

# 2025 Plan Comparisons

**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 H1189-008
<b>Monthly plan premium</b>	\$0	\$0
<b>Part B premium rebate</b>	N/A	\$125
<b>Annual maximum out-of-pocket</b>	\$4,000	\$4,400
<b>Inpatient and outpatient services</b>		
<b>Inpatient hospital care</b>	\$0 per day (days 1 – 90) \$0 per day (days 91 and beyond)	\$0 per day (days 1 – 90) \$0 per day (days 91 and beyond)
<b>Primary care provider (PCP) office visit</b>	\$0 (includes telehealth visits)	\$0 (includes telehealth visits)
<b>Specialist office visit</b>	\$25	\$25
<b>Emergency care (worldwide)</b>	\$125	\$125
<b>Routine blood tests</b>	\$0	\$0
<b>Diagnostic radiology (e.g. MRI, CT)</b>	\$125	\$150
<b>Routine hearing exam (one per year)</b>	\$0	\$0
<b>Prescription hearing aids</b>	\$395 – \$1,595 copay per ear per year	\$395 – \$1,595 copay per ear per year
<b>Combined preventive and comprehensive dental annual allowance</b>	\$3,000 annual benefit maximum	\$2,500 annual benefit maximum
<b>Routine dental cleaning</b>	\$0 (up to three cleanings per year)	\$0 (up to three cleanings per year)
<b>Comprehensive dental benefit</b>	\$20 copay	\$20 copay
<b>Routine eye exam (one per year)</b>	\$0	\$0
<b>Eyewear (from a Superior Vision provider)</b>	\$250 allowance per year for eyeglasses or contacts	\$250 allowance per year for eyeglasses or contacts
<b>Durable medical equipment (DME)</b>	0% – 15%	0% – 20%

Plan benefit	CHRISTUS Health Medicare Plus (HMO) Plan H1189-005	CHRISTUS Health Medicare Guardian (HMO) Plan H1189-008
Diabetic supplies	\$0	\$0
Fitness: Silver&Fit	\$0 membership fee	\$0 membership fee
Over-the-counter products	\$190 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 48 one-way trips to approved medical appointments	No cost for 48 one-way 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
		<b>No prescription drug coverage</b>
Part D deductible	\$0	
Tier 1: preferred generic drugs	Retail: \$0 retail (30-day supply) Mail order: \$0 (90-day supply)	
Tier 2: generic drugs	Retail: \$0 (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	No coverage gap	
Catastrophic coverage stage	Catastrophic coverage after yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy or through mail order) reach \$2,000. There will be no additional costs for Part D drugs once a member reaches \$2,000.	

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.