



2022 Hamaspik Medicare Select Summary of Benefits



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HAMASPIK, INC.



2022 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, 2022, through December 31, 2022.

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 1-888-426-2774 to request a copy of the Evidence of Coverage, or visit our website at www.hamaspik.com. TTY users, please 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.

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

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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, 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. 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.

Important Information:

This information is not a complete description of benefits. Call 1-888-426-2774 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 1-888-426-2774. 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, 2021 thru March 31, 2022. From April 2022 thru September 2022, 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 1-888-426-2774 (TTY: 711).

ATENCION: Si habla español, los servicios de asistencia de idiomas, de forma gratuita, están disponibles para usted. Llame al 1-888-426-2774 (TTY: 711).

Please visit our website at www.hamaspik.com for additional information about Hamaspik Medicare Select. The website includes links to our Provider and Pharmacy Directory, Formulary List of Covered Drugs and the 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 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.

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



Premiums & Benefits

What You Pay for Services

*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 has a plan deductible of \$233.00. Please note that for members with Medicaid, this amount is covered by your Medicaid benefits.

*Your Maximum
Out-of-Pocket
Responsibility*

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.

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.

Authorizations

As a member of Hamaspiik Medicare Select, certain services require an authorization from the plan before you receive the care that you need. If a service requires authorization, this is noted below.

For all other services, you can receive care from any provider in the Hamaspik Medicare network without an authorization.

*Inpatient
Hospital
Coverage*

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 2022, you may pay the following amounts for each benefit period:

- *\$0 or \$1,556 deductible for each benefit period,*
- *Days 1–60: \$0 coinsurance for each benefit period.*
- *Days 61–90: \$0 or \$389 coinsurance per day of each benefit period.*
- *Days 91 and beyond: \$0 or \$778 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).*
- *Beyond lifetime reserve days: all costs.*

(continued on
next page)

Premiums & Benefits	What You Pay for Services
	<p><i>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.</i></p> <p><i>Authorization is required except when the admission is the result of an emergency or urgently needed services.</i></p>
<p><i>Partial Hospitalization</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each partial hospitalization.</i></p> <p><i>Authorization is required.</i></p>
Outpatient Care	
<p><i>Outpatient Hospital Coverage</i></p>	<p><i>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.</i></p> <p><i>Observation services are hospital outpatient services provided to determine if you need to be admitted as an inpatient or can be discharged.</i></p> <p><i>We cover medically-necessary services you get in the outpatient department of a hospital for the diagnosis or treatment of an illness or injury.</i></p> <p><i>Authorization is required.</i></p>
<p><i>Outpatient Surgery</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of an ambulatory surgical center or outpatient hospital facility visits.</i></p> <p><i>Authorization is required.</i></p>
<p><i>Dialysis Services</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of dialysis.</i></p>
<p><i>Outpatient Substance Abuse</i></p>	<p><i>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.</i></p> <p><i>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.</i></p>

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<i>Opioid Treatment Program Services</i>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered Opioid Treatment Program Services.</i></p> <p><i>You have the option of getting these services through an in-person visit or by telehealth. Telehealth services allow members to access health care services remotely while your provider manages your care.</i></p>
<i>Outpatient Blood Services</i>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each Medicare-covered outpatient blood service.</i></p> <p><i>Coverage of whole blood and packed red cells begins with the first pint of blood that you need. All other components of blood are covered beginning with the first pint used.</i></p>
<i>Acupuncture</i>	<p><i>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. Chronic low back pain is defined as:</i></p> <ul style="list-style-type: none"> <i>• Lasting 12 weeks or longer</i> <i>• Having no identifiable systemic cause (such as metastatic, inflammatory, or infectious disease)</i> <i>• Pain that's not associated with surgery or pregnancy</i> <p><i>You are also covered for 12 acupuncture treatments each year for other health issues.</i></p>
<i>Primary Care Doctors and Specialists</i>	<p><i>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 for Medicare-covered benefits.</i></p> <p><i>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.</i></p> <p><i>You do not need a referral or an authorization for services provided by a PCP or specialist.</i></p>

