



Hamaspik Inc.

MANAGED CARE

1.888.Hamaspik 1.888.426.2774

TTY/TTD Users Call: 711

58 Route 59, Suite 1, Monsey, NY 10952

Hamaspik.com

Care covered

Changes to the
Hamaspik Medicare Choice (HMO D-SNP)
2023 Evidence of Coverage

This is important information on changes in your Hamaspik Medicare Choice coverage.

We previously sent you the Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan. This notice is to let you know there was an error in your EOC.

On the following page, you will find information describing and correcting the error. Please keep this information for your reference.

The correct EOC can be found on our website at: www.hamaspik.com.

Changes to your EOC

Where you can find the error in your 2023 EOC	Original Information	Corrected Information	What does this mean for you?
<p>Chapter 10, Section 5.1 Page 212</p>	<p>Hamaspik Medicare Choice must end your membership in the plan in certain circumstances. The second reason is listed as follows:</p> <ul style="list-style-type: none"> • If you are no longer eligible for Medicaid. As stated in Chapter 1, Section 2.1, our plan is for people who are eligible for both Medicare and Medicaid. <p><u>NOTE:</u> A dual eligible individual who loses Medicaid eligibility can be deemed to continue to be eligible for the plan if that individual would likely regain eligibility within six months. If the member of Hamaspik Medicare Choice does not re-qualify within the plan’s period of deemed continued eligibility, s/he must be involuntarily disenrolled from the plan at the end of this period.</p>	<p>Hamaspik Medicare Choice must end your membership in the plan in certain circumstances. The second reason is corrected, as follows:</p> <ul style="list-style-type: none"> • If you are no longer eligible for Medicaid. As stated in Chapter 1, Section 2.1, our plan is for people who are eligible for both Medicare and Medicaid. <p><u>NOTE:</u> A dual eligible individual who loses Medicaid eligibility can be deemed to continue to be eligible for the plan if that individual would likely regain eligibility within three months. If the member of Hamaspik Medicare Choice does not re-qualify within the plan’s period of deemed continued eligibility, s/he must be involuntarily disenrolled from the plan at the end of this period.</p>	<p>Because all members in Hamaspik Medicare Choice must have Medicaid, we are required to disenroll you if you lose your Medicaid eligibility. However, if you will be able to re-gain your Medicaid coverage within three months, you can remain a member of the plan.</p> <p>Our staff are available to assist you in the Medicaid certification process.</p> <p><i>NOTE: All other reasons for disenrollment listed in your EOC are not changed.</i></p>

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call our Member Services department at 1-888-426-2774. (TTY users, call 711.) Member Services staff are available Monday through Friday, 8:00 am to 8:00 pm., to assist you.

Hamaspik Medicare Choice is a Medicare Advantage Dual Special Needs Plan (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.

This document is available for free in Spanish. Este documento esta disponible en espanol. Por favor, llame a servicios para miembros.

Free language interpreter services are available for non-English speakers. 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.

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 Arzneimittelpilan. 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 대해 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)