



CHRISTUS
Health Plan



NORTHEAST TEXAS

2024 Medicare Enrollment Guide

CHRISTUS Health Advantage covers members in the following counties:

**Bowie, Camp, Cass, Cherokee, Franklin,
Gregg, Harrison, Henderson, Hopkins,
Marion, Morris, Panola,
Red River, Rusk, Smith,
Titus, Upshur,
Van Zandt, Wood**



MEMBER SERVICES

METHOD	CONTACT INFORMATION
Call	844-282-3026 - Calls to this number are free. The CHRISTUS Health Plan Member Services department is available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30. A voice response system is available after hours. Messages left will be responded to within one business day. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Relay Texas - This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30.
Fax	469-282-3013
Write	CHRISTUS Health Advantage Attention: Member Services P.O. Box 169001 Irving TX 75016
Website	CHRISTUShealthplan.org

Texas Health and Human Services:

The Texas Health and Human Services is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

METHOD	CONTACT INFORMATION
Call	800-252-9240 - Calls to this number are free.
TTY	711 - This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Write	Health Information, Counseling, and Advocacy Program (HICAP) Texas Department of Insurance P.O. Box 149104 Austin TX 787148
Website	tdi.texas.gov/consumer/hicap/

844.282.3026, TTY 711 | CHRISTUShealthplan.org

Oct. 1 – Mar. 31, 7 days a week, 8 a.m. – 8 p.m., local time
Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m., local time

CHRISTUS HEALTH PLAN 2024 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 Member Services representative at **844.282.3026, TTY 711**.

UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit christushealthplan.org or call **844.282.3026, 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. **Note: This is not applicable for CHRISTUS Health Medicare Guardian (HMO) members.**
-

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 | co-insurance may change on January 1, 2025.
- 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).
- I authorize this paper enrollment to be converted to an electronic enrollment.

Benefits

CONTENTS

Benefit Highlights

Summary of Benefits

FOR HMO PLANS

Medicare
Complete Plan
H1189-003



Medicare
Plus Plan
H1189-004



Medicare
Guardian Plan
H1189-008



BENEFIT HIGHLIGHTS

NORTHEAST TEXAS COUNTIES: Bowie, Cass, Camp, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Wood and Van Zandt

PLAN BENEFIT	CHRISTUS HEALTH MEDICARE COMPLETE (HMO) H1189-003
Monthly Plan Premium	\$0
Annual Maximum Out-of-Pocket	\$4,400
INPATIENT AND OUTPATIENT SERVICES	
Inpatient Hospital Care	\$0 per day (days 1-90) \$320 per day (days 91-100)
Primary Care Provider (PCP) Office Visit	\$0 (includes telemedicine visits)
Specialist Office Visit	\$25
Emergency Care (Worldwide)	\$75
Routine Blood Tests	\$0
Diagnostic Radiology (e.g. MRI, CT)	\$150
Routine Hearing Exam (One Per Year)	\$35
Hearing Aids	\$1,000 per ear every 2 years
Combined Preventive and Comprehensive Dental	Annual Benefit Maximum: \$2,500
Routine Dental Cleaning	\$0 (1 cleaning every 6 months)
Comprehensive Dental Benefit	\$20 copay
Routine Eye Exam (One Per Year)	\$0
Eyewear (from a Superior Vision Provider)	\$200 allowance per year for eyeglasses or contacts
Durable Medical Equipment (DME)	0%- 20%
Diabetic Supplies	\$0
Fitness: Silver & Fit	\$0 annual membership fee.

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026/TTY 711 for more information. Open seven days a week, 8 a.m. to 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

BENEFIT HIGHLIGHTS

Northeast Texas Counties: Bowie, Cass, Camp, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Wood and Van Zandt

PLAN BENEFIT	CHRISTUS HEALTH MEDICARE COMPLETE (HMO) H1189-003
Over-the-Counter Products	\$110 allowance each quarter for the purchase of products from the catalog
Transportation	No cost for 24 round trips to approved medical appointments
Meals (After Discharge from Inpatient Care)	Up to 14 home-delivered meals for up to 7 days
PRESCRIPTION DRUG COVERAGE	
Part D Deductible	\$0
Tier 1: Preferred Generic Drugs	Retail: \$4 retail (30-day supply) Mail Order: \$0 (90-day supply)
Tier 2: Generic Drugs	Retail: \$10 (30-day supply) Mail Order: \$0 (90-day supply)
Tier 3: Preferred Brand Name Drugs	Retail: \$47 (30 day-supply) Mail Order: \$141 (90-day supply)
Tier 4: Non-Preferred Drugs	Retail: \$100 (30-day supply) Mail Order: \$300 (90-day supply)
Tier 5: Specialty Drugs	Retail: 33% (30-day supply) Mail Order: (Not Covered)
Tier 6: Select Care Drugs	Retail: \$0 (30-day supply) Mail Order: \$0 (90-day supply)
Coverage Gap (After Prescription Costs Reach \$5,030)	Medicare Coverage Gap: 25% of the price of brand name drugs; 25% of the price of generic drugs
Catastrophic Coverage Stage	\$0 after \$8,000 yearly out-of-pocket spend.