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<p><i>Preventive Care</i></p>	<p><i>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:</i></p> <ul style="list-style-type: none"> • <i>Abdominal aortic aneurysm screening</i> • <i>Alcohol misuse counseling</i> • <i>Bone mass measurement</i> • <i>Breast cancer screening (mammogram)</i> • <i>Cardiovascular disease (behavioral therapy)</i> • <i>Cardiovascular screenings</i> • <i>Cervical and vaginal cancer screening</i> • <i>Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</i> • <i>Depression screening</i> • <i>Diabetes screening</i> • <i>HIV screening</i> • <i>Medical nutrition therapy services</i> • <i>Obesity screening and counseling</i> • <i>Other Medicare-Covered Preventive Services</i> • <i>Prostate cancer screenings (PSA)</i> • <i>Sexually transmitted infections screening and counseling</i> • <i>Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco related disease)</i> • <i>Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots, and COVID-19 vaccines</i> • <i>“Welcome to Medicare” preventive visit</i> • <i>Any additional preventive services approved by Medicare during the contract year will be covered.</i>
<p><i>Preventive Services That May Require a Coinsurance</i></p>	<p><i>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:</i></p> <ul style="list-style-type: none"> • <i>EKG following Welcome Visit</i> • <i>Barium Enemas</i> • <i>Diabetes Self-Management</i> • <i>Digital Rectal Exams</i> • <i>Glaucoma Screening</i>

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<p><i>Emergency Care</i></p>	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>The coinsurance is waived if you are admitted to the hospital within 48 hours of the emergency room visit.</i></p> <p><i>You are 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.</i></p>
<p><i>Urgently Needed Services</i></p>	<p><i>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered urgently needed services. The maximum amount you will pay is \$65 per visit.</i></p> <p><i>If you are admitted to the hospital with 48 hours of your urgent care visit, the coinsurance will be waived.</i></p> <p><i>You are 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.</i></p>

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<i>Diagnostic Tests and Lab Services</i>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered:</i></p> <ul style="list-style-type: none"> <i>Diagnostic procedures and tests</i> <i>Lab Services</i> <i>Diagnostic radiology services (CT, MRI, etc.)</i> <i>X-rays</i> <p><i>Authorization is required for certain diagnostic procedures, genetic testing procedures and other diagnostic procedures. Routine lab tests, CT scans, MRIs, and X-rays do <u>not</u> require prior authorization.</i></p>
<i>Chiropractic Services</i>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered chiropractic services.</i></p> <p><i>Authorization is required.</i></p>
<i>Hearing Services:</i>	
<i>Exams to diagnosis and treat hearing and balance issues</i>	<p><i>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.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered hearing benefits.</i></p> <p><i>Additional hearing exams and hearing aids may be covered by your Medicaid benefits.</i></p>

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<i>Dental Services</i>	
<i>Comprehensive Dental Services</i>	<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>In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Medicare.</p> <p>Authorization is required.</p> <p>Additional services may be covered by your Medicaid benefits.</p>
<i>Vision Services</i>	
<i>Vision Care, including Routine Eye Exams and Eyewear</i>	<p>Covered services include:</p> <ul style="list-style-type: none"> • Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. • For people who are at high risk of glaucoma, we will cover one glaucoma screening each year. • For people with diabetes, screening for diabetic retinopathy is covered once per year • One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens <p>Depending on your income and level of Medicaid eligibility, you will pay 0% or 20% of the cost for Medicare covered vision benefits.</p> <p>In addition to the Medicare covered services listed above, you may receive:</p> <ul style="list-style-type: none"> • One routine eye exam every two years. • One pair of eyeglasses or contact lenses every two years. Coverage is limited to \$200. • Upgrades for eyeglasses are covered, up to a benefit limit of \$200 every two years.

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<i>Mental Health Services:</i>	
<i>Inpatient Mental Health Services</i>	<p><i>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 mental health services provided in a psychiatric unit of a general hospital.</i></p> <p><i>Depending on your level of income and Medicaid eligibility in 2022, you may pay the following amounts for each benefit period:</i></p> <ul style="list-style-type: none"> <i>\$0 or \$1,556 deductible for each benefit period,</i> <i>Days 1–60: \$0 coinsurance for each benefit period.</i> <i>Days 61–90: \$0 or \$389 coinsurance per day of each benefit period.</i> <i>Days 91 and beyond: \$0 or \$778 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).</i> <i>Beyond lifetime reserve days: all costs.</i> <p><i>You may be covered for additional inpatient psychiatric days from Medicaid.</i></p> <p><i>Except in an emergency, authorization is required for inpatient mental health services.</i></p>

Hamaspik Medicare Select – Covered Benefits



HAMASPIK, INC.

