

2009 Summary of Benefits

HAP Senior Plus – Henry Ford Health System Network H2312

Individual Plan 004

Individual Plan 009

Individual Plan 006

Wayne, Oakland and Macomb Counties, Michigan

January 1, 2009 – December 31, 2009



Summary of Benefits for HAP Senior Plus – HFHS Network January 1, 2009 – December 31, 2009 Southeastern Michigan (3 Counties)

Thank you for your interest in HAP Senior Plus - HFHS Network. Our plan is offered by HEALTH ALLIANCE PLAN OF MICHIGAN/ HAP Senior Plus, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call HAP Senior Plus - HFHS Network and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like HAP Senior Plus - HFHS Network. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call HAP Senior Plus - HFHS Network at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare HAP Senior Plus - HFHS Network and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

WHERE IS HAP SENIOR PLUS - HFHS NETWORK AVAILABLE?

The service area for these plans includes the following counties: Macomb, Oakland, Wayne Counties, MI. You must live in one of these places to join the plan.

WHO IS ELIGIBLE TO JOIN HAP SENIOR PLUS - HFHS NETWORK?

You can join HAP Senior Plus - HFHS Network if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in HAP Senior Plus - HFHS Network unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

HAP Senior Plus - HFHS Network has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.hap.org. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither HAP Senior Plus - HFHS Network nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

HAP Senior Plus - HFHS Network does cover Medicare Part B prescription drugs. Some HAP Senior Plus plans also cover Part D prescription drugs.

(Introduction continued on page 2)

Summary of Benefits for HAP Senior Plus – HFHS Network (continued)

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN ?

HAP Senior Plus - HFHS Network has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.hap.org/medicare. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

HAP Senior Plus - HFHS Network plans that include drug coverage use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.hap.org/medicare.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you enroll in a plan with drug coverage, and you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join a HAP Senior Plus - HFHS Network, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of HAP Senior Plus - HFHS Network, if you have elected Part D coverage, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at the pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer to members enrolled in a plan with prescription drug coverage. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact HAP Senior Plus - HFHS Network for more details.

Summary of Benefits for HAP Senior Plus – HFHS Network (continued)

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Outpatient prescription drugs that may be covered under Medicare Part B include, but are not limited to, the following types of drugs. Contact HAP Senior Plus - HFHS Network for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin** (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and infusion drugs** provided through DME.

Please call HAP Senior Plus - HFHS Network for more information about these plans.

Visit us at www.hap.org or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
8:00 a.m. - 8:00 p.m. Eastern

Current members should call toll-free (800)-801-1770 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program.

Prospective members should call toll free (800)-868-3153 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program.

Current members should call locally (313)-664-7015 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD (313)-664-8000)

Prospective members should call locally (800)-868-3153 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD (313)-664-8000)

For more information about Medicare, call **1-800-MEDICARE** (1-800-633-4227).
TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

IMPORTANT INFORMATION

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.00</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>\$47 monthly plan premium in addition to your monthly Medicare Part B premium.</p>
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

\$77 monthly plan premium in addition to your monthly Medicare Part B premium.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

\$35 monthly plan premium in addition to your monthly Medicare Part B premium.

In-Network

You must go to network doctors, specialists, and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

You may have to pay a separate copay for certain doctor office visits.

In-Network

You must go to network doctors, specialists, and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

You may have to pay a separate copay for certain doctor office visits.

SUMMARY OF BENEFITS

INPATIENT CARE

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period are: Days 1–60: \$1,068 deductible Days 61–90: \$267 per day Days 91–150: \$534 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network \$250 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p>In-Network \$250 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

In-Network

\$250 copay for each Medicare-covered hospital stay.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

In-Network

\$250 copay for each Medicare-covered hospital stay.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

\$250 copay for each Medicare-covered hospital stay.

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

\$250 copay for each Medicare-covered hospital stay.

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

SUMMARY OF BENEFITS

INPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	HAP SENIOR PLUS – HFHS NETWORK PLAN 004 Basic Medicare Prescription Drug Benefit
<p>5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>In-Network You must get care from a Medicare-certified hospice.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

In-Network

In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:

Days 1 - 20: \$0 per day

Days 21 - 100: \$133.50

You will not be charged additional cost sharing for professional services.

Plan covers up to 100 days each benefit period.

No prior hospital stay is required.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

In-Network

In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:

Days 1 - 20: \$0 per day

Days 21 - 100: \$133.50

You will not be charged additional cost sharing for professional services.

