

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

## Annual Notice of Changes for 2025

You are currently enrolled as a member of Hamaspik Medicare Select. Next year, there will be changes to the plan's costs and benefits. *Please see page 5 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.hamaspik.com](http://www.hamaspik.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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### What to do now

#### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in Hamaspik Medicare Select.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Hamaspik Medicare Select.
- Look in section 4 (on page 17) to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### Additional Resources

- This document is available for free in Spanish.  
Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.
- Please contact our Member Services team at 1-888-426-2774 for additional information.(TTY users, call 711.) Hours are 8:00 am to 8:00 pm, October 1, 2024, through March 31, 2025. From April 1, 2025, through September 30, 2025, our Member Service Department will be available 8:00 am to 8:00 pm, Monday through Friday.  
This call is free.
- This document is also available for free in Braille, large print and audio.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Hamaspik Medicare Select

- Hamaspik Medicare Select is an HMO D-SNP with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal. The plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.
  - When this document says “we,” “us,” or “our,” it means Hamaspik Medicare Select (sponsored by Hamaspik Inc.). When it says “plan” or “our plan,” it also means Hamaspik Medicare Select.
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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for Hamaspik Medicare Select in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p>	\$0	\$0
<p><b>Deductible</b></p>	<p style="text-align: center;">\$240</p> <p>The deductible does <u>not</u> apply for insulin furnished through an item of durable medical equipment.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p style="text-align: center;">\$257</p> <p>The deductible does not apply for insulin furnished through an item of durable medical equipment.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: 20% per visit</p> <p>Specialist visits: 20% per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under</p>	<p>Primary care visits: 20% per visit</p> <p>Specialist visits: 20% per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under</p>

Cost	2024 (this year)	2025 (next year)
	Medicaid, you pay \$0 per visit.	Medicaid, you pay \$0 per visit.
<p><b>Inpatient hospital stays</b></p>	<p>You pay the following for each benefit period:</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible</li> <li>• Days 1-60: \$0 per day</li> <li>• Days 61-90: \$408 per day</li> <li>• Days 91 and beyond: \$816 per day for each "lifetime reserve day" (up to 60 days over your lifetime).</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>You pay the following for each benefit period:</p> <ul style="list-style-type: none"> <li>• \$1,676 deductible</li> <li>• Days 1-60: \$0 per day</li> <li>• Days 61-90: \$419 per day</li> <li>• Days 91 and beyond: \$838 per day for each "lifetime reserve day" (up to 60 days over your lifetime).</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p>	<p><b>Deductible:</b> \$545, except for covered insulin products and most adult Part D vaccines.</p> <p>Members with Medicaid are eligible for Medicare “extra help,” and pay \$0 deductible.</p>	<p><b>Deductible:</b> \$590, except for covered insulin products and most adult Part D vaccines.</p> <p>Members with Medicaid are eligible for Medicare “extra help,” and pay \$0 deductible.</p>

Cost	2024 (this year)	2025 (next year)
	<p><b>During the Initial Coverage Stage:</b></p> <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 \$1.55 copay, or \$4.50 copay</li> <li>• Brand name drugs: \$0, or \$4.60 copay, or \$11.20 copay</li> </ul> <p><b>Note:</b> All covered prescription drugs are in a single Tier.</p> <p><b>Catastrophic Coverage:</b></p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>	<p><b>During the Initial Coverage Stage:</b></p> <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><b>Note:</b> All covered prescription drugs are in a single Tier.</p> <p><b>Catastrophic Coverage:</b></p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p style="text-align: center;">\$8,850</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p style="text-align: center;">\$9,350</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Hamaspik Medicare Select in 2025**

**If you do nothing in 2024, we will automatically enroll you in our Hamaspik Medicare Select plan.** This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through Hamaspik Medicare Select. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2025.

