NORTHEAST TEXAS

2026 Medicare Advantage Enrollment Guide

CHRISTUS Health Advantage covers members in the following counties:

Anderson, Bowie, Camp, Cass, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Van Zandt and Wood

- Medicare Complete Plan H1189-003
- Medicare Plus Plan H1189-004
- Medicare Guardian Plan H1189-008

CHRISTUS® Health Plan

Your health. Your life. Our purpose.

EXPLORE NOW

At **CHRISTUS Health**, we honor the dignity of every person who walks through our doors. Right here, where our rapidly growing community needs us, we are pushing the boundaries of medicine, bringing more physicians, more services and more technology closer to home. Find our full spectrum of health care services by visiting **CHRISTUShealth.org**

CHRISTUS Health®

CHRISTUS Health Plan

Member services

Method	Contact information
Call	844.282.3026 — Calls to this number are free. The CHRISTUS Health Plan Member services department is available to assist you 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. Member services also has free language interpreter services available for non-English speakers.
TTY	711 Relay Texas — This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available to assist you seven days a week, 8 a.m. – 8 p.m., local time, from Oct. 1 – Mar. 31 and Mon. – Fri., 8 a.m. – 8 p.m., local time, from Apr. 1 – Sept. 30.
Fax	469.282.3013
Write	CHRISTUS Health Advantage Attention: Member Services P.O. Box 169001 Irving, TX 75016
Website	**CHRISTUShealthplan.org**

Texas Health and Human Services:
The Texas Health and Human Services is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

Method	Contact Information
Call	800.252.9240 — Calls to this number are free.
TTY	711 — This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Write	Health Information, Counseling, and Advocacy Program (HICAP) Texas Department of Insurance P.O. Box 149104 Austin, TX 787148
Website	tdi.texas.gov/consumer/hicap/

844.282.3026, TTY 711, CHRISTUShealthplan.org
Oct. 1 – Mar. 31, seven days a week, 8 a.m. – 8 p.m., local time
Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m., local time

CHRISTUS Health Plan
2026 Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member services representative at **844.282.3026, TTY 711**.

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **CHRISTUShealthplan.org** or call **844.282.3026, TTY 711** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. **Note: This is not applicable for CHRISTUS Health Medicare Guardian (HMO) members.**

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and | or copayments | co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ I authorize this paper enrollment to be converted to an electronic enrollment.

CHRISTUS Health Plan

Benefits

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Benefit highlights

Summary of benefits

For HMO plans

Medicare Complete Plan H1189-003

Medicare Plus Plan H1189-004

Medicare Guardian Plan H1189-008

CHRISTUS Health Plan

CHRISTUS Health Medicare Complete (HMO)
H1189-003

2026 Benefit Highlights

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

Plan Benefit	CHRISTUS Health Medicare Complete (HMO) H1189-003
Monthly plan premium	$0
Annual maximum out-of-pocket	$4,900
Inpatient and outpatient services	
Inpatient hospital care	$0 per day (days 1 – 90) $0 per day (days 91 and beyond)
Primary care provider (PCP) office visit	$0 (includes telehealth visits)
Specialist office visit	$35
Emergency care (worldwide)	$130
Routine blood tests	$0
Diagnostic radiology (e.g. MRI, CT)	$125
Routine hearing exam (one per year)	$0
Prescription hearing aids	$395 – $1,595 copay per ear per year
Combined preventive and comprehensive dental annual allowance	$3,000 annual benefit maximum
Routine dental cleaning	$0 (up to three cleanings per year)
Comprehensive dental benefit	$20 copay
Routine eye exam (one per year)	$0
Eyewear (from a Superior Vision provider)	$200 allowance per year for eyeglasses or contacts
Durable medical equipment (DME)	0% – 20%
Diabetic supplies	$0
Fitness: Silver&Fit	$0 membership fee
Over-the-counter products	$115 allowance each quarter for the purchase of products from the catalog
Transportation	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 seven days

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026, TTY 711 for more information. Open seven days a week, 8 a.m. – 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

CHRISTUS Health Plan

CHRISTUS Health Medicare Complete (HMO)
H1189-003

2026 Benefit Highlights

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

Plan benefit	CHRISTUS Health Medicare Complete (HMO) H1189-003
Prescription drug coverage	
Part D deductible	$0 (Tiers 1, 2 & 6), $250 (Tier 3-5)
Tier 1: Preferred generic drugs	Retail: $0 (30-day supply) Mail order: $0 (100-day supply)
Tier 2: Generic drugs	Retail: $5 (30-day supply) Mail order: $10 (100-day supply)
Tier 3: Preferred brand name drugs	Retail: 25% of cost, No more than $35 for covered insulin products (30-day supply) Mail order: 25% of cost, No more than $105 for covered insulin products (100-day supply)
Tier 4: Non-preferred brand drugs	Retail: 30% of cost, No more than $35 for covered insulin products (30-day supply) Mail order: 30% of cost, No more than $105 for covered insulin products (100-day supply)
Tier 5: Specialty drugs	Retail: 30% of cost, No more than $35 for covered insulin products (30-day supply) Mail order: Not covered
Tier 6: Select care drugs	Retail: $0 (30-day supply) Mail order: $0 (100-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 $2,100. There will be no additional costs for Part D drugs once a member reaches $2,100.

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026, TTY 711 for more information. Open seven days a week, 8 a.m. – 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

CHRISTUS Health Plan

CHRISTUS Health Medicare Plus (HMO)
H1189-004

2026 Benefit Highlights

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

Plan benefit	CHRISTUS Health Medicare Plus (HMO) H1189-004
Monthly plan premium	$20
Annual maximum out-of-pocket	$4,200
Inpatient and outpatient services	
Inpatient hospital care	$0 per day (days 1 – 90) $0 per day (days 91 and beyond)
Primary care provider (PCP) office visit	$0 (includes telehealth visits)
Specialist office visit	$30
Emergency care (worldwide)	$125
Routine blood tests	$0
Diagnostic radiology (e.g. MRI, CT)	$125
Routine hearing exam (one per year)	$0
Prescription hearing aids	$395 – $1,595 copay per ear per year
Combined preventive and comprehensive dental annual allowance	$4,000 annual benefit maximum
Routine dental cleaning	$0 (up to three cleanings per year)
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
Fitness: Silver&Fit	$0 membership fee
Over-the-counter products	$150 allowance each quarter for the purchase of products from the catalog
Transportation	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 seven days

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CHRISTUS Health Plan

CHRISTUS Health Medicare Plus (HMO)
H1189-004

2026 Benefit Highlights

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

Plan benefit	CHRISTUS Health Medicare Plus (HMO) H1189-004
Prescription drug coverage	
Part D deductible	$0 (Tiers 1, 2 & 6), $250 (Tier 3-5)
Tier 1: Preferred generic drugs	Retail: $0 (30-day supply) Mail order: $0 (100-day supply)
Tier 2: Generic drugs	Retail: $5 (30-day supply) Mail order: $10 (100-day supply)
Tier 3: Preferred brand name drugs	Retail: 25% of cost, No more than $35 for covered insulin products (30-day supply) Mail order: 25% of cost, No more than $105 for covered insulin products (100-day supply)
Tier 4: Non-preferred brand drugs	Retail: 30% of cost, No more than $35 for covered insulin products (30-day supply) Mail order: 30% of cost, No more than $105 for covered insulin products (100-day supply)
Tier 5: Specialty drugs	Retail: 30% of cost, No more than $35 for covered insulin products (30-day supply) Mail order: Not covered
Tier 6: Select care drugs	Retail: $0 (30-day supply) Mail order: $0 (100-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 $2,100. There will be no additional costs for Part D drugs once a member reaches $2,100.

