



2024 BENEFIT HIGHLIGHTS

New Mexico counties: Bernalillo, Los Alamos, Rio Arriba, Sandoval, San Miguel, Santa Fe and Taos



PLAN BENEFIT	CHRISTUS HEALTH MEDICARE PLUS (HMO) PLAN H1189-002	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO) PLAN H1189-007
Monthly Plan Premium	\$0	\$0
Part B Premium Rebate		\$60
Annual Maximum Out-of-Pocket	\$4,400	\$4,900
INPATIENT AND OUTPATIENT SERVICES		
Inpatient Hospital Care	\$275 per day (days 1-5) \$0 per day (days 6-90) \$275 per day (days 91-100)	\$295 per day (days 1-6) \$0 per day (days 7-90) \$295 per day (days 91-100)
Primary Care Provider (PCP) Office Visit	\$0 (includes telemedicine visits)	
Specialist Office Visit	\$25	\$25
Emergency Care (Worldwide)	\$65	\$90
Routine Blood Tests	\$0	Routine at 0% and all other outpatient labs are 20%
Diagnostic Radiology (e.g. MRI, CT)	\$150	\$150
Routine Hearing Exam (One Per Year)	\$35	\$35
Hearing Aids	\$1,000 per ear every 2 years	
Combined Preventive and Comprehensive Dental Annual Allowance	\$2,000 Annual Benefit Maximum	
Routine Dental Cleaning	\$0 (1 cleaning every 6 months)	
Comprehensive Dental Benefit	\$20 copay	
Routine Eye Exam (One Per Year)	\$0	\$0
Eyewear (from a Superior Vision provider)	\$225 allowance per year for eyeglasses or contacts	\$100 allowance per year for eyeglasses or contacts
Durable Medical Equipment (DME)	0%-20%	0%
Diabetic Supplies	\$0	\$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	\$100 allowance each quarter for the purchase of products from the catalog
Acupuncture and Alternative Therapies	\$0 at CHRISTUS St. Vincent Holistic Health & Wellness Center. \$45 per visit (up to 4 treatments per year) other facilities	
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		
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 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.