# 2026

# Annual Notice of Changes

**El Paso Health Medicare Advantage Dual (HMO D-SNP)**

## Serving El Paso & Hudspeth County, Texas

**Effective January 1 through December 31, 2026.**

El Paso Health
Medicare Advantage

**H3407_2601ANOC_M CMS Accepted on 8/23/2025**

***El Paso Health Medicare Advantage Dual (HMO D-SNP)* offered by *EL PASO FIRST HEALTH PLANS, INC* dba El Paso Health.**

# Annual Notice of Changes for 2026

You are currently enrolled as a member of *El Paso Health Medicare Advantage (HMO D-SNP).*

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in *El Paso Health Medicare Advantage Dual (HMO D-SNP).*
- To change to a **different plan**, visit www.Medicare.gov or review the list at the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. *To get* a copy *visit www.ephmedicare.com* or call Member Services at *1-833-742-3125*, TTY users call 711 to get a copy by mail.

**More Resources**

- This document is available for free in *Spanish*.
- *Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.*
- Please contact our Member Services number at *1-833-742-3125* for additional information. (TTY users should call *711*.) *Hours are October 1 – March 31, 8:00 a.m. to 8:00 p.m. daily and April 1- September 30, 8:00 a.m. to 8:00 p.m. Monday to Friday.* This call is free.
- *We also have this document available in alternate formats (e.g., braille and large print).*

**About *El Paso Health Medicare Advantage Dual (HMO D-SNP)***

- El Paso Health Medicare Advantage is an HMO D-SNP plan with a Medicare contract. Enrollment in El Paso Health Medicare Advantage (HMO D-SNP) depends on contract renewal. The plan also has a written agreement with the Texas Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means *El Paso Health Medicare Advantage.* When it says "plan" or "our plan," it means *El Paso Health Medicare Advantage Dual (HMO D-SNP).*
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in *El Paso Health Medicare Advantage Dual (HMO D-SNP).*** Starting January 1, 2026, you'll get your medical and drug coverage through ***El Paso Health Medicare Advantage Dual (HMO D-SNP).*** Go to Section 2.1 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: August 31, 2026)

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# Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for *El Paso Health Medicare Advantage Dual (HMO D-SNP)* in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium can be higher than this amount. Go to Section 1.1 for details. | *$0* | ***$0*** |
| **Maximum out-of-pocket amount** <br> This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section *1.2* for details.) | *$8,500* <br> If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | ***$8,600*** <br> **If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.** |
| **Primary care office visits** | *$0* per visit <br> If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0 per visit. | ***$0* per visit** <br> **If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0 per visit.** |
| **Inpatient hospital stays** <br> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | *$0* per visit <br> If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0 per visit. | ***$0* per visit** <br> **If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0 per visit.** |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Part D drug coverage deductible**<br><br>(Go to Section *1.6* for details.) | $590 except for covered insulin products and most adult Part D vaccines<br><br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying the deductible. | ***$615* except for covered insulin products and most adult Part D vaccines**<br><br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying the deductible. |
| **Part D drug coverage**<br><br>(Go to Section *1.6* for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | *Copayment* during the Initial Coverage Stage:<br><br>***Tier 1:***<br>$0 copay or<br>$1.90 copay or<br>$4.60 copay or<br>25% coinsurance<br><br>**All other drugs:**<br>$0 copay or<br>$4.80 copay or<br>$12.15 copay or<br>25% coinsurance | *Copayment* during the Initial Coverage Stage:<br><br>**Tier 1 Preferred Generic:**<br>**22% coinsurance**<br><br>**Tier 2 Generic:**<br>**25% coinsurance**<br><br>**Tier 3 Preferred Brand:**<br>**25% coinsurance**<br><br>**Tier 4 Non-Preferred Drug:**<br>**25% coinsurance**<br><br>**Tier 5 Specialty Drugs:**<br>**25% coinsurance**<br><br>**Tier 6 Supplemental Drugs:**<br>**$0 copayment**<br><br>**If you receive "Extra Help" your copayment will be:**<br><br>**$1.60 copay or**<br>**$4.90 copay or**<br>**$5.10 copay or**<br>**$12.65 copay**<br><br>**You can have cost sharing for drugs that are covered under our enhanced benefit.** |

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

## Section 1.1 Changes to the Monthly Plan Premium

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Monthly plan premium**<br><br>(You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.) | *$0* | *$0*<br>**No change** |

## 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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br><br>Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum.<br><br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.<br><br>Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | *$8,500* | ***$8,600*** |

## Section 1.3 Changes to the Provider Network

Our current Provider Directory is available on our website at *www.ephmedicare.com*. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2026 Provider Directory located on our website *www.ephmedicare.com* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at *1-833-742-3125* (TTY users call *711*) for help.

## Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are no changes to our network of pharmacies for next year.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at *1-833-742-3125* (TTY users call *711*) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

| | **2025 (this year)** | **2026 (next year)** |
|---|---|---|
| ***Dental*** | $3,500 yearly allowance for dental services. | **$3,000 yearly allowance for dental services.** |
| ***Over – the- Counter (OTC)*** | $300 quarterly allowance for covered over-the-counter products and hygiene items. | **$200 quarterly allowance for covered over-the-counter products and hygiene items.** |
| ***Healthy Food and Utility Bill Assistance***<br><br>***These two benefits will be combined into one benefit.*** | $250 per quarter for approved healthy foods.<br>$60 monthly allowance to assist with the payment of any of the following utilities; gas, water, electricity or rent.<br><br>**These benefits are available for Members with a qualifying chronic condition;** | **Health and Home Program (New Name for Combined Benefit)**<br><br>**Healthy Food and Utility Assistance will be combined into a quarterly allowance of $450 for approved healthy produce/foods or paying any of the following utilities such as; gas, water, electricity or rent.** |

| | | |
|---|---|---|
| | *Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer (excluding pre-cancer), Cardiovascular, Chronic heart failure, Dementia, Diabetes mellitus, End-stage liver disease, End stage renal disease requiring dialysis, Severe hematologic disorder, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders & Stroke* | **This benefit is available for Members with a qualifying chronic condition; *Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer (excluding pre-cancer), Cardiovascular, Chronic heart failure, Dementia, Diabetes mellitus, End-stage liver disease, End stage renal disease requiring dialysis, Severe hematologic disorder, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders & Stroke*** |

## Section 1.6 Changes to Part D Drug Coverage

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services at 1-833-742-3125 (TTY Users call 711) or visiting our website *www.ephmedicare.com*.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at *1-833-742-3125* (TTY users call *711*) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

**Do you get Extra Help to pay for your drug coverage costs?**

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by December 31, 2025 call Member Services at *1-833-742-3125* (TTY users call *711)* and ask for the *LIS Rider*.

**Drug Payment Stages**

There are 3 **drug payment stages**: The Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

| | **2025 (this year)** | **2026 (next year)** |
|---|---|---|
| **Yearly Deductible** | *$590*<br><br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying the deductible. | ***$615***<br><br>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying the deductible.** |

**Drug Costs in Stage 2: Initial Coverage**

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the cost of vaccines, or information about the costs *for* a long-term or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid *$2,100* out-of-pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | **2025 (this year)** | **2026 (next year)** |
|---|---|---|
| ***Initial Coverage Stage:*** | Tier 1:<br>You pay $0 copay or<br>$1.90 copay or<br>$4.60 copay or<br>25% coinsurance.<br><br>All other drugs:<br>You pay $0 copay or<br>$4.80 copay or<br>$12.15 copay or<br>25% coinsurance<br><br>Your cost for a one-month supply. | **Tier 1 Preferred Generic:**<br>**22% coinsurance**<br><br>**Tier 2 Generic:**<br>**25% coinsurance**<br><br>**Tier 3 Preferred Brand:**<br>**25% coinsurance**<br><br>**Tier 4 Non-Preferred Drug:**<br>**25% coinsurance**<br><br>**Tier 5 Specialty Drugs:**<br>**25% coinsurance**<br><br>**Tier 6 Supplemental Drugs:**<br>**$0 copayment**<br><br>**If you receive "Extra Help" your copayment will be:**<br><br>**$1.60 copay or**<br>**$4.90 copay or**<br>**$5.10 copay or**<br>**$12.65 copay** |

**Changes to the Catastrophic Coverage Stage**

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

# SECTION 2
# How to Change Plans

**To stay in *El Paso Health Medicare Advantage Dual (HMO D-SNP),* you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *El Paso Health Medicare Advantage Dual (HMO D-SNP)*.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from *El Paso Health Medicare Advantage Dual (HMO D-SNP)*.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from *El Paso Health Medicare Advantage Dual (HMO D-SNP)*.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at *1-833-742-3125* (TTY users call *711*) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 3), or call 1-800-MEDICARE (1-800-633-4227).

## Section 2.1 Deadlines for Changing Plans

- People with Medicare can make changes to their coverage from **October 15 – December 7** each year.
- If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

## Section 2.2 Are there other times of the year to make a change?

- In certain situations, people may have other chances to change their coverage during the year. Examples include people who:
- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

# SECTION 3
# Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Texas has a program called Texas HIV State Pharmacy Assistance Program (SPAP) and Texas Kidney Health Care 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Texas *HIV Medication Program*. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call *Texas HIV Medication Program at 1-800-255-1090*. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at *1-833-742-3125* (TTY users call *711*) or visit www.Medicare.gov

# SECTION 4
# Questions?

## Get Help from El Paso Health Medicare Advantage

- **Call Member Services at *1-833-742-3125.* (TTY users call 711.)**

  We're available for phone calls October 1 - March 31, 8:00 a.m. to 8:00 p.m. daily and April 1-September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for *El Paso Health Medicare Advantage Dual (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at *www.ephmedicare.com* or call Member Services at *1-833-742-3125* (TTY users call *711*) to ask us to mail you a copy.

- **Visit** www.ephmedicare.com

  Our website has the most up-to-date information about our provider network *(Provider Directory/Pharmacy Directory) and our List of Covered Drugs* (formulary/Drug List).

## Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Texas Health Information Counseling and Advocacy Program (HICAP).

Call Texas Health Information Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Texas Health Information Counseling and Advocacy Program (HICAP) at *1-800-252-9240*. Learn more about Texas Health Information Counseling and Advocacy Program (HICAP) by visiting (*www.tdi.texas.gov*).

## Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1 800 MEDICARE (1-800-633-4227). TTY users can call 1 877 486 2048.

## Get Help from Medicaid

To get information from Medicaid or your Medicaid managed care plan you can call Texas Health and Human Services (Medicaid) at 1-877-541-7905. TTY users should call 711.

El Paso Health
Medicare Advantage

**For more information:**

# Call 1-833-742-3125

**TTY users call 711**

**or vist us at**
**EPHMedicare.com**