# 2027

# Summary of Benefits

## El Paso Health Medicare Align (HMO D-SNP)

## Serving El Paso, Texas

**Effective January 1 through December 31, 2027.**

El Paso Health
Medicare Advantage

**H3407_27004SOB_M CMS Accepted on 8/25/2026**

## Introduction

This document is a brief summary of the benefits and services covered by El Paso Health Medicare Align (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of El Paso Health Medicare Align (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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## A. Disclaimers

This is a summary of health services covered by El Paso Health Medicare Advantage Align (HMO D-SNP) for January 1, 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You may contact Member Service to request a copy of the Member Handbook. You may also see the Member Handbook online at, ephmedicare.com.

- El Paso Health Medicare Align (HMO D-SNP) is a Health Maintenance Organization, Integrated 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.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 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.
    - You can request your preferred language other than English and/or alternate format, by calling Member Services.
    - We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This ensures our members will not have to make a separate request each time.
    - If you like to change a standing request, call Member Services at 1-833-497-7710, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time

- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

- For more information about STAR+PLUS you can check the*:* STAR+PLUS Medicaid program website www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus or contact the HHS Office of the Ombudsman at 866-566-8989 or TTY: 800-735-2989, 8 a.m. - 5 p.m., Monday through Friday.

- ❖ 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.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|---|---|
| **What's an integrated D-SNP?** | An integrated dual eligible special needs plan (D-SNP) is where full-benefit dually eligible members will receive both their Medicare and STAR+PLUS services from a single health care organization. A fully integrated Dual plan will cover primary and acute care services, additional supplemental benefits, long-term services and supports (LTSS), nursing facility coverage and additional Medicaid benefit such as;<br>• Medicare cost sharing<br>• Medicaid STAR+PLUS Value-Added Service<br>• Medical equipment, supplies and appliances<br>• Behavioral health<br>In order to be eligible for this fully integrated Dual Special Needs Plan you must be eligible for Medicare Part A & B, qualify for STAR+PLUS Medicaid and reside in El Paso County. |
| **Will I get the same Medicare and STAR+PLUS benefits in El Paso Health Medicare** | You'll get most of your covered Medicare and STAR+PLUS benefits directly from El Paso Health Medicare Align (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on |

| Frequently Asked Questions | Answers |
|---|---|
| **Align (HMO D-SNP) that I get now?** | your needs, and your doctor and Service Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from The Department of State Health Services or Community Based Organizations.<br><br>When you enroll in El Paso Health Medicare Align (HMO D-SNP) you and your Service Coordinator will work together to develop a Service Plan to address your health and support needs, reflecting your personal preferences and goals.<br><br>If you're taking any Medicare Part D drugs that El Paso Health Medicare Align (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for El Paso Health Medicare Align (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document. |
| **Can I use the same doctors I use now? (continued on the next page)** | This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work El Paso Health Medicare Align (HMO D-SNP) and have a contract with us, you can keep going to them.<br><br>Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in El Paso Health Medicare Align (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. |

| Frequently Asked Questions | Answers |
|---|---|
| | If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of El Paso Health Medicare Align (HMO D-SNP)'s plan.<br><br>To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document or read El Paso Health Medicare Align (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at www.ephmedicare.com. |
| **Can I use the same doctors I use now? (continued from previous page)** | If El Paso Health Medicare Align (HMO D-SNP) is new for you, we'll work with you to develop an Individual Service Plan to address your needs. |
| **What's a El Paso Health Medicare Align (HMO D-SNP) Service Coordinator?** | A El Paso Health Medicare Align (HMO D-SNP) Service Coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. |
| **What are Long-term Services and Supports (LTSS)?** | Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed and making food. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Service Coordinator or care team will work with that agency. |
| **What happens if I need a service but no one in El Paso Health Medicare** | Most services will be provided by our network providers. If you need a service that can't be provided within our network, El Paso Health Medicare Align (HMO D-SNP) will pay for the cost of an out-of-network provider. |