Premiums & Benefits	What You Pay for Services
<p><i>Outpatient Mental Health Services</i></p>	<p><i>Outpatient Covered 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.</i></p> <p><i>You pay 0% or 20% of the cost for Medicare-covered individual or group therapy visits and sessions.</i></p> <p><i>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.</i></p> <p><i>Additional coverage for community based mental health services may be available under your Medicaid benefits.</i></p>
<p><i>Rehabilitation Services</i></p>	
<p><i>Skilled Nursing Facility Services</i></p>	<p><i>You are covered for skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility.</i></p> <p><i>Less than a 3-day inpatient hospital stay prior to nursing home admission is allowed.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you may pay the following per benefit period.</i></p> <p><i>In 2022, the amounts you pay are:</i></p> <ul style="list-style-type: none"> <i>Days 1-20 \$0 for each benefit period</i> <i>Days 21-100: \$0 or \$194.50 coinsurance per day of each benefit period</i> <i>Days 101 and beyond: all costs</i> <p><i>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.</i></p> <p><i>Authorization is required.</i></p>

Hamaspik Medicare Select – Covered Benefits



HAMASPIK, INC.

Premiums & Benefits	What You Pay for Services
<p><i>Physical Therapy, Speech Therapy, and Occupational Therapy</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of Medicare covered:</i></p> <ul style="list-style-type: none"> <i>Physical therapy visit</i> <i>Speech therapy visit</i> <i>Occupational therapy visit</i> <p><i>Authorization is required.</i></p>
<p><i>Cardiac, Rehabilitation, Pulmonary Rehabilitation and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for Medicare-covered:</i></p> <ul style="list-style-type: none"> <i>Cardiac rehabilitation services</i> <i>Intensive cardiac rehabilitation services</i> <i>Pulmonary rehabilitation</i> <i>Supervised Exercise Therapy (SET)</i> <p><i>Authorization is required.</i></p>
<p><i>Ambulance</i></p>	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>Authorization is required, except in an emergency.</i></p>
<p><i>Transportation</i></p>	<p><i>Other transportation services are not provided by the plan</i></p>

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<p><i>Foot Care (Podiatry Services)</i></p>	<p><i>Covered services include the diagnosis and the medical or surgical treatment of injuries and diseases of the feet.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered podiatry benefits.</i></p>
<p><i>Medical Equipment and Supplies</i></p>	<p><i>Hamaspik Medicare Select covers any medical equipment and supplies that are covered by Original Medicare.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered and related supplies including:</i></p> <ul style="list-style-type: none"> <i>• Durable medical equipment and related supplies</i> <i>• Prosthetic devices</i> <i>• Medical supplies</i> <i>• Diabetic Supplies</i> <i>• Diabetic Therapeutic Shoes</i> <p><i>Authorization is required for most medical equipment and supplies.</i></p> <p><i>Note: Diabetic supplies may be obtained with no authorization.</i></p> <p><i>Additional coverage may be available using your Medicaid benefits.</i></p>

Hamaspik Medicare Select – Covered Benefits



Premiums & Benefits	What You Pay for Services
<p><i>Wellness Programs</i></p>	<p>You are covered for:</p> <ul style="list-style-type: none"> • The Hamaspik Nurse Hotline, which is available at night, and on weekends and holidays, when the care management offices are closed. • Fitness Benefit which includes: <ul style="list-style-type: none"> ✓ Participation in one of our contracted gyms and fitness centers throughout the service area and nationally. ✓ Exercise classes, through live on-line classes and thousands of on-line videos. ✓ One home fitness kit, from a selection of wearable fitness trackers, weights, or yoga equipment. ✓ One-on-one unlimited coaching sessions by phone. • Health education materials, which will focus on a variety of health conditions. <p>There is no copayment for these services.</p>
<p><i>Over the Counter Health Products</i></p>	
<p><i>Over-the-Counter Health Items</i></p>	<p>You are covered for Over-the-Counter (OTC) medications and other health-related items.</p> <p>We cover a maximum of \$158.00 per month for OTC products. The types of products that may be purchased using this benefit are approved by CMS.</p> <p>The benefit will be administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.</p>
<p><i>Special Supplemental Benefits for Members with Chronic Illnesses – Healthy Food and Produce</i></p> <p><i>(continued on next page)</i></p>	<p>Eligible members may use \$40.00 per month of their “Over the Counter Health Product (OTC)” benefit, for the purchase of food and produce.</p> <p>If you have been diagnosed with three or more chronic conditions (as listed below), you may be eligible for the “healthy food and produce” benefit. Diagnoses include:</p> <ul style="list-style-type: none"> • Autism Spectrum Disorder • Autoimmune disorders • Arthritis • Cancer • Cardiovascular disorders • Chronic alcohol and other drug dependence • Chronic heart failure

