifying disability or have end-stage renal disease.

Understand your ABC's

There are four parts of Medicare (A, B, C & D), with each part offering a specific type of health care coverage.

What is Medicare Advantage?

Also known as Part C, Medicare Advantage is health coverage offered through a private health plan. Medicare Advantage plans usually include Parts A, B, D and additional health benefits such vision and hearing allowances.

Know when to sign up

Enrollment in Original Medicare is not automatic. In order to avoid a penalty be sure to sign up within the enrollment window that applies to you.

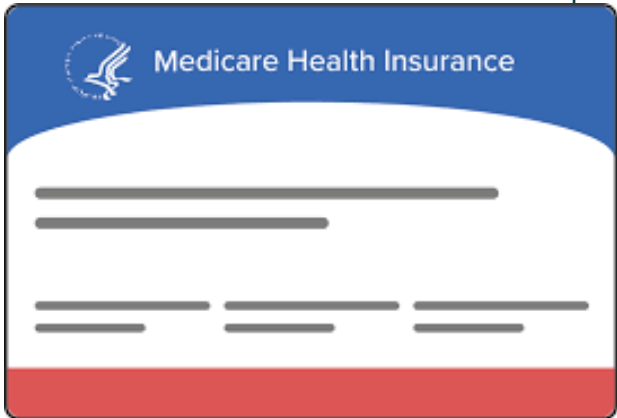
Already Have Medicare?

Review your current health plan

Evaluate your current health plan and make changes if it no longer suits your health care needs.

Know important dates

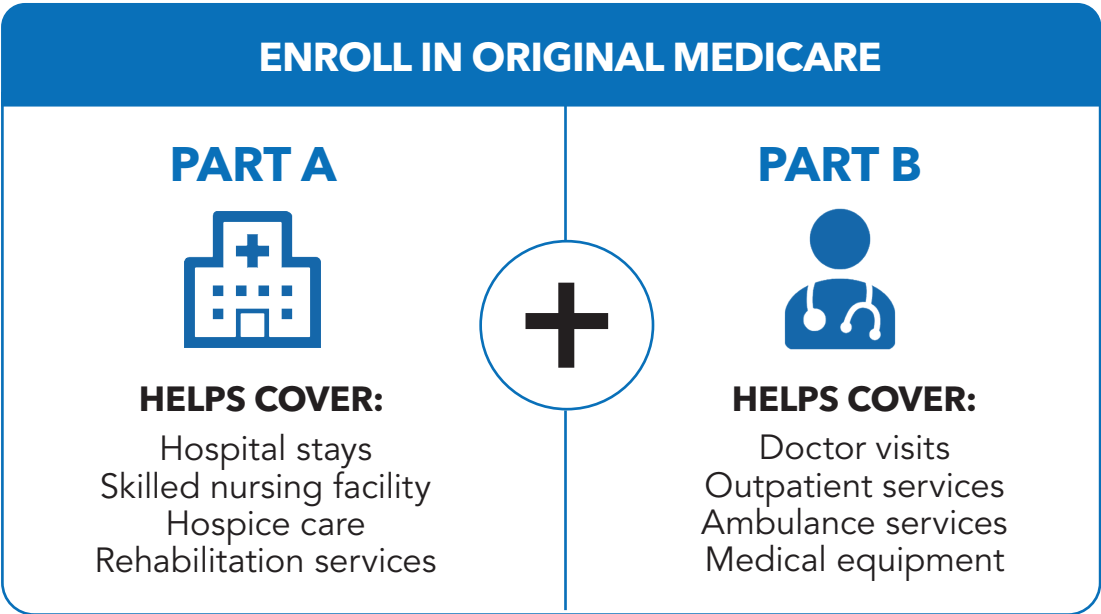
There is a certain time period when you are allowed to make changes to your current health coverage.








KNOW YOUR COVERAGE OPTIONS

There are two main coverage options for people who are eligible for Medicare. Cost and coverage will differ for each option, so it's important to identify your desired level of comprehensive coverage in order to fit your health, budget and lifestyle needs.

