



2021

Summary of Benefits



El Paso Health⁺
Advantage Dual SNP

Summary of Benefits

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

On the following pages, you can review more about the plan benefits to help you choose the right plan for you. This gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list 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:
www.ephmedicare.com.

SUMMARY OF BENEFITS

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

This is a summary of drugs and health services covered by El Paso Health Advantage Dual SNP (HMO D-SNP) January 1, 2021 - December 31, 2021.

El Paso Health Advantage Dual SNP is a Medicare Advantage HMO D-SNP and Prescription Drug Plan with a Medicare contract. Enrollment in El Paso Health Advantage Dual SNP (HMO D-SNP) depends on contract renewal.

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.

HOW TO CONTACT US

Phone: 1-833-742-3125
TTY Users: 711
Fax: 915-532-2286
Email: medicare@elpasohealth.com
Website: www.ephmedicare.com

WHO CAN JOIN US?

To join El Paso Health Advantage Dual SNP (HMO D-SNP), you must be:

- Entitled to Medicare Part A
- Enrolled in Medicare Part B
- Part of the Qualified Medicare Beneficiary (QMB) program or QMB+, Texas Medicaid
- Live in our service area. Our service area includes El Paso and Hudspeth counties.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

El Paso Health Advantage Dual SNP (HMO D-SNP) 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 www.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 www.ephmedicare.com.

Or, call us and we will send you a copy of the formulary.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits gives you a summary of what El Paso Health Advantage Dual SNP (HMO D-SNP) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or, use the Medicare Plan finder at www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. You can view it online at www.medicare.gov or get a copy 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.

Benefit Category**El Paso Health Advantage
Dual SNP (HMO D-SNP)****Texas Medicaid****Monthly Premium**

\$0 monthly premium

You must keep paying your Part B Premium. The Part B Premium may be covered through your State Medicaid program.

Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.

MEDICAL DEDUCTIBLE

This plan has a medical deductible. The deductible may not apply to you because Members are protected by the Texas Medicaid Program from cost sharing, co-insurance, co-pays and deductibles for Original Medicare covered services.

PHARMACY (PART D) DEDUCTIBLE

This plan does have a deductible of \$445. The Part D deductible does not apply to you because you get Extra help from Medicare.

MAXIMUM OUT-OF-POCKET RESPONSIBILITY

This plan does have a maximum out-of-pocket responsibility, (does not include prescription drugs). Our Members are protected by the Texas Medicaid Program from cost sharing; Medicaid pays co-insurance, co-pays, and deductibles for Original Medicare covered services. Members are not responsible for the maximum out-of-pocket.

**Inpatient Hospital
Care**

\$0 co-pay for days
1 through 90.

Our plan covers 90 days for
inpatient hospital stay.

Our plan also covers 60
"lifetime reserved days."
These are "extra" days that
we cover. If your hospital stay
is longer than 90 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 90 days.

Prior authorization may
be required.

Inpatient hospital stays are
a covered benefit. Medicaid
pays coinsurance, co-
payments, and deductibles for
Medicare covered services.
Members should follow
Medicare guidelines related to
hospital choice.

\$0 co-pay for Medicaid-
covered services.

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p>Outpatient Hospital Coverage (Ambulatory Surgical Center)</p>	<p>\$0 co-pay Prior authorization may be required.</p>	<p>Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
<p>Doctor Office Visits</p>	<p>Primary Care Provider: \$0 co-pay Specialist: \$0 co-pay It is always recommended that you talk to your Primary Care Provider first before you get care from a Specialist.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
<p>Preventive Care</p>	<p>\$0 co-pay for: Medicare preventative services</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm Screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral screenings) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) 	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p>Preventive Care (continued)</p>	<ul style="list-style-type: none"> • Depression screenings • Diabetes screenings • HIV screenings • Medical nutrition therapy services • Obesity screening and counseling • Pap smears and pelvic exams (women) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” Preventive visit (one time) • Yearly “Wellness” visit 	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Emergency Care</p>	<p>\$0 co-pay</p> <p><i>Note: Emergency services are not covered outside the United States.</i></p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>(Any emergency room visit if the member reasonably believes he or she needs emergency care.)</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p>Urgently Needed Services</p>	<p>\$0 co-pay</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>(This is NOT emergency care and in most cases, is out of the service area.)</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Diagnostic Services, Labs and Imaging</p>	<p>\$0 co-pay</p> <p>Diagnostic mammography, diagnostic radiology, lab services, diagnostic test and procedures, outpatient X-rays, and radiation therapy.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Hearing Services</p>	<p>\$0 co-pay</p> <p>Routine Hearing Services:</p> <p>This plan covers 1 hearing exam and hearing aid fitting/evaluation every year. \$2,000 maximum plan benefit for hearing aids every two (2) years.</p> <p>It is always recommended that you talk to your PCP first before you get care from a Specialist.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
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Dental Services

