



# 2021 Hamaspik Medicare Select Summary of Benefits



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**HAMASPIK, INC.**





## 2021 Hamaspik Medicare Select Summary of Benefits

*This document is a summary of your medical and prescription drug benefits covered by Hamaspik Medicare Select (HMO D-SNP) from January 1, 2021 through December 31, 2021.*

*Hamaspik Medicare Select is an HMO D-SNP with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal. Hamaspik Medicare Select is a Medicare Advantage plan sponsored by Hamaspik, Inc.*

*In this Summary of Benefits, you will learn more about the covered benefits offered by our plan including doctor services, hospital coverage, medical care, and Part D prescription drug benefits. This booklet is a summary of our covered services and does not include all of the benefits and limitations that we cover or every exclusion. Your Evidence of Coverage is your member handbook that describes all of your benefits in detail, and the Plan's rules for getting these services. Please call Member Services at 1-833-426-2774 to request a copy of the Evidence of Coverage, or visit our website at [www.hamaspik.com](http://www.hamaspik.com). TTY users should call 711. Member Services staff are available from 8:00 a.m. until 8:00 p.m., 7 days per week, until March 31, 2021. (Beginning April 1, 2021, Member Services staff are available during these hours from Monday through Friday.)*

### **Who Can Join Hamaspik Medicare Select?**

*To join our plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and have New York State Medicaid. You also must live in our plan's service area, which includes the following counties:*

- Albany
- Bronx
- Columbia
- Dutchess
- Greene
- Kings (Brooklyn)
- Montgomery
- Nassau
- New York (Manhattan)
- Orange
- Putnam
- Queens
- Rensselaer
- Richmond (Staten Island)
- Rockland
- Schenectady
- Sullivan
- Ulster
- Westchester

### **What Do We Cover?**

*Hamaspik Medicare Select covers everything that Original Medicare covers – Part A (hospital benefits) and Part B (medical services), plus Medicare Prescription Drugs (Part D) and additional benefits!*

*Please note that we cover Part D prescription drugs, in addition to Part B drugs such as chemotherapy and some drugs administered by your provider. All of our prescription medications are included in one tier on our formulary. The formulary will also show you how much your medication costs. You can find the formulary on our website, [www.hamaspik.com](http://www.hamaspik.com), or you call Member Services to request a copy.*

*The Hamaspik Medicare Select plan has a large network of doctors, hospitals, pharmacies, and specialists. As a member of our Medicare Advantage Special Needs plan, you are required to use providers in our network in most circumstances. If you use a doctor or facility that is not in our plan's network, we may not cover the services. Be sure to review our provider and pharmacy directory to see if your doctor or pharmacist is included in the network.*



## 2021 Hamaspik Medicare Select Summary of Benefits

### **Important Information:**

*This information is not a complete description of benefits. Call 1-833-426-2774 for more information.*

*Our Member Services Department is available to help you find a provider or pharmacy in our network. If you have any questions, please call us at 1-833-426-2774. TTY users can call 711. The calls to this number are free. Except in an emergency, out-of-network/non-contracted providers are under no obligation to treat Hamaspik Medicare Select members.*

*Our Member Service Department is available 7 days a week, from 8:00 a.m. to 8:00 p.m., October 1, 2020 thru March 31, 2021. From April 2021 thru September 2021, our Member Service Department will be available Monday thru Friday, 8:00 a.m. to 8:00 p.m.*

*Member Services also has free language interpreter services available for non-English speakers.*

**ATTENTION:** *If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-426-2774 (TTY: 711)*

**ATENCION:** *Si habla español, los servicios de asistencia de idiomas, de forma gratuita, están disponibles para usted. Llame al 1-833-426-2774 (TTY: 711)*

*Please visit our website at [www.hamaspik.com](http://www.hamaspik.com) for additional information about Hamaspik Medicare Select. The website includes links to our provider directory, formulary list of covered drugs and Evidence of Coverage.*