STEP 1:



STEP 2:

IF NEEDED, CHOOSE ADDITIONAL COVERAGE	
OPTION 1: Add one or more of these plans to supplement your Original Medicare	 PART D Helps cover prescription drugs and is offered by private companies And/Or  MEDIGAP OR SUPPLEMENTAL PLANS Helps cover some or all costs not covered by Parts A & B
OPTION 2: Switch to a Medicare Advantage (MA) plan for benefits beyond Original Medicare	 PART C MA plans combine Parts A & B  PART D Most plans also cover prescription drugs  ADDITIONAL BENEFITS Some plans include dental, vision, hearing, fitness incentives and more

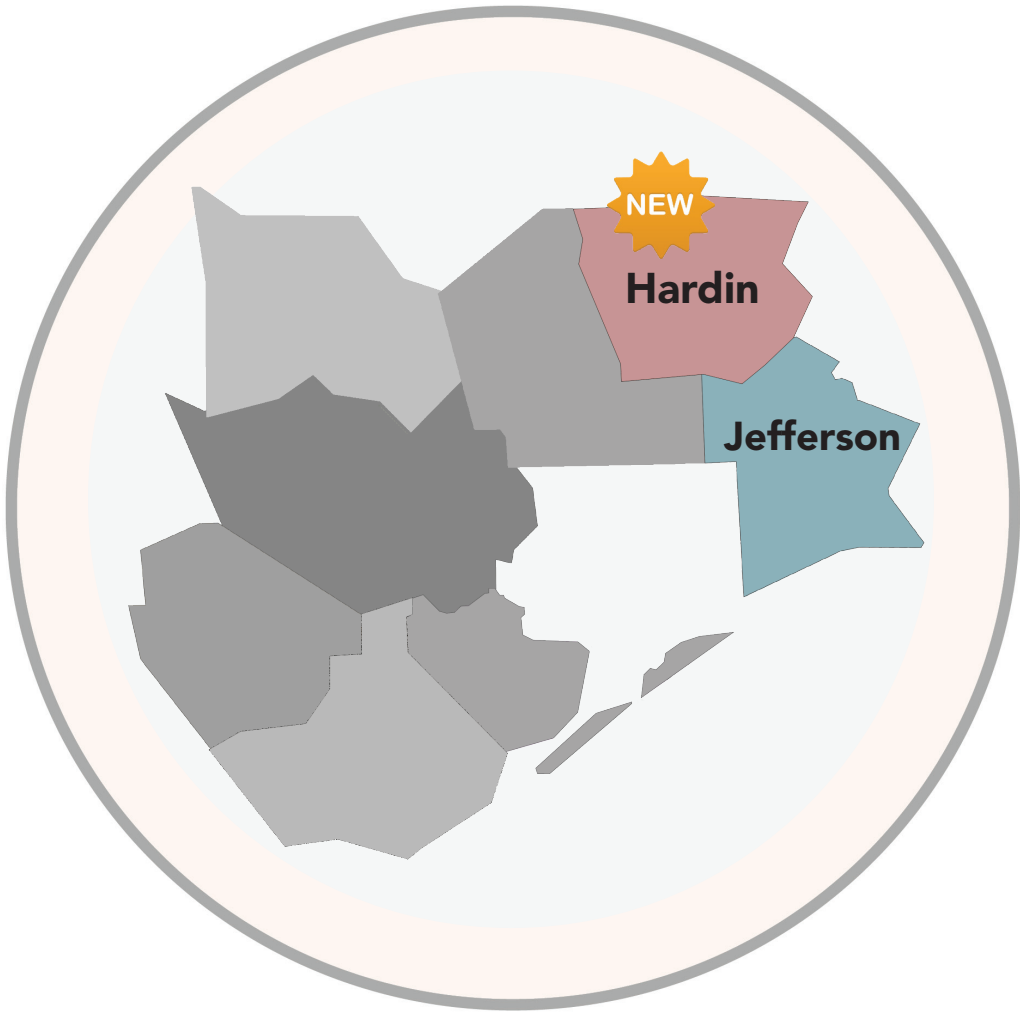
WHY CHOOSE MEMORIAL HERMANN

Making a decision regarding Medicare insurance coverage can be overwhelming, but it doesn't have to be! You can now choose a plan, backed by the Memorial Hermann Health System, offering the same commitment and high standards of care you have known and trusted for more than 100 years.

By choosing Memorial Hermann *Advantage* Golden Triangle HMO, you'll get health coverage that's fully connected to your care with access to a vast network of providers, hospitals, facilities and healthcare services. That means you'll get participating physicians, the Memorial Hermann Health System and your Medicare plan all on the same team, uniquely working together for you.
















