El Paso Health
Medicare Advantage

Service Area/Área de servicio:
El Paso and Hudspeth

2026 Summary of Benefits
El Paso Health Total (HMO)

H3407_002SB_M CMS Accepted 8/30/2025

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-833-742-2121 (TTY: 711). We are open as follows:

- October 1 – March 31, 8 a.m. to 8 p.m. seven days a week
- April 1 – September 30, 8 a.m. to 8 p.m. Monday through Friday

UNDERSTANDING THE BENEFITS

√ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit ephmedicare.com to view a copy of the EOC or call 1-833-742-2121 to request a copy.

√ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

√ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

√ Review the formulary to make sure your drugs are covered.

UNDERSTANDING IMPORTANT RULES

√ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month unless it is paid by your state Medicaid benefits.

√ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.

√ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

√ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Summary of Benefits

Your local, El Paso Health Total (HMO) is a Medicare Advantage, Health Maintenance Organization (HMO) and Prescription Drug Plan with a Medicare contract. Enrollment in this El Paso Health Total (HMO) depends on contract renewal.

This is a brief summary of benefits and services covered by El Paso Health Total (HMO) from January 1, 2026 to December 31, 2026. It does not list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You may also see our Evidence of Coverage online at, ephmedicare.com.

To be eligible to join El Paso Total (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

HOW TO CONTACT US

- Phone: 1-833-742-2121, TTY Users: 711
- Fax: 915-532-2286
- Email: medicare@elpasohealth.com
- Website: ephmedicare.com

HOURS OF OPERATION

You can call us as follows:
October 1 – March 31, 8 a.m. to 8 p.m. seven days a week
April 1 – September 30, 8 a.m. to 8 p.m. Monday through Friday.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

El Paso Health Total (HMO) has a network of doctors, specialists, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory on our website at ephmedicare.com or call us and we will send you a copy of the provider and pharmacy directory.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more! Extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan's formulary (list of Part D prescription drugs) and any restrictions on our website at ephmedicare.com or call us and we will send you a copy of the formulary.

"MEDICARE AND YOU" HANDBOOK

If you would like to access a copy of the "Medicare & You" handbook please go to https://www.medicare.gov/pub/medicare-you-handbook or if you would like a copy mailed to you call Medicare at 1-800-633-4227, TTY Users call 1-877-486-2048.

Monthly Premium, Deductible and Plan Costs

MONTHLY PLAN PREMIUM

$0
You must keep paying your Medicare Part B Premium.

MEDICAL DEDUCTIBLE

This plan does not have a medical deductible.

PHARMACY (PART D) DEDUCTIBLE

This plan has a deductible of $425 for the year.

MAXIMUM OUT-OF-POCKET

$4,000
The most you will pay for copays, coinsurance and other costs for covered medical services in a year.

INPATIENT HOSPITAL COVERAGE

Days 1-5	$100 copay per day
Days 6-90	$0 copay per day

OUTPATIENT HOSPITAL COVERAGE

$0 copay for Cardiac Catherization and Outpatient Clinic Facility
$150 copay for all other Outpatient Hospital Facility Services
Authorization is required.

AMBULATORY SURGICAL CENTER (ASC) SERVICES

$0 copayment, *Authorization is required*

DOCTOR VISITS

Primary Care Provider	$0 copay
Specialist	$25 copay

PREVENTATIVE CARE

$0 copay
Your plan covers all Medicare preventative services including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening & counseling
- Annual Wellness Visit (AWV)
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease screenings
- Cervical and vaginal screening
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Glaucoma screening
- HIV screening
- Immunizations
- Lung cancer screening
- Medical nutrition therapy
- Obesity screening and therapy
- Prostate cancer screening
- Routine physical exam
- Sexually transmitted infections (STIs) screening and counseling
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- "Welcome to Medicare" preventive visit

Additional preventative services approved by Medicare during the contract year will be covered.

EMERGENCY CARE

$140 copay
If you are admitted to the same hospital within 24 hours, you will not have to pay the emergency care copay. You will be responsible for the inpatient hospital copay instead.

URGENTLY NEEDED SERVICES

PCP	$0 copay
Facility	$50 copay

Urgently needed services are provided to treat non-emergency conditions that require immediate medical attention.