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026/TTY 711 for more information. Open seven days a week, 8 a.m. to 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

BENEFIT HIGHLIGHTS

NORTHEAST TEXAS COUNTIES: Bowie, Cass, Camp, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Wood and Van Zandt

PLAN BENEFIT	CHRISTUS HEALTH MEDICARE PLUS (HMO) H1189-004
Monthly Plan Premium	\$20
Annual Maximum Out-of-Pocket	\$4,400
INPATIENT AND OUTPATIENT SERVICES	
Inpatient Hospital Care	\$0 per day (days 1-90) \$225 per day (days 91-100)
Primary Care Provider (PCP) Office Visit	\$0 (includes telemedicine visits)
Specialist Office Visit	\$25
Emergency Care (Worldwide)	\$75
Routine Blood Tests	\$0
Diagnostic Radiology (e.g. MRI, CT)	\$125
Routine Hearing Exam (One Per Year)	\$35
Hearing Aids	\$1,000 per ear every 2 years
Combined Preventive and Comprehensive Dental	Annual Benefit Maximum: \$5,500
Routine Dental Cleaning	\$0 (1 cleaning every 6 months)
Comprehensive Dental Benefit	\$20 copay
Routine Eye Exam (One Per Year)	\$0
Eyewear (from a Superior Vision Provider)	\$300 allowance per year for eyeglasses or contacts
Durable Medical Equipment (DME)	0% - 15%
Diabetic Supplies	\$0
Fitness: Silver & Fit	\$0 annual membership fee

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026/TTY 711 for more information. Open seven days a week, 8 a.m. to 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

BENEFIT HIGHLIGHTS

NORTHEAST TEXAS COUNTIES: Bowie, Cass, Camp, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Wood and Van Zandt

PLAN BENEFIT	CHRISTUS HEALTH MEDICARE PLUS (HMO) H1189-004
Over-the-Counter Products	\$150 allowance each quarter for the purchase of products from the catalog
Transportation	No cost for 24 round trips to approved medical appointments
Meals (After Discharge from Inpatient Care)	Up to 14 home-delivered meals for up to 7 days
PRESCRIPTION DRUG COVERAGE	
Part D Deductible	\$0
Tier 1: Preferred Generic Drugs	Retail: \$4 retail (30 day supply) Mail Order: \$0 (90-day supply)
Tier 2: Generic Drugs	Retail: \$10 (30 day supply) Mail Order: \$0 (90-day supply)
Tier 3: Preferred Brand Name Drugs	Retail: \$47 (30 day-supply) Mail Order: \$141 (90-day supply)
Tier 4: Non-Preferred Drugs	Retail: \$100 (30 day supply) Mail Order: \$300 (90-day supply)
Tier 5: Specialty Drugs	Retail: 33% (30 day supply) Mail Order: Not Covered
Tier 6: Select Care Drugs	Retail: \$0 (30 day supply) Mail Order: \$0 (90-day supply)
Coverage Gap (After Prescription Costs Reach \$5,030)	Medicare Coverage Gap: 25% of the price of brand name drugs; 25% of the price of generic drugs
Catastrophic Coverage Stage	\$0 after \$8,000 yearly out-of-pocket spend.

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026/TTY 711 for more information. Open seven days a week, 8 a.m. to 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

BENEFIT HIGHLIGHTS

NORTHEAST TEXAS COUNTIES: Bowie, Cass, Camp, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Wood and Van Zandt

PLAN BENEFIT	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO) PLAN H1189-008
Monthly Plan Premium	\$0
Part B Premium Rebate	\$60
Annual Maximum Out-of-Pocket	\$4,400
INPATIENT AND OUTPATIENT SERVICES	
Inpatient Hospital Care	\$0 per day (days 1-90) \$320 per day (days 91-100)
Primary Care Provider (PCP) Office Visit	\$0 (includes telemedicine visits)
Specialist Office Visit	\$25
Preventive Screenings (Medicare-Covered)	\$0
Emergency Care (Worldwide)	\$75
Routine Blood Tests	\$0
Diagnostic Radiology (e.g. MRI, CT)	\$150
Routine Hearing Exam (One Per Year)	\$35
Hearing Aids	\$1,000 per ear every 2 years
Combined Preventive and Comprehensive Dental	Annual Benefit Maximum: \$2,500
Routine Dental Cleaning	\$0 (1 cleaning every 6 months)
Comprehensive Dental Benefit	\$20 copay
Routine Eye Exam (One Per Year)	\$0
Eyewear (from a Superior Vision Provider)	\$250 allowance per year for eyeglasses or contacts
Durable Medical Equipment (DME)	0%- 20%
Diabetic Supplies	\$0
Fitness: Silver & Fit	\$0 annual membership fee.
Over-the-Counter Products	\$100 allowance each quarter for the purchase of products from the catalog
Transportation	No cost for 24 round trips to approved medical appointments
Meals (After Discharge from Inpatient Care)	Up to 14 home-delivered meals for up to 7 days

NO PRESCRIPTION DRUG COVERAGE

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026/TTY 711 for more information. Open seven days a week, 8 a.m. to 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

2024 SUMMARY OF BENEFITS

CHRISTUS Health Medicare Complete (HMO) H1189-003

This is a summary of drug and health services covered by CHRISTUS Health Medicare Complete (HMO), January 1, 2024 – December 31, 2024. CHRISTUS Health Medicare Complete (HMO) is a Medicare Advantage HMO Plan 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 request the “Evidence of Coverage” by calling our Member Services or accessing it on our website.

To join CHRISTUS Health Medicare Complete (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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 1-877-486-2048), 24 hours a day, seven days a week.

This document is available in other formats such as braille, large print or audio.

For more information, please call us Toll-free 1-844-282-3026, (TTY users should call 711) or visit our website at www.christushealthplan.org. Our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. From October 1 - March 31, the hours are 8:00 a.m. to 8:00 p.m. local time, 7 days a week.