*If you want to know about the services that are covered and the cost of Original Medicare, please review the current version of the Medicare and You handbook. You can find this online at [www.medicare.gov](http://www.medicare.gov) or you can call 1-800-MEDICARE (1-800-633-4227) to request a copy of the handbook.*

*TTY users should call 1-877-486-2048.*



## Hamaspik Medicare Select – Covered Benefits

**Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.**

<i>Premiums &amp; Benefits</i>	<i>What You Pay for Services</i>
How Much is Your Monthly Plan Premium?	You do not pay a plan premium. You must continue to pay your Part B premium.
How Much is the Plan Deductible?	Hamaspik Medicare Select does not have a plan deductible.
Your Maximum Out-of-Pocket Responsibility	<p>Like all Medicare plans, Hamaspik Medicare Select protects you by having a yearly limit on your out-of-pocket costs for hospital and medical care.</p> <p>If you reach the \$7,550 limit on out-of-pocket costs, you keep getting covered hospital and medical services. We will pay the full cost for the rest of the year.</p>
<i>Inpatient Hospital Services</i>	
Inpatient Hospital Coverage	<p>You are covered for inpatient acute care, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Depending on your level of income and Medicaid eligibility, in 2021, you may pay the following amounts for each benefit period.</p> <ul style="list-style-type: none"> <li>• \$0 or \$1,484 deductible for each benefit period,</li> <li>• Days 1-60: \$0 coinsurance for each benefit period.</li> <li>• Days 61-90: \$0 or \$371 coinsurance per day of each benefit period.</li> <li>• Days 91 and beyond: \$0 or \$742 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).</li> <li>• Beyond lifetime reserve days: all costs.</li> </ul> <p>A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a Skilled Nursing Facility) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins.</p> <p>Authorization is required, except when the admission is the result of an emergency or urgently needed services.</p>
Partial Hospitalization	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each partial hospitalization.</p> <p>Authorization is required.</p>



## Hamaspik Medicare Select – Covered Benefits

<i>Premiums &amp; Benefits</i>	<i>What You Pay for Services</i>
<b>Outpatient Care</b>	
Primary Care Doctors and Specialists	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each primary care or specialist doctor visit.</p> <p>Additional telehealth services are covered for primary care physician and physician specialist services. Telehealth services allow members to access health care services remotely while your provider manages your care. Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for telehealth services.</p> <p>You do not need a referral or an authorization for services provided by a PCP or specialist.</p>
Outpatient Hospital Coverage	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each Medicare-covered outpatient hospital service and outpatient hospital observation service.</p> <p>We cover medically-necessary services you get in the outpatient department of a hospital for the diagnosis or treatment of an illness or injury.</p> <p>We also cover outpatient observation services. Observation services are hospital outpatient services provided to determine if you need to be admitted as an inpatient or can be discharged.</p> <p>Authorization is required for Medicare-covered outpatient hospital and observation services.</p>
Outpatient Surgery	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of an ambulatory surgical center.</p> <p>Authorization is required.</p>
Dialysis Services	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of dialysis.</p> <p>Authorization is required.</p>
Outpatient Substance Abuse Services	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each Medicare-covered individual or group sessions for outpatient substance abuse services.</p> <p>Additional telehealth services are covered for outpatient individual and group sessions for substance abuse. Telehealth services allow members to access health care services remotely while your provider manages your care. Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for telehealth services.</p> <p>Authorization is not required.</p>