\$0 co-pay

Preventive dental services:
 This plan covers: oral exam(s), cleanings(s), dental X-ray(s) and fluoride treatment(s) every year.

Comprehensive dental services:
 This plan covers: diagnostic services, restorative services, extractions, prosthodontics, other oral/maxillofacial surgery, extra exams, cleanings, X-rays, fillings, extractions, and dentures.

Benefit limit: \$3,000 limit on covered preventive and comprehensive dental services. Any amount not used by the end of the calendar year will expire.

Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.

Note: For Members who are 20 years of age or younger; or 21 years of age or older in an ICF-MR.

\$0 co-pay for Medicaid-covered services.

Vision Services

\$0 co-pay

Medicare-covered vision services:
 Exam to diagnose and treat diseases and conditions of the eye.
 Eyeglasses or contact lenses after cataract surgery.

Routine vision services:
 Routine vision exam - 1 routine eye exam(s) every year.
 Routine eyewear (lenses and frames). This plan covers up to \$300 for eyeglasses or contact lenses every year.

Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.

Services by an Optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.

\$0 co-pay for Medicaid-covered services.

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p>Mental Health Services</p>	<p>\$0 co-pay for 190 days</p> <p>Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 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 90 days.</p> <p>Prior authorization may be required.</p>	<p>Inpatient psychiatric hospital stays are a covered benefit for Members under the age 21, and Members 65 years of age and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for Members 21 through 64 years of age.</p> <p>Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services.</p> <p>Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Outpatient Mental Health Services</p>	<p>\$0 co-pay for group therapy visit</p> <p>\$0 co-pay for individual therapy visit</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Skilled Nursing Facility</p>	<p>\$0 co-pay for days 1 through 100</p> <p>Prior authorization may be required.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p>Outpatient Therapy</p>	<p>\$0 co-pay</p> <p>Occupational, physical, and speech therapy.</p> <p>Prior authorization may be required.</p> <p><i>Note: physical therapy is covered either by a facility or therapist providing services in home.</i></p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Ambulance</p>	<p>\$0 co-pay for Medicare covered services.</p> <p>Medically necessary ambulance ground, water, and air services.</p> <p>Prior authorization required for non-emergent ambulance transport.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Transportation</p>	<p>\$0 co-pay; 96 one-way trips per year</p> <p>Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time.</p>	<p>The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p>
<p>Medicare Part B Drugs</p>	<p>\$0 co-pay</p> <p>Medicare Part B drugs include immunosuppressant drugs, anti-cancer drugs, anti-emetic drugs, and dialysis drugs.</p>	<p>Medicaid will not cover any Medicare Part B drugs.</p>

PRESCRIPTION DRUGS

DEDUCTIBLE FOR PART D

You are not responsible for the Part D because you get Extra Help from Medicare. Depending on the level of Extra Help you receive, you will pay one of the following cost-share amounts each time you fill your drug.

Standard Cost-sharing

Mail order: Kroger

Retail: All other network retail pharmacies

Benefit Category	Retail	Mail Order
Tier 1 Generic Drugs (including brand drugs treated as generic)	30 day supply You pay \$0 co-pay; \$1.30 co-pay; \$3.60 co-pay; or 15% of total	90 day supply You pay \$0 co-pay; \$1.30 co-pay; \$3.60 co-pay; or 15% of total
Tier 1 all other drugs	30 day supply You pay \$0 co-pay; \$3.90 co-pay; \$8.95 co-pay; or 15% of total	90 day supply You pay \$0 co-pay; \$3.90 co-pay; \$8.95 co-pay; or 15% of total

Specialty drugs are limited to a 30-day supply.

