

# 2025 Annual Notice of Changes



**CHRISTUS HEALTH MEDICARE GUARDIAN (HMO) H1189-007  
COVERS MEMBERS IN THE FOLLOWING COUNTIES:**

- Bernalillo
- Los Alamos
- Otero
- Rio Arriba
- Sandoval
- San Miguel
- Santa Fe
- Taos



METHOD	MEMBER SERVICES – CONTACT INFORMATION
<b>CALL</b>	<p><b>844.282.3026</b> - 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. 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>
<b>TTY</b>	<p>711 Relay New Mexico</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>
<b>FAX</b>	469.282.3013
<b>WRITE</b>	<p>CHRISTUS Health Advantage, Attention: Member Services  P.O. Box 169001  Irving   TX 75016</p>
<b>WEBSITE</b>	CHRISTUShealthplan.org

### THE NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT

The New Mexico Aging and Long-Term Services Department 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
<b>CALL</b>	800.432.2080 or 505.476.4799
<b>TTY</b>	<p>505.476.4937</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>
<b>WRITE</b>	<p>New Mexico Aging and Long-Term Services Department  P.O. Box 27118  Santa Fe   NM 87502-7118</p>
<b>WEBSITE</b>	aging.nm.gov

**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

CHRISTUShealthplan.org

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

## Annual Notice of Changes for 2025

You are currently enrolled as a member of CHRISTUS Health Medicare 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/member-resources/forms-documents](http://www.christushealthplan.org/member-resources/forms-documents). 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 the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, 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, 2025**. This will end your enrollment with CHRISTUS Health Medicare Guardian (HMO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **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. (CST), Monday through Friday. From October 1 – March 31, the hours are 8:00 a.m. to 8:00 p.m. (CST), 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](http://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).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

***Annual Notice of Changes for 2025***  
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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for CHRISTUS Health Medicare Guardian (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$4,900	\$4,900
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$25 per visit	Primary care visits: \$0 per visit Specialist visits: \$25 per visit
<b>Inpatient hospital stays</b>	Days 1-6: \$295 per day Days 7-90: \$0 per day Days 91-100: \$295 per day	Days 1-5: \$150 per day Days 6-90: \$0 per day Additional days after 90: \$0 per day

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b>	\$0	\$0
<b>Monthly Part B premium rebate</b> (You must also continue to pay your Medicare Part B premium.)	\$60	\$125

### Section 1.2 – 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 Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$4,900	\$4,900
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.  There is no change in the maximum out-of-pocket amount for the upcoming year.		Once you have paid \$4,900 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

### Section 1.3 – Changes to the Provider Network

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

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory [www.christushealthplan.org/find-a-provider](http://www.christushealthplan.org/find-a-provider) 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 1.4 – 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	2024 (this year)	2025 (next year)
<b>Ambulance services</b>	<p>You pay a \$200 copayment per one-way trip for Medicare-covered ambulance benefits.</p> <p>Copayment is waived if admitted.</p>	<p>You pay a \$300 copayment per one-way trip for Medicare-covered ambulance benefits.</p> <p>Copayment is <u>not</u> waived if admitted.</p>
	<p>You pay a \$200 copayment per one-way trip for Medicare-covered worldwide ambulance benefits.</p> <p>Copayment is waived if admitted.</p>	<p>You pay a \$300 copayment per one-way trip for Medicare-covered worldwide ambulance benefits.</p> <p>Copayment is <u>not</u> waived if admitted.</p>
<b>Routine chiropractic services</b>	<p>You pay a \$20 copayment per visit for routine chiropractic visits, limited to 36 visits per year.</p>	<p>You pay a \$20 copayment per visit for routine chiropractic visits, limited to 24 visits per year.</p>



