

2027

Annual Notice of Changes

El Paso Health Medicare Align (HMO D-SNP)

Serving El Paso, Texas

Effective January 1 through December 31, 2027.



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El Paso Health Medicare Align (HMO D-SNP) offered by El Paso Health (First Health Plans, INC DBA El Paso Health.)

Annual Notice of Change for 2027

El Paso Health Medicare Align (HMO D-SNP)
Serving El Paso County, Texas
Effective January 1 through December 31, 2027

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage and rules. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about benefits, or rules please review the *Member Handbook*, which is located on our website at ephmedicare.com. You can Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free 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 areas and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call *Member Services at 1-833-497-7710 for more information. (TTY users 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. The call is free.
 - 1. Contact Member Services. Call us toll-free at 1-833-497-7710 (TTY user should call 711) Monday through Friday 8:00 a.m. to 5:00 p.m.
 - 2. Please tell us what you need. Let your representative know which document you need (for example, the Member Handbook, Provider Directory, or a recent letter) and your preferred format (like Large Print).
 - 3. Set a Standing Request (Optional). If you want to receive all future mailing and materials from our plan in this format automatically, tell our representative to update your account references to a "Standing Request." Once you make your

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request, we will mail your materials to you in your preferred format. For standard request, your documents will be mailed within at least 30 days.

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Section A. Disclaimers

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

Section B. Reviewing your Medicare and STAR+PLUS (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. If you choose to change your Medicaid plan, you may do so by calling 211. The change will become effective depending on when the request was made. Changes made before the 15th of the month, will take place on the first day of the following month. If you call after the 15th of the month, the change will take place the first day of the second month after that. You'll still be in the Medicare and STAR+PLUS programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- STAR+PLUS options and services in **Section G2**.

Section B1. Information about El Paso Health Medicare Advantage

- El Paso Health Medicare Advantage is a health plan that contracts with both Medicare and STAR+PLUS to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means El Paso Health Medicare Align (HMO D-SNP).

Section B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they'll work for you next year.
 - Refer to **Section E1** for information about benefit changes for our plan.

- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.

Your drug costs may have risen since last year.

- Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and drugs you use regularly?
 - How do the total costs compare to other coverage options?
- Think about if you're happy with our plan.

If you decide to stay with El Paso Health Medicare Align (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in El Paso Health Medicare Align (HMO D-SNP) for both your Medicare and STAR+PLUS coverage.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

If you move to another Medicare plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan, your STAR+PLUS plan will automatically change to match that choice.

If you choose to move to Original Medicare, then your STAR+PLUS plan will remain the same.

Section C. Changes to our plan name

On January 1, 2027, our plan name changes from El Paso Health Medicare Advantage Dual (HMO D-SNP) to El Paso Health Medicare Align (HMO D-SNP).

Your health plan ID number will be changing under El Paso Health Medicare Align (HMO D-SNP). We will be sending you a new Member ID card by no later than December 31, 2026. Once you receive the new ID Card please disregard your previous card and use the one under El Paso Health Medicare Align (HMO D-SNP). All plan documents and information will be mailed to you under the new plan name. If you have not received your new Member ID card by January 1, 2027 please contact Member Service to request one.

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

Section D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

We haven't made any changes to our network of providers and pharmacies for next year.

However, it's important that you know that we may make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*. or call Member Services at the number at the bottom of the page for help.

Please review the 2027 Provider and Pharmacy Directory to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at ephmedicare.com You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*

Section E. Changes to benefits for next year

Section E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2026 (this year)	2027 (next year)
Maximum out of pocket	\$8,500	\$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.		

