Hamaspik Medicare Select (HMO Dual-SNP)

Offered by Hamaspik, Inc.

Annual Notice of Changes for 2023

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. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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 authorization requirements and costs
- Think about how much you will spend on premiums, deductibles, and cost sharing

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ 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 www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ 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, 2022, you will stay in.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Hamaspik Medicare Select.
- Look in section 5, page 22, to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of 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.

Additional Resources

- This document is available for free in Spanish, Braille
- Please contact our Member Services number at 1-888-426-2774 for additional information. (TTY users should call 711.) Hours are 8:00 am to 8:00 pm, October 1, 2022, through March 31, 2023. From April 1, 2023, through September 30, 2023, our Member Service Department will be available 8:00 am to 8:00 pm, Monday through Friday.
- This document is available for free in Spanish, 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 for more information.

About Hamaspik Medicare Select

- The plan also has a written agreement with the New York State Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Hamaspik, Inc. When it says "plan" or "our plan," it means Hamaspik Medicare Select.
- This document is available for free in Spanish. Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.
- This information is also available in alternate formats such as large print and Braille. Please call Member Service at the above numbers for more information.
- Hamaspik Medicare Select is an HMO D-SNP with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 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	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$0 premium	$0 premium
Deductible	$233 deductible If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	$233 deductible This amount may change for 2023. We will update this information when it becomes available. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.

Cost	2022 (this year)	2023 (next year)
Doctor office visits	**Primary care visits:** Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each primary care visit. **Specialist visits:** Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each specialist provider visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit. You do not need a referral or an authorization for services provided by a PCP or specialist.	**Primary care visits:** Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each primary care visit. **Specialist visits:** Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each specialist provider visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit. You do not need a referral or an authorization for services provided by a PCP or specialist.

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	Depending on your level of income and Medicaid eligibility, in 2022, you may pay the following amounts for each benefit period. • $0 or $1,556 deductible for each benefit period • Days 1-60: $0 coinsurance for each benefit period • Days 61-90: $0 or $389 coinsurance per day of each benefit period • Days 91 and beyond: $0 or $778 coinsurance per each "lifetime reserve day" (up to 60 days over your lifetime). If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0. Authorization is required except when the admission is the result of an emergency or urgent care services.	Depending on your level of income and Medicaid eligibility, in 2022, you may pay the following amounts for each benefit period. • $0 or $1,556 deductible for each benefit period • Days 1-60: $0 coinsurance for each benefit period • Days 61-90: $0 or $389 coinsurance per day of each benefit period • Days 91 and beyond: $0 or $778 coinsurance per each "lifetime reserve day" (up to 60 days over your lifetime). These amounts may change in 2023. We will update this information when it becomes available. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0. Authorization is required except when the admission is the result of an emergency or urgent care services.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	**Deductible:** $480 Copayment during the **Initial Coverage Stage:** **Note:** All covered prescription drugs are in a single Tier. Depending on your level of "extra help," you may pay $0 for your deductible, and the following amounts for your drugs: • Generic drugs: $0, or $1.35 copay, or $3.95 copay, or 15% coinsurance • Brand name drugs: $0, or $4.00 copay, or $9.85 copay, or 15% coinsurance.	**Deductible:** $505 Copayment during the **Initial Coverage Stage:** **Note:** All covered prescription drugs are in a single Tier. Depending on your level of "extra help," you may pay $0 for your deductible, and the following amounts for your drugs: • Generic drugs: $0, or $1.45 copay, or $4.15 copay, or 15% coinsurance • Brand name drugs: $0, or $4.30 copay, or $10.35 copay, or 15% coinsurance.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$7,550 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.	$8,300 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.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *Hamaspik Medicare Select* in 2023

If you do nothing in 2022, we will automatically enroll you in our *Hamaspik Medicare Select.* This means starting January 1, 2023, 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, 2023.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0 premium	$0 premium

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.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are eligible for Medicaid assistance with Part A and Part B copays, 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 copays and deductibles, if you are responsible for these costs) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$7,550	$8,300 Once you have paid $8,300 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.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at 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.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory 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 2023 Provider & Pharmacy Directory 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/Service	2022 (this year)	2023 (next year)
Acupuncture for Chronic Low Back Pain	Covered services include: Up to 12 visits in 90 days are covered for Medicare beneficiaries for chronic low back pain (as defined in your Evidence of Coverage). An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. In addition, you are covered for up to 12 acupuncture visits for other health conditions that are not included in the Medicare benefit described above.	Covered services include: Up to 12 visits in 90 days are covered for Medicare beneficiaries for chronic low back pain (as defined in your Evidence of Coverage). An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. The supplemental benefit of 12 acupuncture visits for other health conditions is not covered in 2023.