If you're currently on Original Medicare, or on Original Medicare combined with a Medigap or other supplemental plan, a Medicare Advantage plan could save you money and provide you with added benefits. We're here to help you review your options and find the plan that fits your needs.

The Memorial Hermann *Advantage* Golden Triangle HMO plan is now being offered to Medicare eligibles that reside in Jefferson and Hardin County.



CHOOSE A PLAN THAT WORKS FOR YOU

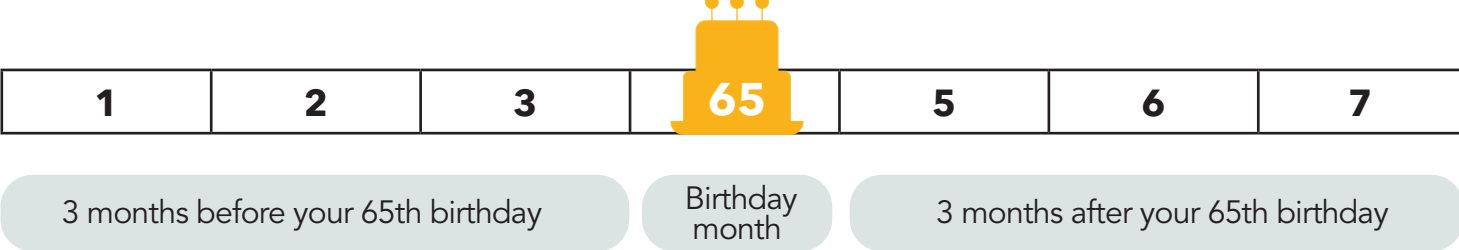
Memorial Hermann *Advantage* Golden Triangle HMO provides all the benefits of Original Medicare and beyond. Some plan highlights include:

	Benefits & Features*	Original Medicare	Memorial Hermann Advantage Golden Triangle HMO
	Monthly Plan Premium ¹	\$0	\$0
	Copay for Primary Care Physician (PCP)	Must pay 20% coinsurance	\$0
	Copay for in-network specialist (with no referral needed)	Must pay 20% coinsurance	\$25
	Prescription Drug (Part D) Coverage – at no additional cost	No	\$0 Deductible \$0 for Tier 1 preferred generic drugs
	Copay for 90-day mail order of Tier 1 preferred generic drugs	No	\$0
	Maximum Out of Pocket	No	\$3,400
	National/worldwide urgent care and emergency coverage	No	Yes
	Virtual Care options such as Teladoc	No	Yes
	Fitness Benefits and Wellness Program – at no extra cost	No	Yes
	Vision and Hearing Coverage	No	\$400 for hearing aids \$200 for eyewear
	Dental Benefit	No	\$2,500 Comprehensive Coverage
	Over-the-Counter Benefit ²	No	\$40 per quarter
	Meal Benefit	No	(10) meals after in-patient hospitalization
	Transportation Benefit	No	(10) one-way transports to a health-related location per year
	Medicare Insulin Savings Program	\$35 copay for 30 day supply (Including through the coverage gap)	

WHEN CAN I ENROLL?

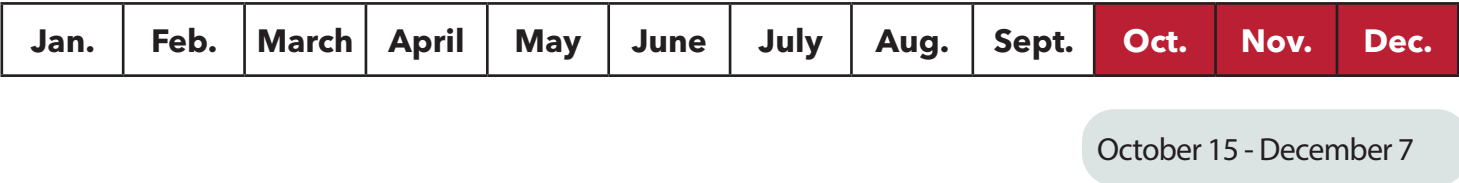
Initial Coverage Enrollment Period (ICEP)

Enroll when you first become eligible for Medicare. You are eligible to enroll 3 months before your 65th birthday, on the month of your 65th birthday and 3 months after you turn 65. If you do not enroll in Medicare within your initial enrollment period, you could be charged a late enrollment penalty.



