



## ***El Paso Health Advantage Dual HMO D-SNP (HMO D-SNP) offered by El Paso Health Advantage Dual SNP***

# **Annual Notice of Changes for 2021**

You are currently enrolled as a member of *El Paso Health Advantage Dual SNP (HMO D-SNP)*. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

---

### **What to do now**

#### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.5 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use.
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in *El Paso Health Advantage Dual SNP (HMO D-SNP)*.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 3.2, page 10 and section 4, page 11 to learn more about your choices.

## 4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will stay in *El Paso Health Advantage Dual SNP (HMO D-SNP)*.
- If you join another plan between **October 15** and **December 7, 2020**, your new coverage will start on **January 1, 2021**.

## Additional Resources

- This document is available free in Spanish.

- 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 p.m. 7 daily and April 1- September 30, 8:00 a.m. to 8 p.m. Monday to Friday.
- *This information is also available in alternate formats (e.g. large print, braille).*
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

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

- *El Paso Health Advantage Dual SNP is a Health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in El Paso Health Advantage Dual SNP depends on contract renewal.*
  - When this booklet says “we,” “us,” or “our,” it means *El Paso Health*. When it says “plan” or “our plan,” it means El Paso Health Advantage Dual SNP (HMO D-SNP).
-

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for *El Paso Health Advantage Dual SNP (HMO D-SNP)* in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.ephmedicare.com/evidenceofcoverage](http://www.ephmedicare.com/evidenceofcoverage) by *October 15*. You may also call Member Services to ask us to mail you an *Evidence of Coverage*. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0 copay for each Medicare-covered hospital stay.	\$0 copay for each Medicare-covered hospital stay.

Cost	2020 (this year)	2021 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$435</p> <p><i>Copayment</i> during the Initial Coverage Stage:</p> <p>Drug Tier 1: You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance</p>	<p>Deductible: \$445</p> <p><i>Copayment</i> during the Initial Coverage Stage:</p> <p>Drug Tier 1: You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance</p>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$6,700</p> <p>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.</p>	<p>\$7,550</p> <p>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.</p>

## **Annual Notice of Changes for 2021 Table of Contents**

<b>SECTION 1</b>	<b>Changes to Benefits and Costs for Next Year</b> .....	<b>4</b>
	Section 1.1 – Changes to the Monthly Premium .....	4
	Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	4
	Section 1.3 – Changes to the Provider Network.....	5
	Section 1.4 – Changes to the Pharmacy Network.....	5
	Section 1.5 – Changes to Benefits and Costs for Medical Services .....	5
	Section 1.6 – Changes to Part D Prescription Drug Coverage .....	6
<b>SECTION 2</b>	<b>Administrative Changes</b> .....	<b>9</b>
<b>SECTION 3</b>	<b>Deciding Which Plan to Choose</b> .....	<b>10</b>
	Section 3.1 – If you want to stay in <i>El Paso Health Advantage Dual SNP (HMO D-SNP)</i> ...	10
	Section 3.2 – If you want to change plans .....	10
<b>SECTION 4</b>	<b>Changing Plans</b> .....	<b>11</b>
<b>SECTION 5</b>	<b>Programs That Offer Free Counseling about Medicare and Medicaid</b> .....	<b>12</b>
<b>SECTION 6</b>	<b>Programs That Help Pay for Prescription Drugs</b> .....	<b>12</b>
<b>SECTION 7</b>	<b>Questions?</b> .....	<b>13</b>
	Section 7.1 – Getting Help from <i>El Paso Health Advantage Dual SNP (HMO D-SNP)</i> .....	13
	Section 7.2 – Getting Help from Medicare.....	13
	Section 7.3 – Getting Help from Medicaid.....	14

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless Medicaid pays it.)	\$0	\$0

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> 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. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,700	\$7,550

\*The maximum out-of-pocket amount can change for 2021.

### Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.ephmedicare.com](http://www.ephmedicare.com). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

### Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may 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 changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [www.ephmedicare.com](http://www.ephmedicare.com). You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network.**

### Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [www.ephmedicare.com](http://www.ephmedicare.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b><i>Dental Services</i></b>	\$1,750 allowance every year	\$3,000 allowance every year
<b><i>Vision Services</i></b>	\$200 allowance a year for glasses/contact lenses.	\$300 allowance a year for glasses/contact lenses.
<b><i>Transportation Service</i></b>	32 one-way non-emergent medical visits per year	96 one-way non-emergent medical visits per year



Cost	2020 (this year)	2021 (next year)
<b>Hearing</b>	\$1,500 allowance for hearing aids, every 3 years	\$2,000 allowance for hearing aids, every 2 years
<b>Home Delivered Meals</b>	7 healthy meals after being discharged from a hospital or nursing facility	12 healthy meals after being discharged from a hospital or nursing facility
<b>Over the Counter Catalog (OTC)</b>	\$150 allowance every quarter	\$250 allowance every quarter
<b>Adult Daycare Services</b>	Not covered	3 days of adult daycare services per quarter
<b>Support for Caregivers</b>	Not covered	Caregivers are eligible up to 8 hours of caretaker support per quarter.

## Section 1.6 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the complete Drug List** by calling Member Service (see the back cover) or visiting our website [www.ephmedicare.com/planmaterials](http://www.ephmedicare.com/planmaterials).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy.

