2024 Summary of Benefits

H1189-003

CHRISTUS Health Plan

CHRISTUS Health Medicare Complete (HMO)

January 1, 2024 – December 31, 2024

Northeast Texas

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

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This is a summary of drug and health services covered by CHRISTUS Health Medicare Complete (HMO), January 1, 2024 – December 31, 2024. CHRISTUS Health Medicare Complete (HMO) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in this Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling our Member Services or accessing it on our website.

To join CHRISTUS Health Medicare Complete (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

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.

This document is available in other formats such as braille, large print or audio.

For 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, 7 days a week.

Premiums and Benefits	CHRISTUS Health Medicare Complete (HMO)
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.
Part C Deductible	No deductible
Part D Deductible	No deductible
Maximum Out-of-Pocket Responsibility Does not include prescription drugs.	You pay no more than $4,400 annually. Includes copays and other costs for medical services for the year.
Inpatient Hospital Coverage (Acute)	You pay a $0 copay per day for days 1-5. You pay a $0 copay per day for days 6-90. You pay a $320 copay per day for days 91-100.

Premiums and Benefits	CHRISTUS Health Medicare Complete (HMO)
Inpatient Services in a Psychiatric Hospital	You pay a $318 copay per day for days 1-5. You pay $0 copay per day for days 6-90.
Outpatient Hospital Coverage	You pay a $325 copay per visit.
Outpatient Hospital Observation Coverage	You pay a $325 copay per stay.
Ambulatory Surgical Center (ASC)	You pay a $255 copay per visit.
Primary Care Physician Visits	You pay a $0 copay per office and telehealth visit.
Specialist Visits	You pay a $25 copay per office. You pay a $0 copay per telehealth visit.
Preventive Care (Such as flu vaccines, diabetic screening, annual wellness visits)	You pay a $0 copay. Other preventive services are available. There are some covered services that have a cost.
Emergency Care	You pay a $75 copay per visit. Waived, if you are admitted to the hospital within 24 hours. Includes worldwide coverage.
Urgently Needed Services	You pay a $35 copay per visit. You pay a $75 copay per visit (worldwide).
Diagnostic Services/Labs/Imaging	
○ Diagnostic tests & procedures (non-radiological)	You pay a $50 copay per service location per day.
○ Lab services	You pay a $0 copay per service location per day.
○ Diagnostic radiology services (MRI, CT, PET)	You pay a $150 copay per service location per day.
○ Outpatient X-rays	You pay $25 copay per service location per day.
○ Therapeutic radiology (e.g., radiation treatment of cancer)	You pay 20% coinsurance per service location per day.
○ Outpatient Blood	You pay a $150 copay per service location per day.

Premiums and Benefits	CHRISTUS Health Medicare Complete (HMO)
Hearing Services o Medicare-covered exam o Routine hearing exam o Hearing aid o Fitting/hearing evaluation for hearing aid	 You pay a $25 copay per visit. You pay a $35 copay for one routine hearing exam per calendar year. There is a $1,000 allowance per ear every 2 years toward the purchase of hearing aids through Amplifon. You pay a $0 copay for fitting/hearing evaluation.
Dental Services o Combined preventive and comprehensive annual maximum o Preventive dental services o Comprehensive dental services	 $2,500 You pay a $0 copay per service. o Periodic oral exam – 1 every year o Dental X-rays – 1 every year o Prophylaxis (cleaning) – 1 every 6 months o Fluoride treatment – 1 every 6 months You pay a $25 copay per service for Medicare-covered dental services. You pay a $20 copay per service for diagnostic, restorative, extraction, endodontics, periodontics, dentures, prosthodontics, oral/maxillofacial surgery, and other non-routine services.
Vision Services o Medicare-covered eye exam o Medicare-covered vision hardware o Routine vision exam o Routine vision hardware	 You pay a $0 copay per exam. You pay a $0 copay. You pay a $0 copay per exam. You pay a $0 copay up to $200 allowance per year for 1 pair of eyeglasses (frames/lenses) or contacts.
Mental Health Services o Outpatient mental health	You pay a $25 copay for each Medicare-covered individual and/or group therapy visit. You pay a $0 copay for each telemental health visit.

Premiums and Benefits	CHRISTUS Health Medicare Complete (HMO)
Skilled Nursing Facility	You pay a $0 copay per day for days 1- 20. You pay a $164.50 copay per day for days 21-100. Plan covers up to 100 days per benefit period.
Physical, Occupational, and Speech Language Therapy Services	You pay a $25 copay per visit.
Ambulance	You pay $265 copay each way for Medicare-covered ambulance transport.
Transportation	You pay $0 copay for 24 round trips per year to plan-approved locations. Up to 100 miles per one way trip.
Medicare Part B Drugs	You pay up to 20% of the cost for Medicare-covered Part B drugs. You pay $35 copay for one-month's supply of insulin furnished through an item of DME.

Additional Benefits	CHRISTUS Health Medicare Complete (HMO)
Chiropractic Services ○ Medicare-covered chiropractic services. ○ Routine chiropractic services	 You pay a $20 copay for Medicare-covered visits. You pay a $20 copay per visit. 36 visits per year.
Renal Dialysis	You pay 20% coinsurance.
Over-The-Counter (OTC) Items	You receive a $110 quarterly benefit for over-the-counter health and wellness products available through Convey.
Fitness	You pay a $0 copay with Silver & Fitâ fitness benefit.
Home-delivered Meals	You are eligible to receive up to 14 home-delivered meals for up to 7 days once discharged following a surgery or inpatient acute hospital stay.

CHRISTUS Health Medicare Complete (HMO) Prescription Drugs (Part D)	
Deductible phase	Because there is no deductible for the plan, this payment stage does not apply to you.
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 drug costs for the year reaches $5,030. During this stage, your out-of-pocket costs for Select Insulins will be $35.	

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CHRISTUS Health Medicare Complete (HMO) Prescription Drugs (Part D)		
	Standard Retail Cost Sharing (in-network) up to 30-day supply	**Standard Mail-Order Cost Sharing** (90-day supply)
Tier 1: Preferred Generic	You pay a $4 copay	You pay a $0 copay
Tier 2: Generic	You pay a $10 copay	You pay a $0 copay
Tier 3: Preferred Brand	You pay a $47 copay	You pay a $141 copay
Tier 4: Non-preferred Drugs	You pay a $100 copay	You pay a $300 copay
Tier 5: Specialty	You pay 33% of the cost	Not covered
Tier 6 Select Care Drugs	You pay a $0 copay	You pay a $0 copay
Coverage Gap – You enter the Coverage Gap Phase after your total yearly drug cost reaches $5,030. After you enter the Coverage Gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs, for any drug tier during the coverage gap. You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 6 Specialty Care Drugs – or 25% of the cost, whichever is lower. For insulins, you won't pay more than $35 for a one-month supply.		
Catastrophic Phase – Once your out-of-pocket costs reach $8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.		