Day Supply Available

- One month supply (up to 30 days)
- Two month supply (31-60 days)
- Three month supply (61-90)

CATASTROPHIC COVERAGE STAGE

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$4,130 limit for the calendar year, you pay nothing for all drugs.

ADDITIONAL BENEFITS

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
Podiatry Services	<p>\$0 co-pay for Medicare covered services only, Diabetes-related nerve Damage or Medically Necessary treatment for foot injuries or diseases.</p> <p>This plan covers 6 visits annually for routine podiatry care.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Durable Medical Equipment (like wheelchairs or oxygen)</p>	<p>\$0 co-pay</p> <p>Prior authorization may be required.</p>	<p>\$0 co-pay for Medicaid-covered services.</p>
Medical Supplies	<p>\$0 co-pay</p>	<p>\$0 co-pay for Medicaid-covered services.</p>
<p>Prosthetics (artificial limbs or braces)</p>	<p>\$0 co-pay</p> <p>Prior authorization may be required.</p>	<p>For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Diabetic Monitoring Supplies	<p>\$0 co-pay</p>	<p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p>Home Health Care</p>	<p>\$0 co-pay</p> <p>(includes medically necessary intermittent skilled nursing care, home health aide services, occupational therapy, physical therapy, speech therapy, and medical social services)</p> <p>Prior authorization may be required.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Hospice</p>	<p>Covered under Original Medicare</p> <p>Not covered by El Paso Health Advantage Dual SNP (HMO D-SNP).</p>	<p>Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p><i>Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</i></p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
Health/Wellness Education	<p>\$0 co-pay; Programs to help you manage your health conditions including education, materials, advice and care tips.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Chiropractic Services	<p>\$0 co-pay for Medicare covered Chiropractic services.</p> <p>Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position).</p> <p>Prior authorization may be required.</p>	<p>Chiropractic manipulative treatment (CMT) performed by chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p>Outpatient Rehabilitation Services</p>	<p>\$0 co-pay</p> <p>Prior authorization may be required.</p> <p>Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period).</p> <p>Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions).</p> <p>Occupational/Physical/Speech therapy visit.</p> <p><i>Note: physical therapy is covered either by a facility or therapist providing services in home.</i></p>	<p>For Members who are 20 years of age or younger, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Prior authorization may be required.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Outpatient Substance Abuse</p>	<p>\$0 co-pay for individual and group therapy visits.</p>	<p>Not covered by Texas Medicaid.</p>
<p>Renal Dialysis Services</p>	<p>\$0 co-pay</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Supplemental benefits included with your enrollment in El Paso Health Advantage Dual SNP (HMO D-SNP)

Over-the-Counter Catalog Service

Members are eligible to receive up to \$250 every quarter for covered over-the-counter purchases such as toothbrushes, bandages, vitamins, grab bars, Nicotine Replacement Therapy drugs and other eligible items.

Meals Benefit

Post Hospitalization Meals
\$0 co-pay for up to 12 home-delivered meals following your discharge from a hospital or nursing facility.

Personal Emergency Response System coverage (PERS)

One Personal Emergency Response System Device and related monthly service fees for qualified individuals.

24 Hour Nurse Line

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

Medicare Community Connections

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support program. We'll help you coordinate these services based on your unique needs.

HOME AND COMMUNITY BASED WAIVER SERVICES

THE FOLLOWING ARE TEXAS MEDICAID SERVICES (not covered by El Paso Health Advantage Dual SNP (HMO D-SNP). For additional information, contact the Texas Health and Human Services Commission (HHSC) at 1-877-541-7905 or TTY users can call 711.

Those who meet QMB requirements and also meet the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid services not covered by Medicare, including Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.

Community Living Assistance and Support Services (CLASS) Waiver

Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services-class>.

Deaf Blind with Multiple Disabilities Waiver (DBMD)

Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd>.

Home and Community Services (HCS) Waiver

Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs>

Medically Dependent Children Program (MDCP)

Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/medically-dependent-children-program-mdcp>.

Texas Home Living Waiver (TxHmL)

Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage, <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhtml>.

STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)

Programs include: Adult Foster Care, Assisted Living, Cognitive Rehabilitation Therapy, Financial Management Services, Home Delivered Meals, Minor Home Modifications and Support Consultation. Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage: <https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus>.