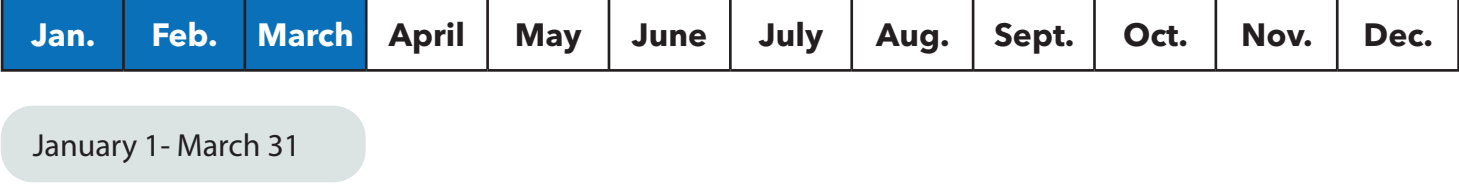
Annual Election Period (AEP)

During the Annual Election Period you may enroll in a Medicare Advantage plan, switch from one Medicare Advantage plan to another or go back to just having Original Medicare with a PDP plan. Your coverage will begin January 1 of the next year.



Open Enrollment Period (OEP)

If you already have a Medicare Advantage plan, the Open Enrollment Period gives you a chance to switch back to Original Medicare or change to a different Medicare Advantage plan, depending on which coverage works better for you.



Special Enrollment Period (SEP)

You may enroll in a Medicare Advantage plan when certain events happen in your life, including relocation, FEMA emergencies, loss of coverage or when your employment coverage ends.

For more information on Medicare eligibility and enrollment periods, go to [Medicare.gov](https://www.medicare.gov).

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 855.645.8448 (TTY 711).

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit healthplan.memorialhermann.org/medicare or call **855.645.8448** (TTY 711) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).

WHAT IS MY NEXT STEP?

Whether you have questions, need more information or are ready to enroll, we're here to help you every step of the way.



PHONE

Speak with a Memorial Hermann Advantage advisor to learn more or if ready, to enroll easily over the phone. Call us at **833.796.1219** (TTY 711) from 8 a.m. to 8 p.m. CT.



VIRTUAL

Request a virtual visit at your convenience with a Memorial Hermann Advantage advisor with no-obligation to enroll. Call **833.796.1219** (TTY 711) to schedule.



IN PERSON

Schedule a one-on-one consult with a Memorial Hermann Advantage advisor in the comfort of your own home (following CDC guidelines and precautions in place for your safety). Call **833.796.1219** (TTY 711) to schedule.



ONLINE

Visit **memorialhermannadvantage.org/kit** to learn more about our plans, register for available webinars/seminars, or to enroll safely and securely online.



ATTEND A SEMINAR

Reserve your seat at a Medicare Advantage seminar to learn more about your options at a location near you. Visit **memorialhermannadvantage.com/events**.

READY TO ENROLL - CHECKLIST

- | | |
|--|---|
| ✓ Fill out information as it appears on your Medicare card | ✓ Provide the name of your primary care physician (PCP) |
| ✓ Verify all information provided is accurate and answer all questions | ✓ Clearly sign and date where indicated |
| ✓ Ensure your permanent residence address is correct | ✓ Contact Memorial Hermann Advantage if you need assistance |
| ✓ Carefully choose the plan that works best for you | |

* Benefits and features vary by plan. This information is not a complete description of benefits. Please call us at 833.796.1219 for more information.

¹ You must continue to pay your Medicare Part B premium.

² For the Over-the-Counter Benefit, Medline At Home provides over-the-counter products covered under this specific plan at no additional cost to you.

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.

For accommodations of persons with special needs at meetings, call 855.645.8448 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 833.796.1219 (TTY 711).

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H7115_MKInfoKitGold23_M CMS Accepted 9/11/2022



memorialhermannadvantage.org/kit



833.796.1219 (TTY 711)
8 a.m. to 8 p.m. CT

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A photograph of an older man and woman smiling and embracing each other outdoors. The man is on the left, wearing a light blue button-down shirt, and the woman is on the right, wearing a denim jacket over a teal shirt. They are both looking at each other and smiling warmly.

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2023 GOLDEN TRIANGLE HMO SUMMARY OF BENEFITS

Memorial Hermann *Advantage* Golden Triangle HMO

H7115, Plan 004

January 1, 2023 - December 31, 2023

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

Memorial Hermann *Advantage* Golden Triangle 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* Golden Triangle 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: Jefferson and Hardin.