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. This information is not a complete description of benefits. Call 844.282.3026/TTY 711 for more information. Open seven days a week, 8 a.m. – 8 p.m., local time. A voice response system is available after hours. CHRISTUS Health Advantage (HMO) Contract #H1189.

CHRISTUS Health Plan

CHRISTUS Health Medicare Guardian (HMO)
H1189-008

2026 Benefit Highlights

Texas counties: Anderson, Aransas, Bee, Bowie, Caldwell, Cass, Camp, Cherokee, Comal, Franklin, Guadalupe, Gregg, Hardin, Harrison, Henderson, Hopkins, Jasper, Jefferson, Jim Wells, Kleberg, Marion, Morris, Newton, Nueces, Orange, Panola, Red River, Refugio, Rusk, San Patricio, Smith, Titus, Tyler, Upshur, Wood and Van Zandt

Plan benefit	CHRISTUS Health Medicare Guardian (HMO) H1189-008
Monthly plan premium	$0
Part B premium rebate	$125
Annual maximum out-of-pocket	$4,900
Inpatient and outpatient services	
Inpatient hospital care	$0 per day (days 1 – 90) | $0 per day (days 91 and beyond)
Primary care provider (PCP) office visit	$0 (includes telehealth visits)
Specialist office visit	$40
Emergency care (worldwide)	$130
Routine blood tests	$0
Diagnostic radiology (e.g. MRI, CT)	$150
Routine hearing exam (one per year)	$0
Prescription hearing aids	$395 – $1,595 copay per ear per year
Combined preventive and comprehensive dental annual allowance	$2,500 annual benefit maximum
Routine dental cleaning	$0 (up to three cleanings per year)
Comprehensive dental benefit	$20 copay
Routine eye exam (one per year)	$0
Eyewear (from a Superior Vision provider)	$250 allowance per year for eyeglasses or contacts
Durable medical equipment (DME)	0% – 20%
Diabetic supplies	$0
Fitness: Silver&Fit	$0 membership fee
Over-the-counter products	$75 allowance each quarter for the purchase of products from the catalog
Transportation	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 seven days
No prescription drug coverage	

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2026 Summary of benefits

CHRISTUS Health Medicare Complete (HMO) H1189-003

Northeast Texas

Service Area: Anderson, Bowie, Camp, Cass, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood

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This is a summary of drug and health services covered by CHRISTUS Health Medicare Complete (HMO) from January 1, 2026 through December 31, 2026. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit our website at CHRISTUShealthplan.org to access the Evidence of Coverage (EOC). You may also call our member services department to request a copy.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800 MEDICARE (1-800-633-4227; TTY 1-877-486-2048), 24 hours a day, seven days a week.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

If you have questions or need more information, please call us toll-free 1-844-282-3026, (TTY users should call 711) or visit our website at www.CHRISTUShealthplan.org. Our hours are 8 a.m. - 8 p.m.. local time, Monday through Friday. From October 1 - March 31, the hours are 8 a.m. - 8 p.m.. local time, seven days a week.

CHRISTUS Health Medicare Complete (HMO) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

CHRISTUS Health Plan

CHRISTUS Health Medicare Complete (HMO)
H1189-003

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Monthly plan premium	$0 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
Maximum out-of-pocket (MOOP) annual responsibility	$4,900 Once you reach the maximum out-of-pocket, the plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.
Inpatient and outpatient hospital services	
Inpatient hospital (unlimited number of days)	$0 per day
Outpatient hospital observation coverage	$325 per stay
Outpatient hospital surgery	$0-$325
Ambulatory surgical center (ASC)	$0-$325
Doctor visits	
Primary care physician visits	$0 office and/or telehealth visit
Specialist visits	$35 office visit $0 telehealth visit
Preventive, emergency and urgent care	
Preventive care	$0 For a full list of preventive services, please see the EOC. Some covered services may have an associated cost.
Emergency and urgent care, including ambulance (inside the U.S.)	$130 for emergency care $40 for urgent care $0 for telehealth urgent care $300 for ambulance
Emergency and urgent care (outside the U.S.)	$130 for emergency care $130 for urgent care $300 for ambulance

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Diagnostic tests and procedures	$50
Lab services	$0
Diagnostic radiology services (MRI, CT, etc.)	$125
Outpatient x-rays	$25
Therapeutic radiology (i.e. radiation treatment of cancer)	20% of total cost
Hearing services	
Medicare-covered exam	$35
Routine hearing exam	$0, one exam per year
Fitting/hearing evaluation for hearing aid	$0, unlimited sessions
Prescription hearing aids	$395-$1,595 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of two per year.
Over-the-counter (OTC) hearing aids	$95-$295 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of two per year.
Dental services	
Medicare-covered dental exams	$35
Preventive and diagnostic services	$0 for preventive and diagnostic services, including oral exams twice a year, up to three cleanings per year and dental x-rays once a year
Comprehensive services	$20 for comprehensive services, including fillings, extractions, crowns, root canals, dentures and oral surgery

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Annual benefit amount	$3,000 This is the total amount that will be paid for covered preventive and comprehensive services in the plan year. You are responsible for the cost of any comprehensive services over this amount. The services covered by this benefit may be provided by a Delta Dental Medicare Advantage participating provider or a non-participating provider. To locate a participating provider, please visit www.deltadentalins.com/CHPMedicareAdvantage to search by location or specialty or call toll-free (888) 818-7929 to speak with a Delta Dental customer service representative.
Vision services	
Medicare-covered medical eye exams (including diabetic eye exams)	$35
Routine eye exam	$0 You have one exam per year when obtained from a Superior Vision in-network provider. If you choose a provider outside of the Superior Vision network, services will not be covered. Visit superiorvision.com/locator to find a provider.
Contacts and eyeglasses (lenses/frames)	You get a vision eyewear benefit allowance up to $200 per year for one pair of eyeglasses (lenses/frames) or contacts.
Mental health services	
Inpatient psychiatric hospital stay	$318 per day for days 1-5; $0 per day for days 6-90
Outpatient mental health therapy	$35 per individual/group session $0 for telehealth visit
Skilled nursing facility and therapy	
Skilled nursing facility (SNF)	$0 per day for days 1-20; $218 per day for days 21-100 This plan covers up to 100 days per benefit period.
Physical, occupational and speech language therapy	$35 per session $0 per telehealth visit
Transportation	
Ambulance (ground or air, one-way trip)	$300
Routine, non-emergency transportation	$0 for 48 one-way trips, up to 100 miles per trip through SafeRide

2026 Summary of benefits

Medicare Part B drugs

Medicare Part B only covers certain medications for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections and nebulizers, among others. They can also include medicines you take at home using special medical equipment.