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE COMPLETE (HMO)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Part C Deductible	No deductible
Part D Deductible	No deductible
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$4,400 annually. Includes copays and other costs for medical services for the year.
INPATIENT & OUTPATIENT SERVICES	
Inpatient Hospital <ul style="list-style-type: none"> • Acute hospital • Inpatient Services in a Psychiatric Hospital 	You pay a \$0 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90. You pay a \$320 copay per day for days 91-100. You pay a \$318 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90.
Outpatient Hospital Coverage	You pay a \$325 copay per visit.
Outpatient Hospital Observation Coverage	You pay a \$325 copay per stay.
Ambulatory Surgical Center (ASC)	You pay a \$255 copay per visit.
Primary Care Physician Visits	You pay a \$0 copay per office and telehealth visit.
Specialist Visits	You pay a \$25 copay per office. You pay a \$0 copay per telehealth visit.
Preventive Care <i>(Such as flu vaccines, diabetic screening, annual wellness visits)</i>	You pay a \$0 copay. Other preventive services are available. There are some covered services that have a cost.
Emergency Care	You pay a \$75 copay per visit. Waived, if you are admitted to the hospital within 24 hours. Includes worldwide coverage.
Urgently Needed Services	You pay a \$35 copay per visit. You pay a \$75 copay per visit (worldwide).

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE COMPLETE (HMO)
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests & procedures (non-radiological) • Lab Services • Diagnostic radiology services (MRI, CT, PET) • Outpatient X-rays • Therapeutic radiology (e.g., radiation treatment of cancer) • Outpatient blood 	<p>You pay a \$50 copay per visit.</p> <p>You pay a \$0 copay per service location per day.</p> <p>You pay a \$150 copay per service location per day.</p> <p>You pay \$25 copay per service location per day.</p> <p>You pay 20% coinsurance per service location per day.</p> <p>You pay a \$150 copay per service location per day.</p>
Hearing Services <ul style="list-style-type: none"> • Medicare-covered exam • Routine hearing exam • Hearing aid • Fitting/hearing evaluation for hearing aid 	<p>You pay a \$25 copay per visit.</p> <p>You pay a \$35 copay for one routine hearing exam per calendar year.</p> <p>There is a \$1,000 allowance per ear every 2 years toward the purchase of hearing aids through Amplifon.</p> <p>You pay a \$0 copay for fitting/hearing evaluation.</p>
Dental Services <ul style="list-style-type: none"> • Combined preventive and comprehensive annual maximum • Preventive dental services • Comprehensive dental services 	<p>\$2,500</p> <p>You pay a \$0 copay per service.</p> <ul style="list-style-type: none"> - Periodic oral exam - 1 every year - Dental X-rays - 1 every year - Prophylaxis (cleaning) - 1 every 6 months - Fluoride treatment - 1 every 6 months <p>You pay a \$25 copay per service for Medicare-covered dental services.</p> <p>You pay a \$20 copay per service for diagnostic, restorative, extraction, endodontics, periodontics, dentures, prosthodontics, oral/maxillofacial surgery and other non-routine services. Unlimited annual maximum.</p>

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE COMPLETE (HMO)
Vision Services <ul style="list-style-type: none"> • Medicare-covered eye exam • Medicare-covered vision hardware • Routine vision exam • Routine vision hardware 	<p>You pay a \$0 copay per exam.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay per exam.</p> <p>You pay a \$0 copay up to \$200 allowance per year for 1 pair of eyeglasses (frames/lenses) or contacts.</p>
Mental Health Services <ul style="list-style-type: none"> • Outpatient mental health 	<p>You pay \$25 copay for each Medicare-covered individual and/or group therapy visit.</p> <p>You pay \$0 for each telemental health visit.</p>
Skilled Nursing Facility	<p>You pay a \$0 copay per day for days 1-20.</p> <p>You pay a \$164.50 copay per day for days 21-100.</p> <p>Plan covers up to 100 days per benefit period.</p>
Physical, Occupational and Speech Language Therapy Services	<p>You pay a \$25 copay per visit.</p>
Ambulance	<p>You pay a \$265 copay each way for Medicare-covered ambulance transport.</p>
Transportation	<p>You pay a \$0 copay for 24 round trips per year to plan-approved locations. Up to 100 miles per one-way trip.</p>
Medicare Part B Drugs	<p>You pay up to 20% of the cost for Medicare-covered Part B drugs.</p> <p>You pay \$35 copay for one-month's supply of insulin furnished through an item of DME.</p>

2024 SUMMARY OF BENEFITS

ADDITIONAL BENEFITS	CHRISTUS HEALTH MEDICARE COMPLETE (HMO)
Chiropractic Services <ul style="list-style-type: none"> • Medicare-covered chiropractic services. • Routine chiropractic services 	<p>You pay a \$20 copay for Medicare-covered visits.</p> <p>You pay a \$20 copay per visit. 36 visits per year.</p>
Renal Dialysis	<p>You pay 20% coinsurance.</p>
Over-The-Counter (OTC) Items	<p>You receive a \$110 quarterly benefit for over-the-counter health and wellness products available through Convey.</p>
Fitness	<p>You pay a \$0 copay with Silver & Fit® fitness benefit.</p>
Home-delivered Meals	<p>You are eligible to receive up to 14 home-delivered meals for up to 7 days once discharged following a surgery or inpatient acute hospital stay.</p>

2024 SUMMARY OF BENEFITS

CHRISTUS HEALTH MEDICARE COMPLETE (HMO) PRESCRIPTION DRUGS (PART D)

Deductible phase

Because there is no deductible for the plan, this payment stage does not apply to you.

Initial Coverage Phase - You begin this stage when you fill your first prescription of the year. You stay in the Initial Coverage Phase until your total drug costs for the year reaches \$5,030. During this stage, your out-of-pocket costs for Select Insulins will be \$35.

