



# **Hamaspik Medicare Choice 2026 Summary of Benefits**

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

## 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. Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

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**If you have questions**, call Hamaspik Medicare Choice Member Services at 1-888-426-2774, TTY, 711, Member Services staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2025, through March 31, 2026. From April 1, 2026, through September 30, 2026, 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.hamaspik.com](http://www.hamaspik.com)



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## A. Disclaimers



This is a summary of health services covered by Hamaspik Medicare Choice for January 1<sup>st</sup>, 2026 – December 30, 2026. This is only a summary. Read the Evidence of Coverage for the full list of benefits. To request a copy of the Evidence of Coverage please call our member services at 1-888-426-2774, TTY 711 or you can view it on our website: <https://www.hamaspik.com/>

- ❖ Hamaspik Medicare Choice is an HMO D-SNP with a Medicare contract, and a Medicaid Advantage Plus (MAP) Plan with a New York State Medicaid contract. Enrollment in Hamaspik Medicare Choice depends on contract renewal.
- ❖ Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2026
- ❖ This document is available for free in Spanish. Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.
- ❖ For more information about **Medicare**, you can read the Medicare & You 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 access it online at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or request a copy by calling 1-800- MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-888-426-2774, TTY 711, Member Services staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2025, through March 31, 2026. From April 1, 2026, through September 30, 2026, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ Please contact Member Services at 1-888-426-2774 if you would like to receive a document in a different language or format. Member Services will document in your care management record if you have made a request, for future mailings and communications. If you would like to change your request at any time, please call Member Services.

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## B. Frequently asked questions

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The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What's a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan? Hamaspik Medicare Choice (MAP) and Hamaspik Medicare Select (D-SNP)</b>	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) 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, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has care coordinators to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called Hamaspik Medicare Choice.</p>
<b>Will I get the same Medicare and Medicaid benefits in Hamaspik Medicare Choice that I get now?</b>	<p>If you're coming to Hamaspik Medicare Choice from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all your covered Medicare and Medicaid benefits directly from Hamaspik Medicare Choice.</p> <p>When you enroll in Hamaspik Medicare Choice, you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Hamaspik Medicare Choice doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Hamaspik Medicare Choice to cover your drug if medically necessary.</p> <p>If you're taking any Medicare Part D drugs that Hamaspik Medicare Choice doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Hamaspik Medicare Choice to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

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Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	<p>That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Hamaspik Medicare Choice and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are "in-network." You must use the providers in Hamaspik Medicare Choice's network.</li><li>• If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you can use providers outside of Hamaspik Medicare Choice's network.</li></ul> <p>To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Hamaspik Medicare Choice's Provider and Pharmacy Directory. You can also visit our website at <a href="https://www.hamaspik.com/">https://www.hamaspik.com/</a> for the most current listing.</p> <p>If Hamaspik Medicare Choice is new for you, we'll work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2025, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. "Continuous Behavioral Health Episode of Care" means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2025 by the same provider for the treatment of the same or related behavioral health condition.</p>

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Frequently Asked Questions (FAQ)	Answers
<b>What's a Care Manager?</b>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to <b>Section E</b>. Benefits covered outside of Hamaspik Medicare Choice).</p>
<b>What are Managed Long-term Services and Supports (MLTSS)?</b>	<p>Managed Long-term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>
<b>What happens if I need a service but no one in Hamaspik Medicare Choice's network can provide it?</b>	<p>Most services will be provided by our network providers. If you need a service that can't be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, Hamaspik Medicare Choice will cover services provided by an out-of-network provider.</p>
<b>Where's Hamaspik Medicare Choice available?</b>	<p>The service area for this plan includes: Bronx, Queens, Dutchess, Richmond (Staten Island), Kings (Brooklyn), Rockland, Nassau, Sullivan, New York (Manhattan), Ulster, Orange, Westchester, Putnam, New York. You must live in one of these areas to join the plan.</p>

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Frequently Asked Questions (FAQ)	Answers
<b>What's prior authorization?</b>	<p>Prior authorization means that you must get approval from Hamaspik Medicare Choice before Hamaspik Medicare Choice will cover a specific service, item, or drug or out-of-network provider. Hamaspik Medicare Choice may not cover the service, item or drug if you don't get prior approval. <b>If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first.</b> Hamaspik Medicare Choice can provide you with a list of services or procedures that require you to get prior authorization from Hamaspik Medicare Choice before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the Evidence of Coverage to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
<b>Do I pay a monthly amount (also called a premium) under Hamaspik Medicare Choice?</b>	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
<b>Do I pay a deductible as a member of Hamaspik Medicare Choice?</b>	No. You don't pay deductibles in Hamaspik Medicare Choice.
<b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Hamaspik Medicare Choice?</b>	There's no cost sharing (copays or deductibles) for medical services in Hamaspik Medicare Choice, so your annual out-of-pocket costs will be \$0.

