

2027

Annual Notice of Changes

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

Serving El Paso, Texas

Effective January 1 through December 31, 2027.



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El Paso Health Medicare Advantage Dual (HMO D-SNP) offered by EL PASO FIRST HEALTH PLANS, INC DBA El Paso Health

Annual Notice of Change for 2027

You're enrolled as a member of *El Paso Health Medicare Advantage (HMO D-SNP)*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in *El Paso Health Medicare Advantage Dual (HMO D-SNP)*.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. To get a copy visit www.ephmedicare.com or call Member Services at 1-833-742-3125, TTY users call 711 to get a copy by mail.

More Resources

- This document is available for free in Spanish.
- Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 1-833-742-3125 for more information. (TTY users should call 711.) Hours are October 1 – March 31, 8:00 a.m. to 8:00 p.m. daily and April 1-September 30, 8:00 a.m. to 8:00 p.m. Monday to Friday. This call is free.
- We also have this document available in alternate formats (e.g., braille and large print).

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

- *Our plan also has a written agreement with the Texas Medicaid program to coordinate your Medicaid benefits.*
- *When this material says "we," "us," or "our," it means El Paso Health Medicare Advantage. When it says "plan" or "our plan," it means El Paso Health Medicare Advantage Dual (HMO D-SNP).*

- *If you do nothing by December 7, 2026, you'll automatically be enrolled in El Paso Health Medicare Advantage Dual (HMO D-SNP). Starting January 1, 2027, you'll get your medical and drug coverage through El Paso Health Medicare Advantage Dual (HMO D-SNP). Go to Section 2.1 for more information about how to change plans and deadlines for making a change.*

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Summary of Important Costs for 2027

The table below compares the 2026 costs and 2027 costs for El Paso Health Medicare Advantage Dual (HMO D-SNP) in several important areas. Please note this is only a summary of costs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$8,600 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely 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.	\$9,550 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely 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.
Primary care office visits	\$0 per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	\$0 per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.
Specialist office visits	\$0 per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	\$0 per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.

	2026 (this year)	2027 (next year)
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$0 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.	\$0 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$615 <i>Copayment during the Initial Coverage Stage:</i> Tier 1 Preferred Generic: 22% coinsurance Tier 2 Generic: 25% coinsurance Tier 3 Preferred Brand: 25% coinsurance Tier 4 Non-Preferred Drug: 25% coinsurance Tier 5 Specialty Drugs: 25% coinsurance Tier 6 Supplemental Drugs: \$0 copayment	Part D drug coverage deductible \$700 <i>Once you meet the \$700 deductible, drugs in Tier 1 will have a \$0 copay.</i> <i>Copayment during the Initial Coverage Stage:</i> Drug Tier 1: Tier 1 Preferred Generic: 25% coinsurance Tier 2 Generic: 25% coinsurance Tier 3 Preferred Brand: 25% Tier 4 Non-Preferred Drug: 25% coinsurance Tier 5 Specialty Drugs: 25% coinsurance

	2026 (this year)	2027 (next year)
	If you receive “Extra Help” your copayment will be: \$1.60 copay or \$4.90 copay or \$5.10 copay or \$12.65 copay You can have cost sharing for drugs that are covered under our enhanced benefit.	Tier 6 Supplemental Drugs: \$0 copayment If you receive “Extra Help” your copayment will be: \$1.65 copay or \$5.00 copay or \$5.80 copay or \$14.40 copay You can have cost sharing for drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it’s paid for you by Medicaid.)	\$0	\$0

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount	\$8,600	\$9,550
Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum.		
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.		
If you are eligible for Medicaid help with Part A and Part B copayments and deductibles, 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 copayments) count toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory online*, www.ephmedicare.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.ephmedicare.com
- Call Member Services at 1-833-742-3125 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-833-742-3125 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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 no changes to our network of pharmacies for next year.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* www.ephmedicare.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.ephmedicare.com
- Call Member Services at 1-833-742-3125 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-833-742-3125 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Dental	\$3,000 yearly allowance for dental services.	\$2,500 yearly allowance for dental services.
Over-the-Counter	\$225 quarterly allowance for covered over-the-counter products and hygiene items.	\$50 monthly allowance for covered over-the-counter products and hygiene items. This is for Members without a Chronic Condition.
Transportation	96 one-way trips for ride services to non-emergent doctor visits and pharmacy.	72 one-way trips for ride services to non-emergent doctor visits and pharmacy.
Vision	\$400 Routine eye exam, eyeglasses (frames & glasses) and/or contact lenses.	\$300 Routine eye exam, eyeglasses (frames & glasses) and/or contact lenses.
Health and Home Program (SSBCI)	\$450 quarterly allowance for approved healthy produce/foods or paying any of the following utilities such as; gas, water, electricity or rent. This benefit is available for Members with a qualifying chronic condition; Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer (excluding pre-cancer), Cardiovascular, Chronic heart failure, Dementia, Diabetes mellitus, End-stage liver disease, End stage renal disease requiring dialysis, Severe hematologic disorder, HIV/AIDS, Chronic lung disorders, Chronic and	\$125 monthly allowance for approved healthy produce/foods or paying any of the following utilities such as; gas, water, electricity, rent or over-the-counter items. This benefit is available for Members with a qualifying chronic condition such as; Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer (excluding pre-cancer), Cardiovascular, Chronic heart failure, Dementia, Diabetes mellitus, End-stage liver disease, End stage renal disease requiring dialysis,