	STANDARD RETAIL COST SHARING (in-network) up to 30-day supply	STANDARD MAIL-ORDER COST SHARING (90-day supply)
Tier 1: Preferred Generic	You pay a \$4 copay	You pay a \$0 copay
Tier 2: Generic	You pay a \$10 copay	You pay a \$0 copay
Tier 3: Preferred Brand	You pay a \$47 copay	You pay a \$141 copay
Tier 4: Non-preferred Drugs	You pay a \$100 copay	You pay a \$300 copay
Tier 5: Specialty	You pay 33% of the cost	Not covered
Tier 6 Select Care Drugs	You pay a \$0 copay	You pay a \$0 copay

Coverage Gap - You enter the Coverage Gap Phase after your total yearly drug cost reaches \$5,030. After you enter the Coverage Gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs, for any drug tier during the coverage gap. You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 6 Specialty Care Drugs - or 25% of the cost, whichever is lower. For insulins, you won't pay more than \$35 for a one-month supply.

Catastrophic Phase - Once your out-of-pocket costs reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.

2024 SUMMARY OF BENEFITS

CHRISTUS Health Medicare Plus (HMO) H1189-004

This is a summary of drug and health services covered by CHRISTUS Health Medicare Plus (HMO), January 1, 2024 – December 31, 2024. CHRISTUS Health Medicare Plus (HMO) is a Medicare Advantage HMO Plan 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 request the “Evidence of Coverage” by calling our Member Services or accessing it on our website.

To join CHRISTUS Health Medicare Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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 1-877-486-2048), 24 hours a day, seven days a week.

This document is available in other formats such as braille, large print or audio.

For more information, please call us Toll-free 1-844-282-3026, (TTY users should call 711) or visit our website at www.christushealthplan.org. Our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. From October 1 - March 31, the hours are 8:00 a.m. to 8:00 p.m. local time, 7 days a week.

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE PLUS (HMO)
Monthly Plan Premium	\$20 You must continue to pay your Medicare Part B premium.
Part C Deductible	No deductible
Part D Deductible	No deductible
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$4,400 annually. Includes copays and other costs for medical services for the year.
INPATIENT & OUTPATIENT SERVICES	
Inpatient Hospital • Acute hospital • Inpatient Services in a Psychiatric Hospital	You pay a \$0 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90. You pay a \$225 copay per day for days 91-100. You pay a \$318 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90.
Outpatient Hospital Coverage	You pay a \$275 copay per visit.
Outpatient Hospital Observation Coverage	You pay a \$275 copay per stay.
Ambulatory Surgical Center (ASC)	You pay a \$175 copay per visit.
Primary Care Physician Visits	You pay a \$0 copay per office and telehealth visit.
Specialist Visits	You pay a \$25 copay per office. You pay a \$0 copay per telehealth visit.
Preventive Care <i>(Such as flu vaccines, diabetic screening, annual wellness visits)</i>	You pay a \$0 copay. Other preventive services are available. There are some covered services that have a cost.
Emergency Care	You pay a \$75 copay per visit. Waived, if you are admitted to the hospital within 24 hours. Includes worldwide coverage.

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE PLUS (HMO)
Urgently Needed Services	You pay a \$30 copay per visit. You pay a \$75 copay per visit (worldwide).
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests & procedures (non-radiological) • Lab Services • Diagnostic radiology services (MRI, CT, PET) • Outpatient X-rays • Therapeutic radiology (e.g., radiation treatment of cancer) • Outpatient blood 	You pay a \$25 copay per service location per day. You pay a \$0 copay per service location per day. You pay a \$125 copay per service location per day. You pay \$15 copay per service location per day. You pay 20% coinsurance per service location per day. You pay a \$150 copay per service location per day.
Hearing Services <ul style="list-style-type: none"> • Medicare-covered exam • Routine hearing exam • Hearing aid • Fitting/hearing evaluation for hearing aid 	You pay a \$25 copay per visit. You pay a \$35 copay for one routine hearing exam per calendar year. There is a \$1,000 allowance per ear every 2 years toward the purchase of hearing aids through Amplifon. You pay a \$0 copay for fitting/hearing evaluation.

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE PLUS (HMO)
<p>Dental Services</p> <ul style="list-style-type: none"> • Combined preventive and comprehensive annual maximum • Preventive dental services <p>Comprehensive dental services</p>	<p>\$5,500</p> <p>You pay a \$0 copay per service.</p> <ul style="list-style-type: none"> - Periodic oral exam - 1 every 6 months - Dental X-rays - 1 every year - Prophylaxis (cleaning) - 1 every 6 months - Fluoride treatment - 1 every 6 months <p>You pay a \$25 copay per service for Medicare-covered dental services.</p> <p>You pay a \$20 copay per service for diagnostic, restorative, extraction, endodontics, periodontics, dentures, prosthodontics, oral/maxillofacial surgery and other non-routine services. Unlimited annual maximum.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered eye exam • Medicare-covered vision hardware • Routine vision exam • Routine vision hardware 	<p>You pay a \$0 copay per exam.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay per exam.</p> <p>You pay a \$0 copay up to \$300 allowance per year for 1 pair of eyeglasses (frames/lenses) or contacts.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Outpatient mental health 	<p>You pay \$25 copay for each Medicare-covered individual and/or group therapy visit.</p> <p>You pay \$0 for each telemental health visit.</p>