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## C. Overview of services

The following table is a quick overview of what services you may need and rules about the benefits.


Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Authorization is required except when admission is the result of an emergency or urgent care services.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Authorization is required for Medicare-covered outpatient hospital services and Medicare covered observation services
	Ambulatory surgical center (ASC) services	\$0	Authorization is required for Ambulatory surgical center services.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use an outpatient health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	<p>You do not need a referral or an authorization for visits to a PCP or specialist.</p> <p>Additional telehealth services are available for primary care physician and physician specialist services. Telehealth services allow members to access health care services remotely while your provider manages your care.</p>
	Visits to treat an injury or illness	\$0	<p>You do not need a referral or an authorization for visits to a PCP or specialist.</p> <p>Additional telehealth services are available for primary care physician and physician specialist services. Telehealth services allow members to access health care services remotely while your provider manages your care.</p>

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<p><b>You want to use a health care provider</b></p> <p><b>(Continued)</b></p>	<p>Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)</p>	<p>\$0</p>	<p>Hamaspik Medicare Choice covers a broad range of preventive health services that are covered by Medicare, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual Wellness Visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings</li> <li>• Depression screening.</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training, diabetic services, and supplies</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program (MDPP) MDPP services are covered for eligible people under all Medicare health plans.</li> <li>• Obesity screening and counseling</li> <li>• Pre-exposure prophylaxis (PrEP) for HIV prevention</li> <li>• Prostate cancer screening exams</li> </ul> <p>(Continued on the next page)</p>
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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<ul style="list-style-type: none"> <li>Screening and counseling to reduce alcohol misuse</li> <li>Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>Screening for Hepatitis C Virus infection</li> <li>Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>Vision care</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>



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	Wellness visits, such as a physical	\$0	There is no coinsurance, copayment, or deductible for the annual wellness visit.
	“Welcome to Medicare” preventive visit (one time only)	\$0	There is no coinsurance, copayment, or deductible for the Welcome to Medicare preventive visit.
<b>You need emergency care</b>	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0	<p>You may use any emergency room or CPEP if you reasonably believe you need emergency care. You don’t need prior authorization and you don’t have to be in-network. Emergency room services AREN’T covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.</p> <p>You are also covered for up to \$50,000 in worldwide emergency and urgent care, including emergency transportation, when you travel outside the United States and its territories. Contact the plan for details.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Urgent care	\$0	<p>Urgent care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgent care ISN'T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.</p> <p>HamaspiK Medicare Choice provides you up to \$50,000 in worldwide emergency and urgent care, including emergency transportation, when you travel outside the United States and its territories. Contact the plan for details.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Authorization is not required for routine lab tests
	X-rays or other pictures, such as CAT scans	\$0	Authorization is required for most diagnostic procedures
	Screenings, such as tests to check for cancer	\$0	See the detailed list of covered health care screenings on pages 13-14.  Authorization is not required for these services
You need hearing/ auditory services	Hearing screenings (including routine hearing exams)	\$0	You are covered for diagnostic hearing and balance evaluations performed by your PCP OR provider to determine if you need medical treatment are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.  Authorization is not required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	<p>You are covered for Medicare-covered hearing exams, and you are also covered for the following under our plan's Medicaid benefit:</p> <ul style="list-style-type: none"> <li>• Hearing Aids, fitting and dispensing</li> <li>• Hearing aid products, including hearing aids, earmolds, and special fittings</li> <li>• Hearing aid checks following dispensing</li> <li>• Hearing aid repairs</li> </ul>
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	<p>You are covered for Medicare and Medicaid covered dental benefits. Covered services include:</p> <ul style="list-style-type: none"> <li>• Cleaning (once every six months)</li> <li>• Oral exam (once every six months)</li> <li>• X-ray(s) – (2 times a year)</li> <li>• Restorative services, such as fillings, root canals, crowns, implants, extractions, and dentures</li> </ul> <p>Authorization is not required for cleanings, exams, x-rays, and basic restorative dental care. Authorization is required for other restorative dental services.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care (This service is continued on the next page)</b>	Vision services (including annual eye exams)	\$0	You are covered for all Medicare and Medicaid covered vision care. You are also covered for a routine eye exam once every two years.  Authorization is not required.
	Glasses or contact lenses	\$0	You are covered for eyewear, up to \$200 every two years. Covered eyewear includes: <ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames), One pair every two years</li> <li>• Contact lenses (One pair of contact lenses every two years)</li> </ul> Coverage also includes the repair or replacement of parts for eyeglasses.  Authorization is not required.
<b>You need eye care (continued)</b>	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Authorization is not required.
<b>Annual health related social needs screening and navigation to services</b>	You can connect to organizations in your community that provide services to help with housing, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).	\$0	If you're interested, please call Member Services and we'll connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition (This service is continued on the next page)</b>	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Centers (ATC), Inpatient addition rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	\$0	You are covered for acute inpatient hospitalization, regardless of the admitting diagnosis or treatment.  Except in an emergency, authorization is required.
	Adult outpatient mental health care Continuing Day Treatment (CDT) Partial hospitalization	\$0	Authorization is required for these services.
<b>You have a mental health condition (continued)</b>	Adult outpatient rehabilitative mental health care  Assertive Community Treatment (ACT)  Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)  Personalized Recovery Oriented Services (PROS)	\$0	Authorization is not required for these services.  Members who need ACT services must have their eligibility determined by the Single Point of Access (SPOA) program in the county where they reside.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition (continued)</b>	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services:  Psychosocial Rehabilitation (PSR) Community Psychiatric Supports and Treatment (CPST) Empowerment services – peer supports Family Support and Training (FST)	\$0	Eligibility for CORE services is determined by the State Department of Health. For members who are eligible, authorization is not required for these services.
	Adult mental health crisis services  Comprehensive Psychiatric Emergency Program (CPEP) Mobile Crisis and Telephonic Crisis Services  Crisis Residential Programs	\$0	Authorization is not required for these services.