| Frequently Asked Questions | Answers |
|---|---|
| **Align (HMO D-SNP)'s network can provide it?** | |
| **Where's El Paso Health Medicare Align (HMO D-SNP) available?** | The service area for this plan includes: El Paso, Texas. You must live in-this area to join the plan. |
| **What's prior authorization (PA)? (continued on the next page)** | Prior authorization means an approval from El Paso Health Medicare Align (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. El Paso Health Medicare Align (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. |
| **What's prior authorization? (continued from previous page)** | **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. El Paso Health Medicare Align (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from El Paso Health Medicare Align (HMO D-SNP) before the service is provided.<br><br>Refer to **Chapter 3**, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization.<br><br>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document for help. |
| **What's a referral?** | A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a |

| Frequently Asked Questions | Answers |
|---|---|
| | referral from your PCP, El Paso Health Medicare Align (HMO D-SNP) may not cover the services. El Paso Health Medicare Align (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists.<br><br>Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP. |
| **Do I pay a monthly amount (also called a premium) under El Paso Health Medicare Align (HMO D-SNP)?** | No. Because you have STAR+PLUS you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |
| **Do I pay a deductible as a member of El Paso Health Medicare Align (HMO D-SNP)?** | No. You don't pay deductibles in El Paso Health Medicare Align (HMO D-SNP). |
| **What's the maximum out-of-pocket amount that I'll pay for medical services as a member of El Paso Health Medicare Align (HMO D-SNP)?** | There's no cost-sharing for medical services in El Paso Health Medicare Align (HMO D-SNP), so your annual out-of-pocket costs will be $0. |

## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hospital care** | Inpatient hospital stay | $0 | $0 co-pay for days 1 through 90.<br><br>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<br><br>days, your inpatient hospital coverage will be limited to 90 days.<br><br>Prior authorization may be required**.** |
| | Outpatient hospital services, including observation | $0 | Prior authorization may be required. |
| | Ambulatory surgical center (ASC) services | $0 | Prior authorization may be required. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Doctor or surgeon care | $0 | |
| **You want a doctor** | Visits to treat an injury or illness | $0 | |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | $0 | Covered Medicare Part B vaccines can include:<br>• Pneumonia vaccine<br>• Flu shots<br>• Hepatitis B vaccine<br>• COVID-19 vaccine<br><br>Some vaccines are also covered under our Part D prescription drug benefit. |
| | Wellness visits, such as a physical | $0 | The annual wellness visit is every 12 months. |
| | "Welcome to Medicare" (preventive visit one time only) | $0 | |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Specialist care | $0 | You will need a referral from your Primary Care Provider in order to see a Specialist. |
| **You need emergency care** | Emergency room services | $0 | Emergency room services are no covered outside the United States. Prior authorization is not required for emergency room services. |
| | Urgent care | $0 | You may receive urgent care if you need it without prior authorization. It is not covered outside of the United States. |
| **You need medical tests** | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | $0 | Prior authorization may be required for some of these tests. |
| | Lab tests and diagnostic procedures, such as blood work | $0 | Prior authorization may be required for some of these tests. |
| **You need hearing/auditory services** | Hearing screenings | $0 | You must use an in-network provider. |
| | Hearing aids | $0 | Our plan covers $2,000 for hearing aids every 2 years. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need dental care**<br><br>**You need dental care (continued)** | Dental check-ups and preventive care | $0 | Covered preventative dental services:<br>• Dental x-rays – 2 a year<br>• Fluoride treatment<br>• Oral exams - 2 a year<br>• Prophylaxis (cleaning) – 2 a year |