Non-Discrimination Notice

El Paso Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. El Paso Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

El Paso Health provides aids and services at no cost to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
Qualified interpreters and Information written in other languages

If you need these services, contact the Civil Rights Coordinator at 915-298-7198 Ext 1032.

If you believe that El Paso Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

El Paso Health Civil Rights Coordinator
Chief Compliance/HIPAA Privacy Officer
1145 Westmoreland, El Paso, TX 79925
FileGrievance@elpasohealth.com
915-298-7198 Ext 1032; TTY 711
FAX 915-532-2877

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, El Paso Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Proficiency of Language Assistance Services

Hindi/हिंदी: यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्त के El Paso Health के बारे म प्रश्न ह ,तो आपके पास अपनी भाषा म मुफ्त म सहायता और सूचना प्राप्त करने का ंधकार है। ककसी िभाषण सेबात करनेके ंलए 1-833-742-3125 (TTY 711).

Persian/پارسی: [دروم رد ل اوس , دي ن ک ي م ک م ک و ا ه ب ام ش ه ک ی س ک اي , ام ش رگا ی س راف] El Paso Health ن ا گ ي ا ر روط ه ب ا ر دو خ ن ا ب ز ه ب ا ت ا ع ل ا ط ا و [361 ک م ک ه ک دي ر ا د ا ر ن ي ا ق ح El Paso Health دي ي ا م ن ت ف ا ي ر د [دي ش ا ب ه ت ش ا د , 1-833-742-3125 (TTY 711).

German/ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-742-3125 (TTY 1-855-532-3740).

Gujarati/ગુજરાતી: જો તમે ગુજરાતી બોલતા હો, તો નિઃશલ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-742-3125 (TTY 711).

Russian/ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-742-3125 (телетайп: 711).

Japanese/注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-833-742-3125 (TTY: 711) まで、お電話にてご連絡ください。

Laotian/ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-833-742-3125 (TTY: 711).



Covered Supplemental Benefits



El Paso Health +
Advantage Dual SNP

Covered Supplemental Benefits



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.

Transportation Service

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



Dental

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

Covered Supplemental Benefits



PERS Device

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

Vision

Up to \$300 each year!
Use it for routine eye exams,
eyeglasses (frames and lenses),
and/or contract lenses.



Over-the-Counter

Receive up to \$250 each quarter for covered over-the-counter purchases. Order through our Catalog Service toothbrushes, bandages, vitamins, grab bar, and many other eligible items. The \$250 allowance renews every quarter.

Covered Supplemental Benefits

Hearing

\$2,000 towards hearing aids every two (2) years.



Podiatry

Get six (6) visits annually for routine podiatry care.

Home-Delivered Meals

Get up to twelve (12) healthy meals delivered to your home after being discharged from a hospital or nursing facility.



Covered Supplemental Benefits



Adult Daycare Services

Qualified Members are eligible for up to 3 days of adult daycare services per quarter.

Support for Caregivers

Caregivers of qualified members are eligible to receive up to 8 hours of caretaker support per quarter.



Glossary of Common Terms and Definitions

Annual Election Period (AEP) - the period from October 15 through December 7 of each year. During this time period, you may enroll in prescription drug plans and Medicare Advantage plans.

Appeal - A special kind of complaint you submit if you disagree with a decision to deny a request for services, or payment for services you have already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. There is a specific process our plan must use when you ask for an appeal.

Benefit Period - in Part A, this period begins when you enter a hospital for an overnight stay and ends when you have been out of the hospital for 60 consecutive days.

Catastrophic Coverage - In Medicare Part D, this phase of a drug plan allows you to pay only a small co-insurance or small co-pay for a covered drug, and your plan pays the rest of the cost for the remainder of the year.

Center for Medicare and Medicaid Services (CMS) - this is the federal government agency that runs the Medicare program and works with the states to manage their Medicaid programs.

Co-insurance - This is the percentage a plan charges for services you may have to pay after you pay any plan deductibles. The co-insurance payment is a percentage of the cost of the service.

Co-payment (co-pay) - In some Medicare health and prescription drug plans, the amount you pay for each medical service, like a doctor's visit or a prescription. A co-pay is usually a set amount.