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.

Memorial Hermann *Advantage* Golden Triangle HMO

Summary of Benefits	What You Will Pay
Monthly Plan Premium	\$0 per month You must continue to pay your Medicare Part B premium.
Deductible	\$0 deductible for medical
Part D Deductible	\$0 deductible for Part D prescription drugs
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	You pay no more than \$3,400 annually. Includes copays and other costs for medical services for the year.
Inpatient Hospital	
Inpatient Hospital stay	\$350 copay
Prior authorization rules may apply.	
Outpatient Hospital Services	
Ambulatory Surgical Center (ASC)	\$125 copay
Outpatient Surgery	\$125 copay
Outpatient Hospital Observation services	\$125 copay
Prior authorization rules may apply.	
Doctor Visits	
Primary Care Provider (PCP)	\$0 copay
Specialists (No referral is needed.)	\$25 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	
<ul style="list-style-type: none"> ○ 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 	<p>\$0 copay</p> <p>Please see your Evidence of Coverage for more information about these Medicare-covered preventive services.</p>
Emergency and Urgently Needed Services	
Emergency care	<p>\$125 per visit This copay is waived if admitted within 48 hours.</p>
Worldwide Emergency care	<p>\$125 per visit This copay is waived if admitted within 48 hours.</p>
Worldwide Emergency Transportation	<p>20% coinsurance</p>
Urgently Needed services	<p>\$25 per visit Coverage is worldwide.</p>
<p>\$50,000 USD maximum benefit for worldwide emergency.</p>	

Summary of Benefits	What You Will Pay
Ambulance	
Ground Ambulance (one-way)	\$250 copay
Air Ambulance (one-way)	20% coinsurance
Prior authorization is required for non-emergency Medicare services.	
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	\$0 copay for x-rays
Complex Diagnostic Imaging services (MRI, CT, PET)	\$150 copay per test/service
Prior authorization is required for some services.	
Mental Health Services	
Inpatient Mental Health care	\$350 copay per stay
Outpatient individual therapy or group therapy visit with a non-physician provider	\$0 copay
Outpatient individual therapy or group therapy visit with a Psychiatrist	\$25 copay
Prior authorization rules may apply.	
Rehabilitation Services	
Physical Therapy, Occupational Therapy, and Speech and Language Therapy	\$35 copay
Cardiac Rehab services	\$0 copay
Pulmonary Rehab services	\$0 copay

Summary of Benefits	What You Will Pay
Chiropractic Care	
Manual manipulation of the spine to correct subluxation	\$20 copay
Acupuncture	
For the treatment of chronic lower back pain	\$35 copay
Skilled Nursing Facility	
Days 1 - 20	\$0 copay
Days 21 – 100	\$125 copay
Prior authorization rules may apply.	
Home Health Care	
Medicare-covered Home Health visit	\$0 copay
Home-based Palliative care	\$0 copay
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	20% coinsurance
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.	Covered
Prior authorization rules may apply.	

Summary of Benefits	What You Will Pay
Diabetic Services and Supplies	
Medicare-covered Diabetic Supplies	20% coinsurance
Diabetes self-management training	0% coinsurance
Preferred exclusive brands of glucometers and test strips (One Touch by Life Scan and Accu-Chek by Roche)	0% coinsurance
Medicare-covered therapeutic custom-molded shoes or inserts	20% 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.	20% coinsurance 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.	20% coinsurance
Wigs for chemotherapy patients	\$0 copay
Prior authorization rules may apply.	
Transportation	
Includes taxi, rideshare services, bus, subway, van, and medical transport.	Up to 10 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.	\$40 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
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)	\$400 annual total allowance for hearing aid(s), both ears combined
Opioid Treatment Program	
Medicare-covered Opioid Treatment visit	\$20 copay
Inpatient Hospital stay	\$350 copay per stay
Prior authorization rules may apply.	
Outpatient Substance Abuse	
Outpatient individual or group therapy visit	\$25 copay
Additional Health & Wellness Benefits	
Fitness Center Membership	\$0 copay for Fitness Program via home exercise kit program
<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> Golden Triangle 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>	

