2024 Summary of Benefits

H1189-007

CHRISTUS Health Medicare Guardian (HMO)

January 1, 2024 – December 31, 2024

North Central New Mexico

Service Area: Bernalillo, Los Alamos, Rio Arriba, Sandoval, San Miguel, Santa Fe, Taos

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This is a summary of drug and health services covered by CHRISTUS Health Medicare Guardian (HMO), January 1, 2024 – December 31, 2024. CHRISTUS Health Medicare Guardian (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 Guardian (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 Guardian (HMO)
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.
Part B Premium Rebate	$60
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 $4,900 annually. Includes copays and other costs for medical services for the year.
Inpatient Hospital Coverage (Acute)	You pay a $295 copay per day for days 1-6. You pay a $0 copay per day for days 7-90. You pay a $295 copay per day for days 91-100.

Premiums and Benefits	CHRISTUS Health Medicare Guardian (HMO)
Inpatient Services in a Psychiatric Hospital	You pay a $275 copay per day for days 1-5. You pay a $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 $175 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 visit. 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 $90 copay per visit. Waived, if you are admitted to the hospital within 24 hours. Includes worldwide coverage.
Urgently Needed Services	You pay a $30 copay per visit. You pay a $65 copay per visit (worldwide).
Diagnostic Services/Labs/Imaging	
○ Diagnostic tests & procedures (non-radiological)	You pay a $25 copay per service location per day.
○ Lab services	You pay a 0% coinsurance for routine blood work per service location per day. All other outpatient lab services are 20% coinsurance 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 $10 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.

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Hearing Services	
○ Medicare-covered exam	You pay a $25 copay per visit.
○ Routine hearing exam	You pay a $35 copay for one routine hearing exam per calendar year.
○ Hearing aid	There is a $1,000 allowance per ear every 2 years toward the purchase of hearing aids through Amplifon.
○ Fitting/hearing evaluation for hearing aid	You pay a $0 copay for fitting/hearing evaluation.
Dental Services	
○ Combined preventive and comprehensive annual maximum	$2,000
○ Preventive dental services	You pay a $0 copay per service. ○ Periodic oral exam – 1 every year ○ Dental X-rays – 1 every year ○ Prophylaxis (cleaning) – 1 every 6 months ○ Fluoride treatment – 1 every 6 months
○ Comprehensive dental services	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	
○ Medicare-covered eye exam	You pay $0 copay per exam.
○ Medicare-covered vision hardware	You pay a $0 copay.
○ Routine vision exam	You pay a $0 copay per exam.
○ Routine vision hardware	You pay a $0 copay up to $100 allowance per year for 1 pair of eyeglasses (frames/lenses) or contacts.
Mental Health Services	
○ Outpatient mental health	You pay a $10 copay for each Medicare-covered individual and/or group therapy visit.

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Mental Health Services (continued) ○ Outpatient mental health	You pay a $0 copay for each telemental health visit.
Skilled Nursing Facility	You pay a $0 copay per day for days 1-20. You pay a $167.50 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 $20 copay per visit.
Ambulance	You pay a $200 copay each way for Medicare-covered ambulance transport.
Transportation	You pay a $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 Guardian (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.
Acupuncture ○ Medicare-covered acupuncture ○ Routine acupuncture	You pay a $25 copay per visit. Maximum 20 visits per year. You pay a $0 copay at CHRISTUS St. Vincent Holistic Health & Wellness Center. You pay a $45 copay per treatment at other facilities. Maximum 4 treatments per year.
Over-The-Counter (OTC) Items	You receive a $100 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.