## Hamaspik Medicare Select – Covered Benefits

<p>Opioid Treatment Program Services</p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for opioid treatment program services.</p> <p>Authorization is not required.</p>
<p>Outpatient Blood Services</p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each Medicare-covered outpatient blood service.</p> <p>The three (3) pint deductible is waived.</p> <p>Authorization is not required.</p>
<p>Acupuncture</p>	<p>Medicare covers up to 12 acupuncture visits in 90 days for chronic low back pain. An additional 8 sessions will be covered if you show improvement.</p> <p>Chronic low back pain is defined as:</p> <ul style="list-style-type: none"> <li>• Lasting 12 weeks or longer</li> <li>• Having no identifiable systemic cause (such as metastatic, inflammatory, or infectious disease)</li> <li>• Pain that is not associated with surgery or pregnancy</li> </ul> <p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each Medicare-covered acupuncture visit.</p> <p>In addition, you are covered for 12 acupuncture treatments each year for other health issues.</p> <p>Authorization is not required.</p>
<p>Kidney Disease Education</p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for kidney disease education.</p> <p>Authorization is not required.</p>
<p>Other Healthcare Professionals</p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of other healthcare professions for Medicare-covered benefits.</p> <p>Authorization is not required.</p>
<p>Preventive Care</p>	<p>Hamaspik Medicare Select covers a broad range of preventive health services that are covered by Medicare. You do not pay anything for the following preventive care services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> </ul>



## Hamaspik Medicare Select – Covered Benefits

	<ul style="list-style-type: none"> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening.</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Other Medicare-Covered Preventive Services</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, and Pneumococcal shots</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Authorization is not required for these services.</p>
<p>Preventive Services That May Require a Coinsurance</p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each of the following Medicare-covered preventive services:</p> <ul style="list-style-type: none"> <li>• EKG following Welcome Visit</li> <li>• Barium Enemas</li> <li>• Diabetes Self-Management</li> <li>• Digital Rectal Exams</li> <li>• Glaucoma Screening</li> <li>• Other Medicare-covered Preventive Services</li> </ul> <p>Authorization is not required for these services.</p>
<p><b><i>Emergency and Urgently Needed Care</i></b></p>	
<p>Emergency Care and Post Stabilization Services</p>	<p>You are covered for services that are given by a provider who is trained to provide emergency care services, and needed to evaluate or stabilize an emergency medical condition.</p> <p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of emergency care and post stabilization care, up to \$90 per visit for Medicare-covered emergency care.</p> <p>If you are admitted to the hospital within 48 hours of the emergency room visit, you do not have to pay your share of the cost for emergency care.</p> <p>Authorization is not required.</p> <p>You are also covered for up to \$50,000 in worldwide emergency and urgent care coverage when you travel outside the United States and its territories. There is no copayment or coinsurance for this benefit.</p>



## Hamaspik Medicare Select – Covered Benefits

<p><b>Urgently Needed Services</b></p>	<p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.</p> <p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for Medicare-covered urgently needed care visits.</p> <p>The maximum amount you will pay is \$65 per visit.</p> <p>If you are admitted to the hospital with 48 hours of your urgent care visit, the coinsurance will be waived.</p> <p>Authorization is not required.</p> <p>You are also covered for up to \$50,000 in worldwide emergency and urgent care coverage when you travel outside the United States and its territories. There is no copayment or coinsurance for this benefit.</p>
<p><b>Diagnostic Tests, Procedures and Lab Services</b></p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered:</p> <ul style="list-style-type: none"> <li>• Diagnostic procedures and tests</li> <li>• Lab Services</li> </ul> <p>Authorization is required for certain diagnostic procedures, non-lab tests and genetic testing procedures. Routine lab tests do not require prior authorization.</p>
<p><b>Diagnostic Radiological Services, Therapeutic Radiological Services, and X-Rays</b></p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered:</p> <ul style="list-style-type: none"> <li>• Diagnostic Radiological services (CT, MRI, etc.)</li> <li>• Therapeutic Radiological services</li> <li>• X-Ray services</li> </ul> <p>Authorization is not required.</p>
<p><b>Chiropractic Services</b></p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered chiropractic services.</p> <p>Authorization is required.</p>
<p><b><i>Hearing Services</i></b></p>	
<p><b>Exam to diagnosis and treat hearing and balance issues</b></p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered hearing services.</p> <p>Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p>