Summary of Benefits	What You Will Pay
Healthy Advantage Wellness Rewards Program	
Complete the following activities to earn rewards: <ul style="list-style-type: none"> • Annual Health Risk Assessment • Annual Wellness Visit • Breast Cancer Screening • Colon Cancer Screening • Retinal Eye Exam 	Earn up to \$180 in gift card rewards for CMS-approved goods and services.
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: <ul style="list-style-type: none"> • 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	20% of the cost
Other Part B drugs	20% of the cost
Prior authorization is required for drugs over \$1,000.	
Telephone/Virtual Services	
Virtual visits through some Primary Care Physicians	\$0 copay
Specialist Virtual visits	\$25 copay
Urgently Needed services	\$25 copay
Individual and Group sessions for: <ul style="list-style-type: none"> • Mental Health Specialty services • Psychiatric services • Outpatient Substance Abuse 	\$0 copay \$25 copay \$25 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

PRESCRIPTION DRUG BENEFITS (PART D)

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

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	Preferred Pharmacy \$0 copay	Preferred Pharmacy \$0 copay	\$0 copay
Tier 2: Generic	\$5 copay	\$10 copay	\$10 copay
Tier 3: Preferred Brand	\$39 copay	\$78 copay	\$78 copay
Select Insulins (SI)	\$35 copay	\$70 copay	\$70 copay
Tier 4: Non-Preferred Drug	\$92 copay	\$184 copay	\$184 copay
Tier 5: Specialty	33% coinsurance	Not offered	Not offered
Tier 6: Select Care	\$0 copay	\$0 copay	\$0 copay

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* Golden Triangle 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>



MEDICARE ADVANTAGE PLANS

MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Memorial Hermann *Advantage*
929 Gessner, Suite 1500
Houston, TX 77024

Once they process your request to join, they'll contact you.

How do I get help with this form? Call Memorial Hermann *Advantage* at (855) 645-8448. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Memorial Hermann *Advantage* al (855) 645-8448/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage or Medicare Prescription Drug Plan only during the Annual Enrollment Period (AEP) from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period.

If you are enrolling outside of the Annual Enrollment Period (AEP), please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period.
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I recently was released from incarceration. I was released on (insert date)_____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid on (insert date)_____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care facility (for example, a nursing home or long term care facility). I moved/will move into/out of facility on (insert date)_____.

- ☐ I recently left a PACE Program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)
_____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements apply to you or you're not sure, please contact Memorial Hermann *Advantage* at (855) 645-8448 to see if you are eligible to enroll. We are open between October 1st and March 31st from 8 a.m. to 8 p.m., 7 days a week. We are open between April 1st and September 30th from 8 a.m. to 8 p.m., Monday through Friday. TTY users should call 711.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

- ☐ *Advantage* HMO - \$0 per month
☐ *Advantage* Plus HMO - \$25 per month
☐ *Advantage* Golden Triangle HMO - \$0 per month
☐ *Dual Advantage* HMO D-SNP - \$0 per month
☐ Prime Value MA Only HMO - \$0 per month

FIRST name:		LAST name:		Middle Initial (Optional):	
Birth date: MM/DD/YYYY / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Cell Phone Number: ()	
Permanent Residence street address (Don't enter a PO Box):				Email:	
City:		County:		State: ZIP Code:	

Mailing address, if different from your permanent address (PO Box allowed):
 Street address: City: State: ZIP Code:

Your Medicare information:

Medicare Number: _____

Answer these important questions:

Are you enrolled in the State Medicaid Program? ☐ Yes ☐ No Medicaid Number: _____
 Will you have other prescription drug coverage (like VA, TRICARE) in addition to Memorial Hermann *Advantage*? ☐ Yes ☐ No

Name of other coverage: Member number for this coverage: Group number for this coverage:

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Memorial Hermann *Advantage*.
- By joining this Medicare *Advantage* Plan or Medicare Prescription Drug Plan, I acknowledge that Memorial Hermann *Advantage* will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Memorial Hermann *Advantage* coverage begins, I must get all of my medical and prescription drug benefits from Memorial Hermann *Advantage*. Benefits and services provided by Memorial Hermann *Advantage* and contained in my Memorial Hermann *Advantage* "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Memorial Hermann *Advantage* will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:		Today's date:	
If you're the authorized representative, sign above and fill out these fields:			
Name:		Address:	
Phone number:		Relationship to enrollee:	

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino/a, or Spanish origin
☐ **I choose not to answer.**

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Black or African American
☐ Chinese ☐ Filipino ☐ Guamanian or Chamorro
☐ Japanese ☐ Korean ☐ Native Hawaiian
☐ Other Asian ☐ Other Pacific Islander ☐ Samoan
☐ Vietnamese ☐ White
☐ **I choose not to answer.**

Select one if you would like us to send you information in a language other than English.

