Hamaspik Medicare Choice (HMO D-SNP)

Summary of Benefits 2022

HAMASPIK, INC.

H0034_HMCSUMM0921_M

Hamaspik Medicare Choice (HMO D-SNP) Summary of Benefits 2022

Introduction

This document is a brief summary of the benefits and services covered by Hamaspik Medicare Choice. 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 Hamaspik Medicare Choice. For more detailed information about the plan's benefits, please see the *Evidence of Coverage and Member Handbook*. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage.*

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A. Disclaimers

This is a summary of health services covered by Hamaspik Medicare Choice for 2022. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage,* call Hamaspik Medicare Choice Member Services at the number at the bottom of this page to get one. The Hamaspik Medicare Choice Evidence of Coverage (EOC) is also available on our website – www.hamaspik.com.

- This information is also available in alternate formats such as large print and Braille. Please call Member Service at phone number listed below for more information.
- Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2023.
- The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Hamaspik Medicare Choice is an HMO D-SNP, with a Medicare contract. This plan is also a Medicaid Advantage Plus (MAP) plan, with a Medicaid contract. Enrollment in Hamaspik Medicare Choice depends on contract renewal.
- Hamaspik Medicare Choice is a plan for people who need Medicaid home care and long-term care services. The plan covers Medicare services for those who live in the service area and have both Medicare Part A and Part B and have Medicaid.
- This plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you:
  - Must be eligible for Medicare and Full Medicaid Benefits;
  - Must be capable, at the time of enrollment of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health;
  - Must be eligible for nursing home level of care (as of the time of enrollment);

If you have questions, please call Hamaspik Medicare Choice Member Services at 1-888-426-2774, TTY users call 711. Our hours are 7 days a week, from 8:00 am to 8:00 pm, October 1, 2021, through March 31, 2022. From April 1, 2022, through September 30, 2022, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm. The call is free. For more information, visit www.hamspik.com.

- Must require care management and be expected to need at least one of the following Community Based Long-Term Care services for more than 120 days from the effective date of enrollment:
    - ✓ nursing services in the home;
    - ✓ therapies in the home;
    - ✓ home health aide services;
    - ✓ personal care services in the home;
    - ✓ adult day health care;
    - ✓ private duty nursing; or
    - ✓ Consumer Directed Personal Assistance Services
- Must be 18 years of age or older;
- Must reside in the plan's service area; and
- Are determined eligible for long-term care services by the plan or an entity designated by the Department, using the current NYS eligibility tool.

❖ Under Hamaspik Medicare Choice you can get your Medicare and most of your Medicaid services in one health plan. A Hamaspik Medicare Choice care manager will help manage your health care needs.

❖ 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 a day, 7 days a week.
TTY users should call 1-877-486-2048.

❖ For more information about **Medicaid**, call New York State Department of Health (Social Services) Medicaid Helpline 1–800–541–2831 Medicaid Helpline. TTY users should call 711.

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- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call Hamaspik Medicare Choice Member Services at the number at the bottom of this page. The call is free.

  ATENCIÓN: Si habla un idioma que no sea inglés, los servicios de asistencia lingüística, sin cargo, están disponibles para usted. Llame a Servicios para Miembros de Hamaspik Medicare Choice al número que se encuentra en la parte inferior de esta página. La llamada es gratuita.

- You can get this document for free in Spanish, other formats including large print, braille, or audio. Call Member Services at the number at the bottom of this page. The call is free.
  Puede obtener este documento gratis en español, en otros formatos, incluyendo letra grande, braille o audio. Llame a Servicios para Miembros de Hamaspik Medicare Choice al número que se encuentra en la parte inferior de esta página. La llamada es gratuita.

- If you would like a copy of Hamaspik Medicare Choice materials in another language, please contact Member Services at 1-888-426-2774. TTY users should call 711. Our hours are 7 days a week, from 8:00 am to 8:00 pm, October 1, 2021, through March 31, 2022. From April 1, 2022, through September 30, 2022, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.