## Hamaspik Medicare Select – Covered Benefits

	<p>Authorization is not required.</p> <p>Additional services may be covered by your Medicaid benefits. See the “Medicaid Covered Benefits” section in the Summary of Benefits.</p>
<b>Dental Services</b>	
Comprehensive Dental Services	<p>Depending on your income and level of Medicaid eligibility, you pay 0% or 20% of the cost for Medicare covered dental services.</p> <p>Authorization is required.</p>
Preventive Dental	<p>In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Medicare.</p> <p>Additional services may be covered by your Medicaid benefits. See “Medicaid Covered Benefits” section in the Summary of Benefits.</p>
<b>Vision Services</b>	
Routine Eye Exams	<p>Depending on your income and level of Medicaid eligibility, you will pay 0% or 20% of the cost for Medicare covered routine eye exams</p> <p>You are covered for one routine eye exam every 2 years. Eye exams are provided by Dentaquest IPA.</p> <p>Authorization is not required.</p>
Eyewear	<p>Depending on your income and level of Medicaid eligibility, you will pay 0% or 20% of the cost for Medicare covered eyewear.</p> <p>You are also covered for:</p> <ul style="list-style-type: none"> <li>• One pair of eyeglasses including frames and lenses every two years, or</li> <li>• One pair of contact lenses every two years</li> <li>• You are covered for up to \$200 every two years for eyewear from an in-network provider.</li> </ul> <p>Eyewear is provided by Dentaquest IPA.</p> <p>Authorization is not required.</p>
<b>Mental Health Services</b>	
Inpatient Mental Health Services	<p>Covered services include mental health care services that require a hospital stay. Medicare beneficiaries are covered for up to 190 days of inpatient psychiatric hospital services during your lifetime. The 190-day limit does not apply to inpatient</p>



## Hamaspik Medicare Select – Covered Benefits

	<p>mental health services provided in a psychiatric unit of a general hospital. Depending on your level of income and Medicaid eligibility in 2021, you may pay the following amounts for each benefit period:</p> <ul style="list-style-type: none"> <li>• \$0 or \$1,484 deductible for each benefit period,</li> <li>• Days 1-60: \$0 coinsurance for each benefit period.</li> <li>• Days 61-90: \$0 or \$371 coinsurance per day of each benefit period.</li> <li>• Days 91 and beyond: \$0 or \$742 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).</li> <li>• Beyond lifetime reserve days: all costs.</li> </ul> <p>You may also be covered for inpatient psychiatric days from Medicaid. Except in an emergency, authorization is required for inpatient mental health services.</p>
<p>Outpatient Mental Health Services</p>	<p>Outpatient Mental Health Services include services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health care professional.</p> <p>You pay 0% or 20% of the cost for Medicare-covered individual or group therapy visits and sessions.</p> <p>Additional telehealth services are covered for individual and group sessions for mental health specialty services. Telehealth services allow members to access health care services remotely while your mental health provider manages your care.</p> <p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for telehealth services.</p> <p>Authorizations are not required.</p> <p>Additional coverage for community based mental health services may be available under Medicaid. See "Medicaid Covered Benefits" section in this Summary of Benefits.</p>
<p><b>Rehabilitation Services</b></p>	
<p>Skilled Nursing Facility Services</p>	<p>You are covered for skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility.</p> <p>Less than a 3 day inpatient hospital stay prior to nursing home admission is allowed. Depending on your level of income and Medicaid eligibility, you may pay the following per benefit period.</p> <p>In 2021, the amounts you pay are:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$0 for each benefit period</li> <li>• Days 21-100: \$0 or \$185.50 coinsurance per day of each benefit period</li> <li>• Days 101 and beyond: all costs</li> </ul>