Cost	2024 (this year)	2025 (next year)
<b>Dental services</b>	<p>You pay a \$0 copayment per preventive service:</p> <ul style="list-style-type: none"> <li>• Oral exams: 1 visit every 6 months</li> <li>• Prophylaxis: 1 visit every 6 months for teeth cleaning</li> <li>• Fluoride treatment: 1 visit every 6 months</li> <li>• X-rays: Once every 6 months</li> </ul>	<p>You pay a \$0 copayment per preventive service:</p> <ul style="list-style-type: none"> <li>• Oral exams: 2 visits per year</li> <li>• Prophylaxis: 3 visits per year for teeth cleaning</li> <li>• Fluoride treatment: 2 visits per year</li> <li>• X-rays: Once every year</li> <li>• Unlimited other preventive dental services</li> <li>• Unlimited diagnostic dental services</li> </ul>
	<p>Combined annual preventive and comprehensive maximum is \$3,000.</p>	<p>Combined annual preventive and comprehensive maximum is \$2,000.</p>
	<p>You pay a \$20 copayment per comprehensive dental services up to the annual maximum.</p>	<p>You pay a \$20 copayment for comprehensive dental services up to the annual maximum.</p>
	<p>Covered comprehensive dental services are non-routine, diagnostic, restorative, endodontics, periodontics, extractions, prosthodontics, other oral/maxillofacial surgery, other services.</p>	<p>Covered comprehensive dental services are restorative, endodontics, periodontics, extractions, implant services, prosthodontics, other oral/maxillofacial surgery, adjunctive general services.</p>
	<p>You pay a \$25 copayment per Medicare-covered dental visit.</p>	<p>You pay a \$25 copayment per Medicare-covered dental visit.</p>

Cost	2024 (this year)	2025 (next year)
<b>Emergency care</b>	<p>You pay a \$90 copayment for Medicare-covered emergency room visits.</p> <p>Copayment is waived if admitted within 24 hours.</p>	<p>You pay a \$125 copayment for Medicare-covered emergency room visits.</p> <p>Copayment is waived if admitted within 24 hours.</p>
<b>Emergency care worldwide</b>	<p>You pay a \$90 copayment for Medicare-covered worldwide emergency room visits.</p> <p>Copayment waived if admitted.</p>	<p>You pay a \$125 copayment for Medicare-covered worldwide emergency room visits.</p> <p>Copayment is <u>not</u> waived if admitted.</p>
<b>Hearing services</b>	<p>You pay a \$25 copayment for Medicare-covered hearing services per exam.</p> <p>You pay a \$35 copayment per routine hearing exam, limit 1 per year.</p>	<p>You pay a \$25 copayment for Medicare-covered hearing services per exam.</p> <p>You pay a \$0 copayment per routine hearing exam, limit 1 per year.</p>
<b>Prescription hearing aids</b>	<p>\$1,000 hearing aid allowance per ear every 2 years.</p>	<p>You pay a \$395 - \$1,595 copayment per hearing aid per year. Copayment depends on hearing aid technology level.</p>
<b>Over-The-Counter (OTC) hearing aids</b>	<p>OTC hearing aids are <u>not</u> covered.</p>	<p>You pay a \$95 - \$295 copayment per hearing aid per year through a contracted vendor. Copayment depends on hearing aid technology level.</p> <p>Prescription and OTC hearing aids have a combined limit of 2 per year.</p>

Cost	2024 (this year)	2025 (next year)
<b>Inpatient hospital stays</b>	<p>You pay a:</p> <ul style="list-style-type: none"> <li>• \$295 copayment per day for days 1-6</li> <li>• \$0 copayment per day for days 7-90</li> <li>• \$295 copayment per day for days 91-100</li> </ul> <p>100-day limit with an additional 60 reserve days.</p>	<p>You pay a:</p> <ul style="list-style-type: none"> <li>• \$150 copayment per day for days 1-5</li> <li>• \$0 copayment per day for days 6-90</li> <li>• \$0 copayment for unlimited additional days after 90 days.</li> </ul>
<b>Other health care providers</b>	<p>You pay a \$0 copayment for other Medicare-covered health care provider visits.</p>	<p>You pay a \$0 copayment for other Medicare-covered primary care provider visits.</p> <p>You pay a \$25 copayment for Medicare-covered visits to providers other than primary care providers.</p>
<b>Outpatient blood services</b>	<p>You pay a \$150 copayment per unit for Medicare-covered blood services.</p>	<p>You pay a \$0 copayment per unit for Medicare-covered blood services.</p>
<b>Outpatient hospital surgery and observation services</b>	<p>You pay a \$325 copayment for Medicare-covered outpatient hospital and observation services.</p>	<p>You pay a \$0 copayment for a diagnostic colonoscopy at an outpatient hospital.</p> <p>You pay a \$325 copayment for Medicare-covered surgery provided at an outpatient hospital.</p> <p>You pay a \$325 copayment for Medicare-covered outpatient hospital observation services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Outpatient surgery or services provided at ambulatory surgical centers</b>	You pay a \$175 copayment for Medicare-covered outpatient surgery or services provided at an ambulatory surgery center.	You pay a \$0 copayment for a diagnostic colonoscopy at an ambulatory surgical center.  You pay a \$225 copayment for Medicare-covered surgery provided at an ambulatory surgery center.
<b>Outpatient lab services</b>	You pay a 20% coinsurance for Medicare-covered lab services.	You pay a \$0 copayment for Medicare-covered lab services.
<b>Over-The-Counter (OTC) items</b>	You receive a \$100 allowance per quarter for over-the-counter drugs ordered through Convey.  Nicotine Replacement Therapy (NRT) and Naloxone is <u>not</u> covered under this benefit.	You receive a \$75 allowance per quarter for over-the-counter drugs ordered through Convey.  Nicotine Replacement Therapy (NRT) and Naloxone is <u>not</u> covered under this benefit.
<b>Routine podiatry services</b>	You pay a \$0 copayment for unlimited routine foot care services.	You pay a \$0 copayment for routine foot care services, limited to 6 visits per year.
<b>Skilled Nursing Facility (SNF)</b>	You pay a: <ul style="list-style-type: none"> <li>• \$0 copayment for days 1-20</li> <li>• \$167.50 copayment for days 21-100</li> </ul>	You pay a: <ul style="list-style-type: none"> <li>• \$0 copayment for days 1-20</li> <li>• \$214 copayment for days 21-100</li> </ul>