- Hamaspik Medicare Choice keeps a record of your request for future mailings and communications in your membership record. Once you request your documents in another language or format, we will send future information in this way; you do not have to ask each time. Please contact Member Services if you would like to change your preferences for mailings or communications. A representative can help you make or change your standing request. The Member Services telephone number and hours are listed below.

B. Frequently Asked Questions (FAQ)

The following chart lists frequently asked questions about Hamaspik Medicare Choice, and plans like this one.

Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/HMO + D-SNP) plan?	Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Medicare Advantage Dual Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need. Our MAP plan is called **Hamaspik Medicare Choice**.
Will I get the same Medicare and Medicaid benefits in Hamaspik Medicare Choice that I get now?	If you are coming to Hamaspik Medicare Choice from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get all your covered Medicare and most of your Medicaid benefits directly from Hamaspik Medicare Choice. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in Hamaspik Medicare Choice, you and your care team will work together to develop a Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that Hamaspik Medicare Choice does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Hamaspik Medicare Choice to cover your drug, if medically necessary. For more information, call Member Services.

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Can I go to the same health care providers I see now?	That is often the case. If your providers (including doctors and pharmacies) work with Hamaspik Medicare Choice and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." In most cases, you must use the providers Hamaspik Medicare Choice's network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Hamaspik Medicare Choice's network. You may also use out-of-network providers when Hamaspik Medicare Choice authorizes the use of out-of-network providers. To find out if your providers are in the plan's network, call Member Services or read Hamaspik Medicare Choice's *Provider and Pharmacy Directory*. You can also visit our website at www.hamaspik.com for the most current listing.
What happens if I need a service but no one in Hamaspik Medicare Choice's network can provide it?	Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, Hamaspik Medicare Choice will authorize and pay for the cost of an out-of-network provider.
What is a care manager?	A care manager is your main contact person. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home, so you don't need to move to a nursing home or hospital.

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Where is Hamaspik Medicare Choice available?	The service area for this plan includes the following counties in New York: ✓ Bronx ✓ Dutchess ✓ Kings (Brooklyn), ✓ Nassau, ✓ New York (Manhattan), ✓ Orange ✓ Putnam ✓ Queens ✓ Richmond (Staten Island) ✓ Rockland ✓ Sullivan ✓ Ulster ✓ Westchester You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.
What is prior authorization?	Prior authorization means that you must get approval from Hamaspik Medicare Choice **before** you can get a specific service or drug or see an out-of-network provider. Hamaspik Medicare Choice may not cover the service or drug if you don't get approval. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.**

	See Chapter 3 of the *Evidence of Coverage* to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn which services require a prior authorization.
What is a referral?	A referral means getting access for certain plan benefits from your primary care provider (PCP) **before** you can see providers in the plan's network. Our plan is a direct access plan. This means you do not need to get a referral or plan approval to see network providers, including specialists.
What is Extra Help?	Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copayments. Extra Help is also called the "Low-Income Subsidy," or "LIS." Your prescription drug copayments under Hamaspik Medicare Choice already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.
Do I pay a monthly amount (also called a premium) as a member of Hamaspik Medicare Choice?	No. Because you have Medicaid, you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.
Do I pay a deductible as a member of Hamaspik Medicare Choice?	No. You do not pay deductibles in Hamaspik Medicare Choice.

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What is the maximum out-of-pocket amount that I will pay for medical services as a member of Hamaspik Medicare Choice?	There is no cost-sharing for **medical services** in Hamaspik Medicare Choice, so your annual out-of-pocket costs will be $0.

C. List of Covered Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information
I need hospital care	Inpatient hospital care	$0	You are covered for inpatient acute care, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. You pay $0 for inpatient hospital services. Authorization is required, except when the admission is the result of an emergency or urgently needed services.
(continued on the next page)	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	$0	You pay $0 for outpatient hospital services. You are covered for medically necessary services you get in the outpatient

I need hospital care (continued)	*Outpatient hospital services (continued)*		department of a hospital for the diagnosis or treatment of an illness or injury. 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. Authorization is required, except when the outpatient services are needed for an emergency or urgently needed care.
	Ambulatory surgical center (ASC) services	$0	You pay $0 for services received at an ambulatory surgical center. Authorization is required.
I want to see a health care provider *(continued on the next page)*	Doctor visits to treat an injury or illness	$0	You pay $0 for each primary care doctor visit. Additional telehealth services are covered for primary care physician services. Telehealth services allow members to access health care services remotely while your provider manages your care. You pay $0 for the cost for telehealth services. Authorizations or referrals are not required.