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition (continued)</b>	<p>Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)</p> <p><b>(Note:</b> This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage for more information.)</p>	\$0	Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.
<b>You're having a mental health or substance use crisis</b>	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	\$0	Any approved mobile crisis or licensed crisis residence provider in New York State.

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition or a substance use disorder</b>	<p>CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p> <p><b>(Note:</b> For more information about CORE Services and to determine whether you're eligible for them, call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage.)</p>	\$0	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.
<b>You have a substance use disorder</b>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p><b>(Note:</b> This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage for more information.)</p>	\$0	<p>When you receive inpatient services, your health care provider must tell the plan of your hospital admission, except in an emergency.</p> <p>Some outpatient substance abuse services may be provided by telehealth. Telehealth services allow members to access health care services remotely while your provider manages your care</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Authorization is required.
	Nursing home	\$0	Authorization is required.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.  Authorization is required.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy (outpatient or in-home)	\$0	You are covered for Medicare and Medicaid covered therapy services.  Authorization is required.
<b>You need help getting to health services</b>	Emergency transportation	\$0	You are covered for Ground Ambulance Services and Air Ambulance Services.  Authorization is not required for emergency transportation.
<b>You need drugs to treat your illness or condition (This service is continued on the next page)</b>	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the Evidence of Coverage for more information on these drugs.

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	<p>Medicare Part D drugs</p> <p><b>Note:</b> All drugs including generic and brand name drugs are on a single tier.</p> <p><b>Important Message About What You Pay for Vaccines</b> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.</p>	\$0	<p>There may be limitations on the types of drugs covered. Refer to Hamaspik Medicare Choice’s Formulary at</p> <p><a href="https://prime7.adaptiverx.com/webSearch/index?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B68673124D0F2E23322">https://prime7.adaptiverx.com/webSearch/index?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B68673124D0F2E23322</a> for more information.</p> <p><b>Note:</b> All drugs including generic and brand name drugs are on a single tier</p> <p>Hamaspik Medicare Choice may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Hamaspik Medicare Choice for certain drugs.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, under the document named formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>.</p> <p>You may receive an extended day supply (for up to 90 days) of your drugs at certain retail pharmacies, or by using the mail order service. Contact member services for more information.</p>
	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Hamaspik Medicare Choice's List of Covered Drugs (Drug List) for more information.</p> <p>Hamaspik Medicare Choice covers a maximum of \$250.00 per month for Over-the-Counter health products. The types of products that may be purchased using this benefit are approved by CMS.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services (including routine exams)	\$0	Covered services include: <ul style="list-style-type: none"> <li>• Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)</li> <li>• Routine foot care for members with certain medical conditions affecting the lower limbs</li> </ul>
	Orthotic services	\$0	Authorization is required.
You need durable medical equipment (DME) or supplies	<p>Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example</p> <p><b>(Note:</b> This isn't a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage for more information.)</p>	\$0	Authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need interpreter services</b>	Spoken language interpreter	\$0	Please contact Member Services for assistance with all interpreter services, at the phone number listed at the bottom of this page.
	Sign language interpreter	\$0	Please contact Member Services for assistance with all interpreter services, at the phone number listed at the bottom of this page.
<b>Other covered services (This service is continued on the next page)</b>	Acupuncture	\$0	20 visits per year are covered.  Authorization is required.
	Plan Care coordination	\$0	All members are assigned to a care manager for ongoing assistance with all of their health care services.
	Chiropractic services	\$0	Covered services include manual manipulation of the spine to correct subluxation.  Authorization is required.
<b>Other covered services (continued)</b>	Diabetic supplies	\$0	Covered services include: blood glucose monitors, blood glucose test strips, lancet devices and lancets.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Hamaspik Medicare Choice.  There is no coinsurance or copayment for a one-time hospice consultation for a terminally ill member who had not elected the hospice benefit
	Mammograms	\$0	No authorization is needed.  (See the list of a list of all Medicare covered preventive services on pages 13-14 above)

