El Paso Health
Medicare Advantage

2027 Summary of Benefits

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

H3407_27001SOB_M CMS Accepted 9/15/2026

Summary of Benefits

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

This is a brief summary of benefits and services covered by El Paso Health Medicare Advantage Dual (HMO D-SNP) from January 1, 2027 to December 31, 2027. It does not list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You may also see our Evidence of Coverage online at, ephmedicare.com.

WHO CAN JOIN US

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

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

HOW TO CONTACT US

- Phone: 1-833-742-3125
- TTY Users: 711
- Fax: 915-532-2286
- Email: medicare@elpasohealth.com
- Website: ephmedicare.com

HOURS OF OPERATION

You can call us as follows:
October 1 – March 31, 8 a.m. to 8 p.m. seven days a week

April 1 – September 30, 8 a.m. to 8 p.m. Monday through Friday.

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WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

El Paso Health Medicare Advantage Dual (HMO D-SNP) has a network of doctors, specialists, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory on our website at ephmedicare.com. Or, call us and we will send you a copy of the provider and pharmacy directory.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more! Extra benefits are outlined in this booklet.
We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan's formulary (list of Part D prescription drugs) and any restrictions on our website at ephmedicare.com.
Or, call us and we will send you a copy of the formulary.

"MEDICARE AND YOU" HANDBOOK

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

El Paso Health Medicare Advantage 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.

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Monthly Premium	$0 monthly premium You must keep paying your Part B Premium. The Part B Premium may be covered through your State Medicaid program.	Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.

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

PHARMACY (PART D) DEDUCTIBLE
This plan does have a deductible of $700. The Part D deductible does not apply to you because you get Extra help from Medicare.

MAXIMUM OUT-OF-POCKET RESPONSIBILITY
This plan does have a maximum out-of-pocket of $9,550, (does not include prescription drugs). Our Members are protected by the Texas Medicaid Program from cost sharing; Medicaid pays co-insurance, co-pays, and deductibles for Original Medicare covered services. Members are not responsible for the maximum out-of-pocket.

Inpatient Hospital Care	$0 co-pay for days 1 through 90. Our plan covers 90 days for inpatient hospital stay. Our plan also covers 60 “lifetime reserved days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Prior authorization may be required.	Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. $0 co-pay for Medicaid-covered services.

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Outpatient Hospital Coverage	$0 co-pay Prior authorization may be required.	Medicaid pays for certain outpatient hospital services if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Ambulatory Surgical Center (ASC) Services	$0 co-pay Prior authorization may be required.	Medicaid pays for certain surgical services, if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Doctor Office Visits	Primary Care Provider: $0 co-pay Specialist: $0 co-pay It is always recommended that you talk to your Primary Care Provider first before you get care from a Specialist.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Preventive Care	$0 co-pay for: Medicare preventative services • Abdominal aortic aneurysm Screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral screenings) • Cardiovascular screenings • Cervical and vaginal cancer screening	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Preventive Care (continued)	• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Medical nutrition therapy services • Obesity screening and counseling • Pap smears and pelvic exams (women) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" Preventive visit (one time) • Yearly "Wellness" visit	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Emergency Care	$0 co-pay *Note: Emergency services are not covered outside the United States.*	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. (Any emergency room visit if the member reasonably believes he or she needs emergency care.) $0 co-pay for Medicaid-covered services.

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Urgently Needed Services	$0 co-pay	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. (This is NOT emergency care and in most cases, is out of the service area.) $0 co-pay for Medicaid-covered services.
Diagnostic Services, Labs and Imaging	$0 co-pay Diagnostic mammography, diagnostic radiology, lab services, diagnostic test and procedures, outpatient X-rays, and radiation therapy.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Hearing Services	$0 co-pay Hearing Services: The fitting/evaluation for hearing aids along with hearing aid devices are covered. There is a $2,000 allowance every two (2) years for this service. It is always recommended that you talk to your PCP first before you get care from a Specialist.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Dental Allowance	$0 co-pay Preventive dental services: This plan covers: oral exam(s), cleanings(s), dental X-ray(s) and fluoride treatment(s) every year. Comprehensive dental services: This plan covers: diagnostic services, restorative services, extractions, prosthodontics, other oral/maxillofacial surgery, extra exams, cleanings, X-rays, fillings, extractions, implants, and dentures. Benefit limit: $2,500 limit on all covered preventive and comprehensive dental services. Any amount not used by the end of the calendar will not be roll over.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. *Note: For Members who are 20 years of age or younger; or 21 years of age or older in an ICF-MR.* $0 co-pay for Medicaid-covered services.
Vision Services	$0 co-pay Medicare-covered vision services: Exam to diagnose and treat diseases and conditions of the eye. Eyeglasses or contact lenses after cataract surgery. Routine vision services: Routine vision exam - 1 routine eye exam(s) every year. Routine eyewear (lenses and frames). This plan covers up to $300 for eyeglasses or contact lenses every year.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Services by an Optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses. $0 co-pay for Medicaid-covered services.