Hamaspik Medicare Select – Covered Benefits



	<ul style="list-style-type: none"> • <i>Chronic lung disorders</i> • <i>Chronic and disabling mental health conditions</i> • <i>Dementia</i> • <i>Diabetes</i> • <i>End-stage liver disease</i> • <i>End-stage renal disease (ESRD)</i> • <i>Hepatitis</i> • <i>HIV/AIDS</i> • <i>Hyperlipidemia</i> • <i>Neurologic disorders</i> • <i>Severe hematologic disorders</i> <p><i>Eligibility will be determined based on information provided by your physician(s) and your annual Health Risk Assessment.</i></p> <p><i>The benefit will be administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.</i></p> <p><i>There is no cost to you for these products.</i></p>
<i>Medicare Part B Drugs</i>	
<i>Chemotherapy Drugs and other Medicare Part B Drugs</i>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for Medicare Part B chemotherapy/radiation drugs and Other Medicare Part B drugs.</i></p> <p><i>Hamaspik Medicare Select offers step therapy for certain drugs, and may review your drugs to determine if they are covered under your Part B or Part D benefits. The following link will take you to a list of Part B Drugs that may be subject to Step Therapy.</i></p>

Hamaspik Medicare Select – Covered Benefits



Medicare Prescription Drug Coverage	
Overview	<p>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 mail order or retail pharmacy. You are covered for a 30-day supply at an out-of-network pharmacy and a 31day supply at long term care pharmacy.</p> <p>The amount your 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 more about these requirements.</p>
Deductible Stage	<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 \$480 in prescription drug costs.</p>
Initial Coverage Stage:	<p>Depending on your income and institutional status, you will pay one of the following:</p> <ul style="list-style-type: none"> For generic drugs (including brand name drugs treated as generic), you will pay either a \$0 copay, \$1.35 copay or \$3.95 copay, or a 15% coinsurance For all other drugs: you will pay a \$0 copay, \$4.00 copay or \$9.85 copay, or 15% coinsurance Note: If you do not receive “extra help” you will pay 25% coinsurance for all drugs
<p>Catastrophic Coverage Stage</p> <p>If you reach this stage, the plan will pay most of the costs of your drugs for the rest of the calendar year (through December 31, 2022).</p>	<p>The catastrophic coverage stage begins after your yearly out-of-pocket drug costs reach \$7,050.</p> <p>Depending on the level of “extra help” that you receive, you pay \$0 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.



Medicaid Covered Service	Description
<i>Medicare cost sharing</i>	<i>Medicaid covers cost sharing for Medicare Part A and Part B benefits including deductibles, copayment and coverage.</i>
<i>Inpatient mental health over 190-day lifetime limit</i>	<i>Medicaid covers inpatient mental health services, including voluntary or involuntary admissions for mental health service over the Medicare 190 day lifetime limit.</i>
<i>Non-Medicare Covered Care in a Skilled Nursing Facility</i>	<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>
<i>Non-Medicare covered home health services</i>	<i>Medicaid covered home health services include the provision of skilled services not covered by Medicare and/or home health aide services as required by an approved plan of care.</i>
<i>Personal care services</i>	<i>Medicaid-covered personal care services as the provision of some or total assistance with activities as dressing and feeding, meal preparation and housekeeping.</i>
<i>Consumer Directed Personal Assistance Services (CDPAS)</i>	<i>In CDPAS, you can hire a caregiver of your choice to provide you with personal care services and other supportive services in your home.</i>
<i>Private duty nursing services</i>	<i>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.</i>
<i>Non-emergency transportation</i>	<i>Medicaid covers non-emergency transportation when needed so that the member can obtain necessary medical care and treatment.</i>

