

## Hamaspik Medicare Select (HMO D-SNP) offered by Hamaspik Inc.

# Annual Notice of Change for 2026

You're enrolled as a member of Hamaspik Medicare Select.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Hamaspik Medicare Select.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at <https://www.hamaspik.com/members/medicare-select#resources> or call Member Services at 1-888-426-2774 (TTY users call 711) to get a copy by mail. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.

### More Resources

- This material is available for free in Spanish. Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.
- If your primary language is not English, our Member Services can help you with verbal translation. Please contact Member Services at 1-888-426-2774 for more information.
- Call Member Services at 1-888-426-2774 (TTY users call 711) for more information. Hours are Member Services staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1 through March 31. From April 1, through September 30, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm. This call is free.
- This information is also available in alternate formats such as large print and Braille. Please call Member Services at the above numbers for more information.

## About Hamaspik Medicare Select

- Hamaspik Medicare Select is run by a private company. Like all Medicare Advantage Plans, this Medicare Special Needs Plan is approved by Medicare. Our plan also has a written agreement with the New York State Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Hamaspik Inc.). When it says “plan” or “our plan,” it means Hamaspik Medicare Select.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Hamaspik Medicare Select.** Starting January 1, 2026, you’ll get your medical and drug coverage through Hamaspik Medicare Select. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
<b>Deductible</b>	\$257 except for insulin furnished through an item of durable medical equipment  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	<b>\$257 except for insulin furnished through an item of durable medical equipment.</b>  <b>This is the 2025 amount and may change for 2026. Hamaspik Medicare Select will provide updated rates as soon as they are released.</b>  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.</b>
<b>Maximum out-of-pocket amount</b>  This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$9,350  If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for	<b>\$9,250</b>  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
	covered Part A and Part B services.	<b>covered Part A and Part B services.</b>
<b>Primary care office visits</b>	20% per visit  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	<b>20% per visit per visit</b>  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.</b>
<b>Specialist office visits</b>	20% per visit  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	<b>20% per visit per visit</b>  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.</b>
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	<ul style="list-style-type: none"> <li>• \$1,632 deductible</li> <li>• Days 1-60:</li> <li>• \$0 per day</li> <li>• Days 61-90:</li> <li>• \$408 per day</li> <li>Days 91 and beyond: \$816 per day for each "lifetime reserve day" (up to 60 days over your lifetime). If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$1,736 deductible</b></li> <li>• <b>Days 1-60:</b></li> <li>• <b>\$0 per day</b></li> <li>• <b>Days 61-90:</b></li> <li>• <b>\$434 per day</b></li> <li><b>Days 91 and beyond: \$868 per day for each "lifetime reserve day" (up to 60 days over your lifetime)</b></li> <li><b>If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.</b></li> </ul>

	2025 (this year)	2026 (next year)
<b>Part D drug coverage deductible</b> (Go to Section [edit section number as needed] 1 for details.)	\$590 except for covered insulin products and most adult Part D vaccines	<b>\$615 except for covered insulin products and most adult Part D vaccines</b>
<b>Part D drug coverage</b> (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>during the Initial Coverage Stage:</p> <p>Drug Tier 1: Depending on your level of “extra help,” you pay the following amounts for your drugs:</p> <ul style="list-style-type: none"> <li>Generic drugs: \$0, or \$1.60 copay, or \$4.90 copay</li> <li>Brand name drugs: \$0, or \$4.80 copay, or \$12.15 copay</li> </ul> <p><b>Note:</b> All covered prescription drugs are in a single Tier.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p><b>Copayment during the Initial Coverage Stage:</b></p> <p><b>Drug Tier 1: Depending on your level of “extra help,” you pay the following amounts for your drugs:</b></p> <ul style="list-style-type: none"> <li><b>Generic drugs: \$0, or \$1.60 copay, or \$5.10 copay or no more than 25% coinsurance per prescription.</b></li> <li><b>Brand name drugs: \$0, or \$4.90 copay, or \$12.65 copay or no more than 25% coinsurance per prescription.</b></li> </ul> <p><b>Notes:</b></p> <p><b>All covered prescription drugs are in a single Tier.</b></p> <p><b>Cost sharing is based on your level of “Extra Help.”</b></p>

	2025 (this year)	2026 (next year)
		<p><b>: You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <p><b>During this payment stage, you pay nothing for your covered Part D drugs.</b></p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0  <b>There is no change to your plan premium for the upcoming year.</b>

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

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

	2025 (this year)	2026 (next year)
<b>Maximum out-of-pocket amount</b>  Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum.  If you are eligible for Medicaid help with Part A and Part B copayments and deductibles, 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.  Your costs for covered medical services (such as copayments and	\$9,350	\$9,250  <b>Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b>



	2025 (this year)	2026 (next year)
deductibles) <b>count</b> toward your maximum out-of-pocket amount. Your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.		