Cost	2024 (this year)	2025 (next year)
<b>Transportation services</b>	<p>You pay a \$0 copayment for 24 round trips to a plan approved health-related location per year.</p> <p>Up to 100 miles per one-way trip.</p>	<p>You pay a \$0 copayment for 48 one-way trips to a plan approved health-related location per year.</p> <p>Up to 100 miles per one-way trip.</p>
<b>Urgently needed services</b>	<p>You pay a \$30 copayment for Medicare-covered urgent coverage visits.</p> <p>Copayment is <u>not</u> waived if admitted to a hospital.</p> <p>You pay a \$65 copayment for Medicare-covered worldwide urgent coverage visit.</p> <p>Copayment is waived if admitted.</p> <p>Telehealth urgent care is <u>not</u> covered.</p>	<p>You pay a \$30 copayment for Medicare-covered urgent coverage visits.</p> <p>Copayment is <u>not</u> waived if admitted to a hospital.</p> <p>You pay a \$125 copayment for Medicare-covered worldwide urgent coverage visit.</p> <p>Copayment is <u>not</u> waived if admitted.</p> <p>You pay a \$0 copayment for telehealth urgent care.</p>
<b>Vision care</b>	<p>You pay a \$0 copayment for Medicare-covered eye exams.</p> <p>You pay a \$35 copayment for Medicare-covered glaucoma screening.</p> <p>You receive a \$100 allowance per year for 1 pair of eyeglasses (frames / lenses) or contacts.</p>	<p>You pay a \$25 copayment for Medicare-covered eye exams.</p> <p>You pay a \$0 copayment for Medicare-covered glaucoma screening.</p> <p>You receive a \$250 allowance per year for 1 pair of eyeglasses (frames / lenses) or contacts.</p>

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – 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 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

As a reminder, CHRISTUS Health Plan offers other Medicare health plans and 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 3 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, 2025.

### 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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 4 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 New Mexico, the SHIP is called New Mexico Aging and Long-Term Services Department.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Mexico Aging and Long-Term Services Department 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 New Mexico Aging and Long-Term Services at 1-800-432-2080 or 505-476-4799. You can learn more about New Mexico Aging and Long-Term Services by visiting their website (<https://aging.nm.gov>).

## SECTION 5 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 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 8:00 a.m. and 7:00 p.m., 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.
- **Help from your state’s pharmaceutical assistance program.** New Mexico has a program called New Mexico Drug Card Program 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.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from CHRISTUS Health Medicare Guardian (HMO)

Questions? We’re here to help. Please call Member Services at 1-844-282-3026. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m. (CST), Monday through Friday. From October 1 – March 31, the hours are 8:00 a.m. to 8:00 p.m. (CST), 7 days a week. Calls to these numbers are free.

#### **Read your 2025 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 2025. For details, look in the *2025 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/member-resources/forms-documents](http://www.christushealthplan.org/member-resources/forms-documents). 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](http://www.christushealthplan.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).



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## Section 6.2 – Getting Help from Medicare

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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](http://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](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* 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.



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

**[CHRISTUShealthplan.org](https://CHRISTUShealthplan.org)**