Part B drugs, including chemotherapy drugs	0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs.

CHRISTUS Health Medicare Complete (HMO) Prescription Drugs (Part D)

Medicare Part D covers a wide range of prescription drugs. They can include medications you take every day for conditions like high blood pressure or diabetes.

Deductible phase	$250 You'll pay the plan's negotiated drug cost up to the deductible limit. The deductible applies to drugs on Tiers 3, 4, and 5.

Initial coverage phase – You begin this stage when you fill your first prescription of the year. You stay in the initial coverage phase until your total out-of-pocket drug costs for the year reaches $2,100.

	Standard retail cost sharing (in-network) up to 30-day supply	**Standard mail-order cost sharing** (100-day supply)
Tier 1: Preferred generic	$0	$0
Tier 2: Generic	$5	$10
Tier 3: Preferred brand	25% of the cost No more than $35 for covered insulin products	25% of the cost No more than $105 for covered insulin products
Tier 4: Non-preferred brand drugs	30% of the cost No more than $35 for covered insulin products	30% of the cost No more than $105 for covered insulin products
Tier 5: Specialty	30% of the cost No more than $35 for covered insulin products	Not covered
Tier 6: Select care drugs	$0	$0

Long-term supplies of your maintenance medications can be delivered to your door. Visit your member portal or caremark.com or call Member Services for more information.

Catastrophic phase - Once your out-of-pocket costs reach $2,100, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics. The plan pays the remaining cost for your covered Part D drugs. You pay nothing.

2026 Summary of benefits

Additional benefits	Your costs in our plan
Chiropractic services	
Chiropractic care (Medicare-covered)	$15 Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place.
Routine chiropractic services	$15, up to 24 visits per year
Durable Medical Equipment (DME)	
Continuous glucose monitors (CGM)	0% of the total cost
Medicare-covered DME (including, but not limited to wheelchairs, crutches, powered mattress systems, diabetic supplies, oxygen equipment, nebulizers and walkers)	20% of the total cost
Nurse line	
24-hour nurse line	$0
Fitness benefit	
Physical fitness	$0 Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Health Aging Coaching by phone, video or chat and enjoy many other digital resources through the Well-Being Club.
Home delivered meals	
Meal delivery	$0 You are eligible to receive up to 14 home-delivered meals from GA Foods for up to seven days once discharged from inpatient hospital care.
Home health agency care	
Part-time or intermittent skilled nursing and home health aide services, certified by your doctor (fewer than eight hours per day and 35 hours per week)	$0

Additional benefits	Your costs in our plan
Kidney disease services	
Medicare-covered renal dialysis	20% of the total cost
Medicare-covered kidney disease education services, including nutrition therapy for End-Stage Renal Disease (ESRD)	$0
Outpatient substance use disorder services	
Partial hospitalization and intensive outpatient services (all day care for several days)	$55 per day
Substance abuse counseling	$35 per individual/group session

Over-the-counter (OTC) benefit

You will receive a benefit allowance each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests and more. Your benefit amount is available the first day of each calendar quarter. Calendar quarters begin in January, April, July and October. Be sure to use the full benefit amount each calendar quarter, because any unused amount will not roll over into the next calendar quarter.

This benefit is offered through Convey. You will use your CHRISTUS Health Plan member ID number to confirm benefit eligibility, confirm available benefit amount and make purchases. You can purchase approved products online, by phone or by app. Visit **CHRISTUShealthplan.org** for details, including a catalog.

Over-the-counter	$115 quarterly

2026 Summary of benefits

CHRISTUS Health Medicare Plus (HMO) H1189-004

Northeast Texas

Service Area: Anderson, Bowie, Camp, Cass, Cherokee, Franklin, Gregg, Harrison, Henderson, Hopkins, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood

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This is a summary of drug and health services covered by CHRISTUS Health Medicare Plus (HMO) from January 1, 2026 through December 31, 2026. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit our website at CHRISTUShealthplan.org to access the Evidence of Coverage (EOC). You may also call our member services department to request a copy.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800 MEDICARE (1-800-633-4227; TTY 1-877-486-2048), 24 hours a day, seven days a week.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

If you have questions or need more information, please call us toll-free 1-844-282-3026, (TTY users should call 711) or visit our website at www.CHRISTUShealthplan.org. Our hours are 8 a.m. - 8 p.m.. local time, Monday through Friday. From October 1 - March 31, the hours are 8 a.m. - 8 p.m.. local time, seven days a week.

CHRISTUS Health Medicare Plus (HMO) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

CHRISTUS Health Plan

CHRISTUS Health Medicare Plus (HMO)
H1189-004

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Monthly plan premium	$20 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
Maximum out-of-pocket (MOOP) annual responsibility	$4,200 Once you reach the maximum out-of-pocket, the plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.
Inpatient and outpatient hospital services	
Inpatient hospital (unlimited number of days)	$0 per day
Outpatient hospital observation coverage	$325 per stay
Outpatient hospital surgery	$0-$325
Ambulatory surgical center (ASC)	$0-$325
Doctor visits	
Primary care physician visits	$0 office and/or telehealth visit
Specialist visits	$30 office visit $0 telehealth visit
Preventive, emergency and urgent care	
Preventive care	$0 For a full list of preventive services, please see the EOC. Some covered services may have an associated cost.
Emergency and urgent care, including ambulance (inside the U.S.)	$125 for emergency care $30 for urgent care $0 for telehealth urgent care $300 for ambulance
Emergency and urgent care (outside the U.S.)	$125 for emergency care $125 for urgent care $300 for ambulance

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Diagnostic tests and procedures	$50
Lab services	$0
Diagnostic radiology services (MRI, CT, etc.)	$125
Outpatient x-rays	$15
Therapeutic radiology (i.e. radiation treatment of cancer)	20% of total cost
Hearing services	
Medicare-covered exam	$30
Routine hearing exam	$0, one exam per year
Fitting/hearing evaluation for hearing aid	$0, unlimited sessions
Prescription hearing aids	$395-$1,595 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of two per year.
Over-the-counter (OTC) hearing aids	$95-$295 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of two per year.
Dental services	
Medicare-covered dental exams	$30
Preventive and diagnostic services	$0 for preventive and diagnostic services, including oral exams twice a year, up to three cleanings per year and dental x-rays once a year
Comprehensive services	$20 for comprehensive services, including fillings, extractions, crowns, root canals, dentures and oral surgery

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Annual benefit amount	$4,000 This is the total amount that will be paid for covered preventive and comprehensive services in the plan year. You are responsible for the cost of any comprehensive services over this amount. The services covered by this benefit may be provided by a Delta Dental Medicare Advantage participating provider or a non-participating provider. To locate a participating provider, please visit www.deltadentalins.com/CHPMedicareAdvantage to search by location or specialty or call toll-free (888) 818-7929 to speak with a Delta Dental customer service representative.
Vision services	
Medicare-covered medical eye exams (including diabetic eye exams)	$30
Routine eye exam	$0 You have one exam per year when obtained from a Superior Vision in-network provider. If you choose a provider outside of the Superior Vision network, services will not be covered. Visit superiorvision.com/locator to find a provider.
Contacts and eyeglasses (lenses/frames)	You get a vision eyewear benefit allowance up to $300 per year for one pair of eyeglasses (lenses/frames) or contacts.
Mental health services	
Inpatient psychiatric hospital stay	$318 per day for days 1-5; $0 per day for days 6-90
Outpatient mental health therapy	$30 per individual/group session $0 telehealth visit
Skilled nursing facility and therapy	
Skilled nursing facility (SNF)	$0 per day for days 1-20; $218 per day for days 21-100 This plan covers up to 100 days per benefit period.
Physical, occupational and speech language therapy	$30 per session $0 per telehealth visit
Transportation	
Ambulance (ground or air, one-way trip)	$300
Routine, non-emergency transportation	$0 for 48 one-way trips, up to 100 miles per trip through SafeRide

2026 Summary of benefits

Medicare Part B drugs

Medicare Part B only covers certain medications for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections and nebulizers, among others. They can also include medicines you take at home using special medical equipment.