| | | | |
|---|---|---|---|
| **You need dental care (continued)** | Restorative and emergency dental care | $0 | **Comprehensive dental**<br><br>There is an annual plan maximum benefit coverage of $3,000 for the following dental services:<br><br>• Adjunctive General Services – 1 visit per year<br><br>• Occlusal guards - one every 3 years<br><br>• Tele-dentistry 2 every year. (***Authorization required for this service)***<br><br>• Endodontics – 1 visit per year. Endodontics one per tooth per lifetime.<br><br>• Implant Services – 1 visit per year. Implants 1 per tooth every 5 years.<br><br>• Periodontal Services – 1 visit per year. Periodontal root planning and scaling one per quadrant every 2 years. Periodontal surgical services one per quadrant every 3 years<br><br>• Prosthodontics – 1 visit per year. Fixed partial |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | | | dentures (bridges) one per tooth every 5 years<br><br>• Restorative Services – 1 visit per year. Restorative fillings one per surface per tooth every 2 years. Restorative Inlay/Onlay one per tooth every 5 years. Restorative crown is one per tooth every 5 years. Restorative repair is unlimited<br><br>• Oral and Maxillofacial Services – 1 visit per year. Surgical extractions one per site/quadrant per lifetime. (***Authorization required for this service)***<br><br>If you qualify under the HCBS Waiver, you may get additional dental benefits. Please see contact Member Service or your Service Coordinator for more information. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need eye care** | Eye exams | $0 | Covered vision services:<br>• Vision exams to diagnose/treat a disease of the eye<br>• Glaucoma screenings, each year |
| | Glasses or contact lenses | $0 | Supplemental vision services:<br>• Routine eye exam<br>• $400 yearly allowance to purchase contacts or eyeglasses (lenses and frames) |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Other vision care | $0 | Eye surgery for individuals with cataracts:<br>• We will cover one pair of glasses or contact lenses after each cataract surgery when a doctor inserts an intraocular lens.<br>• If you have two separate cataract surgeries, you must get one pair of glasses after each surgery |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need mental or behavioral health services**<br><br>**You need mental or behavioral health services**<br><br>**(continued)** | Mental or behavioral health services | $0 | Our plan covers<br>• Outpatient group therapy visits<br>• Outpatient individual therapy visits<br>• 24-hour Nurse Line, 24 hours a day, 7 days a week at 1-844-549-2826 (TTY 711). The line is staffed with healthcare professionals who are bilingual. Interpreter services are available for other languages |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Inpatient and outpatient care and community-based services for people who need mental health services | $0 | We pay for mental health care services that require a hospital stay for members under age 21 or ages 65 and older. There isn't a day limitation for services. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.<br><br>**Partial hospitalization** is a structured program of active psychiatric treatment. It's offered as a hospital outpatient service or by a community mental health center that's more intense than the care you get in your doctor's, therapist's, licensed marriage and family therapist's (LMFT), or licensed professional counselor's office. It can help keep you from having to stay in the hospital.<br><br>Prior authorization rules may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need substance use disorder services** | Substance use disorder services | $0 | We cover individual or group therapy visits.<br><br>Prior authorization rules may apply. |
| **You need a place to live with people available to help you** | Skilled nursing care | $0 | We will cover 90 days per benefit period and 60 extra lifetimes reserve days over your lifetime limit for hospital inpatient care days and up to 100 days per benefit period for skilled nursing facility care.<br><br>We don't pay for your inpatient stay if the stay isn't reasonable and medically necessary.<br><br>We may pay for additional services you get while you are in a skilled nursing facility. To find out more, contact Member Services or your Member Handbook. |
