Hamaspik Medicare Choice (HMO D-SNP) offered by Hamaspik, Inc.

Annual Notice of Changes for 2022

You are currently enrolled as a member of Hamaspik Medicare Choice. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in **Section 2.5** for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2022 Drug List and look in **Section 2.6** for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit go.medicare.gov/drugprices, and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?

- What about the hospitals or other providers you use?
- Look in **Section 2.3** and **Section 2.4** for information about our *Provider & Pharmacy Directory*.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in **Section 4.2** to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in Hamaspik Medicare Choice.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 4.1 and 4.2, page 22to learn more about your choices.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2021

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Hamaspik Medicare Choice.
- If you join another plan between **October 15** and **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish. Este ANOC esta disponible en espanol.
- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-426-2774 for assistance. (TTY users, call 711)
- Medicare beneficiaries may also enroll in Hamaspik Medicare Choice through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov.
- For accommodations of persons with special needs at meetings call 1-888-426-2774 or the TTY number 711 for assistance.
- Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2022.
- This information is also available in alternate formats such as large print and Braille. Please call Member Service at the above numbers for more information
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information
- Please contact our Member Services number at 1-888-426-2774 for additional information. (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 2022 through September 2022, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.

  Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Hamaspik Medicare Choice

- Hamaspik Medicare Choice is an HMO D-SNP with a Medicare contract, and a Medicaid Advantage Plus (MAP) plan with a Medicaid contract. Enrollment in Hamaspik Medicare Choice depends on contract renewal.
- The plan also has a written agreement with the New York State Medicaid program to coordinate your Medicaid benefits.
- When this booklet says "we," "us," or "our," it means Hamaspik Inc. When it says "plan" or "our plan," it means Hamaspik Medicare Choice.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Hamaspik Medicare Choice in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at www.hamaspik.com. You may also call Member Services to ask us to mail you an Evidence of Coverage. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays, and other covered services.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium	$0 premium	$0 premium
Deductible	$0 or $203 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	Medicare has not updated this information yet for 2022. When it becomes available, we will update this document and your Evidence of Coverage. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
Doctor office visits	Primary care visits: $0 per doctor visit Specialist visits: $0 per doctor visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.	Primary care visits: $0 per doctor visit Specialist visits: $0 per doctor visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.

Cost	2021 (this year)	2022 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day**.**	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
Part D prescription drug coverage (See Section 2.6 for details.)	Copayment/Coinsurance as applicable during the Initial Coverage Stage: • Generic drugs (including brand name drugs treated as generic): You pay a $0 copay • All other drugs: You pay a $0 copay	Copayment/Coinsurance as applicable during the Initial Coverage Stage: • Generic drugs (including brand name drugs treated as generic): You pay a $0 copay • All other drugs: You pay a $0 copay
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$7,550 If you are eligible for Medicare cost-sharing assistance under New York State Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$7,550 If you are eligible for Medicare cost-sharing assistance under New York State Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Annual Notice of Changes for 2022
Table of Contents

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *Hamaspik Medicare Choice* in 2022

If you do nothing to change your Medicare coverage in 2021, we will automatically enroll you in Hamaspik Medicare Choice. This means starting January 1, 2022, you will be getting your medical and prescription drug coverage through Hamaspik Medicare Choice. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan. If you want to change plans, you can do so between October 15 and December 7. The change will take effect on January 1, 2022.

The information in this document tells you about the differences between your current benefits in Hamaspik Medicare Choice and the benefits you will have on January 1, 2022, as a member of Hamaspik Medicare Choice.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0 premium	$0 premium

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.**	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. We included a copy of our *Provider & Pharmacy Directory* in the envelope with this booklet. An updated *Provider & Pharmacy Directory* is located on our website at www.hamaspik.com. You may also call Member Services for updated provider information or to ask us to mail you a *Provider & Pharmacy Directory*. **Please review the 2022 *Provider & Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. We included a copy of our *Provider & Pharmacy Directory* in the envelope with this booklet. An updated *Provider & Pharmacy Directory* is located on our website at *www.hamaspik.com*. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2022 *Provider & Pharmacy Directory* to see which pharmacies are in our network**.