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE PLUS (HMO)
Skilled Nursing Facility	You pay a \$0 copay per day for days 1-20. You pay a \$164.50 copay per day for days 21-100. Plan covers up to 100 days per benefit period.
Physical, Occupational, and Speech Language Therapy Services	You pay a \$25 copay per visit.
Ambulance	You pay a \$200 copay each way for Medicare-covered ambulance transport.
Transportation	You pay a \$0 copay for 24 round trips per year to plan-approved locations. Up to 100 miles per one-way trip.
Medicare Part B Drugs	You pay up to 20% of the cost for Medicare-covered Part B drugs. You pay \$35 copay for one-month's supply of insulin furnished through an item of DME.
ADDITIONAL BENEFITS	CHRISTUS HEALTH MEDICARE PLUS (HMO)
Chiropractic Services <ul style="list-style-type: none"> • Medicare-covered chiropractic services. • Routine chiropractic services 	You pay a \$20 copay for Medicare-covered visits. You pay a \$20 copay per visit. 36 visits per year.
Renal Dialysis	You pay 20% coinsurance.
Over-The-Counter (OTC) Items	You receive a \$150 quarterly benefit for over-the-counter health and wellness products available through Convey.
Fitness	You pay a \$0 copay with Silver & Fit® fitness benefit.
Home-delivered Meals	You are eligible to receive up to 14 home-delivered meals for up to 7 days once discharged following a surgery or inpatient acute hospital stay.

2024 SUMMARY OF BENEFITS

CHRISTUS HEALTH MEDICARE PLUS (HMO) PRESCRIPTION DRUGS (PART D)

Deductible phase

Because there is no deductible for the plan, this payment stage does not apply to you.

Initial Coverage Phase - You begin this stage when you fill your first prescription of the year. You stay in the Initial Coverage Phase until your total drug costs for the year reaches \$5,030. During this stage, your out-of-pocket costs for Select Insulins will be \$35.

	STANDARD RETAIL COST SHARING (in-network) up to 30-day supply	STANDARD MAIL-ORDER COST SHARING (90-day supply)
Tier 1: Preferred Generic	You pay a \$4 copay	You pay a \$0 copay
Tier 2: Generic	You pay a \$10 copay	You pay a \$0 copay
Tier 3: Preferred Brand	You pay a \$47 copay	You pay a \$141 copay
Tier 4: Non-preferred Drugs	You pay a \$100 copay	You pay a \$300 copay
Tier 5: Specialty	You pay 33% of the cost	Not covered
Tier 6 Select Care Drugs	You pay a \$0 copay	You pay a \$0 copay

Coverage Gap - You enter the Coverage Gap Phase after your total yearly drug cost reaches \$5,030. After you enter the Coverage Gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs, for any drug tier during the coverage gap. You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 6 Specialty Care Drugs - or 25% of the cost, whichever is lower. For insulins, you won't pay more than \$35 for a one-month supply.

Catastrophic Phase - Once your out-of-pocket costs reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.

2024 SUMMARY OF BENEFITS

CHRISTUS Health Medicare Guardian (HMO) H1189-008

This is a summary of drug and health services covered by CHRISTUS Health Medicare Guardian (HMO), January 1, 2024 – December 31, 2024. CHRISTUS Health Medicare Guardian (HMO) is a Medicare Advantage HMO Plan 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 request the “Evidence of Coverage” by calling our Member Services or accessing it on our website.

To join CHRISTUS Health Medicare Guardian (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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 1-877-486-2048), 24 hours a day, seven days a week.

This document is available in other formats such as braille, large print or audio.

For more information, please call us Toll-free 1-844-282-3026, (TTY users should call 711) or visit our website at www.christushealthplan.org. Our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. From October 1 - March 31, the hours are 8:00 a.m. to 8:00 p.m. local time, 7 days a week.

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Part B Premium Rebate	\$60 The plan will reimburse the member monthly.
Part C Deductible	No deductible
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$4,400 annually. Includes copays and other costs for medical services for the year.
INPATIENT & OUTPATIENT SERVICES	
Inpatient Hospital	
• Acute hospital	You pay a \$0 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90. You pay a \$320 copay per day for days 91-100.
• Inpatient Services in a Psychiatric Hospital	You pay a \$318 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90.
Outpatient Hospital Coverage	You pay a \$250 copay per visit.
Outpatient Hospital Observation Coverage	You pay a \$180 copay per stay.
Ambulatory Surgical Center (ASC)	You pay a \$255 copay per visit.
Primary Care Physician Visits	You pay a \$0 copay per office and telehealth visit.
Specialist Visits	You pay a \$25 copay per office. You pay a \$0 copay per telehealth visit.
Preventive Care (Such as flu vaccines, diabetic screening, annual wellness visits)	You pay a \$0 copay. Other preventive services are available. There are some covered services that have a cost.
Emergency Care	You pay a \$75 copay per visit. Waived, if you are admitted to the hospital within 24 hours. Includes worldwide coverage.

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO)
Urgently Needed Services	You pay a \$35 copay per visit. You pay a \$75 copay per visit (worldwide).
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests & procedures (non-radiological) • Lab Services • Diagnostic radiology services (MRI, CT, PET) • Outpatient X-rays • Therapeutic radiology (e.g., radiation treatment of cancer) • Outpatient blood 	You pay a \$40 copay per visit. You pay a \$0 copay per service location per day. You pay a \$150 copay per service location per day. You pay \$10 copay per service location per day. You pay 20% coinsurance per service location per day. You pay a \$150 copay per service location per day.
Hearing Services <ul style="list-style-type: none"> • Medicare-covered exam • Routine hearing exam • Hearing aid • Fitting/hearing evaluation for hearing aid 	You pay a \$25 copay per visit. You pay a \$35 copay for one routine hearing exam per calendar year. There is a \$1,000 allowance per ear every 2 years toward the purchase of hearing aids through Amplifon. You pay a \$0 copay for fitting/hearing evaluation.

