2025 Summary of benefits

CHRISTUS Health Medicare Plus (HMO) H1189-004

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 Plus (HMO) from January 1, 2025 through December 31, 2025. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit our website at CHRISTUShealthplan.org to access the Evidence of Coverage (EOC). You may also call our Member Services department to request a copy.

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.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

If you have questions or need 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 a.m. - 8 p.m.. local time, Monday through Friday. From October 1 - March 31, the hours are 8 a.m. - 8 p.m.. local time, 7 days a week.

CHRISTUS Health Medicare Plus (HMO) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in this Plan depends on contract renewal.

CHRISTUS Health Plan

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Premiums and benefits	Your costs in our plan
Monthly plan premium	$20 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
Maximum out-of-pocket (MOOP) annual responsibility	$4,000 Once you reach the maximum out-of-pocket, the plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.
Inpatient and outpatient hospital services	
Inpatient hospital (unlimited number of days)	$0 per day
Outpatient hospital observation coverage	$325 per stay
Outpatient hospital surgery	$0-$325
Ambulatory surgical center (ASC)	$0-$275
Doctor Visits	
Primary care physician visits	$0 office and/or telehealth visit
Specialist visits	$25 per office visit $0 per telehealth visit
Preventive, emergency and urgent care	
Preventive care	$0 For a full list of preventive services, please see the EOC. Some covered services may have an associated cost.
Emergency and urgent care, including ambulance (inside the U.S.)	$100 for emergency care $30 for urgent care $0 for telehealth urgent care $300 for ambulance
Emergency and urgent care (outside the U.S.)	$100 for emergency care $100 for urgent care

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Premiums and benefits	Your costs in our plan
Diagnostic tests and procedures	$25
Lab services	$0
Diagnostic radiology services (MRI, CT, etc.)	$125
Outpatient x-rays	$15
Therapeutic radiology (i.e. radiation treatment of cancer)	20% of total cost
Hearing services	
Medicare-covered exam	$25
Routine hearing exam	$0, 1 exam per year
Fitting/hearing evaluation for hearing aid	$0, unlimited sessions
Prescription hearing aids	$395-$1,595 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of 2 per year.
Over-the-counter (OTC) hearing aids	$95-$295 Cost per ear is determined by technology level of hearing aids, through Amplifon. Prescription and OTC hearing aids have a combined limit of 2 per year.
Dental services	
Medicare-covered dental exams	$25
Preventive and diagnostic services	$0 for preventive and diagnostic services, including oral exams twice a year, up to three cleanings per year, and dental x-rays once a year.
Comprehensive services	$20 for comprehensive services, including fillings, extractions, crowns, root canals, dentures, and oral surgery.

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Premiums and benefits	Your costs in our plan
Annual benefit amount	$4,500 This is the total amount that will be paid for covered preventive and comprehensive services in the plan year. You are responsible for the cost of any comprehensive services over this amount. The services covered by this benefit may be provided by a Delta Dental Medicare Advantage participating provider or a non-participating provider. To locate a participating provider please visit www.deltadentalins.com/CHPMedicareAdvantage to search by location or specialty or call toll-free (888) 818-7929 to speak with a Delta Dental Customer Service representative.
Vision services	
Medicare-covered medical eye exams (including diabetic eye exams)	$25
Routine eye exam	$0 One exam per year when obtained from a Superior Vision in-network provider. If you choose a provider outside of the Superior Vision network, services will not be covered. To find a provider, visit superiorvision.com/locator.
Contacts and eyeglasses (lenses/frames)	You get a vision eyewear benefit allowance up to $300 per year for 1 pair of eyeglasses (lenses/frames) or contacts.
Mental health services	
Inpatient psychiatric hospital stay	$318 per day for days 1-5; $0 per day for days 6-90
Outpatient mental health therapy	$25 for individual/group visit $0 for telehealth visit
Skilled nursing facility and therapy	
Skilled nursing facility (SNF)	$0 per day for days 1-20; $214 per day for days 21-100 This plan covers up to 100 days per benefit period.
Physical, occupational, and speech language therapy	$25
Transportation	
Ambulance (ground or air, one-way trip)	$300
Routine, non-emergency transportation	$0 for 48 one-way trips, up to 100 miles per trip.

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Medicare Part B drugs

Medicare Part B only covers certain medications for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment.

Part B drugs, including chemotherapy drugs	0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs.

CHRISTUS Health Medicare Plus (HMO) Prescription Prugs (Part D)

Medicare Part D covers a wide range of prescription drugs. They can include medications you take every day for conditions like high blood pressure or diabetes.

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 out-of-pocket drug costs for the year reaches $2,000.

	Standard retail cost sharing (in-network) up to 30-day supply	**Standard mail-order cost sharing** (90-day supply)
Tier 1: Preferred generic	$0	$0
Tier 2: Generic	$5	$0
Tier 3: Preferred brand	$47 $35 for covered insulin products	$141 $105 for covered insulin products
Tier 4: Non-preferred drugs	$100	$300
Tier 5: Specialty	33% of the cost	Not covered
Tier 6: Select care drugs	$0	$0

Long-term supplies of your maintenance medications can be delivered to your door. Visit your member portal or express-scripts.com or call Member Services for more information.

Catastrophic phase - Once your out-of-pocket costs reach $2,000, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics. The plan pays the remaining cost for your covered Part D drugs. You pay nothing.

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Additional benefits	Your costs in our plan
Chiropractic services	
Chiropractic care (Medicare-covered)	$20 Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place.
Routine chiropractic services	$20, up to 24 visits per year.
Durable Medical Equipment (DME)	
Continuous glucose monitors (CGM)	0% of the total cost
Medicare-covered DME (including, but not limited to wheelchairs, crutches, powered mattress systems, diabetic supplies, oxygen equipment, nebulizers, and walkers)	15% of the total cost
Nurse line	
24-Hour Nurse line	$0
Fitness benefit	
Physical fitness	$0 Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Health Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.
Home delivered meals	
Meal delivery	$0 You are eligible to receive up to 14 home-delivered meals from GA Foods for up to 7 days once discharged from inpatient hospital care.
Home health agency care	
Part-time or intermittent skilled nursing and home health aide services, certified by your doctor (fewer than 8 hours per day and 35 hours per week)	$0

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Additional benefits	Your costs in our plan
Kidney disease services	
Medicare-covered renal dialysis	20% of the total cost
Medicare-covered kidney disease education services, including nutrition therapy for End-Stage Renal Disease (ESRD)	$0
Outpatient substance use disorder services	
Intensive outpatient services (all day care for several days), traditional counseling (one or a few hours per day, usually weekly or bi-weekly), without the use of pharmacotherapies.	$25

Over-the-counter (OTC) benefit

You will receive a benefit allowance each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests, and more. Your benefit amount is available the first day of each calendar quarter. Calendar quarters begin in January, April, July, and October. Be sure to use the full benefit amount each calendar quarter, because any unused amount will not roll over into the next calendar quarter.

This benefit is offered through Convey. You will use your CHRISTUS Health Plan member ID number to confirm benefit eligibility, confirm available benefit amount, and make purchases. You can purchase approved products online, by phone, or by app. For details, including a catalog, visit **CHRISTUShealthplan.org**.

Over-the-counter	$150 quarterly