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Managed Long-term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility and allows them to get necessary care in a residential or community setting.  MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
Other covered services (continued)	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Authorization is required, based on the members' individualized approved Plan of Care
	Prosthetic services	\$0	Authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Services to help manage your disease	\$0	Your care manager will provide you with education and assistance to help you manage your chronic illnesses and other health care concerns.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Hamaspik Medicare Choice’s Evidence of Coverage. If you have questions, you can also call Hamaspik Medicare Choice Member Services at the numbers listed at the bottom of this page.

## D. Additional services Hamaspik Medicare Choice covers

This isn’t a complete list. Call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage to find out about other covered services. Please see the table on the page below.



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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

Additional services Hamaspik Medicare Choice covers	Your costs
<p><b>Fitness Benefits which includes:</b></p> <ul style="list-style-type: none"> <li>✓ Participation in any of our contracted gyms and fitness centers throughout the service area and nationally. Our fitness centers may offer low-impact classes focused on improving muscular strength, endurance, mobility, flexibility, balance, agility, and coordination.</li> <li>✓ Exercise classes, through live on-line classes and thousands of on-line videos.</li> <li>✓ One home fitness kit per year, from a selection of: a wearable fitness tracker, an exercise band, a pilates kit, or yoga equipment.</li> <li>✓ Work-out Plans: By answering a few online questions, you will receive a customized workout plan, including instructions on how to get started and suggested digital workout videos.</li> <li>✓ specialized virtual coaching sessions</li> </ul>	\$0
<p><b>Special Supplemental Benefits for the Chronically Ill</b></p> <p>Eligible members may use the \$250 monthly allowance for OTC health products for the purchase of food or utilities, or both.</p> <p>The benefit will be administered using a pre-loaded debit card, valid for purchase at plan approved retail locations. Any unused portion of the benefit each month does not carry over to the next month.</p> <p>This benefit is part of a special supplemental program for the chronically ill. Not all members qualify. Eligibility will be based on available data from claims submitted by your provider(s) and your annual health risk assessment. Members will be eligible for these benefits if they have three (3) or more chronic conditions. Please see Chapter 4 of your EOC for more information.</p>	\$0
<p><b>Nursing Hotline</b>, available 24 hours per day, 7 days per week when the Hamaspik Medicare Choice offices are closed.</p>	\$0

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

## E. Benefits covered outside of Hamaspik Medicare Choice

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Hamaspik Medicare Choice but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
CSS (Community Support Services)	\$0
Health Home (HH) and Health Home Plus (HH+) Care Management	\$0
Certified Community Behavioral Health Clinics (CCBHC)	\$0
Children's Crisis Residence Services Youth ages 18-20	\$0
Non-emergency Medical Transportation	\$0

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

## F. Services that Hamaspik Medicare Choice, Medicare, and Medicaid don't cover

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Hamaspik Medicare Choice, Medicare, and Medicaid don't cover	
Private room in a hospital (except when medically necessary)	Personal and Comfort items
Cosmetic surgery if not medically necessary	Services of a provider that isn't part of the plan, unless the plan sends you to that provider
Personal items in your room at a hospital or skilled nursing facility (such as a telephone or television)	Naturopath services (natural or alternative treatments)
Reversal of sterilization procedures and/or non-prescription contraceptive supplies	Services considered not medically necessary, according to Original Medicare or Medicaid standards

## G. Your rights and responsibilities as a member of the plan

As a member of Hamaspik Medicare Choice, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, read the Evidence of Coverage.