Plan covers up to 100 days each benefit period.

No prior hospital stay is required.

In-Network

\$0 copay for Medicare-covered home health visits.

In-Network

\$0 copay for Medicare-covered home health visits.

In-Network

You must get care from a Medicare-certified hospice.

In-Network

You must get care from a Medicare-certified hospice.

SUMMARY OF BENEFITS

OUTPATIENT CARE

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>8 - Doctor Office Visits</p>	<p>20% co-insurance</p>	<p>General See “Routine Physical Exams,” for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each urgent care visit for Medicare-covered benefits</p> <p>\$25 copay for each specialist visit for Medicare-covered benefits.</p>
<p>9 - Chiropractic Services</p>	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>
<p>10 - Podiatry Services</p>	<p>Routine care not covered.</p> <p>20% co-insurance for medically necessary foot care, including care for medical condition affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p>11 - Outpatient Mental Health Care</p>	<p>50% co-insurance for most outpatient mental health services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare-covered individual or group therapy visit.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

General

See “**Routine Physical Exams**,” for more information.

Authorization rules may apply.

In-Network

\$10 copay for each primary care doctor visit for Medicare-covered benefits.

\$30 copay for each urgent care visit for Medicare-covered benefits

\$25 copay for each specialist visit for Medicare-covered benefits.

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered individual or group therapy visit.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

General

See “**Routine Physical Exams**,” for more information.

Authorization rules may apply.

In-Network

\$10 copay for each primary care doctor visit for Medicare-covered benefits.

\$30 copay for each urgent care visit for Medicare-covered benefits

\$25 copay for each specialist visit for Medicare-covered benefits.

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered individual or group therapy visit.

SUMMARY OF BENEFITS

OUTPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>12 - Outpatient Substance Abuse Care</p>	<p>20% co-insurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered individual or group visits.</p>
<p>13 - Outpatient Surgery</p>	<p>20% co-insurance for the doctor</p> <p>20% of outpatient facility</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Additional facility charges apply.</p>
<p>14 - Ambulance Services (medically necessary ambulance services)</p>	<p>20% co-insurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p>
<p>15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% co-insurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In-Network \$50 for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage</p> <p>In- and Out-of-Network If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p>
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% co-insurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$30 for Medicare-covered urgently needed care visits.</p> <p>If you are immediately admitted to the hospital, you pay \$0 for the urgent care visit.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered individual or group visits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered ambulatory surgical center visit.

\$0 copay for each Medicare-covered outpatient hospital facility visit.

Additional facility charges apply.

General

Authorization rules may apply.

In-Network

\$50 copay for Medicare-covered ambulance benefits.

In-Network

\$50 for Medicare-covered emergency room visits.

Out-of-Network

Worldwide coverage

In- and Out-of-Network

If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.

General

\$30 for Medicare-covered urgently needed care visits.

If you are immediately admitted to the hospital, you pay \$0 for the urgent care visit.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered individual or group visits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered ambulatory surgical center visit.

\$0 copay for each Medicare-covered outpatient hospital facility visit.

Additional facility charges apply.

General

Authorization rules may apply.

In-Network

\$50 copay for Medicare-covered ambulance benefits.

In-Network

\$50 for Medicare-covered emergency room visits.

Out-of-Network

Worldwide coverage

In- and Out-of-Network

If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.

General

\$30 for Medicare-covered urgently needed care visits.

If you are immediately admitted to the hospital, you pay \$0 for the urgent care visit.

SUMMARY OF BENEFITS

OUTPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% co-insurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% co-insurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% co-insurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% co-insurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

General

Authorization rules may apply.

In-Network

\$15 copay for Medicare-covered Occupational Therapy visits.

\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

General

Authorization rules may apply.

In-Network

\$15 copay for Medicare-covered Occupational Therapy visits.

\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

General

Authorization rules may apply.

In-Network

\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

\$0 copay for Diabetes supplies.

General

Authorization rules may apply.

In-Network

\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

\$0 copay for Diabetes supplies.

SUMMARY OF BENEFITS

OUTPATIENT MEDICAL SERVICES AND SUPPLIES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% co-insurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Additional facility charges apply.</p>

PREVENTIVE SERVICES

<p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>20% co-insurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Additional facility charges apply.</p>
<p>23 - Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>20% co-insurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings</p> <p>\$0 copay for additional screenings</p> <p>Additional facility charges apply.</p> <p>No limit on the number of covered colorectal screenings.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered lab services.