Part B drugs, including chemotherapy drugs	0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs.

CHRISTUS Health Medicare Plus (HMO) Prescription Prugs (Part D)

Medicare Part D covers a wide range of prescription drugs. They can include medications you take every day for conditions like high blood pressure or diabetes.

Deductible phase	$250 You'll pay the plan's negotiated drug cost up to the deductible limit. The deductible applies to drugs on Tiers 3, 4, and 5.

Initial coverage phase – You begin this stage when you fill your first prescription of the year. You stay in the initial coverage phase until your total out-of-pocket drug costs for the year reaches $2,100.

	Standard retail cost sharing (in-network) up to 30-day supply	**Standard mail-order cost sharing** (100-day supply)
Tier 1: Preferred generic	$0	$0
Tier 2: Generic	$5	$10
Tier 3: Preferred brand	25% of the cost No more than $35 for covered insulin products	25% of the cost No more than $105 for covered insulin products
Tier 4: Non-preferred brand drugs	30% of the cost No more than $35 for covered insulin products	30% of the cost No more than $105 for covered insulin products
Tier 5: Specialty	30% of the cost No more than $35 for covered insulin products	Not covered
Tier 6: Select care drugs	$0	$0

Long-term supplies of your maintenance medications can be delivered to your door. Visit your member portal or caremark.com or call Member Services for more information.

Catastrophic phase - Once your out-of-pocket costs reach $2,100, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics. The plan pays the remaining cost for your covered Part D drugs. You pay nothing.

2026 Summary of benefits

Additional benefits	Your costs in our plan
Chiropractic services	
Chiropractic care (Medicare-covered)	$20 Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place.
Routine chiropractic services	$20, up to 24 visits per year
Durable Medical Equipment (DME)	
Continuous glucose monitors (CGM)	0% of the total cost
Medicare-covered DME (including, but not limited to wheelchairs, crutches, powered mattress systems, diabetic supplies, oxygen equipment, nebulizers and walkers)	15% of the total cost
Nurse line	
24-hour nurse line	$0
Fitness benefit	
Physical fitness	$0 Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Health Aging Coaching by phone, video or chat and enjoy many other digital resources through the Well-Being Club.
Home delivered meals	
Meal delivery	$0 You are eligible to receive up to 14 home-delivered meals from GA Foods for up to seven days once discharged from inpatient hospital care.
Home health agency care	
Part-time or intermittent skilled nursing and home health aide services, certified by your doctor (fewer than eight hours per day and 35 hours per week)	$0

2026 Summary of benefits

Additional benefits	Your costs in our plan
Kidney disease services	
Medicare-covered renal dialysis	20% of the total cost
Medicare-covered kidney disease education services, including nutrition therapy for End-Stage Renal Disease (ESRD)	$0
Outpatient substance use disorder services	
Partial hospitalization and intensive outpatient services (all day care for several days)	$55 per day
Substance abuse counseling	$30 per individual/group session

Over-the-counter (OTC) benefit

You will receive a benefit allowance each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests and more. Your benefit amount is available the first day of each calendar quarter. Calendar quarters begin in January, April, July and October. Be sure to use the full benefit amount each calendar quarter, because any unused amount will not roll over into the next calendar quarter.

This benefit is offered through Convey. You will use your CHRISTUS Health Plan member ID number to confirm benefit eligibility, confirm available benefit amount and make purchases. You can purchase approved products online, by phone or by app. Visit **CHRISTUShealthplan.org** for details, including a catalog.

Over-the-counter	$150 quarterly

2026 Summary of benefits

CHRISTUS Health Medicare Guardian (HMO) H1189-008

Texas

Service Area: Anderson, Aransas, Bee, Bowie, Caldwell, Camp, Cass, Cherokee, Comal, Franklin, Gregg, Guadalupe, Hardin, Harrison, Henderson, Hopkins, Jasper, Jefferson, Jim Wells, Kleberg, Marion, Morris, Newton, Nueces, Orange, Panola, Red River, Refugio, Rusk, San Patricio, Smith, Titus, Tyler, Upshur, Van Zandt, and Wood

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This is a summary of drug and health services covered by CHRISTUS Health Medicare Guardian (HMO) from January 1, 2026 through December 31, 2026. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit our website at CHRISTUShealthplan.org/member-resources/forms-and-documents to access the Evidence of Coverage (EOC). You may also call our member services department to request a copy.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800 MEDICARE (1-800-633-4227; TTY 1-877-486-2048), 24 hours a day, seven days a week.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

If you have questions or need more information, please call us toll-free 1-844-282-3026, (TTY users should call 711) or visit our website at www.CHRISTUShealthplan.org. Our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. From October 1 - March 31, the hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week.

CHRISTUS Health Medicare Guardian (HMO) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

CHRISTUS Health Plan

CHRISTUS Health Medicare Guardian (HMO)
H1189-008

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Monthly plan premium	$0 You must continue to pay your Medicare Part B premium.
Part B premium rebate	$125
Plan deductible	$0
Maximum out-of-pocket (MOOP) annual responsibility	$4,900 Once you reach the maximum out-of-pocket, the plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.
Inpatient and outpatient hospital services	
Inpatient hospital (unlimited number of days)	$0 per day
Outpatient hospital observation coverage	$325 per stay
Outpatient hospital surgery	$0-$325
Ambulatory surgical center (ASC)	$0-$325
Doctor visits	
Primary care physician visits	$0 office and/or telehealth visit
Specialist visits	$40 office visit $0 telehealth visit
Preventive, emergency and urgent care	
Preventive care	$0 For a full list of preventive services, please see the EOC. Some covered services may have an associated cost.
Emergency and urgent care, including ambulance (inside the U.S.)	$130 for emergency care $40 for urgent care $0 for telehealth urgent care $300 for ambulance
Emergency and urgent care (outside the U.S.)	$130 for emergency care $130 for urgent care $300 for ambulance

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Diagnostic tests and procedures	$75
Lab services	$0
Diagnostic radiology services (MRI, CT, etc.)	$150
Outpatient x-rays	$10
Therapeutic radiology (i.e. radiation treatment of cancer)	20% of total cost
Hearing services	
Medicare-covered exam	$40
Routine hearing exam	$0, one exam per year
Fitting/hearing evaluation for hearing aid	$0, unlimited sessions
Prescription hearing aids	$395-$1,595 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of two per year.
Over-the-counter (OTC) hearing aids	$95-$295 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of two per year.
Dental services	
Medicare-covered dental exams	$40
Preventive and diagnostic services	$0 for preventive and diagnostic services, including oral exams twice a year, up to three cleanings per year and dental x-rays once a year
Comprehensive services	$20 for comprehensive services, including fillings, extractions, crowns, root canals, dentures and oral surgery

