



2024 BENEFIT HIGHLIGHTS

South Texas counties: Aransas, Bee, Jim Wells, Kleberg, Nueces, Refugio, San Patricio



PLAN BENEFIT	CHRISTUS HEALTH MEDICARE PLUS (HMO) PLAN H1189-005	CHRISTUS HEALTH MEDICARE GUARDIAN (HMO) PLAN H1189-006
Monthly Plan Premium	\$0	\$0
Part B Premium Rebate		\$60
Annual Maximum Out-of-Pocket	\$4,400	\$4,400
INPATIENT AND OUTPATIENT SERVICES		
Inpatient Hospital Care	\$0 per day (days 1-90) \$50 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)	
Specialist Office Visit	\$25	\$25
Emergency Care (Worldwide)	\$75	\$90
Routine Blood Tests	\$0	\$0
Diagnostic Radiology (e.g. MRI, CT)	\$125	\$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	\$3,000 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)	\$250 allowance per year for eyeglasses or contacts	
Durable Medical Equipment (DME)	0%-15%	0%-20%

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Diabetic Supplies	\$0	\$0
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
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 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.

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