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	2026 (this year)	2027 (next year)
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. Our plan premium and your costs for prescription drugs count toward your maximum out-of-pocket amount.		
Health & Home Program (SSBCI)	\$450 quarterly allowance for approved healthy produce items, utility bills: gas, water, electricity or rent. Must have one or more of the qualifying chronic conditions: Cancer Cardiovascular disorders Chronic heart failure Dementia Diabetes mellitus Overweight, obesity, and metabolic syndrome Chronic gastrointestinal, disease Chronic kidney disease (CKD) Severe hematologic disorders HIV/AIDS Chronic lung disorders	\$140 monthly allowance for approved healthy produce items, utility bills: gas, water, electricity rent or over-the-counter and hygiene products. Must have one or more of the qualifying chronic conditions: <i>Cancer</i> <i>Cardiovascular disorders</i> <i>Chronic heart failure</i> <i>Dementia</i> <i>Diabetes mellitus</i> <i>Overweight, obesity, and metabolic syndrome</i> <i>Chronic gastrointestinal, disease</i> <i>Chronic kidney disease (CKD)</i> <i>Severe hematologic disorders</i>

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information,** visit ephmedicare.com

	2026 (this year)	2027 (next year)
	Chronic and disabling mental health conditions Neurologic disorders Conditions associated with cognitive impairment Conditions with functional challenges Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell Conditions that require continued therapy services in order for individuals to maintain or retain functioning	<i>HIV/AIDS</i> <i>Chronic lung disorders</i> <i>Chronic and disabling mental health conditions</i> <i>Neurologic disorders</i> <i>Conditions associated with cognitive impairment</i> <i>Conditions with functional challenges</i> <i>Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell</i> <i>Conditions that require continued therapy services in order for individuals to maintain or retain functioning</i>
Over-the-counter (OTC)	\$225 quarterly allowance for plan approved over-the-counter and hygiene products.	\$50 monthly allowance for plan approved over-the-counter and hygiene products. This benefit is for individuals without a chronic condition.
Transportation	96 one-way, non-emergent trips to doctor/specialist visits, medical exams, vision or dental appointments and pharmacy	55 one-way non-emergent trips to doctor/specialist visits, medical exams, vision or dental appointments and pharmacy

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Section E2. Changes to drug coverage

Changes to our *Drug List*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at ephmedicare.com

You can get the complete Drug List by calling Member services at the number at the bottom of the page or visiting our website at ephmedicare.com

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 1-833-497-7710 (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 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 find out if there are 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 and/or HHSC that will affect you during the calendar 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 a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or another prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page 1-833-497-7710 (TTY Users call 711) to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

- If you need help asking for an exception, contact Member Services 1-833-497-7710 (TTY Users call 711). Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.

Starting in 2027, we can immediately remove brand name drugs or original biological products on our Drug List if, we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product move it to a different cost-sharing tier or add new rules with the same or fewer rules. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new rules.

For example, if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, please go to **Chapter 12** of your *Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to drug costs

Because you're eligible for STAR+PLUS, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Member Services and ask for the "LIS Rider."

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all the costs of your drugs through December 31, 2027. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,400. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our 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 don't count toward out-of-pocket costs.

Section E3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our 6 drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost-sharing; or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

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	2026 (this year)	2027 (next year)
Drugs in Tier 1 (Preferred Generic) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	22% coinsurance for a one-month supply.	<i>25% coinsurance for a one-month supply.</i> Once you meet the deductible of \$700, your copay for prescriptions in this tier will be \$0.
Drugs in Tier 2 (Generic)	25% coinsurance for a one-month supply.	<i>25% coinsurance for a one-month supply.</i>
Drugs in Tier 3 (Preferred Brand)	25% coinsurance for a one-month supply.	<i>25% coinsurance for a one-month supply.</i>
Drugs in Tier 4 (Non-Preferred Drug)	25% coinsurance for a one-month supply.	<i>25% coinsurance for a one-month supply.</i>
Drugs in Tier 5 (Specialty Drugs)	25% coinsurance for a one-month supply.	<i>25% coinsurance for a one-month supply.</i>
Drugs in Tier 6 (Supplemental Drugs)	\$0 copay for one-month supply.	<i>\$0 copay for one-month supply.</i>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,400**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

Section E4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6**.

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

Section F. Administrative changes

We are making changes to the Plan Benefit Package (PBP) number for this plan. The PBP number identifies the plan you are enrolled in.

	2026 (this year)	2027 (next year)
Plan Benefit Package (PBP) number.	The number to the plan benefit package (PBP) is H3407_001.	This year the plan benefit package number has changed to H3407_004.