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I want to see a health care provider (continued)	Specialist care	$0	You pay $0 for each specialist doctor visit. Additional telehealth services are covered for physician specialist services. Telehealth services allow members to access health care services remotely while your provider manages your care. Authorizations or referrals are not required.
	Wellness visits, such as a physical	$0	There is no coinsurance, copayment, or deductible for annual wellness visits.
	Preventive care to keep you from getting sick, such as flu shots *(Preventive care is continued on the next page.)*	$0	Hamaspik Medicare Choice covers a broad range of preventive health services that are covered by Medicare. No referral or authorization is needed for your preventive care services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening
(continued on the next page)			

I want to see a health care provider (continued)	Preventive care services, continued		• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test or Flexible sigmoidoscopy) • Depression screening. • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco related disease) • Vaccines, including Flu shots, Covid-19 Vaccines, Hepatitis B shots, and Pneumococcal shots Any additional preventive services approved by Medicare during the contract year will be covered.
	Additional Preventive Services	$0	In addition, no referral or authorization is needed for the following preventive care services: • EKG following Welcome to Medicare Visit • Barium Enemas • Diabetes Self-Management

			• Digital Rectal Exams • Glaucoma Screening
	"Welcome to Medicare" preventive visit (one time only)	$0	No authorization is required for your "Welcome to Medicare" preventive visit.
I need emergency care	Emergency room services	$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Hamaspik Medicare Choice also covers worldwide emergency coverage in any country outside of the United States and its territories. Coverage is limited to $50,000 US per year.

	Urgently needed care	$0	Urgently needed care is NOT emergency care. Urgently needed services are provided to treat a non-emergency medical illness, injury, or condition that requires immediate medical care. You do not need prior authorization and you do not have to be in-network. Hamaspik Medicare Choice also covers worldwide urgent care coverage in any country outside of the United States and its territories. Coverage is limited to $50,000 US per year.
I need medical tests	Lab tests, such as blood work	$0	Services include: • Diagnostic procedures and tests • Lab Services Authorization is required for certain diagnostic procedures, non-lab tests and genetic testing procedures. Routine lab tests do not require prior authorization.

	X-rays or other pictures, such as CAT scans	$0	Services include: • Diagnostic Radiological services (CT, MRI, etc.) • Therapeutic Radiological services • X-Ray services Authorization is not required.
	Screening tests, such as tests to check for cancer	$0	(See “Preventive Care Services, pages 12-13).
I need hearing/auditory services	Hearing screenings	$0	Services include: • Diagnostic hearing and balance evaluations, when performed by your provider to determine if you need medical treatment are covered as outpatient care • Hearing exams performed by an audiologist Authorization is not required.
	Hearing aids	$0	Services include: • Hearing aids, including fittings and repairs Authorization is not required.

I need dental care	Dental services, including preventive care	$0	You are covered for the following dental services: • Cleaning (once every six months) • Oral exam (once every six months) • Dental X-rays (once every six months) • Basic restorative services, such as fillings, extractions, and dentures. • Other restorative dental services (such as root canals or dental implants) are covered when they are needed to ease a medical problem, and your dentist says that dental implants needed. Preventive and basic restorative dental care do not require authorization. Other restorative services require authorization.
I need eye care *(Continued on the next page)*	Eye exams	$0	Services include: • Medicare covered eye exams • Routine eye exam, once every two years Authorization is not required.
	Glasses or contact lenses	$0	Services include: • One pair of eyeglasses including frames and lenses plus upgrades every two years, or • One pair of content lenses every two years

I need eye care (continued)			• You are covered for up to $200 every two years for eyewear Authorization is not required.
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	$0	For people who are at high risk of glaucoma, we cover one glaucoma screening each year.
I have a mental health condition *(Continued on the next page)*	Mental or behavioral health services	$0 $0	**Inpatient Mental Health Services:** 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, and Medicaid benefits cover inpatient mental health services that exceed the Medicare limit. Except in an emergency, authorization is required. **Outpatient Mental Health Services:** 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.