\$0 copay for Medicare-covered diagnostic procedures and tests.

\$0 copay for Medicare-covered X-rays.

\$0 copay for Medicare-covered diagnostic radiology services.

\$0 copay for Medicare-covered therapeutic radiology services.

Additional facility charges apply.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered lab services.

\$0 copay for Medicare-covered diagnostic procedures and tests.

\$0 copay for Medicare-covered X-rays.

\$0 copay for Medicare-covered diagnostic radiology services.

\$0 copay for Medicare-covered therapeutic radiology services.

Additional facility charges apply.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered bone mass measurement.

Additional facility charges apply.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered bone mass measurement.

Additional facility charges apply.

In-Network

\$0 copay for Medicare-covered colorectal screenings

\$0 copay for additional screenings

Additional facility charges apply.

No limit on the number of covered colorectal screenings.

In-Network

\$0 copay for Medicare-covered colorectal screenings

\$0 copay for additional screenings

Additional facility charges apply.

No limit on the number of covered colorectal screenings.

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>24 - Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% co-insurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p>
<p>25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% co-insurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> - Medicare-covered screening mammograms, and - additional screening mammograms <p>No limit on the number of covered screening mammograms.</p>
<p>26 - Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% co-insurance for Pelvic Exams</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>\$0 copay additional pap smears and pelvic exams.</p> <p>Additional facility charges apply.</p> <p>No limit on the number of covered pap smears and pelvic exams.</p>
<p>27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% co-insurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% co-insurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>\$0 copay for additional screening(s).</p> <p>Additional facility charges apply.</p> <p>No limit on the number of covered prostate cancer screening.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

General

Authorization rules may apply.

In-Network

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

No referral needed for Flu and pneumonia vaccines.

In-Network

\$0 copay for

- Medicare-covered screening mammograms, and
- additional screening mammograms

No limit on the number of covered screening mammograms.

In-Network

\$0 copay for Medicare-covered pap smears and pelvic exams.

\$0 copay additional pap smears and pelvic exams.

Additional facility charges apply.

No limit on the number of covered pap smears and pelvic exams.

In-Network

\$0 copay for Medicare-covered prostate cancer screening.

\$0 copay for additional screening(s).

Additional facility charges apply.

No limit on the number of covered prostate cancer screening.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

General

Authorization rules may apply.

In-Network

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

No referral needed for Flu and pneumonia vaccines.

In-Network

\$0 copay for

- Medicare-covered screening mammograms, and
- additional screening mammograms

No limit on the number of covered screening mammograms.

In-Network

\$0 copay for Medicare-covered pap smears and pelvic exams.

\$0 copay additional pap smears and pelvic exams.

Additional facility charges apply.

No limit on the number of covered pap smears and pelvic exams.

In-Network

\$0 copay for Medicare-covered prostate cancer screening.

\$0 copay for additional screening(s).

Additional facility charges apply.

No limit on the number of covered prostate cancer screening.

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>28 - End Stage Renal Disease</p>	<p>20% co-insurance for dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End Stage Renal Disease.</p>
<p>29 - Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>DRUGS COVERED UNDER MEDICARE PART B</p> <p>General \$0 copay for Part B-covered drugs</p> <p>DRUGS COVERED UNDER MEDICARE PART D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at HYPERLINK "http://www.hap.org/medicare" www.hap.org/medicare on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

General

Authorization rules may apply.

In-Network

\$0 copay for renal dialysis.

\$0 copay for Nutrition Therapy for End Stage Renal Disease.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

General

Authorization rules may apply.

In-Network

\$0 copay for renal dialysis.

\$0 copay for Nutrition Therapy for End Stage Renal Disease.

DRUGS COVERED UNDER MEDICARE PART B

General

\$0 copay for Part B-covered drugs

DRUGS COVERED UNDER MEDICARE PART D

General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at [HYPERLINK "http://www.hap.org/medicare"](http://www.hap.org/medicare) www.hap.org/medicare on the web.

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service).

The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and the plan.

DRUGS COVERED UNDER MEDICARE PART B

General

Most drugs not covered.

\$0 copay for Part B-covered drugs

DRUGS COVERED UNDER MEDICARE PART D

General

This plan does not offer prescription drug coverage.

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>29 - Prescription Drugs (continued)</p>		<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from [Plan] for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible.</p> <p>INITIAL COVERAGE You pay the following until total yearly drug costs reach \$2,700:</p> <p>RETAIL PHARMACY</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$12.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$35 copay for a one-month (30-day) supply of drugs in this tier - \$87.50 copay for a three-month (90-day) supply of drugs in this tier

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from HAP Senior Plus for certain drugs.

