



2026 Plan Comparisons

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



Plan benefit	CHRISTUS Health Medicare Complete (HMO) Plan H1189-003	CHRISTUS Health Medicare Plus (HMO) Plan H1189-004	CHRISTUS Health Medicare Guardian (HMO) Plan H1189-008
Monthly plan premium	\$0	\$20	\$0
Part B premium rebate	N/A	N/A	\$125
Annual maximum out-of-pocket	\$4,900	\$4,200	\$4,900
Inpatient and outpatient services			
Inpatient hospital care	\$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)	\$0 per day (days 1–90) \$0 per day (days 91 and beyond)
Primary care provider (PCP) office visit	\$0 (includes telemedicine visits)	\$0 (includes telemedicine visits)	\$0 (includes telemedicine visits)
Specialist office visit	\$35	\$30	\$40
Emergency care (worldwide)	\$130	\$125	\$130
Routine blood tests	\$0	\$0	\$0
Diagnostic radiology (e.g. MRI, CT)	\$125	\$125	\$150
Routine hearing exam (one per year)	\$0	\$0	\$0
Prescription hearing aids	\$395–\$1,595 copay per ear per year	\$395–\$1,595 copay per ear per year	\$395–\$1,595 copay per ear per year
Combined preventive and comprehensive dental annual allowance	\$3,000 annual benefit max	\$4,000 annual benefit max	\$2,500 annual benefit max
Routine dental cleaning	\$0 (up to three cleanings per year)	\$0 (up to three cleanings per year)	\$0 (up to three cleanings per year)
Comprehensive dental benefit	\$20 copay	\$20 copay	\$20 copay
Routine eye exam (one per year)	\$0	\$0	\$0
Eyewear (from a Superior Vision provider)	\$200 allowance per year for eyeglasses or contacts	\$300 allowance per year for eyeglasses or contacts	\$250 allowance per year for eyeglasses or contacts
Durable medical equipment (DME)	0%–20%	0%–15%	0%–20%

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.

Plan Benefit	CHRISTUS Health Medicare Complete (HMO) Plan H1189-003	CHRISTUS Health Medicare Plus (HMO) Plan H1189-004	CHRISTUS Health Medicare Guardian (HMO) Plan H1189-008
Diabetic supplies	\$0	\$0	\$0
Fitness: Silver&Fit	\$0 membership fee	\$0 membership fee	\$0 membership fee
Over-the-counter products	\$115 allowance each quarter for the purchase of products from the catalog	\$150 allowance each quarter for the purchase of products from the catalog	\$75 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	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	Up to 14 home-delivered meals for up to 7 days
			No prescription drug coverage
Part D deductible	\$0 (Tiers 1, 2 & 6), \$250 (Tier 3-5)	\$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)	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)	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)	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)	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 (30-day supply) Mail order: Not covered	Retail: 30% of cost, No more than \$35 for covered insulin (30-day supply) Mail order: Not covered	
Tier 6: Select care drugs	Retail: \$0 (30-day supply) Mail order: \$0 (100-day supply)	Retail: \$0 (30-day supply) Mail order: \$0 (100-day supply)	
Coverage gap	No 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.	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.	