## Hamaspik Medicare Select – Covered Benefits

	<p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit begins. There is no limit to the number of benefit periods you can have. limit to the number of benefit periods you can have.</p> <p>Authorization is required.</p>
Physical Therapy, Speech Therapy, and Occupational Therapy	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of Medicare covered:</p> <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Speech therapy</li> <li>• Occupational therapy</li> </ul> <p>Authorization is required</p>
Cardiac, Rehabilitation, Pulmonary Rehabilitation and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Cardiac rehabilitation services</li> <li>• Intensive cardiac rehabilitation services</li> <li>• Pulmonary rehabilitation</li> <li>• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD Services)</li> </ul> <p>Authorization is required for all rehabilitation therapy services.</p>
Ambulance	<p>Ambulance services include air and ground ambulance services to the nearest appropriate facility that can provide care, only if your medical condition is such that other means of transportation could endanger your health.</p> <p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered ambulance benefits. The coinsurance will not be waived if you are admitted to a hospital.</p> <p>Except in an emergency, authorization is required.</p>
Transportation	<p>Other transportation services are not provided by the plan.</p> <p>Additional coverage for transportation services may be available under Medicaid. See “Medicaid Covered Benefits” section in this Summary of Benefits.</p>
Foot Care (Podiatry Services)	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered podiatry benefits.</p> <p>Covered services include the diagnosis and the medical or surgical treatment of injuries and diseases of the feet.</p> <p>Authorization is not required.</p>



## Hamaspik Medicare Select – Covered Benefits

<p>Medical Equipment/ Supplies</p>	<p>Hamaspik Medicare Select covers any medical equipment and supplies that are covered by Original Medicare.</p> <p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Prosthetic devices</li> <li>• Medical supplies</li> </ul> <p>Authorization is required.</p> <p>Additional coverage for medical equipment and supplies may be available under Medicaid. See Summary of Medicaid Covered Benefits in this Summary of Benefits.</p>
<p>Diabetic Supplies and Services</p>	<p>Hamaspik Medicare Select covers diabetic supplies and services. Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Diabetic Supplies</li> <li>• Diabetic Therapeutic Shoes</li> </ul> <p>Authorization is required for diabetic therapeutic shoes and inserts.</p> <p>Other diabetic supplies are provided with no authorization.</p>
<p>Wellness Programs</p>	<p>You are covered for:</p> <ul style="list-style-type: none"> <li>• Health education materials, which will focus on a variety of health conditions.</li> <li>• The Nurse Hotline is available on weekends and holidays when the care management offices are closed.</li> <li>• Physical Fitness Benefit - The fitness benefit is delivered through contracted gyms and fitness centers.</li> </ul> <p>There is no cost to you for these wellness services. Authorization is not required.</p>
<p><b>Over the Counter Medical Products</b></p>	
<p>Over-the-Counter Health Items</p>	<p>You pay nothing for Medicare-approved covered over-the-counter (OTC) products. We cover a maximum of \$105.00 per month for covered over-the-counter (OTC) products. Products are available for members to order and will be delivered to their homes. There is no cost for shipping and delivery.</p>
<p><b>Medicare Part B Drugs</b></p>	
<p>Chemotherapy Drugs and other Medicare Part B Drugs</p>	<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for Medicare Part B chemotherapy and radiation drugs and Other Part B drugs.</p> <p>Authorization is not required. Step therapy rules may apply to some medications.</p>