I have a mental health condition (continued)	Mental or behavioral health services (continued)		Additional telehealth services are covered for individual and group sessions for outpatient mental health services. Telehealth services allow members to access health care remotely while your mental health provider manages your care. Authorizations or referrals are not required.
	Inpatient care for people who need long-term mental health services	$0	You are covered for: • Medicare covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. • Additional inpatient care is covered by your Medicaid benefits. Authorization is required.
I have a substance use disorder	Substance use disorder services	$0	Covered services include individual or group sessions for outpatient substance abuse services. You are covered for one assessment from a network provider in a 12-month period for outpatient substance abuse services.

			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. Authorization is not required.
I need a place to live with people available to help me	Skilled nursing care	$0	You are covered for skilled nursing care and rehabilitation services provided in a skilled nursing facility. You are also covered for long term nursing home services. An inpatient hospital stay is not required prior to nursing home admission. Authorization is required.

I need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	You pay $0 for Medicare covered: • Physical therapy visits, • Speech therapy visits, and • Occupational therapy visits. You may also receive Medicaid covered therapy services, including: • Physical therapy visits, • Speech therapy visits, and • Occupational therapy visits. Authorization is required.
I need help getting to health services	Ambulance services	$0	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. Authorization is required, except in an emergency.
(Continued on the next page)	Emergency transportation	$0	Authorization for ambulance services (by ground and air) is not required in an emergency.

I need help getting to health services (continued)	Transportation to health care services and health care	$0	You are covered for non-emergency transportation to your medical appointments and other health services that are covered by Hamaspik Medicare Choice. Services are available by car service or ambulette or public transportation (where available). Depending on the county where you live, Hamaspik Medicare Choice may not provide transportation to your specialty care clinic if it is over 60 miles from your home. Authorization is required. Please call member services at least 48 hours before your appointment to arrange for your transportation.
I need drugs to treat my illness or condition *(Continued on the next page)*	Medicare Part B prescription drugs	$0	Read your *Evidence of Coverage* (Chapter 4), for more information on these drugs.
	Generic drugs (no brand name) and Brand name drugs	$0 for a 30-day or 90-day supply	There may be limitations on the types of drugs covered. Please see Hamaspik Medicare Choice's *List of Covered Drugs* at www.hamaspik.com, for more information. The List of Covered Drugs includes information about the plan's requirements for filling your prescriptions. For certain drugs, these include:

Prescription drug coverage (continued) *(Continued on the next page)*			• Hamaspik Medicare Choice may require you to first try one drug to treat your condition before it will cover another drug for that condition. • Some drugs have quantity limits. • Your provider must get prior authorization from Hamaspik Medicare Choice for certain drugs. • You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, *List of Covered Drugs* (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on https://www.medicare.gov. You can receive an extended day (90 day) supply of prescription medications at a retail pharmacy or through mail order. Please see your *Evidence of Coverage* (Chapters 5 and 6) for more information about prescription drug coverage.
	Over-the-counter (OTC) drugs	$0	We cover a maximum of $173.00 per month for covered over-the-counter (OTC) products. The maximum plan benefit amount does not

Prescription drug coverage (continued)			carry over to the next month. Please see your *Evidence of Coverage* (Chapters 4) for more information.
	Diabetes medications	$0	Medications that you need for diabetes are covered through your Medicare prescription drug coverage. For more information, see pages 21-22 of this *Summary of Benefits* booklet, and your *Evidence of Coverage*, Chapters 5 and 6.
I need help getting better or have special health needs *(Continued on the next page)*	Rehabilitation services	$0	Services include: • Physical therapy visits, • Speech therapy visits, and • Occupational therapy • Cardiac rehabilitation services • Intensive cardiac rehabilitation services • Pulmonary rehabilitation • Supervised exercise therapy (SET) for Peripheral Artery Disease (PAD You may also receive Medicaid covered therapy services, including: • Physical therapy • Speech therapy • Occupational therapy

