

2024 Annual Notice of Changes



**CHRISTUS HEALTH MEDICARE GUARDIAN (HMO) H1189-006
COVERS MEMBERS IN THE FOLLOWING COUNTIES:**

- Aransas
- Bee
- Jim Wells
- Kleberg
- Nueces
- Refugio
- San Patricio



METHOD	MEMBER SERVICES - CONTACT INFORMATION
CALL	<p>844.282.3026 - Calls to this number are free.</p> <p>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.</p> <p>A voice response system is available after hours. Messages left will be responded to within one business day.</p> <p>Member Services also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711 Relay Texas</p> <p>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. 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.</p>
FAX	469.282.3013
WRITE	<p>CHRISTUS Health Advantage, Attention: Member Services P.O. Box 169001 Irving TX 75016</p>
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	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>
WRITE	<p>Health Information, Counseling, and Advocacy Program (HICAP) Texas Department of Insurance P.O. Box 149104 Austin TX 787148</p>
WEBSITE	tdi.texas.gov/consumer/hicap/

844.282.3026 | TTY 711

Oct. 1 – Mar. 31, 7 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

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CHRISTUS Health Medicare Guardian (HMO) offered by CHRISTUS Health Plan

Annual Notice of Changes for 2024

You are currently enrolled as a member of CHRISTUS Health Plan Guardian (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.christushealthplan.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. **ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in CHRISTUS Health Medicare Guardian (HMO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with CHRISTUS Health Medicare Guardian (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-844-282-3026 for additional information (TTY users should call 711). 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, 7 days a week. This call is free.
- This document is available in other formats such as braille, large print, or audio.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CHRISTUS Health Medicare Guardian (HMO)

- CHRISTUS Health Medicare Guardian (HMO) is an HMO with a Medicare contract. Enrollment in CHRISTUS Health Medicare Guardian (HMO) depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means CHRISTUS Health Plan. When it says “plan” or “our plan,” it means CHRISTUS Health Medicare Guardian (HMO).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CHRISTUS Health Medicare Guardian (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 2.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	\$4,400	\$4,400
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$25 per visit	Primary care visits: \$0 per visit Specialist visits: \$25 per visit
Inpatient hospital stays	Days 1-5: \$320 per day Days 6-90: \$0 per day Days 91-100: \$320 per day	Days 1-5: \$0 per day Days 6-90: \$0 per day Days 91-100: \$320 per day

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from CHRISTUS Health Plan Guardian (HMO) to CHRISTUS Health Medicare Guardian (HMO).

Members will receive their new card by mail. ID Cards will also be available through the member portal at, <https://www.christushealthplan.org>.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium	\$0	\$0
Monthly Part B premium rebate (You must also continue to pay your Medicare Part B premium.)	\$60	\$60

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$4,400	\$4,400 Once you have paid \$4,400 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at www.christushealthplan.org. You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Prior Authorization and Referral	Prior authorization and referral may be required on selected medical services.	Prior authorization and referral are <u>not</u> required on any medical services.
Ambulance (Air and ground)	You pay a \$265 copay per trip.	You pay a \$250 copay each way for Medicare-covered ambulance transport.
Annual Physical Exam	Annual physical exam is <u>not</u> covered.	There is no coinsurance, copayment, or deductible for the annual physical exam.
Cardiac Rehabilitation Services	You pay a \$40 copay per Medicare-covered cardiac rehabilitative visit.	You pay a \$20 copay for each Medicare-covered cardiac rehabilitation visit.

Cost	2023 (this year)	2024 (next year)
Dental Services:		
Annual Maximum	No annual maximum.	Combined Preventive and Comprehensive annual maximum of \$3,000
Preventive	You pay a \$5 copay for one oral exam every year.	You pay a \$0 copay for one oral exam every six months.
	You pay a \$5 copay for one cleaning and one fluoride treatment every six months.	You pay a \$0 copay for one cleaning and one fluoride treatment every six months.
	You pay a \$5 copay for X-rays once every 2 years.	You pay a \$0 copay for X-rays every six months.
Comprehensive	Comprehensive dental services are <u>not</u> covered.	You pay a \$20 copay per service for Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery, and Other Services.
Durable Medical Equipment	You pay 20% of the total cost per item.	You pay 0%-20% of the total cost per item.
		Continuous glucose monitors (CGMs) are limited to the plan's preferred manufacturers. A 0% cost share would be applied for all preferred manufacturer CGMs. All other DME items would apply a 20% member cost share.
Emergency Services	You pay a \$75 copay per visit.	<p>You pay a \$90 copay for each Medicare-covered emergency room visit.</p> <p>Includes Worldwide Coverage.</p>

