



2020

Summary of Benefits

El Paso Health Advantage Dual
SNP (HMO D-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, 2020 – December 31, 2020.

El Paso Health Advantage Dual SNP is a Medicare Advantage HMO 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: 1-855-532-3740
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
- Not have End-Stage Renal Disease (ESRD)
- 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 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
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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 \$435. 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 of \$6,700 (does not include prescription drugs). For Members protected by the Texas Medicaid Program from cost sharing; Medicaid pays co-insurance, co-pays, and deductibles for Original Medicare covered services.

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
Outpatient Hospital Coverage (Ambulatory Surgical Center)	\$0 co-pay Prior authorization may be required.	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.
Doctor Office Visits	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.	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.
Preventive Care	\$0 co-pay for: Medicare preventative services <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) 	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.

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
Preventive Care (continued)	<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>
Emergency Care	<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
Urgently Needed Services	\$0 co-pay	<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>
Diagnostic Services, Labs and Imaging	<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>
Hearing Services	<p>\$0 co-pay</p> <p>Routine Hearing Services:</p> <p>This plan covers 1 hearing exam and hearing aid fitting/evaluation every year. \$1,500 maximum plan benefit for hearing aids every three (3) 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
Dental Services	<p>\$0 co-pay</p> <p>Preventive dental services:</p> <p>This plan covers: oral exam(s), cleanings(s), dental X-ray(s) and fluoride treatment(s) every year.</p> <p>Comprehensive dental services:</p> <p>This plan covers: diagnostic services, restorative services, extractions, prosthodontics, other oral/maxillofacial surgery, extra exams, cleanings, X-rays, fillings, extractions, and dentures.</p> <p>Benefit limit: \$1,750 limit on all covered preventive and comprehensive dental services. Any amount not used by the end of the calendar year will expire.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p><i>Note: For Members who are 20 years of age or younger; or 21 years of age or older in an ICF-MR.</i></p> <p>\$0 co-pay for Medicaid-covered services.</p>
Vision Services	<p>\$0 co-pay</p> <p>Medicare-covered vision services:</p> <p>Exam to diagnose and treat diseases and conditions of the eye.</p> <p>Eyeglasses or contact lenses after cataract surgery.</p> <p>Routine vision services:</p> <p>Routine vision exam - 1 routine eye exam(s) every year.</p> <p>Routine eyewear (lenses and frames). This plan covers up to \$200 for eyeglasses or contact lenses every year.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Services by an Optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
Mental Health Services	<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>
Outpatient Mental Health Services	<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>
Skilled Nursing Facility (SNF)	<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
Outpatient Therapy	<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>
Ambulance	<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>
Transportation	<p>\$0 co-pay; 32 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>
Medicare Part B Drugs	<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

There is no Part D deductible 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 \$6,350 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>
Durable Medical Equipment (like wheelchairs or oxygen)	<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>
Prosthetics (artificial limbs or braces)	<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
Home Health Care	<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>
Hospice	<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
Outpatient Rehabilitation Services	<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>
Outpatient Substance Abuse	<p>\$0 co-pay for individual and group therapy visits.</p>	<p>Not covered by Texas Medicaid.</p>
Renal Dialysis Services	<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 \$150 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 7 home-delivered meals following your discharge from a hospital or nursing facility.

**Personal Emergency
Response System
(PERS) coverage**

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 1-855-532-3740
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 1-855-532-3740).

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 1-855-532-3740).

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 1-855-532-3740).

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 1-855-532-3740)。

Korean/한국어: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이El 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 1-855-532-3740).

El Paso Health (صوخب ةلئسأ مدعاستصخش ىدل وأ كيدل ناك نإ: برعأل/Arabic) ةفلك ةي نود نم كئغل ب ةرورضال تامولعمل او ةدعاسمل ىلعل لوصحلل ةدحتلل. (ب لصتا مچرتم عم ىف قحل كيدلف)، (1-833-742-3125 (TTY 1-855-532-3740)).

پا El Paso Health روا يه هره دم وک یسک پا رگا هه لاوس وک وونود پا: وودرا/Urdu
 نه رکه تابه سه نامچرت هه قح اک نه رکه لصاح تامولعام روا دم هه نابز ی نپا وک وونود
 (TTY 1-855-532-3740) 1-833-742-3125 [و ت، ی م رابه که کتفم ی م، ی ل که

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 1-855-532-3740).

French/Francais: 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 1-855-532-3740).

Proficiency of Language Assistance Services

Hindi/हिंदी: यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्त्त के El Paso Health के बारे म॑ प्रश्न ह॑ ,तो आपके पास अपनी भाषा म॑ मुफ्त म॑ सहायता और सूचना प्राप्त करने का ॑धकार है। ककसी ि॒भाषण॑ सेवात करनेके ॑लए 1-833-742-3125 (TTY 1-855-532-3740).

Persian/پارسی: [دروم رد لاوس , دي نكي م كمك وا ه امش ه ك یس ك اي ,امش رگا یسراف/ El Paso Health ن اگي ار روط ه ار دوخ ن ا ب ز ه ب تا اعلاطا و [361 كمك ه ك دي راد ار ني ا قح
دي امان ت فاي رد 1-833-742-3125 (TTY 1-855-532-3740). دي شاب ه ت شاد ,]

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

Gujarati/સચુ ના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશલ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-742-3125 (TTY 1-855-532-3740).

Russian/ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-742-3125 (телетайп: 1-855-532-3740).

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: 1-855-532-3740) 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: 1-855-532-3740).



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Receive up to \$1,750 each year! It can be used for dental checkups, x-rays, routine cleaning, fillings, extractions, and dentures.

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Receive up to \$150 each quarter for covered over-the-counter purchases. Order through our Catalog Service toothbrushes, bandages, vitamins, grab bar, and many other eligible items. The \$150 allowance renews every quarter.

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towards hearing aids every
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meals delivered to your home
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