DIAGNOSIS SERVICES, LABS & IMAGING

Service	In-Office	Facility
Labs	$0 copay	$60 copay
Diagnostic Radiology Services (MRI, CT Scan, PET)	$165 copay	$320 copay
Therapeutic Radiology (Radiation Therapy)	20% coinsurance	20% coinsurance
Outpatient X-Ray Services	$0 copay	$125 copay

HEARING SERVICES

Mandatory Covered Service	$25 copay. You must see a specialist in our network.
Optional Supplemental Benefit	$525 copay for an entry hearing aid device $700 copay for a basic hearing aid device $1,000 copay for a prime hearing aid device 2 Hearing aids are covered every year. You must see an in-network provider to use this service.

DENTAL SERVICES

Mandatory Covered Service	$25 copay
Optional Supplemental Benefit	$0 copay for oral exam. 2 every year $0 copay for dental x-rays. 2 every year $0 copay for diagnostic dental services. *Authorization required* $0 copay for endodontics 1 per tooth per lifetime. *Authorization required* $0 copay for prophylaxis (cleaning). 2 every year $0 copay for fluoride treatment. 2 every year $0 copay for restorative services. Restorative fillings one per surface per tooth every 2 years. Restorative inlay/onlay 1 per tooth every 5 years. Restorative crowns one per tooth every 5 years. Restorative repair is unlimited. $0 copay for prosthodontics, removeable. Prosthodontics (dentures) one set every 5 years. Denture adjustments/repair 1 per arch every year. Denture redline, one per arch every 2 years. $0 copay prosthodontics, fixed. Partial dentures (bridges) one per tooth every 5 years. $0 copay for oral and maxillofacial surgery. Surgical extractions 1 per site/quadrant per lifetime. 1 visit per year. $0 copay for adjunctive general services. Occusal guards 1 every 3 years. Teledentistry 2 every year. **$1,500** combined maximum benefit coverage amount per year for diagnostic/preventative and comprehensive benefits.

Limitations and exclusions may apply. Dental benefits under this plan may not cover all procedure codes. Any services not listed will not be covered by the plan and will be the Member's responsibility. Our dental provider is Liberty Dental. You must see an in-network provider to use this service.

VISION SERVICES

Mandatory Covered Service	$25 copay
Optional Supplemental Benefit	$0 copay for routine eye exam every year
	$200 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frame, fitting for eyeglasses-lenses and frames.

Any services not listed will not be covered by the plan and will be the Member's responsibility. Our vison provider is Envolve Vision. You must see an in-network provider to use this service.

MENTAL HEALTH SERVICES

Inpatient Hospital Psychiatric	Days 1-5 Days 6-90 *Authorization is required for this service.*	$100 copay per day $0 copay per day
Mental health therapy visits		$25 for individual sessions $25 group sessions
Outpatient substance abuse services		$25 for individual sessions $25 group sessions

SKILLED NURSING FACILITY

Days 1-20	$20 copay per day
Days 21-100	$214 copay per day

Our plan covers up to 100 days in a Skilled Nursing Facility.
Authorization is required.

PHYSICAL THERAPY

Office	$25 copay
Facility	$30 copay

AMBULANCE

Ground	$300 copay per date of service
Air	20% coinsurance
	Authorization is required for non-emergency Medicare services.

TRANSPORTATION

12 one-way non-emergent medical transportation services every year.

Transportation must be scheduled 24-48 hours in advance.

MEDICARE PART B DRUGS

Chemotherapy drugs	Outpatient hospital	20% coinsurance	*Authorization is required*
	Specialist Office	20% coinsurance	*Authorization is required*
Other Part B drugs	20% coinsurance *Authorization is required*		

Part B Insulin
You will not pay more than $35 for a one-month supply of insulin.

PRESCRIPTION DRUG BENEFITS

Deductible	$425 yearly deductible
Insulin Costs	$35 copay one-month supply
Vaccines	$0 copay for vaccines that are recommended by the Advisory Committee on Immunization Practices (AICP).

INITIAL COVERAGE

The total yearly out-of-pocket drug costs this year is $2,100. Once you reach this amount, you will enter the Catastrophic Stage.