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Mental Health Services	$0 co-pay for 190 days Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Prior authorization may be required.	Inpatient psychiatric hospital stays are a covered benefit for Members under the age 21, and Members 65 years of age and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for Members 21 through 64 years of age. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. $0 co-pay for Medicaid-covered services.
Outpatient Mental Health Services	$0 co-pay for group therapy visit $0 co-pay for individual therapy visit	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Skilled Nursing Facility	$0 co-pay for days 1 through 100 Prior authorization may be required.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Physical Therapy	$0 co-pay Occupational, physical, and speech therapy. Prior authorization may be required. *Note: physical therapy is covered either by a facility or therapist providing services in home.*	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Ambulance	$0 co-pay for Medicare covered services. Medically necessary ambulance ground, water, and air services. Prior authorization required for non-emergent ambulance transport.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Transportation	$0 co-pay; 72 one-way trips per year Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time.	The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services
Medicare Part B Drugs	$0 co-pay Medicare Part B drugs include immunosuppressant drugs, anti-cancer drugs, anti-emetic drugs, and dialysis drugs.	Medicaid will not cover any Medicare Part B drugs.

PRESCRIPTION DRUGS

Part D Deductible
The Part D deductible is $700. The deductible does not apply to you because Members are protected by the Texas Medicaid Program from cost sharing, co-insurance, co-pays and deductibles. Once your deductible of $700 is met, your copays in Tier 1 will be $0.

Standard Cost-sharing
Mail order: Costco
Retail: All other network retail pharmacies

Benefit Category	Retail	Mail Order
Tier 1 Preferred Generic	25% coinsurance	25% coinsurance
Tier 2 Generic	25% coinsurance	25% coinsurance
Tier 3 Preferred Brand	25% coinsurance	25% coinsurance
Tier 4 Non-Preferred Drug	25% coinsurance	25% coinsurance
Tier 5 Specialty Drugs	25% coinsurance	25% coinsurance
Tier 6 Supplemental Drugs	$0 copay	$0 copay
If you receive "Extra Help" your co-payment will be	30 day supply $1.65 copay or $5.00 copay or $5.80 copay or $14.40 copay	100 day supply $1.65 copay or $5.00 copay or $5.80 copay or $14.40 copay

Specialty drugs are limited to a 30-day supply.

Day Supply Available

- One month supply (up to 30 days)
- Two month supply (31-60 days)
- Three month supply (61-100)

CATASTROPHIC COVERAGE STAGE

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400 limit for the calendar year, you pay nothing for all drugs.

ADDITIONAL BENEFITS

Benefit Category	El Paso Health Medicare Advantage Dual (HMO D-SNP)	Texas Medicaid
Podiatry Services	$0 co-pay for Medicare covered services only, Diabetes-related nerve Damage or Medically Necessary treatment for foot injuries or diseases. This plan covers 10 visits annually for routine podiatry care.	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Durable Medical Equipment (like wheelchairs or oxygen)	$0 co-pay Prior authorization may be required.	$0 co-pay for Medicaid-covered services.
Medical Supplies	$0 co-pay	$0 co-pay for Medicaid-covered services.
Prosthetics (artificial limbs or braces)	$0 co-pay Prior authorization may be required.	For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Diabetic Monitoring Supplies	$0 co-pay	$0 co-pay for Medicaid-covered services.

