



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

Annual Notice of Changes for 2023

You are currently enrolled as a member of *El Paso Health Advantage Dual SNP (HMO D-SNP)*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at ephmedicare.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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.
 - Review the changes to Medical care costs (doctor, hospital)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ 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 Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ 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, 2022, you will stay in *El Paso Health Advantage Dual SNP (HMO D-SNP)*.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with *El Paso Health Advantage Dual SNP (HMO D-SNP)*.
- Look in section 3.2, page 11 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for 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. 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., braille and large print).*
- **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 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.* The plan also has a written agreement with the *Texas Medicaid* program to coordinate your Medicaid benefits.
 - When this document says “we,” “us,” or “our,” it means *El Paso Health Advantage Dual SNP*. When it says “plan” or “our plan,” it means *El Paso Health Advantage Dual SNP (HMO D-SNP)*.
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Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for *El Paso Health Advantage Dual SNP (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.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	\$0 copay for each Medicare-covered hospital stay.	\$0 copay for each Medicare-covered hospital stay.
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: \$0 Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> Drug Tier 1: You pay \$0 copay or \$1.35 copay or \$4.00 copay or 15% coinsurance. 	Deductible: \$0 Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> Drug Tier 1: You pay \$0 copay or \$1.45 copay or \$4.15 copay or 15% coinsurance.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	<i>\$7,550</i> 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.	<i>\$8,300</i> 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.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *El Paso Health Advantage Dual SNP (HMO D-SNP)* in 2023

If you do nothing in 2022, we will automatically enroll you in our *El Paso Health Advantage Dual SNP (HMO D-SNP)*. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through *El Paso Health Advantage Dual SNP (HMO D-SNP)*. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2023.

SECTION 2 Changes to Benefits and Costs for Next Year**Section 2.1 – Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

Section 2.2 – 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Because our members also get assistance from 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. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. <i>Your</i> costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$7,550	\$8,300 Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at ephmedicare.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Adult Day Care Service	<i>3 days of adult daycare services per quarter</i>	<i>Not a covered benefit</i>
Healthy Eats Program	\$75 per quarter for approved healthy foods, qualifications apply.	\$150 per quarter for approved healthy foods, qualifications apply.
Over the Counter (OTC)	<i>\$250 per quarter for covered over the counter products.</i>	<i>\$300 per quarter for covered over the counter products.</i>
Support for Caregivers	<i>8 hours of caretaker support per quarter</i>	Not a covered benefit
Vision	<i>\$300 annually for routine eye exam, eyewear (lenses & frames) or contacts</i>	<i>\$400 annually for routine eye exam, eyewear (lenses & frames) or contacts</i>

Section 2.5 – 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. 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 (see the back cover) or visiting our website (ephmedicare.com).

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.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

We have sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by *December 31, 2022* please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes 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.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Tier 1: You pay \$0 copay or \$1.35 copay or \$4.00 copay or 15% coinsurance. All other drugs: You pay \$0 copay or \$3.95 copay or \$9.85 copay or 15% coinsurance.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Tier 1: You pay \$0 copay or \$1.45 copay or \$4.15 copay or 15% coinsurance. All other drugs: You pay \$0 copay or \$4.30 copay or \$10.35 copay or 15% coinsurance

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 2023 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.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 so.
 - – 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 **October 15 until December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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)*.

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 program*, toll-free number at 1-877-541-7905, TTY 711, Monday – Friday, 8 a.m. – 5 p.m. or visit the website at www.yourtexasbenefits.com. 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 day a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; 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.
- **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 only, 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 2023 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 2023. For details, look in the *2023 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 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 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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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 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/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 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 711).

Arabic/العربية: (صوصخب ةلئسأ مدعاستصخش ىدل وأ كيدل ناك نإ: ةبرعرل El Paso Health شذحتلل . ةفلك ةيأ نود نم كتغلب ةيرورضلا تامولعمل او ةدعاسملا ىلع لوصحلا 1-833-742-3125 (TTY 711) يف قحلا كيدلف) ب لصتا مچرتم عم

Urdu/ودرا: El Paso Health پا روا ىي هه رءد دم وك ىسك پا رگا هه لاوس وك ىونود پا ودر ا نرك تاب ىس نامچرت هه قح اك نرك لصاح تامولاعم روا دم هه نابز ىنپا وك ىونود 1-833-742-3125 (TTY 711) وت ، ىي م راب ىكتفم ىي م ، ىي ل ك

Tagalog: Kung ikaw, o ang iyong tinutulungan, 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).

Proficiency of Language Assistance Services

Hindi/हिंदी: यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्ति के El Paso Health के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी विभाषण सेवात करनेके लिए 1-833-742-3125 (TTY 711).

Persian/پارسی: [دروم رد ل اوس , دینکیم کمک و ا ه امش هک یسک ای ,امش رگا یسراف/ El Paso Health] 361 کمک هک دیراد ار نی اقح و [1-833-742-3125 (TTY 711) دیشاب هت شاد , [دی یامن تفایرد

German/ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-742-3125 (TTY 711).

Gujarati/સચુના: 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).