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory <https://www.hamaspik.com/directory-search> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at [www.hamaspik.com](http://www.hamaspik.com).
- Call Member Services at 1-888-426-2774 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-888-426-2774 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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 of pharmacies has changed for next year. Review the 2026 Pharmacy Directory <https://www.hamaspik.com/directory-search> to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at [www.hamaspik.com](http://www.hamaspik.com).
- Call Member Services at 1-888-426-2774 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-888-426-2774 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
<b>Over the Counter Health Items</b>	<p>In 2025, we cover a maximum of \$190.00 per month for Over the Counter, health products. The types of products that may be purchased using this benefit are approved by CMS. Additionally, if you qualify, you may use \$75 of your monthly allowance towards SSBCI food and utility benefits.</p>	<p><b>In 2026, we cover a maximum of \$190.00 per month for Over the Counter, health products. The types of products that may be purchased using this benefit are approved by CMS. If you qualify, you may use any amount of your \$190 monthly OTC card allowance towards the SSBCI food and utility benefit.</b></p>

<b>Special Supplemental Benefits for Members with Chronic Illnesses (SSBCI)</b>	<p>You are eligible for this benefit if they have three (3) or more chronic conditions in 2025. You may use \$75 per month of the total OTC benefit for the purchase of food and produce. If you qualify, you may also use \$75 per month to cover the cost of household utilities. The benefit is administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.</p>	<p><b>You are eligible for SSBCI if you have at least 3 of the chronic illnesses identified in this section. If you qualify, you may allocate any amount of your \$190 monthly OTC card allowance towards buying food or utilities.</b></p> <p><b>Please see Chapter 4 of your 2026 Evidence of Coverage (EOC) for more information.</b></p>
<b>Emergency Services</b>	<p>You pay \$0 or 20% of the total cost per visit up to a maximum of \$110*</p> <p>*Cost-sharing is based on your level of assistance from Medicaid</p>	<p><b>You pay \$0 or 20% of the total cost per visit up to a maximum of \$115*</b></p> <p><b>*Cost-sharing is based on your level of assistance from Medicaid</b></p>

<b>Urgently Needed Services</b>	<p>You pay \$0 or 20% of the total cost per visit up to a maximum of \$45*</p> <p>*Cost-sharing is based on your level of assistance from Medicaid</p>	<p><b>You pay \$0 or 20% of the total cost per visit up to a maximum of \$40*</b></p> <p><b>*Cost-sharing is based on your level of assistance from Medicaid</b></p>
<b>Other Medicare-Covered Preventive Services</b>	<p>You are covered with a 20% or \$0 payment coinsurance for the following services:</p> <p>Medicare-covered Glaucoma Screening; Medicare-covered Diabetes Self-Management Training; Medicare-covered Barium Enemas; Medicare-covered Digital Rectal Exams; Medicare-covered EKG following Welcome Visit.</p> <p>Cost-sharing is based on your level of assistance from Medicaid</p>	<p><b>You are covered with a 20% or \$0 payment coinsurance for the following services:</b></p> <p><b>Medicare-covered Glaucoma Screening; Medicare-covered Diabetes Self-Management Training; Medicare-covered Digital Rectal Exams; Medicare-covered EKG following Welcome Visit.</b></p> <p><b>Cost-sharing is based on your level of assistance from Medicaid</b></p>
<b>Other Medicare Covered Preventative Dental Services</b>	<p>You do not need an authorization prior to receiving these services.</p>	<p><b>You need an authorization prior to receiving these services.</b></p>

**Eye Exams**

You are able to receive 1 eye exam every 2 years without requesting authorization.

**You are able to receive 1 eye exam every 2 years, but, need to request authorization.**

## Fitness Benefit

Your fitness benefit includes no cost access to fitness centers using a network of facilities, on-line exercise classes, individualized fitness coaching, and home fitness kit. You are limited to one home fitness kit per year.

Choice of fitness kit includes: (1) Wearable Fitness Tracker Kit, (2) Beginner Yoga Kit with a mat and hand towel, (3) Intermediate/Advanced Yoga Kit with a yoga strap and 2 yoga blocks, (4) Walking/Trekking Kit with 2 walking poles, (5) Beginner Strength Kit with 2-pound dumbbells and exercise bands, (6) Intermediate Strength Kit with 3-pound dumbbells and exercise bands, (7) Advanced Strength Kit with 5-pound dumbbells and exercise bands, (8) Pilates Kit with a Pilates ball and towel, (9) Beginner Swim Kit with swimming goggles and a kickboard, or (10) Advanced Swim Kit with aquatic resistance gloves and a pull float.