Current formulary exceptions may expire at the end of the contract year. If you still require a formulary exception, you should talk to your doctor and request an exception for next year.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

### **Changes to Prescription Drug Costs**

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

## Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	<p>The deductible is \$0.</p> <p>Because we have no deductible, this payment stage does not apply to you.</p> <p>During this stage, you pay <i>full</i> cost sharing for drugs on <i>your Part D or brand name drugs</i> until you have reached the yearly deductible.</p>	<p>The deductible is \$0.</p> <p>Because we have no deductible, this payment stage does not apply to you.</p> <p>During this stage, you pay <i>full</i> cost sharing for drugs on <i>your Part D or brand name drugs</i> until you have reached the yearly deductible.</p>

## Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>For information about the costs for a long-term supply or for mail-order prescription, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance.</p> <p><b>All other drugs:</b> You pay \$0 copay or \$3.90 copay or \$8.95 copay or 15% coinsurance.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance.</p> <p><b>All other drugs:</b> You pay \$0 copay or \$3.90 copay or \$8.95 copay or 15% coinsurance.</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
<i>Member Service TTY</i>	1-855-532-3740	711

Description	2020 (this year)	2021 (next year)
<i>Rewards &amp; Incentives Program</i>	Not Covered	\$25 Gift Card for each Preventative Screening completed:  Completion of HRA Annual Wellness Exam Breast Cancer Screening Colorectal Cancer Screening Prostate Cancer Screening Flu Shot Pneumonia Vaccine

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in *El Paso Health Advantage Dual SNP (HMO D-SNP)*

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

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

Your new coverage will begin on the first day of the following month. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

## Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *El Paso Health Advantage Dual SNP (HMO D-SNP)*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *El Paso Health Advantage Dual SNP (HMO D-SNP)*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in the back of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from now until December 31. The change will take effect on January 1, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. Starting in 2020, there are limits on how often you can change plans. For more information, see Chapter 10, Section 2.1 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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

Texas Health Information Counseling and Advocacy Program (HICAP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Texas Health Information Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Texas Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about Texas Health Information Counseling and Advocacy Program (HICAP) by visiting their website (<http://www.tdi.texas.gov/consumer/hicap>).

For questions about your Texas Health and Human Services for *Medicaid* benefits, contact Texas Health and Human Services (Medicaid) at 1-877-541-7905 or TTY 711, Monday – Friday, 8 a.m. – 5 p.m. or visit the website at <https://www.yourtexasbenefits.com/Learn/Home>. Ask how joining another plan or returning to Original Medicare affects how you get your Texas Health and Human Services (Medicaid) coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** *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 (the name and phone numbers for this organization are in Section 5 of this booklet).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program (THMP) and Kidney Health Care Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Texas HIV Medication Program (THMP) at 1-800-255-1090 or Kidney Health Care Program at 1-800-222-3896.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from *El Paso Health Advantage Dual SNP (HMO D-SNP)*

Questions? We're here to help. Please call Member Services at 1-833-742-3125. (TTY call 711.) We are available for phone calls October 1 - March 31, 8 a.m. to 8 p.m. daily and April 1-September 30, 8 a.m. to 8 p.m., Monday through Friday. Calls to these numbers are free.

#### **Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for *El Paso Health Advantage Dual SNP (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.ephmedicare.com](http://www.ephmedicare.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.ephmedicare.com](http://www.ephmedicare.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

### Section 7.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

**Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

**Read *Medicare & You 2021***

You can read *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.

---

**Section 7.3 – Getting 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.

## 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

English: If you speak English, language assistance services, free of charge, are available to you. Call 1-833-742-3125 (TTY 711).

Spanish/Español: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de El Paso Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-833-742-3125 (TTY 711).

Vietnamese/Viet: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về El Paso Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-833-742-3125 (TTY 711).

Chinese/中文: 如果您,或是您正在協助的對象,有關於[插入El Paso Health 項目的名稱El Paso Health 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話[在此插入數字1-833-742-3125 (TTY 711)。

Korean/한국어: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 El Paso Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-833-742-3125 (TTY 711).

Arabic/العربية: (ص و ص خ ب ة لئ س أ ه د ع ا س ت ص خ ش ي دل و أ ك ي دل ن ا ك ن ا : ة ب ر ع ر ل ا) El Paso Health ش د ح ت ل ل . ة ف ل ك ت ة ي ا ن و د ن م ك ت غ ل ب ة ي ر و ر ض ل ا ت ا م و ل ع م ل ا و ة د ع ا س م ل ا ي ل ع ل و ص ح ل ا ي ف ق ح ل ا ك ي د ل ف ) ( ب ل ص ت ا م ج ر ت م ع م 1-833-742-3125 (TTY 711).

Urdu/اودرا: El Paso Health پ ا ر و ا ي ه ه ر د د م و ك ي س ك پ ا ر گ ا ه ل ا و س و ك و ن و د پ ا و د ر ا ن ر ك ت ا ب ه س ن ا م ج ر ت ه ه ق ح ا ك ن ر ك ل ص ا ح ت ا م و ل ا ع م ر و ا د د م ه ه ن ا ب ز ي ن پ ا و ك و ن و د ك ه ي ل ك ه ي م 1-833-742-3125 (TTY 711) [ و ت ، ي م ر ا ب ك ت ف م ي م ، ي ل ك ه ي ل ك ه ي م .

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa El Paso Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-833-742-3125 (TTY 711).

French/Français: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de El Paso Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-833-742-3125 (TTY 711).

# 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 ر و ط ه ا ر د و خ ن ا ب ز ه ب ت ا ع ل ا ط ا و [ 361 ک م ک ه ک د ي ر ا د ا ر ن ي ا ق ح El Paso Health د ي ا م ن ت ف ا ي ر د [ د ي 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 711).

**Gujarati/સચુ ના:** 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).