Cost/Service	2022 (this year)	2023 (next year)
Medicare Part B Prescription Drugs	These drugs are covered under Part B of Original Medicare, and they are covered by Hamaspik Medicare Select. The types of drugs covered in your Part B benefit are described in Chapter 4 of your Evidence of Coverage. Hamaspik Medicare Select offers step therapy for certain drugs and may review your drugs to determine if they are covered under your Part B or Part D benefits.	These drugs are covered under Part B of Original Medicare, and they are covered by Hamaspik Medicare Select. The types of drugs covered in your Part B benefit are described in Chapter 4 of your Evidence of Coverage, and these are not changing. In 2023, authorizations are required for Part B prescription drugs. Hamaspik Medicare Select also offers step therapy for certain drugs and may review your drugs to determine if they are covered under your Part B or Part D benefits.
Special Supplemental Benefits for Members with Chronic Illnesses-Healthy Food and Produce	Members are eligible for this benefit if they have three (3) or more chronic conditions, as listed in your Evidence of Coverage. Eligible members may use $40.00 per month of the total OTC benefit for the purchase of food and produce. The benefit is administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations. .	Members are eligible for this benefit if they have three (3) or more chronic conditions, as listed in your Evidence of Coverage. (There is no change to the members who are eligible for this benefit.) In 2023, eligible members may use $60.00 per month of the total OTC benefit for the purchase of food and produce. The benefit is administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.

Section 2.5 – Changes to Part D Prescription 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 available on our website at: www.hamaspik.com. You can also request a copy of the complete Drug List by calling Member Services (see the back cover).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**
Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

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.

Starting in 2023, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

This means, for instance, if you are taking a brand name drug that is being replaced, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to Prescription Drug 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.

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."

There are four "drug payment stages." The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible. Please note that if you receive "extra help" with your prescription drug costs, you will pay the amounts that are outlined on the next page (and in Chapter 6 of your Evidence of Coverage).

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** Tier 1 of your drugs until you have reached the yearly deductible.	The deductible is $480. Your deductible amount is either $0 or $480, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)	The deductible is $505. Your deductible amount is either $0 or $505, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)

Changes to Your Cost Sharing in the Initial Coverage Stage

All of your covered Part D drugs are included in a single tier. For drugs that are covered by Hamaspik Medicare Select, your cost sharing in the initial coverage stage is changing. Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage 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 **you pay your share of the cost.** The costs in this row are for a one-month (30 day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Depending on your level of "extra help," you may pay $0 for your deductible, and the following amounts for your drugs: • Generic drugs: $0, or $1.35 copay, or $3.95 copay, or 15% coinsurance • Brand name drugs: $0, or $4.00 copay, or $9.85 copay, or 15% coinsurance. **Note:** All covered prescription drugs are in a single Tier.	Depending on your level of "extra help," you may pay $0 for your deductible, and the following amounts for your drugs: • Generic drugs: $0, or $1.45 copay, or $4.15 copay, or 15% coinsurance • Brand name drugs: $0, or $4.30 copay, or $10.35 copay, or 15% coinsurance. **Note:** All covered prescription drugs are in a single Tier.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – 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, you will automatically be enrolled in our Hamaspik Medicare Select.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change for 2023, 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), read the *Medicare & You 2023* 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 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can 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, 2023.

If you recently moved into, currently live in, or just moved out of 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.

SECTION 5 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 State, the SHIP is called State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program. 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 the State Health Insurance Assistance Program at 1-800-701-0501.

You can learn more about the State Health Insurance Assistance Program] by visiting their website https://www.shiphelp.org/about-medicare/regional-ship-location/new-york.

For questions about your New York State 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. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

SECTION 6 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, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or 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 (applications).

- **Help from your state's pharmaceutical assistance program.** New York has a program called 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, or call EPIC. EPIC operates a toll-free Helpline which is available from 8:30AM to 5:00PM, Monday through Friday. Call 1-800 332-3742. (TTY users, call 1-800-290-9138.)
- **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 AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-542-2437.

SECTION 7 Questions?

Section 7.1 – Getting Help from Hamaspik Medicare Select

Questions? We're here to help. Please call Member Services at 1-888-426-2774. (TTY only, call 711.) We are available for phone calls Member Services is available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2022, through March 31, 2023. From April 1, 2023, through September 30, 2023, our Member Services Department will be available Monday through Friday, 8:00 am to 8:00 pm.

Read your *2023 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 2023. For details, look in the *2023 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. 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. 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 7.2 – 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). 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.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every 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 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.

Section 7.3 – Getting Help from Medicaid

To get information from New York State Medicaid, you can call the New York State Department of Health at 1-800-541-2831. TTY users, please call 711. The New York State Department of Health staff are available 8:30 a.m. to 4:45 p.m., Monday through Friday.

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 quí vị cần thông dịch viên xin gọi 1-888-426-2774 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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ございます。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)