| | Nursing home care | $0 | |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | $0 | Prior authorization rules may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help getting to health services** | Ambulance services | $0 | Covered ambulance services, whether for an emergency or non-emergency situation, include ground and air ambulance services. The ambulance will take you to the nearest place that can give you care.<br><br>Ambulance services for other cases (non-emergent) must be approved by us. In cases that aren't emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health |
| | Emergency transportation | $0 | Coverage within our service area |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Transportation to medical appointments and services | $0 | 55 one-way trips for non-emergent routine transportation coverage to plan-approved locations (within the local service area). If you need transportation services for medical, dental/vision, exams or pharmacy appointments call at least 48 hours ahead of time. This service is provided by a local contracted transportation company. |
| **You need drugs to treat your illness or condition (continued on the next page)** | Medicare Part B drugs | $0 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need drugs to treat your illness or condition (continued)** | Medicare Part D drugs **(continued on the next page)**<br><br>Tier 1: Preferred Generic<br><br>Tier 2: Generic<br><br>Tier 3: Preferred Brand<br><br>Tier 4: Non-Preferred Brand<br><br>Tier 5: Specialty Drugs<br><br>Tier 6: Supplemental Drugs | Depending on your Low-Income Subsidy under the Extra Help with Prescription you will pay one of the following copays for a *30-day* supply. Please contact the plan for more details.<br><br>$1.65 or<br><br>$5.00 or<br><br>$5.80 or<br><br>$14.40 | There may be limitations on the types of drugs covered. Please refer to El Paso Health Medicare Align (HMO D-SNP) *List of Covered Drugs* (*Drug List*) for more information.<br><br>Once pay $2,400 you've reached the catastrophic coverage stage and you $0 for all your Medicare drugs.<br><br>Tier 1 Preferred Generic: 25% coinsurance. *Once you reach the deductible of $700, the copay will be $0.*<br><br>Tier 2 Generic: 25% coinsurance<br><br>Tier 3 Preferred Brand: 25% coinsurance<br><br>Tier 4 Non-Preferred: 25% coinsurance<br><br>Tier 5 Specialty Drugs: 25% coinsurance<br><br>Tier 6 Supplemental Drugs: $0 copay |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Over-the-counter (OTC) drugs | $0 | Members **without** any chronic conditions will receive a pre-funded OTC Master Card with an allowance of $50 per month for over-the-counter products. |
| **You need help getting better or have special health needs** | Rehabilitation services | $0 | Prior authorization rules may apply. |
| | Medical equipment for home care | $0 | Prior authorization rules may apply. |
| | Dialysis services | $0 | Prior authorization rules may apply. |
| **You need foot care** | Podiatry services | $0 | 10 visits per year for services not pertaining to a Specialist visit. |
| | Orthotic services | $0 | Prior authorization rules may apply. |
| **You need durable medical equipment (DME) Note:** This isn't a | Wheelchairs, crutches, and walkers | $0 | Prior authorization rules may apply. |
| | Nebulizers | $0 | Prior authorization rules may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*. | Oxygen equipment and supplies | $0 | Prior authorization rules may apply. |
| **You need help living at home (continued on the next page)** | Home health services | $0 | Prior authorization rules may apply. |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | $0 | Prior authorization rules may apply. |
| **You need help living at home (continued)** | Adult day health, Community Based Adult Services (CBAS), or other support services | $0 | Prior authorization rules may apply.<br><br>These benefits may be available based on medical or functional necessity. Please contact your Service Coordinator for more information. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Services to help you live on your own (home health care services or personal care attendant services) | $0 | Prior authorization rules may apply.<br><br>These benefits may be available based on medical or functional necessity. Please contact your Service Coordinator for more information. |
| **Additional Services** | Chiropractic services | $0 | Prior authorization rules may apply. |
| | Diabetes supplies and services | $0 | *Our preferred diabetes supply vendors are Abbot and Roche.* |
| | Prosthetic services | $0 | Prior authorization rules may apply. |
| | Radiation therapy | $0 | |
| **Additional services** | Services to help manage your disease | $0 | Covered services include self-management training, services and supplies for individuals with diabetes. |

