2023 Summary of Benefits

CHRISTUS Health Plan Guardian (HMO)
H1189, Plan 007

This is a summary of drug and health services covered by CHRISTUS Health Plan Guardian (HMO), January 1, 2023 – December 31, 2023.

CHRISTUS Health Plan Guardian (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the 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".

To join CHRISTUS Health Plan Guardian (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New Mexico: Bernalillo, Los Alamos, Rio Arriba, San Miguel, Sandoval, Santa Fe and Taos.

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 711
or visit our website at www.christushealthplan.org.

Hours of Operation:

October 1st – March 31st, 7 days a week from 8:00 a.m. to 8:00 p.m., local time.

April 1st – September 30th, Monday through Friday from 8:00 a.m. to 8:00 p.m., local time.

You can see our plan's *Evidence of Coverage*, *Provider & Pharmacy Directory* and *Formulary* (list of Part D prescription drugs) at our website at www.christushealthplan.org.

Premiums and Benefits	CHRISTUS Health Plan Guardian (HMO)	What you should know
Monthly Plan Premium	$0	You must continue to pay your Medicare Part B premium.
Maximum Out-of-Pocket *(does not include prescription drugs*)	$4,900	The most you pay for copays, coinsurance and other costs for medical services for the year.
Part B Premium Rebate	$60	The plan will reimburse the member monthly.
Inpatient & Outpatient Services		
Inpatient Hospital o Acute hospital o Mental health	 You pay a $295 copay per day for days 1 through 6. You pay nothing per day for days 7 through 90. You pay a $295 copay per day for days 91 through 100. You pay a $275 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. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 100 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 100 days.
Outpatient Hospital o Ambulatory surgical center o Hospital facility	 You pay a $175 copay per visit. You pay a $325 copay per visit.	*Authorizations rules may apply.*
Doctor Visits o Primary Care Physician o Specialists	 You pay nothing. You pay a $25 copay per visit.	
Preventive Care o Abdominal aortic aneurysm screening o Alcohol misuse counseling Annual "Wellness" visit o Bone mass measurement o Breast cancer screening (mammogram) o Cardiovascular disease (behavioral therapy) o Cardiovascular screening o Cervical and vaginal cancer screening	You pay nothing.	Additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

Premiums and Benefits	CHRISTUS Health Plan Guardian (HMO)	What you should know
Preventive Care (continued) o Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) o Depression screening o Diabetes screenings and monitoring o Hepatitis C screening o HIV screening o Lung cancer with low dose computed tomography (LDCT) screening o Medical nutrition therapy services o Medicare Diabetes Prevention Program (MDPP) o Obesity screenings and counseling o Prostate cancer screenings (PSA) o Sexually transmitted infections screenings and counseling o Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) o Vaccines, including flu, hepatitis B, pneumococcal and COVID-19 o "Welcome to Medicare" preventive visit (one-time) o Routine physical (one per year)		
Emergency Care	You pay a $65 copay per visit.	Covered worldwide. Copay is waived if admitted within 24 hours.
Urgently Needed Services	You pay a $55 copay per visit. You pay a $65 copay per visit (worldwide).	

Premiums and Benefits	CHRISTUS Health Plan Guardian (HMO)	What you should know
Diagnostic Services/Labs/Imaging ○ Routine blood tests ○ Lab services ○ Outpatient X-rays ○ Diagnostic tests & procedures (non-radiological) ○ Diagnostic radiology services (MRI, CT, PET) ○ Therapeutic radiology (e.g., radiation treatment of cancer)	 You pay 0% coinsurance per visit. You pay 20% coinsurance per visit. You pay 20% coinsurance per visit. You pay a $150 copay per visit. You pay a $150 copay per visit. You pay 20% coinsurance per visit.	*Prior authorization is required for some services by your doctor or other network provider.* Please contact the plan for more information.
Hearing Services ○ Routine hearing exam ○ Hearing aid ○ Medicare-covered exam to diagnose and treat hearing and balance issues	 You pay a $35 copay per exam. Member must purchase selected hearing aid products from Amplifon's selected manufacturers. Copay is $395 for select hearing aids from manufacturer Rexton, Signia and Miracle-Ear. Copay is $695 for select hearing aids from other manufacturers, such as Miracle-Ear, Phonak, Signia and Rexton. You pay a $25 copay per service.	 1 every year.
Dental Services ○ Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) ○ Preventive dental services • Oral exam • Dental X-rays • Cleaning • Fluoride treatment	 You pay a $25 copay per service. You pay a $5 copay per service.	 1 visit every year. 1 every 2 years. 1 every 6 months. 1 every 6 months.
Vision Services ○ Medicare-covered eye to diagnose and treat	 You pay a $25 copay per exam.	