Section G. Choosing a plan

Section G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2027.

If you decide to stay with our plan, your STAR+PLUS plan will remain the same and you don't have to take any action.

Section G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have STAR+PLUS, you have some choices to end your membership in our plan, including any month of the year. If you decide to change your Medicare plan to another Medicare plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan, your STAR+PLUS plan will automatically change to the same plan that also provides your Medicare benefits. You don't have to take any action for this to occur. In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period** lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

- The **Medicare Advantage (MA) Open Enrollment Period** lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for STAR+PLUS or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

For additional information on changing your plan, please see the table below.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:

Another plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan. If you choose another Medicare plan that also provides your STAR+PLUS benefits, your STAR+PLUS plan will also change to the same plan that provides your Medicare benefits. You don't need to take any action for this to occur.

Or

You can enroll in the Program of All-Inclusive Care for the Elderly (PACE). PACE is available in Potter, Randall, El Paso, and Lubbock Counties. If you choose to enroll in PACE, the benefits include, but aren't limited to, all Medicaid and Medicare covered services including prescription drugs. You must receive all needed health care services, including primary care and specialist physician services (other than emergency services), from the PACE organization or an entity authorized by the PACE organization.

To get more information about PACE, call Texas PACE Program at 1-512-487-3450.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a local Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/services/health/medicare

OR

Enroll in a plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan.

If you enroll in a new plan, you'll automatically be disenrolled from our plan when your new plan's coverage begins.

2. You can change to:

Original Medicare with a separate Medicare drug plan

If you choose to move to Original Medicare, your STAR+PLUS plan will remain the same. You don't have to take any action for this to occur.

Here is what to do:

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If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/services/health/medicare

OR

Enroll in a new Medicare drug plan.

You'll automatically be disenrolled from our plan for your Medicare benefits when your Original Medicare coverage begins, but you'll continue to be enrolled in our STAR+PLUS plan for your Medicaid benefits. You don't have to take any action for this to occur.

3. You can change to:

Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason

If you choose to move to Original Medicare, your STAR+PLUS plan will remain the same. You don't have to take any action for this to occur.

NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, from 8 a.m. to 5 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/services/health/medicare

Here is what to do:

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You'll automatically be disenrolled from our plan for your Medicare benefits when your Original Medicare coverage begins, but you'll continue to be enrolled in our STAR+PLUS plan for your Medicaid benefits. You don't have to take any action for this to occur.

4. You can change to:**Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section G2.**

If you choose another Medicare plan that also provides your STAR+PLUS benefits during certain times of the year, your STAR+PLUS plan will also change to the same plan that provides your Medicare benefits. You don't need to take any action for this to occur. If you choose to enroll in any other Medicare health plan, such as a Medicare Advantage Plan (MAP) or Original Medicare, during certain times of the year, then your STAR+PLUS plan will remain the same. In this situation, if you want to change your STAR+PLUS plan, you can change at any time by contacting the Texas Enrollment Broker 800-964-2777, 8 a.m. to 6 p.m. CST, Monday-Friday.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-512-487-3450.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/services/health/medicare

OR

Enroll in a new Medicare plan.

You'll automatically be disenrolled from our Medicare plan when your new plan's coverage begins.

If you choose another Medicare plan that also provides your STAR+PLUS benefits, you don't need to take any action for your STAR+PLUS plan to automatically align with your new Medicare plan.

If you choose to enroll in any other Medicare health plan, such as a Medicare Advantage Plan (MAP) or Original Medicare, then your STAR+PLUS plan will remain the same. If you want to change your STAR+PLUS plan, you can change at any time by contacting the Texas Enrollment Broker 800-964-2777, 8 a.m. to 6 p.m. CST, Monday-Friday.

Your STAR+PLUS services

For questions about how to get your STAR+PLUS services after you leave our plan, call the Texas Enrollment Broker at 800-964-2777, 8 a.m. to 6 p.m. CST, Monday-Friday. Ask how joining another plan or returning to Original Medicare affects how you get your STAR+PLUS coverage.

Section H. Getting help

Section H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.ephmedicare.com. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2027.