I need help getting better or have special health needs (continued)			Authorization is required for all rehabilitation therapy services.
	Medical equipment for home care	$0	Hamaspik Medicare Choice covers all medical equipment and supplies that are covered by Medicare or Medicaid. This includes: • Durable medical equipment • Prosthetic devices • Orthotics • Medical supplies • Hearing aid batteries Authorization is required.
I need foot care	Podiatry services	$0	Covered services include the diagnosis and the medical or surgical treatment of injuries and diseases of the feet. Services also include up to 4 visits for routine foot care each year. Authorization is not required.
	Orthotic services	$0	You pay $0 for Medicare-covered and Medicaid-covered orthotics.

I need durable medical equipment (DME) or medical supplies	Including but not limited to wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example. (**Note:** This is not a complete list of covered DME or supplies. Call Member Services or read the *Evidence of Coverage* for more information.)	$0	Hamaspik Medicare Choice covers all medical equipment and supplies that are covered by Medicare or Medicaid. Authorization is required.
I need help living at home **Note:** The services described in this section are provided based on a comprehensive person-centered service plan (PCSP) that is developed based on your individual needs. *(Continued on the next page)*	Home health care services	$0	The following services, covered by Medicare or Medicaid are included when provided by a certified home health agency: • Skilled nursing care • Rehabilitation therapies in the home (physical therapy, occupational therapy, and speech language pathology); • Social work services • Home health aide services • Supplies and equipment related to your home health care services. Authorization is required.
	Personal care assistant	$0	Personal care services provided by a home care agency and/or consumer directed personal care services can assist you with tasks such as personal hygiene, dressing,

I need help living at home (continued)	Personal care assistant (continued)		meal preparation and feeding may be included in your plan of care, based on an assessment of your individual needs. Authorization is required.
	Changes to your home, such as ramps and wheelchair access	$0	These services include: • Home maintenance tasks • Homemaker/chore services • Exterminator services • Housing improvement and modifications • Home and safety monitoring devices Authorization is required.
	Meals brought to your home	$0	Services include home delivered meals. Authorization is required.
(Continued on the next page)	Adult day health care services or other support services	$0	Adult day health care programs provide medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure activities, assistance with medications, and other services, at a supportive and protective setting.

I need help living at home (continued)			Authorization is required.
	Social day care	$0	Social day care programs provide an opportunity for socialization, supervision and monitoring, personal care, and nutrition in a protective setting. Authorization is required.
My caregiver needs some time off	Respite care	$0	Supportive services are available in your home or at a skilled nursing facility. Authorization is required.
I need interpreter services	Spoken language interpreter	$0	If you speak a language other than English, translation services are available free of charge. Contact Member Services for more information.
	Sign language interpreter	$0	TTY services and sign language interpretation is available free of charge. Contact Member Services for more information.
Additional services *(Continued on the next page)*	Acupuncture	$0	Medicare covers up to 12 acupuncture visits for chronic low back pain. An additional 8 sessions will be covered if you show improvement. Chronic low back pain is defined as: • Lasting 12 weeks or longer • Having no identifiable systemic cause (such as metastatic, inflammatory, or infectious disease)

Additional services (continued)	Acupuncture *(continued)*		• Pain that is not associated with surgery or pregnancy In addition to the acupuncture visits for chronic lower back pain, you are also covered for an additional 12 acupuncture visits every year for other health needs. Authorization is not required.
	Chiropractic services	$0	Medicare covered chiropractic services are included. Authorization is required.
	Diabetic supplies	$0	Hamaspik Medicare Choice covers diabetic supplies and services, including: • Diabetic Supplies • Diabetic Therapeutic Shoes Authorization is required for diabetic therapeutic shoes and inserts. Other diabetic supplies are provided with no authorization.