Premiums and Benefits	CHRISTUS Health Plan Guardian (HMO)	What you should know
Vision Services (continued) diseases and conditions of the eye o Glaucoma screening o Routine eye exam o Eyeglasses (frames/lenses) or contacts lenses	 You pay a $35 copay per screening. You pay nothing. You pay nothing.	 1 every year. $100 allowance per year for 1 pair of eyeglasses (frames/lenses) or contacts.
Mental Health Services o Outpatient individual or group therapy visit	You pay a $10 copay per visit.	
Skilled Nursing Facility	You pay nothing per day for days 1 through 20. You pay a $167.50 copay per day for days 21 through 100.	Plan covers up to 100 days per benefit period.
Physical, Occupational and Speech Language Therapy Services	You pay a $40 copay per visit.	
Ambulance	You pay a $200 copay per one-way trip.	Waived if admitted to the hospital. Covered worldwide.
Transportation	You pay nothing.	*Authorizations rules may apply.* Limited to 12 one-way trips per year to plan-approved locations.
Medicare Part B Drugs o Chemotherapy drugs o Other Part B drugs	 You pay 20% coinsurance. You pay 20% coinsurance. *Out-of-pocket costs for some part B drugs may be reduced if the drug's price has increased at a rate faster than the rate of inflation. Members affected by this change may receive a refund. The list of Part B drugs, as well as your out-of-pocket costs for those drugs, could change each quarter.	*Authorizations rules may apply.*

Additional Benefits	CHRISTUS Health Plan Guardian (HMO)	What you should know
Home Health Care	You pay nothing.	*Authorization rules may apply.*

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		There is no coinsurance, copayment, or deductible for beneficiaries eligible for Medicare-covered home health agency care.
Outpatient Substance Abuse Services (Individual and group therapy)	You pay a $10 copay per visit.	*Authorization rules may apply.*
Medical Equipment/Supplies o Durable medical equipment (e.g., wheelchairs, oxygen) o Prosthetics (e.g., braces, artificial limbs)	You pay 20% coinsurance. You pay 20% coinsurance.	*Authorizations rules may apply.*
Diabetes Management o Diabetes monitoring supplies o Diabetes self-management training o Therapeutic shoes or inserts	You pay nothing. You pay nothing. You pay nothing.	*Authorization rules may apply.*
Foot Care o Medicare-covered foot exam and treatment if you have diabetes-related nerve damage and/or meet certain conditions o Routine Foot care	You pay a $25 copay per visit. You pay nothing.	
Outpatient Rehabilitation Services o Cardiac rehabilitation o Pulmonary rehabilitation	You pay a $40 copay per visit. You pay a $20 copay per visit.	*Authorization rules may apply.*
Chiropractic Care (manual manipulation of the spine to correct subluxation)	You pay a $20 copay per visit.	36 visits per year.
Renal Dialysis	You pay 20% coinsurance.	
Medicare-covered Acupuncture for Chronic Low Back Pain	You pay a $25 copay per visit.	Maximum of 20 visits per year.

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Routine Acupuncture and Other Alternative Therapies	You pay nothing at CHRISTUS St. Vincent Holistic Health & Wellness Center. You pay a $45 copay per treatment at other facilities.	4 treatments per year.
Over-The-Counter (OTC) Items **Over-The-Counter (OTC) Items (continued)**	You pay nothing. Up to $100 allowance each quarter for the purchase of (OTC) products from Express Scripts Benefit Catalog.	You pay nothing. Up to $100 allowance each quarter for the purchase of (OTC) products from Express Scripts Benefit Catalog.
Fitness	Covered in full at Genoveva Chavez Community Center, Ft. Marcy Recreation Complex and Salvador Perez Recreation Center. $20 monthly allowance for other qualified fitness programs, reimbursed quarterly.	This benefit provides access to the fitness center in our markets. Our mission is to provide a health and fitness facility designed to educate our community on the importance of physical fitness. By providing a team of fitness and health professionals, as well as innovative programming, we aim to guide individuals toward a better quality of life.
Home-delivered Meals	You pay nothing for up to 14 home-delivered meals for up to 7 days. No limit to discharges in a year.	You are eligible to receive home-delivered meals immediately following surgery or inpatient hospitalization; for a chronic illness; for a medical condition or potential medical condition that requires the enrollee to remain at home for a period of time.
Telehealth	You pay nothing.	Available only with in-network PCPs.