Section 2.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay),* in your *2022 Evidence of Coverage.* A copy of the *Evidence of Coverage* is located on our website at www.hamaspik.com. You can also review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Services to treat kidney disease	Covered services include: • Kidney disease education services to teach kidney care and help members make informed decisions about their care. • Outpatient dialysis treatments • Inpatient dialysis treatments (if you are admitted as an inpatient to a hospital) • Self-dialysis training (includes training for you and anyone helping you with your treatments) • Home dialysis equipment and supplies • Certain home support services See your Evidence of Coverage for more detailed information. * Authorization is required.	Covered services include: • Kidney disease education services to teach kidney care and help members make informed decisions about their care. • Outpatient dialysis treatments • Inpatient dialysis treatments (if you are admitted as an inpatient to a hospital) • Self-dialysis training (includes training for you and anyone helping you with your treatments) • Home dialysis equipment and supplies • Certain home support services See your Evidence of Coverage for more detailed information. **Authorization is NOT required.**
Over the Counter Health Items You are covered for Over-the-Counter (OTC) health products. (continued on next page)	In 2021, Hamaspik Medicare Choice covered a maximum of $135.00 per month for covered OTC products. There is no copayment for this benefit. Services are provided based on a catalog, and products are mailed to your home. Any unused portion of the benefit	In 2022, Hamaspik Medicare Choice covers a maximum of $173.00 per month for covered OTC products. There is no copayment for this benefit. Services are provided using a pre-loaded debit card that can be used at any participating retail location, or through a

Cost	2021 (this year)	2022 (next year)
Over the Counter Health Items (continued)	each month does not carry over to the subsequent time period.	catalog (for delivery to your home). Any unused portion of the benefit each month does not carry over to the subsequent time period.
Help with Certain Chronic Conditions If you have been diagnosed by a plan provider with three or more chronic conditions, listed below and meets certain criteria, you may be eligible for supplemental benefits.	This benefit was not available in 2021.	Hamaspik Medicare Select members will be eligible for an additional **"Food and Produce"** benefit, if you have three (3) or more chronic conditions, as listed below: • Autism Spectrum Disorder • Autoimmune disorders; • Arthritis • 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; • Osteoporosis

(continued on next page)

Cost	2021 (this year)	2022 (next year)
Help with Certain Chronic Conditions (continued)		• Severe hematologic disorders • Stroke Eligibility will be based on available data from claims submitted by your provider(s) and the plan's health risk assessment. Eligible members can use $40.00 per month of the total 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

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is in this envelope and provided electronically. You can get the complete Drug List by calling Member Services (see the back cover) or visiting our website (www.hamaspik.com).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before the end of this year.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs does not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. Because you receive "Extra Help," please call Member Services and ask for the "LIS Rider" if you did not receive it.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your drugs until you have reached the yearly deductible.	Because you are eligible for Medicaid, your deductible is $0. Look at the separate insert, the "LIS Rider," for more information about your deductible amount.	Because you are eligible for Medicaid, your deductible is $0. Look at the separate insert, the "LIS Rider," for more information about your deductible amount.

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this table are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	All Hamaspik Medicare Choice covered drugs are offered on a single drug tier. Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: • For generic drugs, or preferred/multi-source prescriptions, you pay a $0 co-payment. • For all other drugs, you pay a $0 co-payment.	All Hamaspik Medicare Choice covered drugs are offered on a single drug tier. Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: • For generic drugs, or preferred/multi-source prescriptions, you pay a $0 co-payment. For all other drugs, you pay a $0 co-payment.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage**. You will continue to pay a $0 co-payment if you reach either of these stages. For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Hamaspik Medicare Choice

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Hamaspik Medicare Choice.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,

-- *OR*—

- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Hamaspik also offers other Medicare health plans AND/OR Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Hamaspik Medicare Choice.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Hamaspik Medicare Choice.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

      – or –

- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York State, the SHIP is called the New York State Health Insurance Assistance Program.

The New York State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The New York State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the New York State Health Insurance Assistance Program at at 1-800-701-0501 .You can learn more about the New York State Health Insurance Assistance Program by visiting their website:
https://www.shiptacenter.org/about-medicare/regional-ship-location/new-york

For questions about your New York State Medicaid benefits, contact the New York State Department of Health at 1-800-541-2831. Their hours are 8:30 a.m. to 4:45 p.m., Monday through Friday. The TTY number is 711. You can ask how joining another plan or returning to Original Medicare affects how you get your New York State Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program.** New York State has a program called Elderly Pharmacy Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health 6 of this booklet).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York State AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the New York State AIDS Drug Assistance Program at 1-800-542-2437.

SECTION 7 Questions?

Section 7.1 – Getting Help from Hamaspik Medicare Choice

Questions? We're here to help. Please call Member Services at 1-888-426-2774 . (TTY, call 711. We are available for phone calls 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.

Read your 2022 *Evidence of Coverage,* It has details about next year's benefits and costs.

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Hamaspik Medicare Choice. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at *www.hamaspik.com.*You can also review enclosed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at *www.hamaspik.com*. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, 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.

Section 7.3 – Getting Help from Medicaid

To get information from New York Medicaid you can call you can call the New York State Department of Health at 1-800-541-2831.

TTY users should call 711(New York Relay). Calls to this number are free - 7 days a week, 24 hours a day. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.