| | | | |
|---|---|---|---|
| **(continued)** | Special Supplemental Benefits for the Chronically Ill (SSBCI) | $0 | Members with a chronic condition qualify for our Health & Home Program. A monthly allowance of $140 is provided on an OTC Master Card. This allowance is for over-the-counter and/or hygiene products, healthy food items or assistance for paying utilities such as; gas, water, electricity or rent.<br><br>Allowances do not roll over onto the next month nor year.<br><br>The following are qualifying chronic conditions:<br><br>• Cardiovascular disorders<br><br>• Chronic heart failure<br><br>• Dementia<br><br>• Diabetes mellitus<br><br>• Chronic lung disorders<br><br>• Chronic kidney disease (CKD)<br><br>• Chronic alcohol use disorder and other substance use disorders (SUDs)<br><br>• Cancer |
| | Special Supplemental Benefits for the Chronically Ill (SSBCI)<br><br>(continued) | $0 | |

| | | | |
|---|---|---|---|
| **Additional services**<br><br>**(continued)** | | | • Autoimmune disorders<br>• Overweight, obesity, and metabolic syndrome<br>• Chronic gastrointestinal disease<br>• Severe hematologic disorders<br>• HIV/AIDS<br>• Chronic and disabling mental health conditions<br>• Neurologic disorders<br>• Stroke<br>• Post-organ transplantation<br>• Immunodeficiency and Immunosuppressive disorders Conditions associated with cognitive impairment<br>• Conditions with functional challenges<br>• Chronic conditions that impair vision, |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | | | hearing (deafness), taste, touch, and smell Conditions that require continued therapy services in order for individuals to maintain or retain functioning<br><br>Contact Member Service or your Service Coordinator to obtain more information. |
| **STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (continued on the next page)** | Respite Care | $0 | 720 hours annually available on an emergency or short-term basis. A trained caregiver temporarily provides care to allow the primary caregiver to rest or attend other needs. |
| | Adult Foster Care | $0 | Home with trained caregivers who help with daily needs. |
| | Adaptive Aids and Medical Supplies | $0 | Medically necessary and cost-effective specialized medical equipment and supplies that makes everyday life easier. |
| | Cognitive Rehabilitation Therapy | $0 | Helps improve thinking and memory after certain illnesses or injuries. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | Employment Assistance | $0 | Helps individuals with finding employment. |
| | Financial Management Services | $0 | If Consumer Directed Services (CDS) is chosen, Financial Management Services helps with payroll processing and hiring documentation. |
| | Home Delivered Meals | $0 | Healthy meals delivered to home. |
| | Minor Home Modifications | $0 | Medically necessary and cost-effective changes to the primary home to make it safer. |
| | PT, OT, ST therapies | $0 | Can be included in the Individual Service Plan after primary benefit has been exhausted. |
| **STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible** | Support Consultation | $0 | If Consumer Directed Services (CDS) is chosen, a Support Advisor teaches how to hire, train caregivers, solve employee problems, and create back up plans. |
| | Supported Employment Services | $0 | Assistance provided to sustain competitive employment |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **members) (continued)** | Transition Assistance Services | $0 | Helps individuals with the transition from a long-term living in a nursing facility to residing in the community. |
| **Community First Choice (CFC) services (for eligible members)** | Personal Assistance Services (PAS) | $0 | Caregiver assistance with everyday tasks if unable to be completed by the individual. A functional assessment is needed to determine assistance needed. |
| | Habilitation Services | $0 | Habilitation helps the individual learn, improve, or keep the skills needed to live safely and independently at home. Habilitation is provided by a trained individual. |
| | Emergency Response Services (ERS) | $0 | A device that lets the individual call for help during an emergency. |
| | Skilled Nursing | $0 | Program in a facility setting under the supervision of a nurse. Services include nursing, nurse-delegated tasks, physical rehabilitation, nutrition, social activities, and transportation to and from the facility. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Day Activity and Health Services (DAHS)** | Transportation services | $0 | The plan covers transportation services to nonemergency health care appointments if you have no other transportation options.<br>• These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get health care services.<br>• Health education classes, non-medical drives of health locations or Member Advisory Group meetings.<br>These trips **don't** include ambulance trips. |
| | | | • |

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the El Paso Health Medicare Align (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call El Paso Health Medicare Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit www.ephmedicare.com.

## D. Benefits covered outside of El Paso Health Medicare Align (HMO D-SNP)

There are some services that you can get that aren't covered by El Paso Health Medicare Align (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document to find out about these services.

| **Other services covered by Medicare, Medicaid, or a State or County Agency** | **Your costs** |
|---|---|
| Hospice – Covered under Original Medicare | $0 |

## E. Services that El Paso Health Medicare Align (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

| **Services** El Paso Health Medicare Align (HMO D-SNP), **Medicare, and Medicaid don't cover** | |
|---|---|
| Clinical Trials | |
| Experimental Medical or Surgical Treatments | |

## F. Your rights as a member of the plan

As a member of El Paso Health Medicare Align (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

**You have a right to respect, fairness, and dignity.** This includes the right to:

- Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, national origin, race, color, religion, creed, or public assistance

- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion

**You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:

- Description of the services we cover
- How to get services
- How much services will cost you
- Names of health care providers and service coordinator

**You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. El Paso Health Medicare Align (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

**You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:

- Get timely medical care
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan

**You have the right to seek emergency and urgent care when you need it.** This means you have the right to:

- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary

**You have a right to confidentiality and privacy.** This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
- Have your personal health information kept private
- Have privacy during treatment

**You have the right to make complaints about your covered services or care.** This includes the right to:

- File a complaint or grievance against us or our providers.
- Ask for an IMR of STAR+PLUS services or items that are medical in nature
- Appeal certain decisions made by providers
- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied
- If you've tried to resolve your complaint with El Paso Health Medicare Align (HMO D-SNP) and believe the matter remains unresolved, you can contact the HHS Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989.