Medicaid Covered Services

Medicaid Covered Service	Description
<i>Medical and surgical supplies, and hearing aid batteries</i>	<i>New York State Medicaid covers medical and surgical equipment and supplies, enteral and parenteral therapy, and hearing aid batteries.</i>
<i>Nutrition services</i>	<i>There is no copayment for Medicaid-covered services.</i>
<i>Medical Social Services</i>	<i>Medicaid covers medical social services, including assessing the need for, arranging and providing aid for social services.</i>
<i>Personal Emergency Response Services (PERS)</i>	<i>Medicaid covers electronic devices that enable individuals to secure help in a physical, emotional or environmental emergency.</i>
<i>Adult Day Health Care</i>	<i>Adult Day Health Care is covered by Medicaid.</i>
<i>Hearing Services</i>	<i>Medicaid covers audiology services, screenings and hearing aid services and products.</i>
<i>Vision Services</i>	<i>Medicaid covers comprehensive vision services, including but not limited to eye exams and eyeglasses.</i>
<i>Hospice</i>	<p><i>Hospice is covered by Medicaid. Services include:</i></p> <ul style="list-style-type: none"> <i>• Routine home care</i> <i>• Continuous home care during periods of crisis</i>
<i>Methadone Maintenance Treatment Programs</i>	<i>Medicaid covers methadone treatment programs for substance using individuals.</i>

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.



Medicaid Covered Service	Description
<i>Community-based Mental Health Services including:</i>	<p><i>The following services are covered by Medicaid:</i></p> <ul style="list-style-type: none"> • <i>Intensive Psychiatric Rehabilitation Treatment Program</i> • <i>Day Treatment and Continuing Day Treatment</i> • <i>Case Management for Seriously and Persistently Mentally Ill individuals</i> • <i>Mobile Crisis Services and Crisis Intervention</i> • <i>Partial Hospitalization</i> • <i>Assertive Community Treatment (ACT)</i> • <i>Personal Recovery Oriented Services (PROS)</i>
<i>Rehabilitation Services for Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs</i>	<i>Rehabilitative services for individuals in their home or in leased apartments.</i>
<i>Services for People with Intellectual or Developmental Disabilities</i>	<i>The Office for People with Developmental Disabilities (OPWDD) provides a range of services, including long-term care services.</i>
<i>Comprehensive Medicaid Case Management</i>	<i>Comprehensive Medicaid Case Management (CMCM) services are those functions/activities of case management which will assist persons eligible for Medicaid.</i>

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.



Medicaid Covered Service	Description
<i>Home and Community Based Waiver Program</i>	<i>The Home and Community Based Waiver Program of Supports and Services is a program that enables adults and children with developmental disabilities to live in the community. This program offers services for individuals who are Medicaid eligible.</i>
<i>Directory Observed Therapy for Tuberculosis Disease</i>	<i>Medicaid covers Directory Observed Therapy for individuals with Tuberculosis Disease.</i>
<i>AIDS Adult Day Health Care</i>	<i>Medicaid covers AIDS Adult Day Health Care</i>
<i>Assisted Living Program</i>	<i>Medicaid covers Assisted Living. Only official licensed Assisted Living Program (ALPs) accept Medicaid</i>

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 888-426-2274. 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 509-F
HHH Building, Washington, DC 20201
Telephone: 1-800-368-1019,
TTY: 1-800-537-7697*

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



Get Help in A Language You Understand

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 888-426-2774 (TTY: 711).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-274-4226 (TTY: 711).	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 888-426-2774 TTY: 711。	Chinese
تیپھ: 888-426-2774 TTY 711 توفّر لك خدماتنا لمساعدة اللغوية مجانًا. اتصل على	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다888-426-2774 TTY 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните <888-426-2774> (телетайп: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-426-2774 or TTY 711	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-426-2774 or TTY 711	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. 888-426-2774 or TTY 711	French Creole
אויפֿמערקזאָם: אייב איר רעדט אידיש, זענען פארהאן פאר אייך. שפראך הילף סערוויסעס פריי פון אפצאל. רופט TTY 711 888-426-2774	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-426-2774 or TTY 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-426-2774 or TTY 711	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮-৪২৬-২৭৭৪ or TTY 711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 888-426-2774 or TTY 711	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 888-426-2774 or TTY 711	Greek
ہم آپ کی زبان کی دیکھ بھال کے لیے 888-426-2774 پر کال کریں۔	Urdu