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO)
Dental Services <ul style="list-style-type: none"> • Combined preventive and comprehensive annual maximum • Preventive dental services • Comprehensive dental services 	<p>\$2,500</p> <p>You pay a \$0 copay per service.</p> <ul style="list-style-type: none"> - Periodic oral exam - 1 every 6 months - Dental X-rays - 1 every year - Prophylaxis (cleaning) - 1 every 6 months - Fluoride treatment - 1 every 6 months <p>You pay a \$25 copay per service for Medicare-covered dental services.</p> <p>You pay a \$20 copay per service for diagnostic, restorative, extraction, endodontics, periodontics, dentures, prosthodontics, oral/maxillofacial surgery and other non-routine services. Unlimited annual maximum.</p>
Vision Services <ul style="list-style-type: none"> • Medicare-covered eye exam • Medicare-covered vision hardware • Routine vision exam • Routine vision hardware 	<p>You pay a \$0 copay per exam.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay per exam.</p> <p>You pay a \$0 copay up to \$250 allowance per year for 1 pair of eyeglasses (frames/lenses) or contacts.</p>
Mental Health Services <ul style="list-style-type: none"> • Outpatient mental health 	<p>You pay \$25 copay for each Medicare-covered individual and/or group therapy visit.</p> <p>You pay \$0 for each telemental health visit.</p>

2024 SUMMARY OF BENEFITS

PREMIUMS & BENEFITS	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO)
Skilled Nursing Facility	You pay a \$0 copay per day for days 1-20. You pay a \$164.50 copay per day for days 21-100. Plan covers up to 100 days per benefit period.
Physical and Speech Language Therapy Services	You pay a \$25 copay per visit.
Occupational Therapy Services	You pay \$20 copay per visit.
Ambulance	You pay a \$250 copay each way for Medicare-covered ambulance transport.
Transportation	You pay a \$0 copay for 24 round trips per year to plan-approved locations. Up to 100 miles per one-way trip.
Medicare Part B Drugs	You pay up to 20% of the cost for Medicare-covered Part B drugs. You pay \$35 copay for one-month's supply of insulin furnished through an item of DME.

ADDITIONAL BENEFITS	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO)
Chiropractic Services <ul style="list-style-type: none"> • Medicare-covered chiropractic services. • Routine chiropractic services 	You pay a \$20 copay for Medicare-covered visits. You pay a \$20 copay per visit. 36 visits per year.
Renal Dialysis	You pay 20% coinsurance.
Over-The-Counter (OTC) Items	You receive a \$100 quarterly benefit for over-the-counter health and wellness products available through Convey.
Fitness	You pay a \$0 copay with Silver & Fit® fitness benefit.
Home-delivered Meals	You are eligible to receive up to 14 home-delivered meals for up to 7 days once discharged following a surgery or inpatient acute hospital stay.

Other Plan Information

CONTENTS

LIS Rider

Discrimination
Notice

Multi-Language

Provider Pharmacy
Directory Notice

FOR HMO PLANS

Medicare
Complete Plan
H1189-003



Medicare
Plus Plan
H1189-004



Medicare
Guardian Plan
H1189-008



MONTHLY PLAN PREMIUM

for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

YOUR LEVEL OF EXTRA HELP	MONTHLY PREMIUM FOR H1189 PBP 003* (COMPLETE)	MONTHLY PREMIUM FOR H1189 PBP 004* (PLUS)
100%	\$0.00	\$0.00
75%	\$0.00	\$5.00
25%	\$0.00	\$10.00
50%	\$0.00	\$15.00

*This does not include any Medicare Part B premium you may have to pay.

CHRISTUS Health Plan’s premium includes coverage for both medical services and prescription drug coverage.

If you aren’t getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions about this notice, please contact CHRISTUS Health Plan Member Services at 1-844-282-3026 or, for TTY users, 711. Member Services is available October 1st – March 31st, 8:00 a.m. to 8:00 p.m. local time, 7 days a week, April 1st – September 30th, 8:00 a.m. to 8:00 p.m. local time, 5 days a week or at CHRISTUShealthplan.org.

CHRISTUS Health Medicare Plus is an HMO with a Medicare contract. Enrollment in CHRISTUS Health Medicare Plus (HMO) depends on contract renewal.

LANGUAGE SERVICES

CHRISTUS Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CHRISTUS Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CHRISTUS Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats other formats)

CHRISTUS Health Plan also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services or have questions, contact CHRISTUS Health Plan Member Services at 1-844-282-3026 (TTY: 711).

If you believe that CHRISTUS Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Gabriela Saenz, J.D.

CHRISTUS Health
5101 North O'Connor Boulevard
Irving, TX 75062

Telephone: 469-282-1298

Fax: 210-766-9468

CHRISTUS.CivilRights@christushealth.org.

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. Please call the above phone number.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

PROVIDER | PHARMACY DIRECTORY NOTICE

If you need help finding a network provider or pharmacy*, please call **844.282.3026** or visit CHRISTUSHealthPlan.org to access our online directory. If you would like a provider directory mailed to you, you may call the number above.

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Medicare Complete (HMO), CHRISTUS Health Medicare Plus (HMO), CHRISTUS Health Medicare Guardian (HMO) depends on contract renewal.

This information is available in other languages. Please call Member Services at **844.282.3026**, or for TTY users, **711**, seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 - Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m., local time, April 1 - Sept. 30. You can also visit us online at CHRISTUSHealthPlan.org.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente al **844.282.3026** o, para los usuarios de TTY, **711**, 8 a.m.-8 p.m., hora local, los 5 días de la semana o visite CHRISTUSHealthPlan.org.