## Hamaspik Medicare Select – Covered Benefits

<b>Prescription Drug Benefits (Part D)</b>	
<p>How Much Will My Prescription Drugs Cost?</p>	<p>If you have Medicaid coverage, you do not pay a Part D deductible for prescription drugs, chemotherapy drugs and other drugs administered in your doctor's office. You can use a network pharmacy or mail order pharmacy to fill your prescriptions for Part D drugs. You are covered for a 30 or 90 day supply of medications at a retail or mail order pharmacy. You are covered for a 29 day supply at an out-of-network pharmacy and a 31 day supply at long term care pharmacy.</p> <p>The amount that you pay for your prescription drugs depends on whether the drug is a generic or brand name drug, and the stage of the benefit you have reached. As a member of Hamaspik Medicare Select, we have one drug tier that covers generic and brand name drugs.</p> <p>Authorization and other coverage rules apply for certain drugs. Consult your Formulary (Drug List) to find out the requirements for specific drugs.</p>
<p>How Can I Fill My Medications?</p>	<p>You can get medications filled at many different locations but in most cases, you must use a network provider.</p> <ul style="list-style-type: none"> <li>• You can fill your prescriptions at a network retail pharmacy or mail order pharmacy.</li> <li>• There are instances where you can get medications at an out-of-network pharmacy at the same cost as an in-network pharmacy. Contact member services for more information.</li> </ul>
<p>Deductible Stage</p>	<p>Members with Medicaid coverage will not pay a deductible.</p> <p>Depending on your level of extra help, you may be required to pay the first \$445 in prescription drug costs.</p>
<p>Initial Coverage Stage:</p> <p><i>Depending on your level of Medicaid coverage, you begin in this stage when you fill your prescriptions, or when your deductible is met.</i></p>	<p>Depending on your income and institutional status, you will pay one of the following:</p> <ul style="list-style-type: none"> <li>• For generic drugs (including brand name drugs treated as generic), you will pay either a \$0 copay, \$1.30 copay, \$3.70 copay, or a 25% coinsurance.</li> <li>• For all other drugs: you will pay a \$0 copay, \$4.00 copay, or \$9.20 copay, or 25% coinsurance.</li> </ul>
<p>Catastrophic Coverage Stage</p> <p><i>During this stage, the plan will pay most of the costs of your drugs for the rest of the calendar year (through December 31, 2021).</i></p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing or 5% of the cost, for all drugs.</p>



## Medicaid Covered Services

**The following services are covered by your Medicaid benefits. Hamaspik Medicare Select will help you to coordinate your benefits, but you may obtain coverage for these services by Medicaid.**

<i>Medicaid Covered Service</i>	<i>Description</i>
Medicare cost sharing	Medicaid covers cost sharing for Medicare Part A and Part B benefits including deductibles, copayments and coinsurance.
Inpatient mental health over 190-day lifetime limit	Medicaid covers inpatient mental health services, including voluntary or involuntary admissions for mental health service over the Medicare 190 day lifetime limit.
<i>Non-Medicare Covered Care in a Skilled Nursing Facility</i>	Medicaid covers skilled nursing facility days provided in a licensed facility in excess of the first 100 days in the Medicare Advantage benefits period.
<i>Non-Medicare covered home health services</i>	Medicaid covers home health services, including the provision of skilled services not covered by Medicare and/or home health aide services as required by an approved plan of care.
Personal care services	Medicaid-covered personal care services are covered, such as the provision of some or total assistance with activities as dressing and feeding, meal preparation and housekeeping.
Private duty nursing services	Medicaid-covered private duty nursing can be provided through a certified home health agency, a licensed home care agency or a private practitioner. Services are covered when an attending physician has determined the services to be medically necessary.
Non-emergency transportation	Medicaid covers non-emergency transportation when needed so that the member can obtain necessary medical care and treatment.
Medical and surgical supplies, enteral and parenteral formula and hearing aid batteries	Medicaid covers medical and surgical supplies, enteral therapy, hearing aid batteries, and durable medical equipment.
Nutrition services covered by Medicaid	Medicaid covers nutrition services provided by a nutritionist or registered dietician.
Medical Social Service	Medicaid covers medical social services include assessing the need for, arranging and providing aid for social services.
Personal Emergency Response Services (PERS)	Medicaid covers electronic devices that enable individuals to secure help in a physical, emotional or environmental emergency.