Online exercise classes are held through the fitness vendor's website,

**You have access to the Silver&Fit® Healthy Aging and Exercise program at no cost.**

**Under this program, you can access no-cost participating fitness centers as well as fitness centers. In addition, you can choose 1 (one) home fitness kit per benefit year at no cost. There are 5 home fitness kit options to select from: 1) Strength (includes an exercise band) 2) Toning (includes a pilates ball) 3) Yoga (includes a yoga mat) 4) Self care (includes a foam roller) and Walking (includes a pedometer). (Homekits may be subject to change based on availability of supplies).**

**Members can also access other Silver&Fit program features including thousands of on-demand workout videos, virtual events through the Well-Being club, and specialized coaching sessions.**

	and include both live and pre-recorded classes.	
<b>Diabetic Therapeutic Shoes/Inserts</b>	Authorization required	<b>Authorization required for diabetic shoes and inserts only. Routine diabetes supplies do not require authorization.</b>

## Section 1.6 Changes to Part D 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 provided electronically. **You can get the complete Drug List** by calling Member Services at 1-888-426-2774 (TTY users call 711) or visiting our website at (<https://www.hamaspik.com/directory-search>).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-888-426-2774 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells about your drug costs. If you get Extra Help and didn't get this material with this packet, call Member Services at 1-888-426-2774 (TTY users call 711) and ask for the LIS Rider.

### Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.



	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	\$590	<b>\$615</b>

### Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage

Once you've paid \$\$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
All covered prescription drugs are in a single tier.	<p>Depending on your level of “extra help,” you pay the following amounts for your drugs:</p> <ul style="list-style-type: none"> <li>Generic drugs: \$0, or \$1.60 copay, or \$4.90 copay</li> <li>Brand name drugs: \$0, or \$4.80 copay, or \$12.15 copay</li> </ul> <p>Notes: Cost sharing is based on your level of “Extra Help.”</p>	<p><b>Depending on your level of “extra help,” you pay the following amounts for your drugs:</b></p> <ul style="list-style-type: none"> <li><b>Generic drugs: \$0, or \$1.60 copay, or \$5.10 copay or no more than 25% coinsurance per prescription.</b></li> <li><b>Brand name drugs: \$0, or \$4.90 copay, or \$12.65 copay or no more than 25% coinsurance per prescription.</b></li> </ul> <p><b>Notes: Cost sharing is based on your level of “Extra Help.”</b></p>

### Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your Evidence of Coverage.

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).</p> <p>You may be participating in this payment option.</p>	<p><b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</b></p> <p><b>To learn more about this payment option, call us at 1-888-426-2774 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a></b></p>

### SECTION 3 How to Change Plans

**To stay in Hamaspik Medicare Select, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Hamaspik Medicare Select.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Hamaspik Medicare Select.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Hamaspik Medicare Select.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-888-426-2774 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the Medicare & You 2026 handbook, call your State

Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Hamaspik Inc offers other: Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

### **Section 3.2 Are there other times of the year to make a change?**

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York has a program called Elderly Pharmaceutical Insurance Coverage (or 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 Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call New York AIDS Drug Assistance Program (ADAP). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-888-426-2774 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Hamaspik Medicare Select

- **Call Member Services at 1-888-426-2774. (TTY users call 711.)**

We're available for phone calls Member Services staff are available 7 days a week, from 8:00 am to 8:00 pm, October 1, through March 31. From April 1, through September 30, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This Annual Notice of Change gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 Evidence of Coverage for Hamaspik Medicare Select. The Evidence of Coverage is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the Evidence of Coverage on our website at [www.hamaspik.com](http://www.hamaspik.com) or call Member Services at 1-888-426-2774 (TTY users call 711) to ask us to mail you a copy. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.

- **Visit [www.hamaspik.com](http://www.hamaspik.com)**

Our website has the most up-to-date information about our provider network (Provider Directory/Pharmacy Directory) and our List of Covered Drugs (formulary/Drug List).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called the Health Insurance Information, Counseling and Assistance (HIICAP).

Call the Health Insurance Information, Counseling and Assistance (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call the Health Insurance

Information, Counseling and Assistance (HIICAP) at 1-800-701-0501. Learn more about the Health Insurance Information, Counseling and Assistance (HIICAP) by visiting <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-programs>

## Get Help 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 can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](https://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

The Medicare & You 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Get Help from Medicaid

Call the New York State Medicaid Program at 1-800-541-2831 Monday through Friday 8:00AM-8:00PM, Saturday 9:00AM-1:00PM. TTY users 711 for help with Medicaid enrollment or benefit questions. You may also find helpful information on their website at [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

## Hamaspik Medicare Select 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 panggagamot. 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 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 1-2774-426-888. 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.

**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)

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