

2023



# Summary of Benefits



# Summary of Benefits

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

This is a brief summary of benefits and services covered by El Paso Health Advantage Dual SNP (HMO D-SNP) from January 1, 2023 to December 31, 2023. It does not list every service that we cover or 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, [ephmedicare.com](http://ephmedicare.com).

### WHO CAN JOIN US

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

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

### HOW TO CONTACT US

- Phone: 1-833-742-3125
- TTY Users: 711
- Fax: 915-532-2286
- Email: [medicare@elpasohealth.com](mailto:medicare@elpasohealth.com)
- Website: [ephmedicare.com](http://ephmedicare.com)

### 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.**

## **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 [ephmedicare.com](http://ephmedicare.com). Or, call us and we will send you a copy of the provider and pharmacy directory.

## **WHAT DO WE COVER?**

Like all Medicare health plans, we cover everything that Original Medicare covers – and more! Extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan's formulary (list of Part D prescription drugs) and any restrictions on our website at [ephmedicare.com](http://ephmedicare.com).

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

## **"MEDICARE AND YOU" HANDBOOK**

If you like to access a copy of the "Medicare & You" handbook please go to <https://www.medicare.gov/pub/medicare-you-handbook> or if you like a copy mailed to you call Medicare at 1-800-633-4227, TTY Users call 1-877-486-2048.

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

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

\$0 monthly premium

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

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

**MEDICAL DEDUCTIBLE**

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

**PHARMACY (PART D) DEDUCTIBLE**

This plan does have a deductible of \$505. 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 of \$8,300, (does not include prescription drugs). Our Members are protected by the Texas Medicaid Program from cost sharing; Medicaid pays co-insurance, co-pays, and deductibles for Original Medicare covered services. Members are not responsible for the maximum out-of-pocket.

**Inpatient Hospital  
Care**

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

Our plan covers 90 days for  
inpatient hospital stay.

Our plan also covers 60  
"lifetime reserved days."  
These are "extra" days that  
we cover. If your hospital stay  
is longer than 90 days, you  
can use these extra days. But  
once you have used up these  
extra 60 days, your inpatient  
hospital coverage will be  
limited to 90 days.

Prior authorization may  
be required.

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

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

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

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

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



Benefit Category	El Paso Health Advantage Dual SNP (HMO D-SNP)	Texas Medicaid
<p><b>Dental Services</b></p>	<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, implants, and dentures.</p> <p>Benefit limit: \$3,500 limit on all covered preventive and comprehensive dental services. Any amount not used by the end of the calendar will not roll over.</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>
<p><b>Vision Services</b></p>	<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 \$400 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>



<b>Benefit Category</b>	<b>El Paso Health Advantage Dual SNP (HMO D-SNP)</b>	<b>Texas Medicaid</b>
<b>Mental Health Services</b>	<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>
<b>Outpatient Mental Health Services</b>	<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>
<b>Skilled Nursing Facility</b>	<p>\$0 co-pay for days 1 through 100</p> <p>Prior authorization may be required.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

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

# PRESCRIPTION DRUGS

## DEDUCTIBLE FOR PART D

There is a Part D deductible of \$505 but because you get Extra Help from Medicare you are not responsible for paying the deductible. Depending on the level of Extra Help you receive, you will pay one of the following cost-sharing amounts each time you fill your drug.

## Standard Cost-sharing

Mail order: Kroger

Benefit Category	Retail	Mail Order
<b>Tier 1 Generic Drugs</b> (including brand drugs treated as generic)	30 day supply You pay \$0 co-pay; \$1.45 co-pay; \$4.15 co-pay; or 15% of total	90 day supply You pay \$0 co-pay; \$1.45 co-pay; \$4.15 co-pay; or 15% of total
<b>Tier 1 all other drugs</b>	30 day supply You pay \$0 co-pay; \$4.30 co-pay; \$10.35 co-pay; or 15% of total	90 day supply You pay \$0 co-pay; \$4.30 co-pay; \$10.35 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)

## COVERAGE GAP

The coverage gap begins after you and the plan have spent a certain amount for covered drugs. The coverage gap for our plan is \$4,660.

## CATASTROPHIC COVERAGE STAGE

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$7,400 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
<b>Podiatry Services</b>	<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 10 visits annually for routine podiatry care.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p><b>Durable Medical Equipment</b> (like wheelchairs or oxygen)</p>	<p>\$0 co-pay</p> <p>Prior authorization may be required.</p>	<p>\$0 co-pay for Medicaid-covered services.</p>
<b>Medical Supplies</b>	<p>\$0 co-pay</p>	<p>\$0 co-pay for Medicaid-covered services.</p>
<p><b>Prosthetics</b> (artificial limbs or braces)</p>	<p>\$0 co-pay</p> <p>Prior authorization may be required.</p>	<p>For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<b>Diabetic Monitoring Supplies</b>	<p>\$0 co-pay</p>	<p>\$0 co-pay for Medicaid-covered services.</p>

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

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

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



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

**Over-the-Counter  
Catalog Service**

Members are eligible to receive up to \$300 every quarter for covered over-the-counter purchases such as toothbrushes, bandages, vitamins, grab bars, Nicotine Replacement Therapy drugs and other eligible items.

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**Meals Benefit**

**Post Hospitalization Meals**  
14 home-delivered meals following your discharge from a hospital or nursing facility.

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

**One Personal Emergency Response  
System Device**

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**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.

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**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.

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### **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>.

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### **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>.

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### **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>

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### **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>.

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### **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>.

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### **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>.



# Covered Supplemental Benefits



**El Paso Health** +  
Advantage Dual SNP

# Covered Supplemental Benefits



## 24-Hour Nurse Line

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

## Transportation Service

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



## Dental

Receive up to \$3,500 each year. It can be used for dental checkups, x-rays, routine cleaning, fillings, extractions, implant, dentures and so much more.

# Covered Supplemental Benefits



## PERS Device

One Personal Emergency Response System Device

## Hearing

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



## Vision

Up to \$400 each year.  
Use it for routine eye exams, eyeglasses (frames and lenses), and/or contact lenses.

# Covered Supplemental Benefits

## Podiatry

Get ten (10) visits annually for routine podiatry care.



## Home-Delivered Meals

Get up to fourteen (14) healthy meals delivered to your home after being discharged from a hospital or nursing facility.

## Over-the-Counter

Receive up to \$300 each quarter for covered over-the-counter purchases. Order through our Catalog Service toothbrushes, bandages, vitamins, grab bar, personal care products and many other eligible items. The \$300 allowance renews every quarter.

Local Retailers: Walmart, CVS, Walgreens, Family Dollar, Dollar General

Online: [mybenefitscenter.com](https://mybenefitscenter.com)



# Covered Supplemental Benefits



## Get Fit Program

Members have access to all local YMCA facilities with the ability to an initial tour, utilize the equipment, attend classes and much more!

## Healthy Eats Program

Qualified Members receive \$150 a quarter for approved healthy food items such as fruits & vegetables, meats, juices, milk, cheese, eggs, yogurt, breads and so much more!!



Shop at Local Retailers or  
Online: [www.MomsMeals.com](http://www.MomsMeals.com)  
[www.FarmboxRX.com](http://www.FarmboxRX.com)





**For more information:**

**Call 1-833-742-3125**

**TTY users call 711**

**or visit us at  
EPHMedicare.com**