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

Your rights include, but aren't 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
  - Description of 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) and change your PCP at any time during the year. You can call <phone number> if you want to change your PCP.

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- Use 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're 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 doesn't 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 <phone number> if you need help with this service
  - Have your Evidence of Coverage and any printed materials from Hamaspik Medicare Choice translated into your primary language, and/or 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 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
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:

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- 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 aren't 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're 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

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- **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's 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, behavioral health crisis services, 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 Card 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 Evidence of Coverage. If you have questions, you can also call Hamaspik Medicare Choice Member Services at the numbers listed at the bottom of this page

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## H. How to file a complaint or appeal a denied service

If you have a complaint or think Hamaspik Medicare Choice should cover something we denied, call Hamaspik Medicare Choice at 1-888-426-2774. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 8** of the Evidence of Coverage. You can also call Hamaspik Medicare Choice Member Services or at the numbers listed at the bottom of this page

If you would like to file a grievance or appeal, please send it to:

Hamaspik Medicare Choice  
Attn: Grievance and Appeals

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**If you have questions**, call Hamaspik Medicare Choice Member Services at 1-888-426-2774, TTY, 711, Member Services staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2025, through March 31, 2026. From April 1, 2026, through September 30, 2026, 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.hamaspik.com](http://www.hamaspik.com)



# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

775 North Main Street  
Spring Valley, NY 10977

If you have a complaint or think Hamaspik Medicare Choice should cover something we denied, call Hamaspik Medicare Choice at 1-888-426-2774. You can file a complaint or appeal our decision.

You (or someone on your behalf, may also file a complaint directly to Medicare or the New York State Department of Health.

- To file your complaint with Medicare, please call 1-800-MEDICARE, or 1-800-633-4227.
- To file your complaint with the New York State Department of Health, please call 1-866-712-7197.

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## I. 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 doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Hamaspik Medicare Choice Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.

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

1-888-426-2774 Calls to this number are free. <days and hours of operation, including information on the use of alternative technologies>. Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. Member Services staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2025, through March 31, 2026. From April 1, 2026, through September 30, 2026, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.

## **If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Hamaspik Nurse Hotline A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the 1-888-426-2774, TTY 711

Calls to this number are free. The Hamaspik Nurse Hotline is available at night, and on weekends and holidays when the care management offices are closed. Hamaspik Medicare Choice also has free language interpreter services available for non-English speakers.

711

Calls to this number are free. Member Services staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2025, through March 31, 2026. From April 1, 2026, through September 30, 2026, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.

## **If you need immediate behavioral health care, call the Behavioral Health Crisis Line**

1-888-600-8241 Calls to this number are free. The line is available 24/7 Hamaspik Medicare Choice also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. Staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2025, through March 31, 2026. From April 1, 2026, through September 30, 2026, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm

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## LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-888-426-2774 TTY 711.	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-888-426-2774 TTY 711	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电。1-888-426-2774 TTY 711	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-888-426-2774 TTY 711.	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-888-426-2774 TTY 711 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-888-426-2774 TTY 711.	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-888-426-2774 TTY 711.	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-888-426-2774 TTY 711.	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-888-426-2774 TTY 711.	French Creole
1-אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 1-888-426-2774 TTY 711.	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-888-426-2774 TTY 711.	Polish

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ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-888-426-2774 TTY 711	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-888-426-2774 TTY 711 এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-888-426-2774 TTY 711.	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-888-426-2774 TTY 711	Greek
1-توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 888-426-2744 TTY 711۔	Urdu

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

## Hamaspik Medicare Choice Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-426-2774. (TTY, call 711.) Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-426-2774. (TTY 711.) Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-426-2774。(TTY 711) 我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-426-2774。(TTY 711) 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-426-2774. (TTY 711) Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-426-2774. (TTY 711) Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-426-2774 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí. (TTY 711)

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-426-2774. (TTY 711) Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service

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# Hamaspik Medicare Choice (HMO D-SNP) Medicaid Advantage Plus (MAP) Plan | 2026 Summary of Benefits

ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-426-2774 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다. (TTY 711)

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-426-2774. (TTY 711) Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-426-2774. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية (TTY 711).

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-426-2774 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है. (TTY 711)

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-426-2774. (TTY 711) Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-426-2774. (TTY 711) Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-426-2774. (TTY 711) Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-426-2774. (TTY 711) Ta usługa jest bezpłatna.

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**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-888-426-2774] にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。(TTY 711)

Form Approved  
OMB# 0938-1421

Form CMS-10802  
(Expires 12/31/26)

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