2026 Summary of benefits

Premiums and benefits	Your costs in our plan
Annual benefit amount	$2,500 This is the total amount that will be paid for covered preventive and comprehensive services in the plan year. You are responsible for the cost of any comprehensive services over this amount. The services covered by this benefit may be provided by a Delta Dental Medicare Advantage participating provider or a non-participating provider. To locate a participating provider, please visit www.deltadentalins.com/CHPMedicareAdvantage to search by location or specialty or call toll-free (888) 818-7929 to speak with a Delta Dental customer service representative.
Vision services	
Medicare-covered medical eye exams (including diabetic eye exams)	$40
Routine eye exam	$0 You have one exam per year when obtained from a Superior Vision in-network provider. If you choose a provider outside of the Superior Vision network, services will not be covered. Visit superiorvision.com/locator to find a provider.
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Outpatient mental health therapy	$40 per individual/group session $0 for telehealth visit
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Meal delivery	$0 You are eligible to receive up to 14 home-delivered meals from GA Foods for up to seven days once discharged from inpatient hospital care.

2026 Summary of benefits

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Medicare-covered kidney disease education services, including nutrition therapy for End-Stage Renal Disease (ESRD)	$0
Outpatient substance use disorder services	
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Substance abuse counseling	$40 per individual/group session

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This benefit is offered through Convey. You will use your CHRISTUS Health Plan member ID number to confirm benefit eligibility, confirm available benefit amount and make purchases. You can purchase approved products online, by phone or by app. Visit **CHRISTUShealthplan.org** for details, including a catalog.

Over-the-counter	$75 quarterly

CHRISTUS Health Plan

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For HMO plans

Medicare Complete Plan H1189-003

Medicare Plus Plan H1189-004

Medicare Guardian Plan H1189-008

Help with drug costs

For people who get extra help from Medicare to help pay for their prescription drug costs

"Extra Help" is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs.

You also won't have to pay a Part D late enrollment penalty while you get Extra Help.

Some people qualify for Extra Help automatically, and other people have to apply.

If you aren't getting extra help, you can see if you qualify by calling:

- 1.800.Medicare of TTY users call 1.877.486.2048 (24 hours a day/ seven days a week)
- Your state Medicaid office
- The Social Security Administration at 1.800.772.1213. TTY users should call 1.800.325.0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call CHRISTUS Health Plan member services at 1.844.282.3026 or, for TTY users, 711. Member services is available 8 a.m. – 8 p.m. local time, Monday through Friday. From October 1 – March 31, the hours are 8 a.m. – 8 p.m. local time, seven days a week.

CHRISTUS Health Medicare Complete and CHRISTUS Health Medicare Plus is an HMO with a Medicare contract. Enrollment in CHRISTUS Health Medicare Advantage (HMO) depends on contract renewal.

Language services

CHRISTUS Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age, color, creed, culture, degree of medical dependency, disability (physical or mental), ethnicity, familial status, gender identity or expression, genetic information, health conditions, language, national origin, military service, quality of life, race, religion, sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), socioeconomic status, or public assistance status.

CHRISTUS Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

CHRISTUS Health Plan also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services or have questions, contact CHRISTUS Health Plan Member Services at 1- 844-282-3026, TTY 711.

If you believe that CHRISTUS Health Plan has failed to provide these services or discriminated in another way on the basis of age, color, creed, culture, degree of medical dependency, disability (physical or mental), ethnicity, familial status, gender identity or expression, genetic information, health conditions, language, national origin, military service, quality of life, race, religion, sex, socioeconomic status, or public assistance status, you may file a grievance with:

CHRISTUS Health
Civil Rights Coordinator
5101 N. O'Connor Blvd.
Irving, TX 75039

T: 469.282.1298
F: 210.766.9468
CHRISTUS.CivilRights@christushealth.org

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. Please call the above phone number

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Notice of availability

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-282-3026 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-282-3026 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-282-3026 (711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-282-3026（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-282-3026 (TTY:711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-282-3026 (TTY:711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-844-282-3026 (TTY:711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं 1-844-282-3026 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
日本語 Japanese	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-282-3026 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。

CHRISTUS Health Plan

한국어
Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-282-3026 (TTY:711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Diné
Navajo

SHOOH: Diné bee yánittigogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jük'eh ná hólé. Bee ahit bane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anida'wo'i áko bee baa hane'í bee badadilyaa bich'i' ahoot'i'ígíí éí t'áá jük'eb hóló. Kohji' 1-844-282-3026 (TTY:711) hodíilnih doodage nika'análwoi bich'i' hanidzih.

فارسي
Farsi

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-844-282-3026 (تله‌تایپ :711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

РУССКИЙ
Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-282-3026 (TTY: 711) или обратитесь к своему поставщику услуг.

Tagalog
Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-282-3026 (TTY: 711) o makipag-usap sa iyong provider.

اردو
Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔(TTY: 711) 1-844-282-3026 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tiếng Việt
Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-282-3026 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Provider/pharmacy directory notice

If you need help finding a network provider or pharmacy*, please call **844.282.3026** or visit **CHRISTUShealthplan.org** to access our online directory. If you would like a provider directory mailed to you, you may call the number above.

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Medicare Complete (HMO), CHRISTUS Health Medicare Plus (HMO), CHRISTUS Health Medicare Guardian (HMO) depends on contract renewal.

This information is available in other languages. Please call member services at **844.282.3026**, or for TTY users, **711**, seven days a week, 8 a.m. – 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. – Fri., 8 a.m. – 8 p.m., local time, April 1 – Sept. 30. You can visit **CHRISTUShealthplan.org** as well.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestr número de servicio al cliente al **844.282.3026** o, para los usuarios de TTY, **711**, 8 a.m. – 8 p.m., hora local, los cinco días de la semana o visite **CHRISTUShealthplan.org** también.

**Pharmacy coverage applies to CHRISTUS Health Medicare Complete and CHRISTUS Health Medicare Plus plans.*

CHRISTUS Health Plan

Supplemental benefits overview

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Silver&Fit® fitness benefit

Amplifon: hearing

Delta Dental: combined preventive and comprehensive

Superior Vision

GA foods: meals

CVS Caremark®

CHRISTUS Health Plan

DELTA DENTAL®

Dental services with Delta Dental

Make your oral health a priority. All of our plans include preventive and comprehensive dental. This allows you the freedom of seeing an in-network or an out-of-network dental provider. At your visit, you can expect:

- A $0 copay for preventive dental services
- $20 copay for non-Medicare covered comprehensive dental services
- An annual combined maximum of $2,000 to $4,000 depending on the plan you choose

Vision care services

With our new vision benefits, you can better maintain your eyesight as you age. Our plans include:

- Yearly, routine eye exam
- Yearly diabetic retinopathy screening
- Hardware reimbursement allowance
- Annual eye hardware allowance of up to $300* on contact lenses; eyeglasses (lenses and frames); eyeglass lenses; or eyeglass frames

**depending on plan type*

CHRISTUS Health Plan

amplifon

Hearing services with Amplifon

Many costs, like hearing aids, aren't covered by Original Medicare. With a CHRISTUS Health Advantage plan, you are able to receive quality hearing care and hearing instruments at the greatest value through our partnership with Amplifon. This includes a benefit of up to $1,595* every year toward hearing aids.