Cost-sharing - A term for the way Medicare shares your health care costs with you. The most common types of cost-sharing are deductibles, co-pays and co-insurance.

Glossary of Common Terms and Definitions

Coverage Gap - A name for the phase in the Medicare Part D plan in which you pay most of the plan's discounted cost for your covered medication.

Deductible - The amount you must pay for services before the plan begins to pay. These amounts can change every year.

Dual Eligible - A person who is eligible for both Medicare and Medicaid.

Grievance - A complaint about the way your Medicare health plan is providing access to care. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered. (see Appeal)

Health Maintenance Organization (HMO) - In Part C, a type of Medicare Advantage plan in which you must use doctors and hospitals in the plan's network for your care. If you go outside the network, other than for emergency care, for urgent care, or for out-of-area renal dialysis, you are responsible for your own care.

Home Health Care - In Part A and B, skilled nursing care and therapy, such as speech therapy or physical therapy, provided to the homebound on a part-time or intermittent basis.

Hospice Care - Care for those who are terminally ill. Hospice care typically focuses on controlling symptoms and managing pain. In Part A, hospice care also includes support services for both patients and caregivers. Part A covers both hospice care received at home and care received in a hospice outside of home.

Initial Enrollment Period - A seven-month period when you first become eligible to enroll in Medicare and a Medicare prescription drug plan. It begins three months before your 65th birthday and ends no later than three months after the month of your birthday.

Inpatient Care - Care you receive in a hospital when you are admitted for an inpatient stay.

Glossary of Common Terms and Definitions

Maximum out-of-pocket Limit - A limit that Medicare Advantage plans set on the amount of money you will have to spend out of your own pocket in a plan year. In Part D, you must reach this maximum before catastrophic coverage begins for the remainder of the year. (see Catastrophic Coverage)

Network - In Part C and D, the group of health care providers, such as hospitals, doctors and pharmacies that agree to provide care to the members of a Medicare Advantage coordinated care plan or prescription drug plan.

Out-of-Pocket Maximum - A limit that Medicare Advantage plan sets on the amount of money you will have to spend out of your own pocket in a plan year. For Medicare Part A and Part B services plan premiums do not count toward the out-of-pocket maximum. (See Maximum Out-of-Pocket Limit)

Outpatient Care - Care you receive as a hospital patient if you are not admitted for an inpatient stay, or care you receive in a freestanding surgery center as an outpatient.

Part A - The part of Medicare that provides help with the cost of the hospital stay, skilled nursing services following a hospital stay and some other kinds of skilled care.

Part B - The part of Medicare that provides help with costs of doctor's visits and other medical services that don't involve overnight hospital stays.

Part C - The part of Medicare that allows private insurance companies to offer plans that combine help with hospital costs with help of doctor's visits and other medical services. Part C plans are usually referred to as "Medicare Advantage Plans".

Part D - The part Medicare that offers help with the costs of prescription drugs.

Premium - A fixed amount you must pay to participate in a plan or program; in private insurance, the price you pay for a policy, usually as a monthly payment.

Glossary of Common Terms and Definitions

Preventive Care - Care that is meant to keep you healthy, or to find illness early when treatment is most effective.

Prior Authorization - Approval in advance to get services or certain drugs that may or may not be on the plan's formulary. Covered drugs that need prior authorization are marked in the formulary.

Provider - A person or organization that provides medical services or products such as doctor, hospital, pharmacy, laboratory or outpatient clinic.

Referral - A written approval from your primary care physician (doctor) for you to see a specialist or get certain services. In many Medicare managed care plans, you need to get a referral before you can get care from anyone except your primary care physician.

Service Area - The area where a health plan accepts members. For plans that require you to use their doctors and hospitals it is also the area where services are provided.

Special Election Period (SEP) for Dual Eligible - You can make changes to your Medicare Advantage and Medicare prescription drug coverage anytime during the year. You may join, switch, or drop a Medicare Advantage Plan or Medicare prescription drug coverage.

Special Needs Plan (SNP) - A type of Medicare Advantage Plan that serves people with special health care needs.

Step-Therapy (ST) - A term on the comprehensive formulary that indicates medication will only be covered if previous medications to treat condition weren't successful.



For more information:

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