

775 N. Main St. Spring Valley, NY 10977

855-552-4642 **3** www.hamaspik.com **8**

HAMASPIK MEDICARE SELECT (HMO D-SNP) New Member's Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 888-426-2774. TTY users should call 711. Our staff are available to assist you 7 days a week, from 8:00 am to 8:00 pm, October 1st througy March 31st. (Beginning April 1st each year, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.)

Understanding Your Benefits	
	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.hamaspik.com, or call the phone number listed above to view a copy of the EOC.
	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
<u>Understanding Important Rules</u>	
	You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. For individuals with Medicaid, this premium may be covered by your Medicaid benefits.
	Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
	Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
	This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
	Effect on Current Coverage. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.