The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.

You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

In-Network
\$0 deductible.

INITIAL COVERAGE

You pay the following until total yearly drug costs reach \$2,700:

RETAIL PHARMACY

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs in this tier
- \$5 copay for a three-month (90-day) supply of drugs in this tier

Tier 2

- \$35 copay for a one-month (30-day) supply of drugs in this tier
- \$87.50 copay for a three-month (90-day) supply of drugs in this tier

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>29 - Prescription Drugs (continued)</p>		<p>INITIAL COVERAGE, continued</p> <p>Tier 3</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$137.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$137.50 copay for a three-month (90-day) supply of drugs in this tier <p>LONG TERM CARE PHARMACY</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$35 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (31-day) supply of drugs in this tier <p>MAIL ORDER</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$12.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$87.50 copay for a three-month (90-day) supply of drugs in this tier

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

INITIAL COVERAGE, continued

Tier 3

- \$55 copay for a one-month (30-day) supply of drugs in this tier
- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

Tier 4

- \$55 copay for a one-month (30-day) supply of drugs in this tier
- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

LONG TERM CARE PHARMACY

Tier 1

- \$2 copay for a one-month (31-day) supply of drugs in this tier

Tier 2

- \$35 copay for a one-month (31-day) supply of drugs in this tier

Tier 3

- \$55 copay for a one-month (31-day) supply of drugs in this tier

Tier 4

- \$55 copay for a one-month (31-day) supply of drugs in this tier

MAIL ORDER

Tier 1

- \$5 copay for a three-month (90-day) supply of drugs in this tier

Tier 2

- \$87.50 copay for a three-month (90-day) supply of drugs in this tier

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>29 - Prescription Drugs (continued)</p>		<p>INITIAL COVERAGE, continued</p> <p>Tier 3 - \$137.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4 - \$137.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>COVERAGE GAP After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

INITIAL COVERAGE, continued

Tier 3

- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

Tier 4

- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

COVERAGE GAP

The plan covers all Preferred Generics and some Brands through the gap.

You pay the following:

RETAIL PHARMACY

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs in this tier
- \$5 copay for a three-month (90-day) supply of drugs in this tier

LONG TERM CARE PHARMACY

Tier 1

- \$2 copay for a one-month (31-day) supply of drugs in this tier

MAIL ORDER

Tier 1

- \$5 copay for a three-month (90-day) supply of drugs in this tier

For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>29 - Prescription Drugs (continued)</p>		<p>CATASTROPHIC COVERAGE After your total yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or - 5% co-insurance. <p>OUT-OF-NETWORK Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy.</p> <p>In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from HAP Senior Plus.</p> <p>OUT-OF-NETWORK INITIAL COVERAGE You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>OUT-OF-NETWORK PHARMACY</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$35 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

CATASTROPHIC COVERAGE

After your total yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:

- \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or
- 5% co-insurance.

OUT-OF-NETWORK

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy.

In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from HAP Senior Plus.

OUT-OF-NETWORK INITIAL COVERAGE

You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs in this tier

Tier 2

- \$35 copay for a one-month (30-day) supply of drugs in this tier

Tier 3

- \$55 copay for a one-month (30-day) supply of drugs in this tier

Tier 4

- \$55 copay for a one-month (30-day) supply of drugs in this tier

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>29 - Prescription Drugs (continued)</p>		<p>OUT-OF-NETWORK, continued</p> <p>OUT-OF-NETWORK COVERAGE GAP After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by HAP Senior Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HAP Senior Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>OUT-OF-NETWORK CATASTROPHIC COVERAGE After your total yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% co-insurance.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

OUT-OF-NETWORK, continued

OUT-OF-NETWORK COVERAGE GAP

This plan covers all Preferred Generics, some Brands through the gap.

You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs.

Tier 2

- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by HAP Senior Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HAP Senior Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Tier 3

- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by HAP Senior Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HAP Senior Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p style="text-align: center;">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p style="text-align: center;">Basic Medicare Prescription Drug Benefit</p>
<p>29 - Prescription Drugs (continued)</p>		
<p>30 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
<p>31 - Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% co-insurance for diagnostic hearing exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - routine hearing tests - up to 1 fitting-evaluation(s) for a hearing aid <p>\$0 copay for</p> <ul style="list-style-type: none"> - up to 1 inner-ear hearing aid(s) - up to 1 outer-ear hearing aid(s) - up to 1 over-the-ear hearing aid(s) <p>\$400 limit for hearing aids every year.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

OUT-OF-NETWORK, continued

Tier 4

- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by HAP Senior Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HAP Senior Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

OUT-OF-NETWORK CATASTROPHIC COVERAGE

After your total yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:

- \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or
- 5% co-insurance.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered dental benefits.