PHARMACY COST-SHARING

	Retail Cost-Sharing Includes all in-network retail pharmacies.		**Standard Mail-Order** Cost Sharing		**Long-Term Care Facility** Cost-Sharing	
Day Supply	30-day	100-day	30-day	100-day	31-day	100-day
Tier 1: Preferred Generic	$0	$0	$0	$0	$0	$0
Tier 2: Generic	$0	$0	$0	$0	$0	$0
Tier 3: Preferred Brand	$35	$105	$35	$105	$35	N/A
Tier 4: Non-Preferred Drug	35%	35%	35%	35%	35%	N/A
Tier 5: Specialty Drugs	28%	N/A	28%	N/A	28%	N/A
Tier 6: Supplemental Drugs	$0	$0	$0	$0	$0	$0

CATASTROPHIC COVERAGE

Once your total out-of-pocket costs has reached $2,100 you will pay $0 for covered Part D drugs.

EXTRA HELP

If you receive "Extra Help" for your drugs you will have a $0 deductible.

Prior to reaching your annual $2,100 out-of-pocket limit you will pay one of the following depending on your level of "Extra Help:"

- $1.60 copay or
- $4.90 copay or
- $5.10 copay or
- $12.65 copay
- $0 for all supplemental drugs

After reaching your annual $2,100 out-of-pocket limit, you will pay $0 for the remainder of the calendar year, regardless of the level of "Extra Help" you receive. Additional information will be available on your LIS rider.

Cost sharing may change depending on the pharmacy you choose, when you enter another phase of the Part D benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 (TTY: 1-800-325-0778), Monday – Friday, 7 a.m. – 7 p.m. For more information on your prescription drug benefit, please call us or access your Evidence of Coverage online.

If you reside at an in-network long-term care facility, you pay the same as you would at an in-network retail pharmacy. Under certain situations you may be able to get drugs from an out-of-network pharmacy but may pay more than you would pay at an in-network pharmacy.

ADDITIONAL MEDICAL BENEFITS

Chiropractic Services	$15 copay, *Authorization is required*
Podiatry Services (Medicare-covered)	$25 copay

MEDICAL EQUIPMENT/SUPPLIES

Diabetic Monitoring Supplies	20% coinsurance
Diabetic Therapeutic Shoes/Inserts	$0 copay. Authorization required
Durable Medical Equipment	20% coinsurance. Authorization required
Prosthetics Devices and Related Supplies	20% coinsurance. Authorization required

REHABILITATION SERVICES

Cardiac rehabilitation services	$25 copay. Authorization required	
Occupational therapy	$25 copay. Authorization required	
Pulmonary rehabilitation	$25 copay. Authorization required	
Physical therapy & Speech therapy	$25 copay in office *Authorization required*	$30 copay in facility

EXTRA BENEFITS

As a Member of El Paso Health Total (HMO), you have the following benefits included in this plan. This summary does not list every service, limitations or exclusions. Your Evidence of Coverage (EOC) provides a complete list of covered services. Call us to request a copy of the EOC at 1-833-742-2121 or visit our website, ephmedicare.com.

Fitness Program

A Planet Fitness Premium Membership (Black Card). As a Member you have access to any Planet Fitness location or a monthly membership to any YMCA facility. You must choose Planet Fitness or YMCA as your fitness program but cannot be both.

Meal Benefit

As a Member you receive up to 14 post discharge meals after being released from a Hospital or Skilled Nursing Facility.

Over-the-counter

$45 quarterly allowance for the over-the-counter eligible products. The allowance does not roll over. You will receive a Mastercard in the mail, please make sure to activate the card prior to using it. The card is provided by Nations Benefits.

24-Hour Nurse Line

Members have access to 24-hour nurse line available 7 days a week. The Nurse line is staffed by bilingual nurses and pharmacists.

Transportation

12 one-way non emergent trips for medical appointments. Transportation must be arranged within 24-48 hours of appointment.

El Paso Health
Medicare Advantage

1145 Westmoreland Drive
El Paso, Texas 79925

How to contact El Paso Health Total (HMO)

Members can call toll free 1-833-742-2121

TTY Users: 711

We are available:

- October 1 – March 31, 8 a.m. to 8 p.m. Mountain Standard Time (MST) daily.
- April 1 – September 30, 8 a.m. to 8 p.m. Mountain Standard Time (MST) Monday through Friday.

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