

2025

Annual Notice of Changes



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

Serving El Paso & Hudspeth County, Texas

Effective January 1 through December 31, 2025.



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

Annual Notice of Changes for 2025

You are currently enrolled as a member of *El Paso Health Medicare Advantage Dual (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 www.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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- 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 the www.medicare.gov/plan-compare website or review the list in the back of your

Medicare & You 2025 handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- 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, 2024, you will stay in *El Paso Health Medicare Advantage Dual (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, 2025**. This will end your enrollment with *El Paso Health Medicare Advantage Dual (HMO D-SNP)*.
- Look in section 3.2, page 12 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 8:00 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).*
- **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 Medicare Advantage Dual (HMO D-SNP)*

- El Paso Health Medicare Advantage Dual (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 Medicare Advantage Dual (HMO D-SNP) depends on contract renewal. 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*. When it says “plan” or “our plan,” it means *El Paso Health Medicare Advantage Dual (HMO D-SNP)*.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 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.

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p>	\$0	\$0
<p>Doctor office visits</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>
<p>Inpatient hospital stays</p>	<p>\$0</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>\$0</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$545</p> <p>Copayment during the Initial Coverage Stage:</p> <p>If you are eligible for Medicare cost-sharing</p>	<p>Deductible: \$590</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Drug Tier 1: You pay \$0 copay or

Cost	2024 (this year)	2025 (next year)
	<p>assistance under Medicaid, you are not responsible for paying the deductible.</p> <p><i>Copayment during the Initial Coverage Stage:</i></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay or \$1.55 copay or \$4.50 copay or 15% coinsurance. <p><i>We have eliminated any copays or cost sharing for Part D. Your copay for</i></p>	<p>\$1.90 copay or \$4.60 copay or 25% coinsurance.</p>
<p>Maximum out-of-pocket amount</p> <p>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.)</p>	<p>\$8,850</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,500</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enroll in El Paso Health Medicare Advantage Dual (HMO D-SNP) 2025

If you do nothing in 2024, we will automatically enroll you in our *El Paso Health Medicare Advantage Dual (HMO D-SNP)*. This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through *El Paso Health Medicare Advantage Dual (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, 2025.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)		No change

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	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p> <p>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.</p> <p>Your costs for covered medical services (such as copays and <i>deductible</i>) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$8,850</p>	<p>\$8,500</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are also located on our website at www.ephmedicare.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory www.ephmedicare.com 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 2025 Pharmacy Directory www.ephmedicare.com 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	2024 (this year)	2025 (next year)
<i>Dental</i>	\$4,000 yearly allowance for dental checkups, x-rays, routine cleaning, fillings, extractions, implants, dentures and so much more.	\$3,500 yearly allowance for dental checkups, x-rays, routine cleaning, fillings, extractions, implants, dentures and so much more.
<i>Over the counter OTC</i>	\$340 quarterly allowance for covered over-the-counter products and hygiene items.	\$300 quarterly allowance for covered over-the-counter products and hygiene items.
<i>Healthy Nutrition Program</i>	\$200 per quarter for approved healthy foods. This benefit is for all Members with Low Income Subsidy (LIS).	\$250 per quarter for approved healthy foods. This benefit is available for Members with a qualifying chronic condition; <i>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 disabling mental health conditions, Neurologic disorders & Stroke</i>

Cost	2024 (this year)	2025 (next year)
<p>Utility Bill Assistance</p>	<p>\$50 monthly allowance to assist with the payment of any of the following utilities; gas, water or electricity. This benefit is for all Members with Low Income Subsidy (LIS) assistance. Monthly allowance does not roll over.</p>	<p>\$60 monthly allowance to assist with the payment of any of the following utilities; gas, water, electricity or rent. This benefit is available for Members with a qualifying chronic condition;</p> <p><i>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 disabling mental health conditions, Neurologic disorders & Stroke</i></p>

Section 2.5 – Changes to Part D Prescription Drug Coverage

<p>Changes to Our Drug List</p>
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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 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 plan year.

We update our online 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 are taking, we will send you a notice about the change.

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 Benefits and Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may apply to you.** We 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 1, 2024* please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$545</p> <p>You are not responsible for paying the deductible for Part D. Members are protected by the Texas Medicaid Program from cost sharing, co-insurance, co-pays and deductibles for Original Medicare covered services.</p>	<p>The deductible is \$590</p> <p>You are not responsible for paying the deductible for Part D. Members are protected by the Texas Medicaid Program from cost sharing, co-insurance, co-pays and deductibles for Original Medicare covered services.</p>

For drugs on *tier 1*, your cost sharing in the Initial Coverage Stage is changing **to** a copayment. Please see the following chart for the changes from 2024 to 2025.

Changes to Your Cost Sharing in the Initial Coverage Stage

	2024 (this year)	2025 (next year)
<p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: You pay \$0 copay or \$1.55 copay or \$4.50 copay or 15% coinsurance.</p> <p>All other drugs: You pay \$0 copay or \$4.60 copay or \$11.20 copay or 15% coinsurance.</p> <p><i>We have eliminated any copays or cost sharing for Part D. Your copay for prescriptions is \$0.</i></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: You pay \$0 copay or \$1.90 copay or \$4.60 copay or 25% coinsurance.</p> <p>All other drugs: You pay \$0 copay or \$4.80 copay or \$12.15 copay or 25% coinsurance</p> <p>Your cost for a one-month supply.</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in *El Paso Health Medicare Advantage Dual (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 Medicare Advantage Dual (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 plans for 2025 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 Medicare Advantage Dual (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 Medicare Advantage Dual (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 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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.

Because you have *Texas*, Medicaid you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- 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 enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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, 2025.

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 (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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 (www.tdi.texas.gov). 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, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 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.
- **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 State Pharmacy Assistance Program (SPAP) and Texas Kidney Health Care Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call toll-free at 1-800-255-1090.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-633-4227 or visit [Medicare.gov](https://www.Medicare.gov). You may also contact our Member Service at 1-833-742-3125 for additional information.

SECTION 7 Questions?

Section 7.1 – Getting Help from *El Paso Health Medicare Advantage Dual (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, 8:00 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 2025 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 2025. For details, look in the *2025 Evidence of Coverage for El Paso Health Medicare Advantage Dual (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.ephmedicare.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.ephmedicare.com. 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

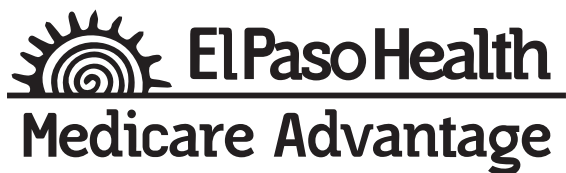
Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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.



For more information:

Call 1-833-742-3125

TTY users call 711

or visit us at

EPHMedicare.com