In general, preventive dental benefits (such as cleaning) not covered.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered dental benefits.

In general, preventive dental benefits (such as cleaning) not covered.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered diagnostic hearing exams.

\$0 copay for:

- routine hearing tests
- up to 1 fitting-evaluation(s) for a hearing aid

\$0 copay for

- up to 1 inner-ear hearing aid(s)
- up to 1 outer-ear hearing aid(s)
- up to 1 over-the-ear hearing aid(s)

\$400 limit for hearing aids every year.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered diagnostic hearing exams.

\$0 copay for:

- routine hearing tests
- up to 1 fitting-evaluation(s) for a hearing aid

\$0 copay for

- up to 1 inner-ear hearing aid(s)
- up to 1 outer-ear hearing aid(s)
- up to 1 over-the-ear hearing aid(s)

\$400 limit for hearing aids every year.

BENEFIT CATEGORY	ORIGINAL MEDICARE	<p align="center">HAP SENIOR PLUS – HFHS NETWORK PLAN 004</p> <p align="center">Basic Medicare Prescription Drug Benefit</p>
<p>32 - Vision Services</p>	<p>20% co-insurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses - up to 1 pair(s) of contacts <p>\$80 limit for eye wear</p>
<p>33 - Physical Exams</p>	<p>20% co-insurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>No limit on the number of covered exams.</p>
<p>34 - Health/Wellness Education</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Nutritional benefit - Smoking Cessation - Health Club Membership /Fitness Classes.
<p>35 - Transportation (Routine)</p>	<p>Not Covered</p>	<p>In-Network This plan does not cover routine transportation.</p>
<p>36 - Acupuncture</p>	<p>Not Covered</p>	<p>In-Network This plan does not cover Acupuncture.</p>

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 009**

**Enhanced
Medicare Prescription Drug Benefit**

In-Network

\$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams.

\$0 copay for:

- one pair of eyeglasses or contact lenses after cataract surgery
- up to 1 pair(s) of glasses
- up to 1 pair(s) of contacts

\$80 limit for eye wear

In-Network

\$0 copay for routine exams.

No limit on the number of covered exams.

General

Authorization rules may apply.

In-Network

This plan covers health/wellness education benefits.

- Written health education materials, including Newsletters
- Nutritional Training
- Nutritional benefit
- Smoking Cessation
- Health Club Membership /Fitness Classes

In-Network

This plan does not cover routine transportation.

In-Network

This plan does not cover Acupuncture.

**HAP SENIOR PLUS – HFHS NETWORK
PLAN 006**

No Medicare Prescription Drug Benefit

In-Network

\$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams.

\$0 copay for:

- one pair of eyeglasses or contact lenses after cataract surgery
- up to 1 pair(s) of glasses
- up to 1 pair(s) of contacts

\$80 limit for eye wear

In-Network

\$0 copay for routine exams.

No limit on the number of covered exams.

General

Authorization rules may apply.

In-Network

This plan covers health/wellness education benefits.

- Written health education materials, including Newsletters
- Nutritional Training
- Nutritional benefit
- Smoking Cessation
- Health Club Membership /Fitness Classes

In-Network

This plan does not cover routine transportation.

In-Network

This plan does not cover Acupuncture.

SUMMARY OF BENEFITS

OPTIONAL SUPPLEMENTAL PACKAGE #1

Premium and Other Important Information

General

Package: 1 – Delta Dental Option 1

\$23.10 monthly premium, in addition to your monthly plan premium and the monthly Medicare Part B premium for the following optional benefits:

- Dental Services

\$800 limit every year for these benefits

OPTIONAL SUPPLEMENTAL PACKAGE #2

Premium and Other Important Information

General

Package: 2 – Delta Dental Option 2

\$43.90 monthly premium, in addition to your monthly plan premium and the monthly Medicare Part B premium for the following optional benefits:

- Dental Services

\$1,500 limit every year for these benefits

Important Information About Your HAP Senior Plus Benefits



Why choose HAP Senior Plus?

