

For more information call 1.833.742.3125



# El Paso Health Medicare Advantage Dual (HMO D-SNP) 2026 Supplemental Benefits

El Paso Health is always improving its services to insure the health and happiness of our members. Below are our Supplemental Benefits for 2026.



Over-the-Counter \$200 per quarter



Vision \$400 Annually



Dental \$3,000 Annually



Home-Delivered Meals Total of 14



Hearing \$2,000 every 2 years



Transportation
Total of 96
one-way trips



24-Hour Nurse Line



PERS Device
Personal Emergency
Response
System Device



GetFit Program
YMCA or
Planet Fitness
Membership



Podiatry 10 Visits Annually



\*Health and Home Program \$450 per quarter

<sup>\*</sup>Members qualify based on chronic conditions. See back for additional details.

## El Paso Health Medicare Advantage Dual (HMO D-SNP) **2026 Supplemental Benefits**



## **Over-the-Counter** \$200 per quarter

Receive up to \$200 each quarter for covered over-the-counter purchases and wellness (hygiene) items.



## **Dental \$3,000** Annually

Receive up to \$3,000 each year! It can be used for dental checkups, x-rays, routine cleaning, fillings, extractions, dentures and much more!



#### **Hearing**

\$2,000 towards fitting/evaluation for aids and hearing devices every two (2) years.



#### 24-Hour Nurse Line

Access to a 24-hour, seven days a week bilingual (English/Spanish) medical advice line staffed by nurses and pharmacists. Assistance provided in multiple languages.



#### **GetFit Program**

Monthly Membership to any YMCA local facility Or choose a monthly premium (black card) membership to any local Planet Fitness center. You must call Member Service and specify the fitness center you prefer.



### Vision \$400 Annually

Up to \$400 each year! Use it for routine eye exams, eyeglasses (frames and lenses), and/or contact lenses.



#### **Home-Delivered Meals** Total of 14

Get up to fourteen (14) healthy meals delivered to your home after being discharged from a hospital or nursing facility.



## **Transportation**

### Total of 96 one-way trips

Receive 96 one-way non-emergent medical visit transportation services every year.



#### **PERS Device**

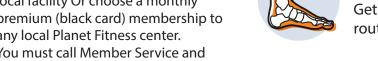
## **Personal Emergency Response System Device**

One Personal Emergency Response System Device (includes monthly fees) for those who qualify.



#### **Podiatry** 10 Visits Annually

Get ten (10) visits annually for routine podiatry care.



\*Qualifications for Additional Benefits for Chronic Conditions To qualify for these services you will need to have one of the following chronic conditions listed below:

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 disorders, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders & Stroke.



## **Health & Home Program**

### \$450 per quarter

Qualifying Members receive a quarterly allowance of \$450 for approved healthy produce/food items or paying any of the following utilities such as; gas, water, electricity or rent. Use your OTC MasterCard to complete purchases or pay your utilities.