Hamaspik
MANAGED CARE

775 N. Main St.
Spring Valley, NY 10977
855-552-4642
www.hamaspik.com

Effective date: January 1, 2026

Hamaspik Medicare Choice
Evidence of Coverage Rider
for People Who Get Extra Help Paying for Prescription Drugs
(also called a Low Income Subsidy Rider or LIS Rider)

Please keep this notice - it is part of your Hamaspik Medicare Choice Evidence of Coverage. Our records show that you qualify for extra help paying for your prescription drug coverage. This means that you will get help paying your monthly premium and prescription drug cost sharing.

As a member of our Plan, you will receive the same coverage as someone who is not getting extra help. Your membership in our Plan will not be affected by the extra help. This also means that you must follow all the rules and procedures in the Evidence of Coverage.

Please see the chart below for a description of your prescription drug coverage:

Your monthly plan premium is	Your yearly deductible is	Your cost-sharing amount for generic/preferred multi-source drugs is no more than	Your cost-sharing amount for all other drugs is no more than
$0	$0	$0 (for each prescription)	$0 (for each prescription)

* The monthly plan premium does not include any Medicare Part B premium that you may still need to pay. The plan premium you pay has been calculated based on the Plan's premium and the amount of extra help you get.

Please refer to your Evidence of Coverage for more information on paying your plan premium.

Once the amount both you and Medicare pay (as the extra help) reaches $2,100 in a year, your copayment amount(s) will go down to $0 per prescription for covered Part D drugs.

The changes to your prescription drug costs begin as of the effective date at the top of this letter. This date may have already passed when you get this letter. If you have filled prescriptions or paid premiums since this date, you may have been charged more than you should have paid as a member of our plan. If we owe you money, we will send you a separate letter to let you know how much, with a check to refund you any amount that is due.

Medicare or Social Security will periodically review your eligibility to make sure that you still qualify for extra help with your Medicare prescription drug plan costs. Your eligibility for extra help might change if there is a change in your income or resources, if you get married or become single, or you lose Medicaid.

If you have any questions about this notice, please contact Member Services at 1-888-426-2774. (TTY users should call 711). Hours are 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 Services Department will be available Monday through Friday, 8:00 am to 8:00 pm.
You can also find out more at our website: www.hamaspik.com.

Hamaspik Medicare Choice also has free language interpreter services available for non-English speakers. This document is also available in other formats, including large print and Braille, and in other languages, including Spanish.

If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-426-2774. (TTY: 711)
Si habla español, los servicios de asistencia de idiomas, de forma gratuita, están disponibles para usted. Llame al 1-888-426-2774.(TTY: 711)

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. Hamaspik Medicare Choice is sponsored by Hamaspik, Inc.

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