2023

CHRISTUS® Health Plan

Guardian (HMO)

ANNUAL NOTICE OF CHANGES

CHRISTUS Health Plan Guardian covers members in the following counties:

Bernalillo
Los Alamos
Rio Arriba
Sandoval
San Miguel
Santa Fe
Taos



CHRISTUS HEALTH PLAN
Medicare Advantage Plans

CHRISTUS Health Plan

METHOD	MEMBER SERVICES – CONTACT INFORMATION
CALL	844.282.3026 - Calls to this number are free. 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. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Relay New Mexico 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.
FAX	469.282.3013
WRITE	Christus Health Plan Guardian, Attention: Member Services P.O. Box 169001 Irving | TX 75016
WEBSITE	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
CALL	866.451.2901 - Calls to this number are free.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	New Mexico Aging and Long-Term Services Department P.O. Box 27118 Santa Fe | NM 87502-7118
WEBSITE	nmaging.state.nm.us

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

Annual Notice of Changes for 2023

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 can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. 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.**

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 2023* 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, 2022, you will stay in CHRISTUS Health Plan 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, 2023.** This will end your enrollment with CHRISTUS Health Plan 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, 7 days a week, from October 1 – March 31. From April 1 – September 30, hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday.
- 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 Plan Guardian (HMO)

- CHRISTUS Health Plan Guardian (HMO) is an HMO with a Medicare contract. Enrollment in CHRISTUS Health Plan 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 Plan Guardian (HMO).

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CMS Approved 09/18/2022

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CHRISTUS Health Plan Guardian (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$4,900	$4,900
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 1-6: $295 per day Days 7-90: $0	Days 1-6: $295 per day Days 7-90: $0 Days 91-100: $295 per day

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (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 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 services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	$4,900	$4,900 Once you have paid $4,900 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

An updated *Provider Directory* is 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 *Provider Directory*. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of providers for next year. **Please review the 2023 *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 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	2022 (this year)	2023 (next year)
Electrocardiograms	Referral is not required for Medicare-covered electrocardiograms.	Referral is required for Medicare-covered electrocardiograms.
Inpatient Hospital Services	Our plan covers 90 days for an inpatient hospital stay. You pay a $295 copay per day for days 1 through 5. You pay nothing per day for days 6 through 90.	Our plan covers 100 days for an inpatient hospital stay. You pay a $295 copay per day for days 1 through 5. You pay nothing per day for days 6 through 90. You pay a $295 copay per day for days 91 through 100.
Over-The-Counter Benefit	Over-The-Counter Benefit is not covered.	You pay $0 copay per item. Up to $100 allowance each quarter for the purchase of (OTC) products from Express Scripts Benefit Catalog.
Pulmonary Rehabilitation Services	You pay a $30 copay per service.	You pay a $20 copay per service.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in CHRISTUS Health Plan 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 Plan 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 for 2023 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 2023* 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. 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 Plan 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 Plan 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 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, 2023.

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, 2023, 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, 2023.

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 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 Department at 1-800-432-2080 or 505-476-4799. You can learn more about New Mexico Aging and Long-Term Services Department by visiting their website (https://nmaging.state.nm.us/).

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 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.** 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.
- **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 New Mexico HIV Services Program. **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 New Mexico HIV Services Program at 1-505-476-3628 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 1-505-476-3528 Monday through Friday from 8 a.m. to 5 p.m. local time or go to the website (wwwnmhealth.org).

SECTION 6 Questions?

Section 6.1 – Getting Help from CHRISTUS Health Plan 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. local time, 7 days a week, from October 1 – March 31. From April 1 – September 30, hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. Calls to these numbers are free.

Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for CHRISTUS Health Plan 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 can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. 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 6.2 – 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 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet 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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844.282.3026 | TTY 711

Oct. 1 – Mar. 31 | 7 days a week | 8am – 8pm local time

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