**SECTION 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	\$0	\$0

**Section 2.2 – 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.  
(continued on next page)



Cost	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b></p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays 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.</p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$8,850</p>	<p style="text-align: center;">\$9,350</p> <p>Once you have paid \$9,350 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

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### Section 2.3 – Changes to the Provider and Pharmacy Networks

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at [www.hamaspik.com](http://www.hamaspik.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider and Pharmacy Directory* (located at [www.hamaspik.com](http://www.hamaspik.com)) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Provider and Pharmacy Directory* (located at [www.hamaspik.com](http://www.hamaspik.com)) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 2.4 – Changes to Benefits and Costs for Medical Services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Dental Services	<p>Hamaspik Medicare Select covers Medicare dental services in a limited number of circumstances, specifically when that service is an integral part of specific treatment of your primary medical condition.</p> <p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered dental services.</p> <p>Authorization is required.</p>	<p>Hamaspik Medicare Select covers Medicare dental services in a limited number of circumstances, specifically when that service is an integral part of specific treatment of your primary medical condition.</p> <p>Hamaspik Medicare Choice also covers Medicaid covered preventive and restorative dental services, including:</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)</li> <li>• Restorative services, such as fillings, root canals, crowns, implants, extractions, and dentures.</li> </ul> <p><i>(continued on next page)</i></p>

Cost	2024 (this year)	2025 (next year)
<p>Dental Services (continued)</p>		<p>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered dental services.</p> <p>All members pay \$0 for Medicaid covered dental services.</p> <p>Basic dental care does not require authorization. Some restorative services require authorization.</p>
<p>Inpatient Hospital Services (including services at an inpatient mental health facility)</p>	<p>You pay the following for each benefit period:</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible</li> <li>• Days 1-60: \$0 per day</li> <li>• Days 61-90: \$408 per day</li> <li>• Days 91 and beyond: \$816 per day for each "lifetime reserve day" (up to 60 days over your lifetime).</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>You pay the following for each benefit period:</p> <ul style="list-style-type: none"> <li>• \$1,676 deductible</li> <li>• Days 1-60: \$0 per day</li> <li>• Days 61-90: \$419 per day</li> <li>• Days 91 and beyond: \$838 per day for each "lifetime reserve day" (up to 60 days over your lifetime).</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2024 (this year)	2025 (next year)
<p>Over the Counter Health Items</p>	<p>We cover a maximum of \$170.00 per month for Over the Counter, health products. The types of products that may be purchased using this benefit are approved by CMS.</p>	<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.</p> <p>In 2025, we are adding coverage of Naloxone to the list of products that you may purchase using this benefit.</p>
<p>Special Supplemental Benefits for Members with Chronic Illnesses</p>	<p>These benefits are a part of a special supplemental program for the chronically ill. Not all members qualify. You are eligible for this benefit if you have three (3) or more chronic conditions, as listed in your Evidence of Coverage.</p> <p>Eligible members may use \$60 per month of the total OTC benefit for the purchase of food and produce. Members may also use \$60 per month to cover the cost of household utilities.</p> <p>The benefit is administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.</p>	<p>These benefits are a part of a special supplemental program for the chronically ill. Not all members qualify. You are eligible for this benefit if they have three (3) or more chronic conditions, as listed in your Evidence of Coverage. <i>(No change from 2024 to 2025.)</i></p> <p>In 2025, eligible members may use \$75 per month of the total OTC benefit for the purchase of food and produce. Members may also use \$75 per month to cover the cost of household utilities.</p> <p>The benefit is administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.</p>

Cost	2024 (this year)	2025 (next year)
<p>Skilled Nursing Facility Services</p>	<p>You pay the following:</p> <ul style="list-style-type: none"> <li>• Days 1–20: \$0 per day</li> <li>• Days 21–100: \$204 per day</li> <li>• Days 100 and beyond: all costs.</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>In 2025, you pay the following:</p> <ul style="list-style-type: none"> <li>• Days 1–20: \$0 per day</li> <li>• Days 21–100: \$209.50 per day</li> <li>• Days 100 and beyond: all costs.</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p>Prescription Drugs Covered by Part B</p>	<p>You pay 20% of the cost of your Part B drugs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p> <p>Authorization is required for all Part B drugs.</p>	<p>You pay 20% of the cost of your Part B drugs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p> <p>NO authorization is required for Part B drugs.</p>

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is available electronically on our website ([www.hamapik.com](http://www.hamapik.com)).