(Continued on the next page)

Additional services (continued) *(Continued on the next page)*	Healthy Food and Produce	$0	Eligible members may use $40.00 per month of their "Over the Counter Health Product (OTC)" benefit, for the purchase of food and produce. Any unused portion of the benefit each month does not carry over to the subsequent time period. **To be eligible:** If you have been diagnosed with three or more chronic conditions (as listed below), you may be eligible for these supplemental benefits. Diagnoses include: • Autism Spectrum Disorder • Autoimmune disorders • Arthritis • Cancer • Cardiovascular disorders • Chronic alcohol and other drug dependence • Chronic heart failure • Chronic lung disorders • Chronic and disabling mental health conditions • Dementia • Diabetes • End-stage liver disease • End-stage renal disease (ESRD) • Hepatitis • HIV/AIDS • Hyperlipidemia • Neurologic disorders • Severe hematologic disorders

Additional services (continued)			Eligibility will be determined based on information provided by your physician(s) and your annual Health Risk Assessment. The benefit will be administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.

NOTE: This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Member Services or read the *Evidence of Coverage* to find out about other covered services.

D. Services covered outside of Hamaspik Medicare Choice

The list of services on the following page is not a complete list. Call Member Services to find out about other services not covered by Hamaspik Medicare Choice but available through Medicare or Medicaid.

Other services covered by Medicare	Your costs
Hospice care	$0
Experimental medical and surgical procedures, equipment and medications (may be covered by Original Medicare under a Medicare-approved clinical research study	
Other services covered by Medicaid	**Your costs**
Medicaid Pharmacy Benefits as allowed by State Law (drug categories excluded from the Medicare Part D benefits)	• $3.00 for non-preferred Brand Name Drugs • $1.00 for Generic Drugs, preferred Brand Name Drugs
Methadone Maintenance Treatment Programs	$0
Community Based Mental Health Services, including: • Intensive Psychiatric Rehabilitation Treatment Program • Day Treatment and Continuing Day Treatment • Case Management for Seriously and Persistently Mentally Ill individuals • Mobile Crisis Services • Partial Hospitalization • Assertive Community Treatment (ACT) • Personal Recovery Oriented Services (PROS)	$0
Rehabilitation Services for Residents of OMH Licensed Community Residences and Family Based Treatment Programs	$0
Directly Observed Therapy for Tuberculosis Disease	$0
Medicaid-covered Services for People with Intellectual or Developmental Disabilities (OPWDD)	$0

E. Services not covered by Hamaspik Medicare Choice, Medicare, or Medicaid

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Hamaspik Medicare Choice, Medicare or Medicaid
Services considered not reasonable and necessary, according to the standards of Original Medicare or Medicaid
Private room in a hospital (unless medically necessary)
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Cosmetic surgery or procedures (covered in cases of an accidental injury, or for improvement of the functioning of a malformed body member, or for all stages of reconstruction for a breast after a mastectomy)
Reversal of sterilization procedures and or non-prescription contraceptive supplies

F. Your rights as a member of the plan

As a member of Hamaspik Medicare Choice, 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 will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge.
  - Be free from any form of physical restraint or seclusion.
  - Not be billed by network providers.
  - Have your questions and concerns answered completely and courteously.
  - Apply your rights freely without any negative effect on the way Hamaspik Medicare Choice or your provider treats you.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Hamaspik Medicare Choice
  - The services we cover
  - How to get services

- How much services will cost you
- Names of health care providers and Care Managers
- Your rights and responsibilities

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call 1-888-426-2774, if you want to change your PCP. (TTY users, call 711.)
  - See 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 are covered.
  - Refuse treatment as far as the law allows, 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 about any health care that your PCP or your Care Team advises you to have. Hamaspik Medicare Choice 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 does not 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 doctors, other providers, and your health plan. Call 1-888-426-2774 if you need help with this service. (TTY users, call 711.)
- Have your *Evidence of Coverage* and any printed materials from Hamaspik Medicare Choice translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.

- **You have the right to seek emergency and urgent care when you need it**. This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval.
  - See 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. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Hamaspik Medicare Choice.
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for a State Appeal (State Fair Hearing).

- Get a detailed reason why services were denied.