Cost	2023 (this year)	2024 (next year)
Fitness	\$20 monthly allowance for qualified fitness programs, reimbursed quarterly.	You pay a \$0 copay for the Silver and Fit [®] fitness program.
Hearing Aids	You pay a \$395 or \$695 copay depending on manufacturer.	The plan pays up to \$1,000 annual benefit per ear every two years through Amplifon.
Inpatient Hospital	<p>You pay a \$320 copay per day for days 1-5.</p> <p>You pay a \$0 copay for days 6-90.</p> <p>You pay a \$320 copay per day for days 91-100.</p>	<p>There is no copay each day for days 1 through 90 of a benefit period for Medicare-covered inpatient hospital care.</p> <p>You pay a \$320 copay each day for days 91-100 of a benefit period for Medicare-covered inpatient hospital care.</p>
Medicare Part B Drugs	<p>You pay 20% of the total cost for chemotherapy and radiation drugs and other Medicare Part B drugs.</p> <p>Insulin <u>not</u> covered.</p>	<p>You pay up to 20% of the total cost for chemotherapy and radiation drugs and other Medicare Part B drugs.</p> <p>Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.</p>
Outpatient Diagnostic Procedures, Tests and Supplies	You pay a \$50 copay per visit.	You pay a \$40 copay for Medicare-covered outpatient diagnostic test and procedures per visit.
Outpatient Hospital Observation	You pay a \$325 copay for Medicare-covered outpatient observation services.	You pay a \$180 copay for each Medicare-covered outpatient hospital observation service.
Outpatient Hospital Services	You pay a \$325 copay for Medicare-covered outpatient hospital services.	You pay a \$250 copay for each Medicare-covered outpatient hospital service visit.

Cost	2023 (this year)	2024 (next year)
Outpatient Mental Health Services	You pay a \$40 copay per visit for an individual or group session.	<p>You pay a \$25 copay for each Medicare-covered individual and/or group therapy visit (in-person).</p> <p>You pay a \$0 copay for each Medicare-covered individual and/or group therapy visit (virtual), if offered by a contracted provider.</p>
Outpatient Rehabilitation Services Covered services include: physical therapy, occupational therapy, and speech language therapy.	You pay \$25 copay per visit.	You pay a \$20 copay for each Medicare-covered occupational therapy.
Outpatient X-ray Services	You pay a \$25 copay per visit.	You pay a \$10 copay per day at the same location for Medicare-covered X-rays.
Pulmonary Rehabilitation Services	<p>You pay a \$20 copay per Medicare-covered service.</p> <p>You pay a \$30 copay per service for additional pulmonary rehabilitation.</p>	<p>You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation service.</p> <p>You pay a \$20 copay per service for each additional pulmonary rehabilitation.</p>
Transportation Services	You pay a \$0 copay for 12 one-way trips.	Your plan covers the cost of 24 round trips for plan approved trips to a health-related location. Up to 100 miles per one-way trip.

Cost	2023 (this year)	2024 (next year)
Vision Care		
○ Medicare-covered vision	You pay a \$25 copay for Medicare-covered eye exam.	You pay a \$0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.
○ Routine vision	\$100 allowance per year for 1 pair of eyeglasses (frames/lenses) or contacts.	There is a \$250 benefit limit for routine eyeglasses (lenses and frames), eyeglass lenses, eyeglass frames, or contact lenses per calendar year.

SECTION 3 Administrative Changes

Our organization marketing name will change in 2024.

Description	2023 (this year)	2024 (next year)
Organization Marketing Name	CHRISTUS Health Plan Generations	CHRISTUS Health Advantage

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in CHRISTUS Health Medicare Guardian (HMO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CHRISTUS Health Medicare Guardian (HMO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,

- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

As a reminder, CHRISTUS Health Plan offers other Medicare health plans *AND/OR* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CHRISTUS Health Medicare Guardian (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CHRISTUS Health Medicare Guardian (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**.

You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Texas Health and Human Services.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Texas Health and Human Services counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Texas Health and Human Services at 1-800-252-9240. You can learn more about Texas Health and Human Services by visiting their website (hhs.texas.gov).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Kidney Health Care Program (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Kidney Health Care Program (KHC) **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State

residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Contact the Texas HIV Medication Program at 1-800-255-1090 Monday through Friday from 8 a.m. to 5 p.m. local time.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090 ext. 3004 Monday through Friday from 8 a.m. to 5 p.m. local time or go to the website (<https://q1medicare.com/PartD-SPAPTexasKidneyHealthCareProgKHC.php>).

SECTION 8 Questions?

Section 8.1 – Getting Help from CHRISTUS Health Medicare Guardian (HMO)

Questions? We're here to help. Please call Member Services 1-844-282-3026. (TTY only, call 711). We are available for phone calls 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, 7 days a week. Calls to these numbers are free.

Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for CHRISTUS Health Medicare Guardian (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.christushealthplan.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.christushealthplan.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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