Additional items included with your hearing benefits:

- Virtual services:
  - Virtual screening: determine your hearing needs from the comfort of home
  - Personalized coaching to make the most of your hearing aid experience
  - On-demand virtual visits: convenient care for non-medical needs
- Risk-free trial
  - Try out your hearing aids for 60 days.
- Complimentary aftercare
  - One-year follow-up care: ensures smooth transition to your new hearing aids
  - Two-year battery support: battery supply or charging station to keep you powered
  - Three-year warranty: coverage for loss, repairs or damage

Learn more at www.amplifonusa.com/lp/CHRISTUShealthadvantage

Prescription mail order with CVS Caremark*

Through CVS Caremark mail order home delivery service, pay as low as $0 for a 100-day supply of preferred generic drugs. To use this benefit, visit Caremark.com or call us at the number on your member ID card.

CVS caremark®

*depending on plan type

CHRISTUS Health Plan

Over the counter (OTC) products

Depending on the plan you choose, you will receive up to a $150* quarterly benefit for over-the-counter health and wellness products available through OTC Health Solutions. This benefit enables you to get generic and name brand allergy medicine, bathroom safety supplies, cold and flu medicine, vitamins and minerals and pain relief aids.

To use this benefit and place your order online by going to our website at **CHRISTUShealthplanotc.com**, through the OTC – Anywhere mobile app, by mailing in the order form provided in your catalog (last two pages of OTC catalog) or by calling Convey's contact center support at 1.877.906.0738 (Monday – Friday from 8 a.m. – 11 p.m. EST) from the comfort of your own home.

Meals

GA foods

As a part of your plan, we provide home-delivered meals to eligible members after an inpatient surgery or inpatient hospital stay at no additional cost.

You will receive an awareness text within four days of being discharged to let you know GA Foods will be calling you. Then, you will receive their call within two days of the text message. These meals can be customized to your dietary needs, such as gluten-free or vegetarian.

The benefit includes up to 14 meals delivered to your door for up to seven days. If you choose to receive meals, your meals will be sent within three days.

Transportation

SafeRide Health

One of the first steps to a healthier life is seeing your doctor regularly and following care plans, but getting there is often an issue. With CHRISTUS Health Plan, you're covered. We've partnered with SafeRide to ensure that you can schedule rides to your appointments safely and on time.

To learn more, give member services a call at 844.282.3026.

**depending on plan type*

Fitness program

All CHRISTUS Health Advantage members can stay active with their no-cost Silver&Fit® membership. With our fitness program, you can enjoy:

- A membership at thousands of participating fitness centers with access to the standard fitness network
- One home fitness kit per benefit year. Choose from several options, every eligible Silver&Fit® member may choose one of 11 home fitness kits on an annual basis.
  - Garmin wearable activity tracker, Fitbit wearable activity tracker, beginner swimming kit, advanced swimming kit, beginner yoga kit, intermediate/ advanced yoga kit, Pilates kit, walking/ trekking kit, beginner strength kit, intermediate strength kit, advanced strength kit
- Access to a variety of on-demand workout videos on the Silver&Fit® website and mobile app
- Personalized, over-the-phone or digital education and training for fitness, nutrition, stress, sleep, brain health, social isolation and other
- Access to the Well-Being Club where you can connect with others, view exclusive articles and videos and join live-streaming classes and events

Visit SilverandFit.com to learn more about the Silver&Fit® program or call 1.877.427.4788, Monday through Friday. You can create an account after your plan starts.

Provider directory

To find a physician, dentist or other provider in your area, visit **CHRISTUShealthplan.org** and click “Find a Provider” or scan the QR code.

CHRISTUS Health Plan

24-hour nurse line

All members have access to free, confidential help from a nurse 24 hours a day, seven days a week, 365 days a year. Nurses are available through this service to answer questions about medications, help you decide when and where to seek care or simply provide reassurance when you need it.

To use this benefit, call 844.581.3174.

If you are having a life-threatening emergency, call 911 or go the emergency room.

Member portal

Visit **CHRISTUShealthplan.org** and our newly updated online member portal for more information about your plan and benefits.

Scan to access member portal

Please refer to your CHRISTUS Health Advantage Evidence of Coverage for more information about your benefits.

H1189_MM3108_M

2026 Enrollment review

Congratulations on your new CHRISTUS Health Advantage Medicare plan! We want to make sure you know what to expect with the new plan you've chosen.

Fill out this plan review with your licensed sales representative (if applicable). This form will walk you through some of the details to help you better understand your new plan.

My new plan is (check one):

- ☐ CHRISTUS Health Medicare Complete (HMO) Plan H1189-003 ($0 monthly premium)
- ☐ CHRISTUS Health Medicare Plus (HMO) Plan H1189-004 ($20 monthly premium)
- ☐ CHRISTUS Health Medicare Guardian (HMO) Plan H1189-008 ($0 monthly premium)

My plan: ☐ requires referrals ☐ does not require referrals

My plan will provide: ☐ all my Medicare health coverage

☐ all my Medicare prescription drug coverage

My plan coverage date begins (effective date): _____

I understand that I can cancel my enrollment in this plan before my coverage date starts by calling CHRISTUS Health Plan member services at **844.282.3026 TTY 711** or by calling Medicare at **800. MEDICARE (800.633.4227)**. I also understand that once my coverage starts, I may have to wait until the Open Enrollment Period (OEP) to make a plan change, unless I qualify for a Special Enrollment Period (SEP).

I must live in the plan's service area, which is: _____

I understand that if I move out of the plan's service area for more than six months in a row, I will need to choose a new plan.

I should ☐ I should not ☐ have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time.

I should ☐ I should not ☐ have a Medicare Advantage plan and a Medicare Supplement insurance (Medigap) at the same time. If I have an active Medicare supplement policy, I will request the insurance company to cancel my policy after I receive confirmation of my Medicare Advantage enrollment.

Premium information

My plan has a $_____ monthly premium that I must pay to stay enrolled in this plan.
In addition, I must remain enrolled in Medicare Parts A and B while continuing to pay my Medicare Part B premium, unless the state or third party pays it for me.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I understand that I will need to add it to my premium each month.

Network information — Understanding your network is important.

Provider name	Provider type (PCP/Specialist)	In network (Yes/No)

Check the correct answer

If I get my care from an out-of-network provider I may pay ☐ **less** ☐ **more** of the cost.

I should call the clinic before my appointment to make sure the provider accepts my plan.

Prescription drug coverage

Know what is covered by your prescription drug plan (Plans H1189-003 and H1189-004 only)

My plan (circle one): **does** / **does not** have a prescription drug deductible.

