



2024 BENEFIT HIGHLIGHTS

Central Texas counties: Caldwell, Comal, Guadalupe



| PLAN BENEFIT | CHRISTUS HEALTH MEDICARE PLUS (HMO) PLAN H1189-009 |
|---|---|
| Monthly Plan Premium | \$0 |
| Annual Maximum Out-of-Pocket | \$4,400 |
| INPATIENT AND OUTPATIENT SERVICES | |
| Inpatient Hospital Care | \$0 per day (days 1-90) \$50 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 | \$1000 per ear every 2 years |
| Combined Preventive and Comprehensive Dental Annual Allowance | \$4,000 Annual Benefit Maximum |
| 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 |

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|--|---|
| Fitness: Silver & Fit | \$0 Annual Membership Fee |
| 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. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. Other pharmacies/physicians/providers are available in our network. Call 844.282.3026/TTY 711 for more information. Open 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. CHRISTUS Health Advantage (HMO) Contract #H1189.