For more information about your rights, you can read Chapter 9 of the *Member Handbook*. If you have questions, you can call El Paso Health Medicare Align (HMO D-SNP) Member Services *or* at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document.

You can also call the HHS Office of the Ombudsperson at 1-866-566-8989, 8 a.m. to 6 p.m. Central Time, Monday through Friday.

## G. How to file a complaint or appeal a denied service

If you have a complaint or think El Paso Health Medicare Align (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call El Paso Health Medicare Align (HMO D-SNP) Member Services at the numbers in the footer of this document.

El Paso Health Medicare Advantage
Attention: Complaints and Appeals
PO Box 97110
El Paso, TX 79997-1100
Fax: 915-298-7872

Once you have gone through the El Paso Health complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989, TTY: 1-800-735-2989. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247 Austin, TX 78711-3247

## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

Call us at El Paso Health Medicare Align (HMO D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page *or* the numbers in the footer of this document.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

Or, call the Office of Inspector General (OIG) Hotline at 1-800-436-6184; or visit oig.hhs.texas.gov/ and click “Report Fraud” to complete the online form.

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call** El Paso Health Medicare Align (HMO D-SNP) **Member Services:**

1-833-497-7710
Calls to this number are free.
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.
Member Services also has free language interpreter services available for non-English speakers.

*711*
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free. 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.

**If you have questions about your health:**
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call El Paso Health Medicare Align (HMO D-SNP). A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the El Paso Health Medicare Align (HMO D-SNP) are:
FirstCall,1-844-549-2826, (*TTY 711)*
Calls to this number are free. 24 hours a day, 7 days a week, and 365 days a year
El Paso Health Medicare Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.

**If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:**
1-877-379-7647, (*TTY 711)*
Calls to this number are free. 24 hours a day, 7 days a week, and 365 days a year
El Paso Health Medicare Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.

# Non-Discrimination Notice

El Paso Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. El Paso Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

El Paso Health provides aids and services at no cost to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as: Qualified interpreters and Information written in other languages

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

If you believe that El Paso Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

El Paso Health Civil Rights Coordinator
Director of Compliance
1145 Westmoreland, El Paso, TX 79925
FileGrievance@elpasohealth.com
915-298-7198 Ext 1109; TTY 711
FAX 915-532-2877

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, El Paso Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

# Proficiency of Language Assistance Services

**English:** If you speak English, language assistance services, free of charge, are available to you. Call 1-833-497-7710 (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 dang giúp dỡ, có câu hỏi về El Paso Health, quý vị sẽ có quyền dược 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 사람이El Paso Health에 관해서 질문이 있다면 귀하는 그러한도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기위해서는 1-833-497-7710 (TTY: 711)

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

**Urdu/اردو:** ہے زبان اپنی کو دونوں اپ El Paso Health اور ہیں رہے دے مدد کو کسی اپ اگر ہے سوال کو دونوں اپ 1-833-497-7710 [ تو میں، بارے مفتکے میں لیے، کے کرنے بات سے ترجمان ہے۔ حق کا کرنے حاصل معالومات اور مدد (TTY: 711)

**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)

# Proficiency of Language Assistance Services

**French/Francais:** Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de El Paso Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-833-497-7710 (TTY: 711)

**Hindi/हिंदी:** य□द आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के El Paso Health के बारे म□ प्रश्न ह□ ,तो आपके पास अपनी भाषा म□ मुफ्त म□ सहायता और सूचना प्राप्त करने का □धकार है। ककसी □□□□भाषषए सेबात करनेके □लए 1-833-497-7710 (TTY: 711)

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

**German/ACHTUNG**: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-497-7710 (TTY: 711)

**Gujarati/સચુ ના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શલ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ છે. ફોન કરો 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。

**Laotion/**ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-833-497-7710 (TTY: 711)




**For more information:**
**Call 1-833-497-7710**
**TTY users call 711**

**or visit us at**
**EPHMedicare.com**