**Pharmacy coverage applies to CHRISTUS Health Medicare Complete and CHRISTUS Health Medicare Plus plans.*

Supplemental Benefits

CONTENTS

Fitness Benefit

Superior Vision

Amplifon (Hearing)

GA Foods - Meals

Delta Dental -
Combined preventive
& comprehensive

FOR HMO PLANS

Medicare
Complete Plan
H1189-003



Medicare
Plus Plan
H1189-004



Medicare
Guardian Plan
H1189-008



Dental Services

With Delta Dental

Make your oral health a priority! All of our plans include preventive and comprehensive dental. This allows you the freedom of seeing an in-network or an out-of-network dental provider. At your visit, you can expect:

- A \$0 copay for preventive dental services.
- \$20 copay for non-Medicare covered comprehensive dental services.

An annual combined maximum of \$2,000 to \$5,500 depending on the plan you choose.



Vision Care Services

With our new vision benefits, you can better maintain your eyesight as you age. Our plans include:

- Yearly, routine eye exam
- Yearly diabetic retinopathy screening
- Hardware reimbursement allowance
- Annual eye hardware allowance from \$100 to \$300 on Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; or, Eyeglass frames

Hearing Services



With Amplifon

Many costs, like hearing aids, aren't covered by Original Medicare. With a CHRISTUS Health Advantage plan, you are able to receive quality hearing care and hearing instruments at the greatest value through our partnership with Amplifon. This includes a benefit of \$2,000 every two years towards hearing aids.

Additional items included with your hearing benefits:

- New virtual services:
 - Virtual screening - determine your hearing needs from the comfort of home
 - and personalized coaching to make the most of your hearing aid experience
 - On-demand virtual visits - convenient care for non-medical needs
- Risk-free trial
 - Try out your hearing aids for 60 days.
- Complimentary aftercare
 - 1-year follow-up care - ensures smooth transition to your new hearing aids
 - 2-year battery support - battery supply or charging station to keep you powered
 - 3-year warranty - coverage for loss, repairs, or damage

Learn more at <https://www.amplifonusa.com/lp/christushealthadvantage>



90-day Prescription Mail Order*

Through the Express Scripts mail order pharmacy home delivery service, pay \$0 for a 90-day supply of preferred generic drugs. To use this benefit, visit Express Scripts Online Pharmacy ([express-scripts.com](https://www.express-scripts.com)). You can also call us at the number on your member ID card.

Over The Counter (OTC) Products

Receive up to a \$150 quarterly benefit for over-the-counter health and wellness products available through OTC Health Solutions (amount varies by plan type). This benefit enables you to get generic and name brand allergy medicine, bathroom safety supplies, cold and flu medicine, vitamins and minerals, and pain relief aids.



To use this benefit and place your order online by going to our website at www.CHRISTUShealthplanotc.com, through the OTC - Anywhere mobile app, by mailing in the order form provided in your catalog (last 2 pages of OTC catalog), or by calling Convey's Contact Center Support at 1-877-906-0738 (Monday - Friday from 8:00 am - 11:00 pm EST) from the comfort of your own home.

Meals



As a part of your plan, we provide home-delivered meals to eligible members after an inpatient surgery or inpatient hospital stay at no additional cost.

You will receive an awareness text within four days of being discharged to let you know GA Foods will be calling you. Then, you will receive their call within two days of the text message. These meals can be customized to your dietary needs, such as gluten-free or vegetarian.

The benefit includes up to 14 meals delivered to your door for up to seven days. If you choose to receive meals, your meals will be sent within three days.

Transportation

SafeRide Health

One of the first steps to a healthier life is seeing your doctor regularly and following care plans, but getting there is often an issue. With CHRISTUS Health Plan, you're covered. We've partnered with SafeRide to ensure that you can schedule rides to your appointments safely and on time.

To learn more, give member services a call at 844.282.3026.

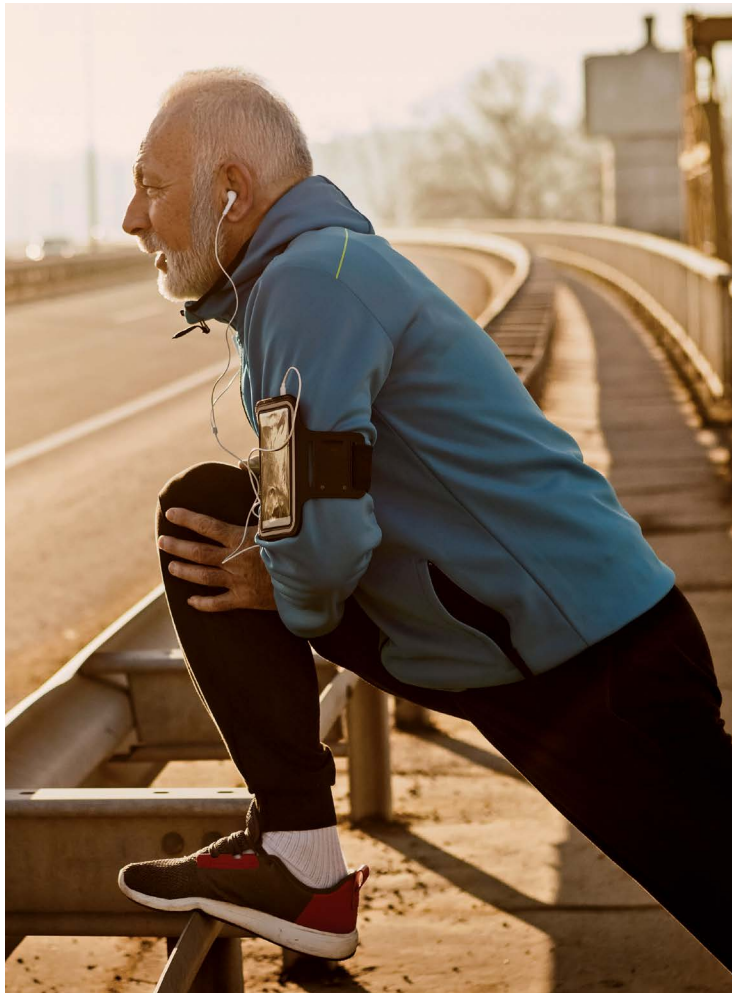
Fitness Program

All CHRISTUS Health Advantage members can stay active with their no-cost Silver & Fit membership. With our fitness program, you can enjoy:



