



2024 BENEFIT HIGHLIGHTS



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

PLAN BENEFIT	CHRISTUS HEALTH MEDICARE COMPLETE (HMO) PLAN H1189-003	CHRISTUS HEALTH MEDICARE PLUS (HMO) PLAN H1189-004	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO) PLAN H1189-008
Monthly Plan Premium	\$0	\$20	\$0
Part B Premium Rebate			\$60
Annual Maximum Out-of-Pocket	\$4,400	\$4,400	\$4,400
INPATIENT AND OUTPATIENT SERVICES			
Inpatient Hospital Care	\$0 per day (days 1-90) \$320 per day (days 91-100)	\$0 per day (days 1-90) \$225 per day (days 91-100)	\$0 per day (days 1-90) \$320 per day (days 91-100)
Primary Care Provider (PCP) Office Visit	\$0 (includes telemedicine visits)	\$0 (includes telemedicine visits)	\$0 (includes telemedicine visits)
Specialist Office Visit	\$25	\$25	\$25
Emergency Care (Worldwide)	\$75	\$75	\$75
Routine Blood Tests	\$0	\$0	\$0
Diagnostic Radiology (e.g. MRI, CT)	\$150	\$125	\$150
Routine Hearing Exam (One Per Year)	\$35	\$35	\$35
Hearing Aids	\$1,000 per ear every 2 years	\$1,000 per ear every 2 years	\$1,000 per ear every 2 years
Combined Preventive and Comprehensive Dental Annual Allowance	\$2,500 Annual Benefit Max	\$5,500 Annual Benefit Max	\$2,500 Annual Benefit Max
Routine Dental Cleaning	\$0 (1 cleaning every 6 months)	\$0 (1 cleaning every 6 months)	\$0 (1 cleaning every 6 months)
Comprehensive Dental Benefit	\$20 copay	\$20 copay	\$20 copay
Routine Eye Exam (One Per Year)	\$0	\$0	\$0
Eyewear (from a Superior Vision provider)	\$200 allowance per year for eyeglasses or contacts	\$300 allowance per year for eyeglasses or contacts	\$250 allowance per year for eyeglasses or contacts
Durable Medical Equipment (DME)	0%-20%	0%-15%	0%-20%

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Diabetic Supplies	\$0	\$0	\$0
Fitness: Silver & Fit	\$0 Annual Membership Fee		
Over-the-Counter Products	\$110 allowance each quarter for the purchase of products from the catalog	\$150 allowance each quarter for the purchase of products from the catalog	\$100 allowance each quarter for the purchase of products from the catalog
Transportation	No cost for 24 round trips to approved medical appointments	No cost for 24 round trips to approved medical appointments	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	Up to 14 home-delivered meals for up to 7 days	Up to 14 home-delivered meals for up to 7 days
			NO PRESCRIPTION DRUG COVERAGE
Part D Deductible	\$0	\$0	
Tier 1: Preferred Generic Drugs	Retail: \$4 retail (30-day supply) Mail Order: \$0 (90-day supply)	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)	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)	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)	Retail: \$100 (30-day supply) Mail Order: \$300 (90-day supply)	
Tier 5: Specialty Drugs	Retail: 33% (30-day supply) Mail Order: Not Covered	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)	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	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	\$0 after \$8,000 yearly out-of-pocket spend	

CHRISTUS Health Plan Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Plan 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 Plan Advantage (HMO) Contract #H1189.