CHRISTUS Health Plan

2026 Plan Comparisons

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

Plan benefit	CHRISTUS Health Medicare Plus (HMO) Plan H1189-002	CHRISTUS Health Medicare Guardian (HMO) Plan H1189-007
Monthly plan premium	$0	$0
Part B premium rebate	N/A	$115
Annual maximum out-of-pocket	$4,200	$4,900
Inpatient and outpatient services		
Inpatient hospital care	$150 per day (days 1–5) $0 per day (days 6–90)	$150 per day (days 1–5) $0 per day (days 6–90)
Primary care provider (PCP) office visit	$0 (includes telemedicine visits)	$0 (includes telemedicine visits)
Specialist office visit	$25	$35
Emergency care (worldwide)	$150	$130
Routine blood tests	$0	$0
Diagnostic radiology	$150	$150
Routine hearing exam (one per year)	$0	$0
Prescription hearing aids	$395–$1,595 copay per ear per year	$395–$1,595 copay per ear per year
Combined preventive and comprehensive dental annual allowance	$2,000 annual benefit maximum	$2,000 annual benefit maximum
Routine dental cleaning	$0 (up to three cleanings per year)	$0 (up to three cleanings per year)
Comprehensive dental benefit	$20 copay	$20 copay
Routine eye exam (one per year)	$0	$0
Eyewear (from a Superior Vision provider)	$300 allowance per year for eyeglasses or contacts	$250 allowance per year for eyeglasses or contacts
Durable medical equipment (DME)	0%–20%	0%–20%
Diabetic supplies	$0	$0

CHRISTUS Health Advantage is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Advantage depends on contract renewal. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. Other pharmacies/physicians/providers are available in our network. Call 844.282.3026/TTY 711 for more information. Open seven days a week, 8 a.m. to 8 p.m., local time, from Oct 1 – Mar 31, and Mon – Fri, 8 a.m. to 8 p.m., local time, from Apr 1 – Sept 30. A voice response system is available after hours. Messages left will be responded to within one business day. CHRISTUS Health Advantage (HMO) Contract #H1189.

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Plan benefit	CHRISTUS Health Medicare Plus (HMO) Plan H1189-002	CHRISTUS Health Medicare Guardian (HMO) Plan H1189-007
Fitness: Silver&Fit	$0 membership fee	$0 membership fee
Over-the-counter products	$150 allowance each quarter for the purchase of products from the catalog	$75 allowance each quarter for the purchase of products from the catalog
Acupuncture and alternative therapies	$0 at CHRISTUS St. Vincent Holistic Health & Wellness Center only OR $45 at other facilities (up to 20 treatments per year)	$0 at CHRISTUS St. Vincent Holistic Health & Wellness Center only OR $45 at other facilities (up to 20 treatments per year)
Transportation	No cost for 48 one-way trips to approved medical appointments	No cost for 48 one-way trips to approved medical appointments
Meals (after discharge from inpatient care)	Up to 14 home-delivered meals for up to 7 days	Up to 14 home-delivered meals for up to 7 days
		No 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 (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.	