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
  - Treat your health care providers with dignity and respect.
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel.
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible.
  - Tell your health care provider about yourself and your health history.
  - Tell your health care provider that you are a Hamaspik Medicare Choice member.
  - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency).
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment.
  - Notify Hamaspik Medicare Choice Member Services if there are any changes in your personal information, such as your address or phone number.
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it is performed.
  - Partner with your Care Team and work out treatment plans and goals together.
- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health.

You have the responsibility to obtain your services from Hamaspik Medicare Choice. You should:

- Get all your health care from Hamaspik Medicare Choice, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Hamaspik Medicare Choice provides a prior authorization for out-of-network care.
- Not allow anyone else to use your Hamaspik Medicare Choice Member ID Cards to obtain healthcare services.
- Notify Hamaspik Medicare Choice when you believe that someone has purposely misused Hamaspik Medicare Choice benefits or services.

For more information about your rights, you can read the Hamaspik Medicare Choice *Evidence of Coverage*. If you have questions, you can also call Hamaspik Medicare Choice Member Services.

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

If you have a complaint or think Hamaspik Medicare Choice should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Hamaspik Medicare Choice *Evidence of Coverage*. You can also call Hamaspik Medicare Choice Member Services.

Usually, calling Member Services is the first step in making a complaint or appeal. If there is anything else you need to do, Member Services will let you know. Please contact our Member Services number at 1-888-426-2774 for additional information. (TTY users should call 711.) Hours are 7 days a week, from 8:00 am to 8:00 pm, October 1, 2021, through March 31, 2022. From April 1, 2022, through September 30, 2022, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.

If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us. If you put your complaint in writing, we will respond to your complaint in writing.

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 health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call Hamaspik Medicare Choice Member Services. Phone numbers are at the bottom of the page.
- Call Hamaspik Medicare Choice Fraud Hot Line 845-503-0892.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1–877–87 FRAUD.

Hamaspik Medicare Choice (HMO D-SNP) Summary of Benefits 2022

Non-Discrimination Notice

Hamaspik Medicare CHOICE 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 Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hamaspik Medicare Choice:

- 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 1-888-426-2274. (TTY users, call 711.) From October 1 through March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 through 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.

If you believe that Hamaspik Medicare CHOICE 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 CHOICE's Member Services is available to help you.

You can also send your grievance to:

Hamaspik Medicare CHOICE
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

Hamaspik Medicare Choice: Summary of Benefits

Get Help in A Language You Understand

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-426-2774 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-426-2774 (TTY: 711).

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1-888-426-2774 (TTY: 711)。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-426-2774 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-426-2774 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-426-2774 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-426-2774 (TTY: 711).

주의: 한국어를사용하시는경우,언어지원서비스를무료로이용하실수있습니다. 1- 888-426-2774 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-426-2774 (телетайп: 711).

Hamaspik Medicare Choice: Summary of Benefits

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-426-2774 (رقم هاتف الصم والبكم: 117).

ध्यान दें: यदद आप ह ंदी बोलते हैं तो आपके दलए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-426- 2774 (TTY: 711) पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-426-2774 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-426-2774 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-426-2774 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-426-2774 (TTY: 711).

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。1-888-426- 2774 (TTY: 711) まで、お電話にてご連絡ください。

লক্ষ্য করুনঃ যদি আপদন বাংলা, কথা বলতে পাতেন, ে াহতল দনঃখেচায় ভাষা সহায়ো পদেতষবা উপলব্ধ আতে। ফ ান করুন ১-800-469-6292 (TTY: 711)।

خبردار: اگر آپ اردو بولتےہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیابہیں- کال کریں .)711 :TTY(1-888-426-2774

1- אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט .711(TTY: 1-888-426-2774)

Hamaspik Medicare Choice: Summary of Benefits

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-426-2774 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-426-2774 (TTY: 711).

(BACK COVER)

If you have questions about our plan, services, service area, billing, or Member ID Cards, please call Hamaspik Medicare Choice Member Services at:

1-888-426- 2774

Calls to this number are free.

TTY Users, call 711.

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