Our website

You can visit our website at www.ephmedicare.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

Section H2. Health Information Counseling & Advocacy Program of Texas (HICAP)

You can also call the state health insurance program (SHIP). In Texas the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). The HICAP has trained counselors who can help you understand your plan choices and answer questions about switching plans. The HICAP isn't connected with us or with any insurance company or health plan, and HICAP's services are free.

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

For more information or to find a local HICAP office in your area, call 1-800-252-9240, Monday-Friday, 8 a.m. to 5 p.m. CST, or visit www.hhs.texas.gov/services/health/medicare

Section H3. Health and Human Services (HHS) Office of the Ombudsman

The HHS Office of the Ombudsman helps STAR+PLUS members answer questions and file complaints about STAR+PLUS services, for example, nursing services, minor home modifications, and adaptive aids.

- The ombudsman's services are free.
- They can answer questions if you have a problem or complaint about your STAR+PLUS services and can help you understand what to do.
- The HHS Office of the Ombudsman can help you file a complaint and understand your appeal rights with our plan related to your STAR+PLUS services. They can help you if you are having a problem with STAR+PLUS.
- The HHS Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns related to your STAR+PLUS services resolved.
- The HHS Office of the Ombudsman isn't connected with us or with any insurance company or health plan. The phone number for the HHS Office of the Ombudsman is 1-866-566-8989.

Section H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2027

You can read the *Medicare & You 2027* handbook. Every year in the 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Section H5. STAR+PLUS

You can visit the STAR+PLUS website for general information about the benefits and services offered through the program, <http://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>.

If you choose to disenroll from our STAR+PLUS plan and need more information on how to join another plan or returning to Original Medicare affects how you get your Medicaid services, call the Texas Enrollment Broker 800-964-2777, 8 a.m. to 6 p.m. Central Time, Monday through Friday.

Section H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. 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, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs.

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

“Extra Help” from Medicare and help from Texas’ pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.Medicare.gov.

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

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information**, visit ephmedicare.com

Proficiency of Language Assistance Services

English: If you speak English, language assistance services, free of charge, are available to you. Call 1-833-497-7710 (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 1-833-497-7710 (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 1-833-497-7710 (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 1-833-497-7710 (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 1-833-497-7710 (TTY: 711)

Arabic/العربية: والمعلومات المساعدة على الحصول El Paso Health (بخصوص أسئلة شخصتساعده لدى أو لديك كان إن 1-833-497-7710 (TTY: 711) في الحق فلدك،) ب اتصل مترجم مع للتحدث. تكلفة اية دون من بلغتك الضرورية

Urdu/اردو: بے زبان اپنی کو دونوں اپ El Paso Health اور ہیں رہے دے مدد کو کسی اپ اگر ہے سوال کو دونوں اپ 1-833-497-7710 (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 1-833-497-7710 (TTY: 711)

French/Français: 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 1-833-497-7710 (TTY: 711)

If you have questions, please call El Paso Health Medicare Align (HMO D-SNP) at 1- 833-497-7710, TTY users call 711. 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. The call is free. **For more information,** visit ephmedicare.com

Proficiency of Language Assistance Services

Hindi/हिंदी: यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्त 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 िंभाषण सेबात करनेके लए 1-833-497-7710 (TTY: 711)

Persian/فارسی: اگر [مورد در سوال ، میکنید کمک او به شما که کسی یا شما، اگر El Paso Health که دارید را این حق El Paso Health 1-833-497-7710 (TTY: 711) باشید داشته ، [نماید دریافت رایگان طور به را خود زبان به اطلاعات و 361 کمک

German/ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-497-7710 (TTY: 711) **ઉપલબ્ધ છે. ફોન કરો 1-817-441-9974 ext. 111 (TTY 1-855-532-3740).**
1-833-497-7710 (TTY: 711)

Russian/ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-497-7710 ALIGN 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 1-833-497-7710 ALIGN (TTY:711) まで、お電話にてご連絡ください。

Laotian/ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-833-497-7710 (TTY: 711)



For more information:

Call 1-833-497-7710

TTY users call 711

or visit us at

EPHMedicare.com