If I have a deductible, the amount is $_____ and it applies to drugs in (check the answer(s)):

☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Tier 5 ☐ Tier 6 ☐ ALL Tiers

Premium information

List the medications you use in the table below. Be sure to note their tier level, whether there are any limits on the drug, and if the prescription drug deductible applies.

Medication	Tier level[1]	Has levels[2] Yes/No	Deductible Yes/No

Networks vary by market.

1. My actual out-of-pocket costs may vary based on: the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail order) if I have extra help and if my plan is participating in the Insulin Senior Savings Program.
2. For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.

Member signature: _____ Signature date: _____

If I have questions about my plan, I will call my licensed sales representative at:

_____ or CHRISTUS Health Plan member services at **844.282.3026, TTY 711.**

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his | her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his | her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

Stand-Alone Medicare Prescription Drug Plans (Part D)
Beneficiary initials:
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans and Medicare Medical Savings Account plans.
Medicare Advantage Plans (Part C)
Beneficiary initials:
Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature date: _____

If you are the authorized representative, please sign above and print below:

Representative's name: _____

Your relationship to the beneficiary: _____

Required — to be completed by agent:

Agent name:	Agent phone:
Beneficiary name:	Beneficiary phone (optional):
Beneficiary address (optional):	
Medicare ID number:	
Initial method/location of contact: ☐ Indicate here if beneficiary was a walk-in.	
Agent's signature:	
Plan(s) the agent represented during this meeting:	
Date appointment completed:	
[Plan use only:]	

Scope of appointment documentation is subject to CMS record retention requirements.

Agent: Ensure correct scope of appointment form is selected for beneficiary's plan enrollment choice. Also, if the form was signed by the beneficiary at the time of appointment, please provide explanation why SOA was not documented prior to meeting:

_____

_____

CHRISTUS Health Plan has a contract with Medicare to offer HMO coordinated care plans. Enrollment in a CHRISTUS Health Medicare Advantage plan depends on contract renewal.

2026 CHRISTUS Health Plan
Medicare Advantage Plan Application

Who can use this form?

People with Medicare who want to join a Medicare Advantage plan or Medicare Prescription Drug Plan

To join a plan, you must:
- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: to join aMedicare Advantage Plan, you must also have both:
- Medicare Part A (hospital insurance)
- Medicare Part B (medical insurance)

When do I use this form?

You can join a plan:
- Between October 15 – December 7 each year (for coverage starting January 1)
- Within three months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare numbers (the number on your red, white and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in "Section 1." The items in "Section 2" are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
CHRISTUS Health Plan
ATTN; Eligibility Department
5101 N. O'Connor Blvd., Irving, TX 75039
Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CHRISTUS Health Plan Medicare Advantage Plan (HMO) at 844.282.3026. TTY users can call 711.
Or, call Medicare at 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048.

En español: Llame a CHRISTUS Health Plan Medicare Advantage Plan (HMO) al 844.282.3026, TTY 711 o a Medicare gratis al 1.800.633.4227 y oprima el 2 para asistencia an español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

2026 CHRISTUS Health Plan
Medicare Advantage Plan Application

Please check the plan that you want:

- ☐ CHRISTUS Health Medicare Plus (HMO) Plan 002 ($0 premium)
- ☐ CHRISTUS Health Medicare Complete (HMO) Plan 003 ($0 premium)
- ☐ CHRISTUS Health Medicare Plus (HMO) Plan 004 ($20 premium)
- ☐ CHRISTUS Health Medicare Plus (HMO) Plan 005 ($0 premium)
- ☐ CHRISTUS Health Medicare Plus (HMO) Plan 009 ($0 premium)
- ☐ CHRISTUS Health Medicare Plus (HMO) Plan 010 ($0 premium)
- ☐ CHRISTUS Health Medicare Guardian (HMO) Plan 007 ($0 premium)
- ☐ CHRISTUS Health Medicare Guardian (HMO) Plan 008 ($0 premium)

Please contact CHRISTUS Health Plan if you need information in another language or format (Braille).

To enroll in one of CHRISTUS Health Plan's Medicare Advantage (HMO) plans, please provide the following:

Last name First name Middle initial			Mr. ☐ Mrs. ☐ Ms. ☐
Date of birth (mm/dd/yyyy)	Sex: M ☐ F ☐	Home phone	Alternate phone
Permanent residence address (P.O. Box is NOT allowed)			
City	State	County	Zip code
Mailing address (only if different than permanent residence address)			
Emergency contact information Name: Phone number:		Relationship to you:	
Email: *(Optional)*			

2026 CHRISTUS Health Plan Medicare Advantage Plan Application

Please provide your Medicare insurance information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card

OR

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare number: _____

Is entitled to: _____

Hospital (Part A) effective date: _____

Medical (Part B) effective date: _____

You must have Medicare Parts A and B to join a Medicare Advantage Plan.

Paying your plan premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount with-held from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay CHRISTUS Health Plan the Part DIRMAA.

If the plan you selected has a premium, you can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT) or credit card. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, those who qualify will not be subject to a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office, or call Social Security at **800.772.1213**. TTY users should call **800.325.0778**. You can also apply for *Extra Help* online at www.ssa.gov/medicare/part-d-extra-help.

If you qualify for *Extra Help* with your Medicare prescription drug costs, Medicare will pay all of your plan premium.

If you don't select a payment option, you will get a bill each month. Please select a premium payment option:

☐ Get a bill

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security | RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholdings begin. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Applicant name: _____

Applicant Medicare number: _____

2026 CHRISTUS Health Plan Medicare Advantage Plan Application

Please read and answer these important questions

1. Some individuals may have other drug coverage, including private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State Pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to CHRISTUS Health Plan? ☐ Yes ☐ No

If yes, please list your other coverage and your identification (ID) number(s) for this coverage.

Name of coverage ID	# for coverage	Group # for coverage

2. Are you a resident in a long-term care facility, such as a nursing home? If yes, please provide the following information: ☐ Yes ☐ No

Name of institution: _____

Address: _____

Phone number: _____

3. Are you enrolled in your state Medicaid program? ☐ Yes ☐ No

If yes, please provide your Medicaid #: _____

4. Do you or your spouse work? ☐ Yes ☐ No

Provider | PCP full name: _____

Phone number: _____

Provider | PCP full name: _____

Are you currently seeing or have you recently seen this provider? ☐ Yes ☐ No

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

☐ Spanish ☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please contact CHRISTUS Health Plan at **844.282.3026** if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m. to 8 p.m. local time, seven days a week, Oct. 1 – Mar. 31 and Monday through Friday, Apr. 1 – Sept. 30. TTY users should call **711**.

Applicant name: _____

Applicant Medicare number: _____

STOP

Please read this important information.

If you currently have health coverage from an employer or union, joining CHRISTUS Health Plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join CHRISTUS Health Plan.

Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Agreements

You must read the disclosures below and check the box to confirm you have done so.
Please read this important information.
By completing this enrollment form, I agree to the following:
If I am enrolling in a Medicare Advantage health plan that has a contract with the federal government, I must keep both Hospital Part A and Medical Part B to stay in CHRISTUS Health Medicare Complete (HMO). I must continue to pay my Medicare Part B premium. It is my responsibility to inform CHRISTUS Health Plan of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. With few exceptions, I can only be in one Medicare Advantage health plan or Medicare prescription drug plan at a time. I understand that my enrollment in my selected plan may end my enrollment in another Medicare Advantage health plan or prescription drug plan. Enrollment in my selected plan is generally for the entire year.
I understand that when my CHRISTUS Health Plan coverage begins, I must get all of my medical and prescription drug benefits from CHRISTUS Health Plan. Benefits and services provided by CHRISTUS Health Plan and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CHRISTUS Health Plan will pay for benefits or services that are not covered. I will abide by the rules of my Evidence of Coverage. Once I am a member of CHRISTUS Health Plan, I have the right to appeal plan decisions about payment or services if I disagree.
This CHRISTUS Health Plan serves a specific service area. If I move out of the area that my selected plan serves, I need to notify CHRISTUS Health Plan so I can disenroll and find a new plan in my new area. I understand that Medicare beneficiaries are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
Once CHRISTUS Health Plan has received my enrollment form, I may get a verification letter to make sure that I understand how my plan works and to confirm my intent to enroll. This is not a secondary plan to Medicare Parts A and B. CHRISTUS Health Plan pays instead of Medicare, and I will be responsible for the amounts that CHRISTUS Health Plan doesn't cover, such as copayments and coinsurances. Medicare Parts A and B won't pay for my healthcare while I am enrolled in CHRISTUS Health Plan.
CHRISTUS Health Medicare Complete (HMO) pays instead of Medicare, and I will be responsible for the amounts that CHRISTUS Health Medicare Complete (HMO) doesn't cover, such as copayments and coinsurances. Original Medicare won't pay for my health care while I am enrolled in CHRISTUS Health Medicare Complete (HMO).

Continues on next page

Applicant name: _____

Applicant Medicare number: _____

2026 CHRISTUS Health Plan Medicare Advantage Plan Application

Agreements continue from previous page.

Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

PRIVACY ACT STATEMENT
The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588.
If you are requesting membership in a Chronic Condition Special Needs Plan (C-SNP), the following statement applies: I understand this plan is a chronic condition special needs plan. My ability to enroll is based on physician verification that I have the qualifying medical condition(s).
I understand that I am enrolling into a CHRISTUS Health Plan Medicare Advantage plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.
The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
To cancel my plan, I can call the plan prior to the effective date; additional information is provided in the plan's enrollment letter, which I'll be receiving soon.
You can file a complaint if you have concerns about the quality of care or other services you get from a Medicare provider or about your Medicare plan. How you file a complaint depends on what your complaint is about. For help filing a complaint, visit Medicare.gov, call 1.800.MEDICARE (24 hours a day/7 days a week), or contact your local State Health Insurance Assistance Program (SHIP) for free personalized help.

☐ I acknowledge that I have read the above information and understand the contents of the application.

Applicant name: _____

Applicant Medicare number: _____

2026 CHRISTUS Health Plan Medicare Advantage Plan Application

Release of Information: By joining this Medicare health plan, I acknowledge that CHRISTUS Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that CHRISTUS Health Plan will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provided false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:

1. This person is authorized under State law to complete this enrollment.

2. Documentation of this authority is available upon request from Medicare.

SIGNATURE OF APPLICANT* or authorized legal representative (including power of attorney, legal guardian, etc.)

_____

Signature date (MM/DD/YYYY) _____

If you are the authorized legal representative, you **MUST** sign above and provide the following information:

Last name _____ First name _____ Middle initial _____

Street address

_____

City _____ State _____ Zip code _____

Telephone number _____ Relationship to applicant _____

Applicant name: _____

Applicant Medicare number: _____

2026 CHRISTUS Health Plan Medicare Advantage Plan Application

Answering these questions is your choice. You can't be denied coverage because you don't fill them out. (Please click the applicable check box.)

Are you Hispanic, Latino/a, Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a or Spanish origin
- ☐ **I choose not to answer.**

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian or Chamor
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Vietnamese
- ☐ White
- ☐ **I choose not to answer.**

What is your gender? Select one.

- ☐ Woman
- ☐ I use a different term: _____
- ☐ Man
- ☐ **I choose not to answer.**
- ☐ Non-binary

Which of the following best represents how you think of yourself? Select one.

- ☐ Lesbian or gay
- ☐ I use a different term: _____
- ☐ Straight, that is, not gay or lesbian
- ☐ I don't know
- ☐ Bisexual
- ☐ **I choose not to answer.**

2026 CHRISTUS Health Plan Medicare Advantage Plan Application

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____ National producer number (agents/brokers only): _____

[optional space for other administrative information needed by plan]

Agent use only

Writing agent name:

_____
Print name: (required)

Writing agent signature:

_____
Signature (required)

Plan ID #: _____ Broker NPN #: _____

Effective date of coverage: _____

ICEP | IEP: _____ AEP: _____ SEP (type): _____ Not eligible: _____

Where did this application originate?

☐ Clinic ☐ In-home appointment ☐ Event ☐ Office ☐ Other

Applicant name: _____

Applicant Medicare number: _____

2026 CHRISTUS Health Plan Medicare Advantage Plan Application

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare.
- ☐ Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date):
- ☐ I recently was released from incarceration. I was released on (insert date):
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date):
- ☐ I recently obtained lawful presence status in the United States. I received this status on (insert date):
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date):
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date):
- ☐ I have both Medicare and Medicaid (or my state helps me pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home). I moved | will move into | out of the facility on (insert date):
- ☐ I recently left a PACE program on (insert date):
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date):
- ☐ I am leaving employer or union coverage on (insert date):
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date):

☐ I was enrolled in a Special Needs Program (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date):

If none of these statements applies to you or you are not sure, please contact CHRISTUS Health Plan at **844.282.3026**, or **711** for TTY users, to see if you are eligible to enroll, Monday through Friday, 8 a.m. to 8 p.m., local time.

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

CHRISTUS Health Advantage - H1189

For 2025, CHRISTUS Health Advantage - H1189 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why star ratings are important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

Get more information on Star Ratings online

Visit **Medicare.gov/plan-compare** to compare Star Ratings for this and other plans online.

Questions about this plan?

Contact CHRISTUS Health Advantage seven days a week from 8 a.m. to 9 p.m. Central time at 844.282.3026 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8 a.m. to 9 p.m. Central time. Current members please call 844.282.3026 (toll-free) or 711 (TTY).

Not doctor to patient. Person to person.

LEARN MORE

As primary care providers, our primary responsibility is to get to know you and your health. When you're in our care, we treat you like a person, not just a patient. We talk to you, ask you questions and listen to your concerns carefully. At **CHRISTUS Trinity Clinic**, you can count on care that feels human. Visit **CHRISTUShealth.org** to explore our primary care options today.

Your health. Your life. Our purpose.

CHRISTUS® Trinity Clinic

24-791400

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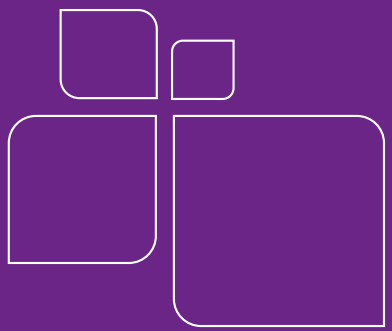

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CHRISTUShealthplan.org

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