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 plan 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 are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version, with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and didn't receive this insert with this packet, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **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 will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the 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 do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$545.</p> <p>Your deductible amount is either \$0 or \$545, depending on the level of “Extra Help” you receive.</p> <p>During this stage, you may need to pay the full cost of drugs until you have reached the yearly deductible.</p> <p>Look at the separate insert, the “LIS Rider,” for your deductible amount.</p>	<p>The deductible is \$590.</p> <p>Your deductible amount is either \$0 or \$590, depending on the level of “Extra Help” you receive.</p> <p>During this stage, you may need to pay the full cost of drugs until you have reached the yearly deductible.</p> <p>Look at the separate insert, the “LIS Rider,” for your deductible amount.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long term supply, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <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 \$1.55 copay, or \$4.50 copay, or 15% coinsurance</li> <li>• Brand name drugs: \$0, or \$4.60 copay, or \$11.20 copay, or 15% coinsurance</li> </ul> <p>You also pay these amounts per month supply of each covered insulin product.</p> <p>Note: All covered drugs are on a single tier.</p> <p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <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, or 15% coinsurance</li> <li>• Brand name drugs: \$0, or \$4.80 copay, or \$12.15 copay, or 15% coinsurance</li> </ul> <p>You also pay these amounts per month supply of each covered insulin product.</p> <p>Note: All covered drugs are on a single tier.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.



**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

**SECTION 3 Administrative Changes**

Description	2024 (this year)	2025 (next year)
<p><b>Medicare Prescription Payment Plan</b></p>	<p>Not applicable</p>	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 888-426-2774, or visit Medicare.gov. (TTY users, call 711.)</p>

**SECTION 4 Deciding Which Plan to Choose**

**Section 4.1 – If you want to stay in Hamaspik Medicare Select**

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, 2024, you will automatically be enrolled in our Hamaspik Medicare Select plan.

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## Section 4.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2025, please follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,  
– *OR* –
- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Hamaspik Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Hamaspik Medicare Select.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Hamaspik Medicare Select.
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - *OR* –
  - Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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

## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have New York State Medicaid coverage, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- 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 enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can also switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

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).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at 1-800-701-0501. Or you can learn more about HIICAP by visiting their website at:  
<https://www.shiphelp.org/about-medicare/regional-ship-location/new-york>

For questions about your New York Medicaid benefits, contact the New York State Department of Health. Call 1-800-541-2831 for information. (TTY users, call 711.) The New York State Department of Health hours are 8:30 a.m. to 4:45 p.m., Monday through Friday. Ask about how

joining another plan or returning to Original Medicare affects how you get your Medicaid coverage in New York.

## SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** New York has a program called the New York State pharmaceutical assistance program is 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 518- 459-1641.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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 this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option.

To learn more about this payment option, please contact us at 888-426-2774 or visit Medicare.gov. (TTY users, call 711.)

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Hamaspik Medicare Select

Questions? We're here to help. Please call Member Services at 888-426-2774. (TTY only, call 711.) We are available for phone calls seven days per week during the months of October through March, from 8:00 a.m. to 8:00 p.m. From April through September, staff are available Monday through Friday, from 8:00 a.m. to 8:00 p.m.

#### **Read your 2025 Evidence of Coverage. (It has details about next year's benefits and costs.)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Hamaspik Medicare Select. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.hamaspik.com](http://www.hamaspik.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

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

### Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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**Section 8.3 – Getting Help from Medicaid**

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To get information about your New York Medicaid benefits, contact the New York State Department of Health, at 1-800-541-2831. (TTY users, call 711.) The New York State Department of Health hours are 8:30 a.m. to 4:45 p.m., Monday through Friday.

## 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 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 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.

**Portugués:** 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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