- ☐ Spanish

Select one if you would like us to send you information in an accessible format.

- ☐ Braille ☐ Large Print ☐ Audio CD

Please contact Memorial Hermann *Advantage* at (855) 645-8448 if you need information in an accessible format other than what's listed above. Our office hours between October 1st and March 31st are 8 a.m. to 8p.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. TTY users can call 711

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP) and office location OR Health Center and office location:

I want to get the following materials via email. Select one or more.

- ☐ Provider and Pharmacy Directory
☐ Member Communications

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe by mail, Electronic Funds Transfer (EFT), credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Memorial Hermann *Advantage* the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

IMPORTANT INFORMATION:

2023 Medicare Star Ratings



Memorial Hermann Health Plan - H7115

For 2023, Memorial Hermann Health Plan - H7115 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Memorial Hermann Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 866-434-1282 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 855-645-8448 (toll-free) or 711 (TTY).

MEMORIAL HERMANN[®] Health Plan

MEDICARE ADVANTAGE PLANS

Over-the-counter (OTC) benefit

Personal wellness products

Memorial Hermann Health Plan members can get **up to \$30 worth of healthcare products** every quarter. Members use the benefit to order items such as mobility aids, compression garments, incontinence products, toothpaste, lotions, cleansers and much more, from familiar brands including CURAD[®], Biotene[®] and Remedy[®].

Choose from
**hundreds of
high-quality items**
in the following
categories:

- Oral care
- Orthopedic supports
- First aid
- Home medical
- Leg and foot care
- Skin care



Friendly, reliable service

Knowledgeable customer service representatives are available by phone, online or by mail to answer your questions.

Three easy ways to order:

Phone



833-511-9844

Online



<https://athome.medline.com/mhhp>

Mail



We ship your products directly to your door at no additional cost.

Brought to you by:



LiveWell[™]
OTC Benefits Solution



Something for Everyone®

The Silver&Fit® Healthy Aging and Exercise program supports every unique member.

Enjoy all of the following, anytime, anywhere, at no cost to you:



On-Demand Workout Videos

Go to **www.SilverandFit.com** or download the ASHConnect™ mobile app to find workout videos for all fitness levels.



Well-Being Club

Learn new skills and focus on well-being by:

- Connecting with others
- Enjoying live-streaming classes and events on the Silver&Fit website
- Viewing exclusive articles and videos



Workout Plans

Answer a few online questions about your fitness level and goals to get workouts to help you start an exercise routine.



Home Fitness Kits

Pick your favorite kit (one per benefit year):**

- Fitbit® or Garmin® Wearable Fitness Tracker Kit
- Pilates Kit
- Beginner, Intermediate, or Advanced Strength Kit
- Beginner or Advanced Swim Kit
- Beginner or Intermediate/Advanced Yoga Kit



Standard and Premium Fitness Network Choices

Join one of thousands of participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences for a buy-up price.*

Go to **www.SilverandFit.com** to get started today! For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

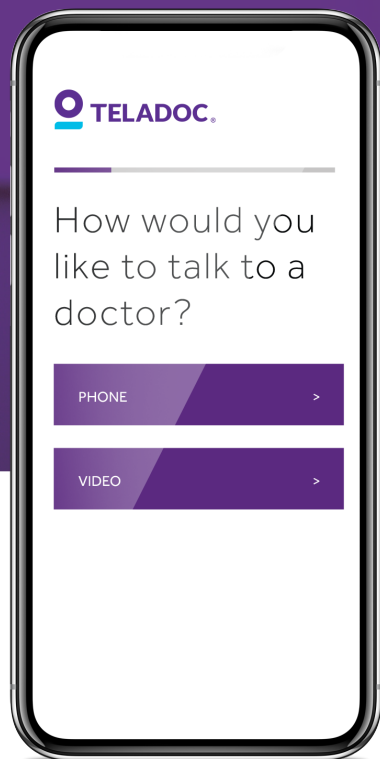
*Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, **kits cannot be exchanged.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. The persons in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, ASHConnect, and the Silver&Fit logo are trademarks of ASH. Limitations, member fees, and restrictions may apply. Other names and logos may be trademarks of their respective owners. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.

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.

H7115_MKSF22_C IA 9/7/2022



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