	2026 (this year)	2027 (next year)
	disabling mental health conditions, Neurologic disorders & Stroke	Severe hematologic disorder, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders & Stroke

Section 1.6 Changes to Part D 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. If you don't see your drug on this list, it might still be covered. You can get the complete Drug List by calling Member Services at 1-833-742-3125 (TTY Users call 711) or visiting our website www.ephmedicare.com.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our on-line Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-833-742-3125 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence*

of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help and you don't get this material by *December 31, 2026* call Member Services at 1-833-742-3125 (TTY users call 711) and ask for the LIS Rider.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$615 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying the deductible. If you receive "Extra Help" your copayment will be: \$1.60 copay or \$4.90 copay or \$5.10 copay or \$12.65 copay	\$700 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying the deductible. If you receive "Extra Help" your copayment will be: \$1.65 copay or \$5.00 copay or \$5.80 copay or \$14.40 copay

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
<i>Initial Coverage Stage</i>	Tier 1 Preferred Generic: 22% coinsurance Tier 2 Generic: 25% coinsurance Tier 3 Preferred Brand: 25% coinsurance Tier 4 Non-Preferred Drug: 25% coinsurance Tier 5 Specialty Drugs: 25% coinsurance Tier 6 Supplemental Drugs: \$0 copayment If you receive "Extra Help" your copayment will be: \$1.60 copay or \$4.90 copay or \$5.10 copay or \$12.65 copay	Tier 1 Preferred Generic: 25% coinsurance Tier 2 Generic: 25% coinsurance Tier 3 Preferred Brand: 25% coinsurance Tier 4 Non-Preferred Drug: 25% coinsurance Tier 5 Specialty Drugs: 25% coinsurance Tier 6 Supplemental Drugs: \$0 copayment If you receive "Extra Help" your copayment will be: \$1.65 copay or \$5.00 copay or \$5.80 copay or \$14.40 copay

SECTION 2 How to Change Plans

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

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *El Paso Health Medicare Advantage Dual (HMO D-SNP)*. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from *El Paso Health Medicare Advantage Dual (HMO D-SNP)*.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-833-742-3125 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 3), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid

- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.

- **Help from your state’s pharmaceutical assistance program (SPAP).** *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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the *Texas HIV Medication Program*. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you’re currently enrolled, how to continue getting help, call *Texas HIV Medication Program* at 1-800-255-1090. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you’re participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-833-742-3125 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from El Paso Health Medicare Advantage Dual (HMO D-SNP)

- **Call Member Services at 1-833-742-3125 (TTY users call 711).**

We're available for phone calls *October 1 - March 31, 8:00 a.m. to 8:00 p.m. daily and April 1-September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday. Calls to these numbers are free.*

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the *2027 Evidence of Coverage for El Paso Health Medicare Advantage Dual (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.ephmedicare.com or call Member Services at 1-833-742-3125 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.ephmedicare.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/drug List).

Get Free Counseling about Medicare

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

Call *Texas Health Information Counseling and Advocacy Program (HICAP)* to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call *Texas Health Information Counseling and Advocacy Program (HICAP)* at 1-800-252-9240. Learn more about *Texas Health Information Counseling and Advocacy Program (HICAP)* by visiting <https://www.hhs.texas.gov/services/health/medicare>.

Get Help 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 can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get 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.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

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 our Member Service Department at 915-532-3778 or toll free at 1-877-532-3778, Monday through Friday 7 a.m. to 5 p.m.

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
Director of Compliance
1145 Westmoreland, El Paso, TX 79925
FileGrievance@elpasohealth.com
915-298-7198 Ext 1109; 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/smartscreen/main.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 <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

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)

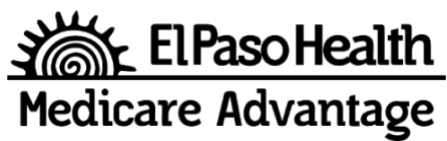
Arabic/العربية: والمعلومات المساعدة على الحصول El Paso Health (بخصوص أسئلة شخصتساعده لدى أو لديك كان إن 1-833-742-3125 (TTY: 711) في الحق فلدك،) (ب اتصل مترجم مع للتحدث. تكلفة اية دون من بلغتك الضرورية

Urdu/اردو: ہے زبان اپنی کو دونوں اپ El Paso Health اور ہیں رہے دے مدد کو کسی اپ اگر ہے سوال کو دونوں اپ 1-833-742-3125 (TTY: 711) [تو میں، بارے مفت کے میں لیے، کے کرنے بات سے ترجمان ہے۔ حق کا کرنے حاصل معلومات اور مدد

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/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: 711)

Hindi/हिंदी: यद 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)



For more information:

Call 1-833-742-3125

TTY users call 711

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