- A membership at thousands of participating fitness centers with access to the standard fitness network
- One home fitness kit per benefit year. Choose from several options, every eligible Silver & Fit member may choose one of 11 home fitness kits on an annual basis.
 - Garmin wearable activity tracker, Fitbit wearable activity tracker, beginner swimming kit, advanced swimming kit, beginner yoga kit, intermediate/ advanced yoga kit, Pilates kit, walking/ trekking kit, beginner strength kit, intermediate strength kit, advanced strength kit
- Access to a variety of on-demand workout videos on the Silver & Fit website and mobile app
- Personalized, over-the-phone or digital education and training for fitness, nutrition, stress, sleep, brain health, social isolation and other
- Access to the Well-Being Club where you can connect with others, view exclusive articles and videos, and join live-streaming classes and events

Visit SilverandFit.com to learn more about the Silver & Fit program or call 1-877-427-4788, Monday through Friday. You can create an account after your plan starts.





24-hour Nurse Line

All members have access to free, confidential help from a nurse 24 hours a day, 7 days a week, 365 days a year. Nurses are available through this service to answer questions about medications, help you decide when and where to seek care, or simply provide reassurance when you need it.

To use this benefit, call 844-581-3174.

If you are having a life-threatening emergency, call 911 or go the emergency room.



Member Portal

Visit CHRISTUShealthplan.org and our newly updated online member portal for more information about your plan and benefits.



Please refer to your CHRISTUS Health Advantage Evidence of Coverage for more information about your benefits.

*Not included with all plans. Refer to the Summary of Benefits to see what is included in each plan.

2024 ENROLLMENT REVIEW

Congratulations on your new CHRISTUS Health Advantage Medicare plan! We want to make sure you know what to expect with the new plan you've chosen.

Fill out this Plan Review with your licensed sales representative (if applicable). This form will walk you through some of the details to help you better understand your new plan.

MY NEW PLAN IS (CHECK ONE):

- CHRISTUS Health Medicare Complete (HMO) Plan H1189-003 (\$0 monthly premium)
 CHRISTUS Health Medicare Plus (HMO) Plan H1189-004 (\$20 monthly premium)
 CHRISTUS Health Medicare Guardian (HMO) Plan H1189-008 (\$0 monthly premium)

My plan: requires referrals does not require referrals

My plan will provide: all my Medicare health coverage

all my Medicare prescription drug coverage

My plan coverage date begins (effective date): _____

I understand that I can cancel my enrollment in this plan before my coverage date starts by calling CHRISTUS Health Plan Member Services at **844.282.3026 TTY 711** or by calling Medicare at **800. MEDICARE (800.633.4227)**. I also understand that once my coverage starts, I may have to wait until the Open Enrollment Period (OEP) to make a plan change, unless I qualify for a Special Enrollment Period (SEP).

I must live in the Plan's service area, which is: _____

I understand that if I move out of the Plan's service area for more than 6 months in a row, I will need to choose a new plan.

I should I should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time.

I should I should not have a Medicare Advantage plan and a Medicare Supplement insurance (Medigap) at the same time. If I have an active Medicare supplement policy, I will request the insurance company to cancel my policy after I receive confirmation of my Medicare Advantage enrollment.

PREMIUM INFORMATION

My plan has a \$_____ monthly premium that I must pay to stay enrolled in this plan. In addition, I must remain enrolled in Medicare Parts A and B while continuing to pay my Medicare Part B premium, unless the state or third party pays it for me.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I understand that I will need to add it to my premium each month.

NETWORK INFORMATION - Understanding your network is important.

Provider Name	Provider Type (PCP/Specialist)	In Network (Yes/No)

CHECK THE CORRECT ANSWER

If I get my care from an out-of-network provider I may pay less more of the cost.

I should call the clinic before my appointment to make sure the provider accepts my plan.

PRESCRIPTION DRUG COVERAGE

Know what is covered by your prescription drug plan (Plans H1189-003 & H1189-004 only)

My plan (circle one): **does** / **does not** have a prescription drug deductible.

If I have a deductible, the amount is \$_____ and it applies to drugs in (check the answer(s)):

- Tier 1
 Tier 2
 Tier 3
 Tier 4
 Tier 5
 Tier 6
 ALL Tiers

List the medications you use in the table below. Be sure to note their tier level, whether there are any limits on the drug, and if the prescription drug deductible applies.

Medication	Tier Level ¹	Has Levels ² Yes/No	Deductible Yes/No

Networks vary by market.

1. My actual out-of-pocket costs may vary based on: the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail order), if I have Extra Help, and if my plan is participating in the Insulin Senior Savings Program.
2. For medications that have limitations, I may need to contact the Plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.

 Member Signature:

 Signature Date:

If I have questions about my plan, I will call my licensed sales representative at:

_____ or CHRISTUS Health Plan Member Services at **844.282.3026 TTY 711**.



CHRISTUShealthplan.org