## Medicaid Covered Services

Adult Day Health Care	Medicaid covers Adult Day Health Care programs.
Dental Services	Medicaid covers preventive and restorative dental services.
<i>Hearing Services</i>	Medicaid covers audiology services, screenings and hearing aid services and products.
<i>Vision Services</i>	Medicaid covers vision services, including eye exams and eyeglasses.
Hospice	Hospice is covered by Medicaid. Medicaid covers hospice care as follows: <ul style="list-style-type: none"> <li>• Routine home care;</li> <li>• Continuous home care during periods of crisis</li> </ul>
Methadone Maintenance Treatment Programs	Medicaid covers drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management of the patient with methadone.
Community-Based Mental Health Services	These mental health services are covered by Medicaid: <ul style="list-style-type: none"> <li>• Intensive Psychiatric Rehabilitation Treatment Program</li> <li>• Day Treatment</li> <li>• Continuing Day Treatment</li> <li>• Case Management for Seriously and Persistently Mentally Ill (sponsored by the state or local mental health units)</li> <li>• Mobile Crisis Services</li> <li>• Partial Hospitalization</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Personal Recovery Oriented Services (PROS)</li> </ul>
Rehabilitation Services for Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs	Medicaid covers rehabilitative services for individuals in their home or in leased apartments.
Office for People with Intellectual or Developmental Disabilities (OPWDD)	The OPWDD provides a range of services, including Medicaid funded long-term care services.
Comprehensive Medicaid Case Management	Medicaid covers Comprehensive Medicaid Case Management (CMCM) services to assist persons who are eligible for this service.
Home and Community Based Waiver Program Services	Medicaid covers the Home and Community Based Waiver Program, which provides a range of services that enables adults and children with developmental disabilities to live in the community.



## Medicaid Covered Services

Directory Observed Therapy for Tuberculosis Disease	Medicaid covers Directory Observed Therapy for Tuberculosis Disease.
AIDS Adult Day Health Care	Medicaid covers AIDS Adult Day Health Care.
<i>Assisted Living Program</i>	Medicaid covers Assisted Living. Only State-licensed Assisted Living Program (ALPs) accept Medicaid.

**If you have any questions about these benefits, please call Member Services for assistance.**





## Non Discrimination Notice

*Hamaspik Medicare Select complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hamaspik Medicare Select does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.*

*Hamaspik Medicare Select:*

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).*
- Provides free 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 Member Services at 833-426-2774. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY user should call 711.*

*If you believe that Hamaspik Medicare Select 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 by calling Member Services and telling them you need help filing a grievance. Hamaspik Medicare Select's Member Services is available to help you.*

*You can also send your grievance to: Hamaspik Medicare Select  
Attn: Grievance and Appeals  
58 Route 59, Suite 1  
Monsey, NY 10952*

*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>.*

*You can also file a grievance or by mail or phone at: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
Telephone: 1-800-368-1019  
TTY: 1-800-537-7697*



## Get Help in A Language You Understand

ATTENTION: Language assistance services, free of charge, are available to you. Call 855-552-4642 or TTY 855-854-4030.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-552-4642 or TTY 855-854-4030.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-552-4642 or TTY 855-854-4030.	Chinese
تنبيه: تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على 855-552-4642 أو TTY 855-854-4030.	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-552-4642 or TTY 855-854-4030 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните <855-552-4642> (телетайп: 855-854-4030).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 855-552-4642 or TTY 855-854-4030.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-552-4642 or TTY 855-854-4030.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele or TTY 855-854-4030.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך. שפראך הילף סערוויסעס פריי פון אפצאל. 855-8544030 / 855-552-4642 רופט	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-552-4642 or TTY 855-854-4030	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <855-552-4642/855-854-4030>.	Tagalog
নকশ্বয় করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৫৫-৫৫২-৪৬৪২ or TTY ৮৫৫-৮৫৪-৪০৩০	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 855-552-4642 or TTY 855-854-4030.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 855-552-4642 or TTY 855-854-4030.	Greek
توجہ: زبان کی امداد کی خدمات، مفت، آپ کے لئے دستیاب ہیں۔ 855-552-4642 یا ٹی ٹی وائی 855-854-4030 پر کال کریں۔	Urdu

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