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

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

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

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

Over-the-Counter Catalog Service	Members are eligible to receive up to $50 monthly allowance for members without a chronic condition for covered over-the-counter purchases such as toothbrushes, bandages, vitamins, grab bars, Nicotine Replacement Therapy drugs and other eligible items.
Meals Benefit	Post Hospitalization Meals 14 home-delivered meals following your discharge from a hospital or nursing facility.
Personal Emergency Response System coverage (PERS)	One Personal Emergency Response System Device
24 Hour Nurse Line	Access to a 24-hour, seven days a week bilingual (English/Spanish) medical advice line staffed by nurses and pharmacist. Assistance provided in multiple languages.
Medicare Community Connections	We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support program. We'll help you coordinate these services based on your unique needs.

HOME AND COMMUNITY BASED WAIVER SERVICES

THE FOLLOWING ARE TEXAS MEDICAID SERVICES (not covered by El Paso Health Medicare Advantage Dual (HMO D-SNP)). For additional information, contact the Texas Health and Human Services Commission (HHSC) at 1-877-541-7905 or TTY users can call 711.

Those who meet QMB requirements and also meet the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid services not covered by Medicare, including Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.

Community Living Assistance and Support Services (CLASS) Waiver	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/providers/long-term-care-providers/community-living-assistance-support-services.
Deaf Blind with Multiple Disabilities Waiver (DBMD)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/providers/long-term-care-providers/deaf-blind-multiple-disabilities
Home and Community Services (HCS) Waiver	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/regulations/policies-rules/waivers.
Medically Dependent Children Program (MDCP)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/providers/long-term-care-providers/medically-dependent-children-program-mdcp.
Texas Home Living Waiver (TxHmL)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage, https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhml.
STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)	Programs include: Adult Foster Care, Assisted Living, Cognitive Rehabilitation Therapy, Financial Management Services, Home Delivered Meals, Minor Home Modifications and Support Consultation. Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage: https://hhs.texas.gov/ services/health/medicaid-chip/programs/starplus.

Covered Supplemental Benefits

El Paso Health
Medicare Advantage

Covered Supplemental Benefits

24-Hour Nurse Line

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

Transportation Service

Receive 72 one-way non-emergent medical visit transportation services every year.

Dental Allowance

Receive up to $2,500 each year.
It can be used for dental checkups, x-rays, routine cleaning, fillings, extractions, implant, dentures and so much more.

PERS Device

One Personal Emergency Response System Device

Covered Supplemental Benefits

Hearing

$2,000 towards fitting/evaluation and hearing aids every two (2) years.

Vision

Up to $300 each year.
Use it for routine eye exams, eyeglasses (frames and lenses), and/or contact lenses.

OTC allowance

Receive up to $50 monthly allowance for covered over-the-counter purchases. This benefit is for members without a chronic condition. Obtain items such as toothbrushes, bandages, vitamins, shampoo, lotions, hygiene and many other eligible items. The $50 allowance renews every month.

Local Retailers: Walmart, CVS, Walgreens, Dollar General, Albertsons and many more!

Online: EPHMedicare.NationsBenefits.com

Get Fit Program

As a Member you will have the ability to choose a monthly Membership to any YMCA local facility Or choose a monthly premium (black card) membership to any local Planet Fitness center. You must call Member Service and specify the fitness center you prefer.

Covered Supplemental Benefits for individuals with Chronic Conditions

*The following benefits are only covered for individuals with Chronic Conditions. The qualifying conditions are:

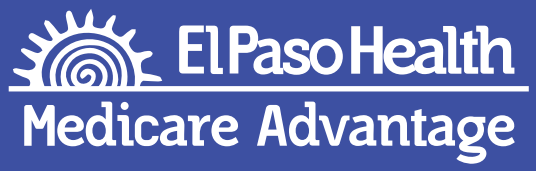
- Chronic alcohol and other drug dependence
- Autoimmune disorders
- Cancer, excluding pre-cancer
- Cardiovascular conditions
- Chronic heart failure
- Dementia
- Diabetes mellitus
- End-stage liver disease
- End-stage renal disease requiring dialysis
- Severe hematologic disorders
- HIV/AIDS
- Chronic lung disorders
- Chronic and disabling mental health conditions
- Neurologic disorders
- Stroke

Health & Home Program

Qualifying Members receive a quarterly allowance of $125 monthly allowance for approved healthy produce/food items, over-the-counter and hygiene products or paying paying any of the following utilities such as; gas, water, electricity or rent.

Use your OTC MasterCard to complete purchases or pay your utilities.

Shop at Local Retailers or Online: EPHMedicare.NationsBenefits.com



For more information:

Call 1-833-742-3125
TTY users call 711

or visit us at
ephmedicare.com