HAP Senior Plus is offered by Health Alliance Plan (HAP) a non-profit Michigan based company that's been serving Medicare beneficiaries for 20 years. With HAP you'll have the peace of mind that comes from knowing you have a committed partner in your community.

A dedicated network

HAP Senior Plus is a Health Maintenance Organization (HMO) that brings together more than 8,000 physicians and specialists with more than 50 area hospitals

When you enroll in HAP Senior Plus, you select the option that best fits your budget and your needs:

- **HAP Senior Plus – Henry Ford Health System Network** serves people with Medicare who live in Wayne, Oakland and Macomb counties and who elect to use the Henry Ford Health System for their care.

The HFHS network operates as an Integrated Delivery System. Your Personal Care Physician (PCP) will coordinate your care and make arrangements for you, as necessary, to see other doctors and hospitals affiliated with his or her group practice.

- **HAP Senior Plus – Expanded Network** is one of the largest Medicare HMO networks in southeast Michigan, serving people who live in Wayne, Oakland, Macomb, Genesee, Lapeer, Livingston, Monroe, St. Clair, and Washtenaw counties. The Expanded Network plan has two delivery system options:

A. Integrated Delivery System - If your choice of Personal Care Physician (PCP) is part of the Henry Ford Medical Group (HFMG) or Detroit Medical Center (DMC), you will be part of an Integrated Delivery System. Your Personal Care Physician (PCP) will coordinate your care and make arrangements, as necessary, for you to see other doctors and hospitals affiliated with his or her group practice.

B. Open Delivery System - All other providers and hospitals in the HAP Senior Plus - Expanded Network operate as an Open Delivery System. Your Personal Care Physician (PCP) will still coordinate your care, but you may seek needed care from any HAP contracted specialist, and you may use any HAP contracted hospital.

Responsive customer service

When you become a HAP Senior Plus member, you will receive personal and professional attention. During the first two years, you'll have one person you can call – your Personal Service Coordinator – who can explain plan details, answer questions, and assist in finding any resources you may need. In the years that follow, call any of our experienced Customer Service Representatives whenever you need extra assistance or information.

A committed partner

When you join HAP Senior Plus, you choose your Personal Care Physician (known as a PCP) from our broad network. Your PCP is your primary health partner, a physician who knows your medical history, guides you to the right specialty services you need, and coordinates all your care to help assure you get the care you need and treatment is coordinated across different specialties.

What do the experts think?

HAP is accredited by the National Committee for Quality Assurance (NCQA). NCQA is an independent non-profit organization whose mission is to evaluate and report on the quality of the nation's Managed Care Organizations. NCQA is the leading health plan accreditation organization in the country. HAP has received Excellent ratings from NCQA for its Medicare Advantage HMO since 2004.

Important Information About Your HAP Senior Plus Benefits



Rich benefits and affordable, fixed, out-of-pocket costs

HAP Senior Plus offers quality health care with affordable premiums and a combination of benefits designed to meet your needs, including:

- Your choice of prescription drug coverage
- Hospitalization
- Skilled nursing care and home health benefits
- Doctor office visits
- Physical, occupational, and speech therapy
- Routine eye exams and eyeglasses (subject to limitations)
- Routine hearing exams with up to \$400 per year for standard hearing aids
- Worldwide emergency and urgent care coverage

Details about each of these benefits are provided in the previous section of this document. We also offer the following:

- A new flexible health options benefit – up to \$20 per month or (\$240 annually)
- Optional dental benefits (for a low additional cost)

See below for more details about these benefits

Procedures in an Ambulatory Surgery or Hospital Outpatient Facility

Benefits for services provided in an ambulatory surgery or hospital outpatient facility include coverage for a wide range of procedures in addition to outpatient surgery.

For some procedures, you pay a \$50 facility copay. No additional copay is charged for pre-test or post-procedure check ups. As an example, a regular diagnostic colonoscopy, might cost \$1,500 - \$1,800 for the physician, anesthesiologist, and facility.¹ With HAP Senior Plus you pay only a \$50 facility copay.

For the following procedures, if provided in one of these settings, you pay \$25 per visit: Renal dialysis, chemotherapy, or radiation therapy.

There are no copays for traditional film x-rays and mammograms, even if they are provided in an outpatient facility setting.

An open door to healthy living plus a new flexible health options benefit!

Good health makes it possible for you to do the things you want to do.

Because HAP believes that preventive services are critical to good health, HAP Senior Plus does not limit the number of routine physical exams conducted by your Personal Care Physician. HAP also places no limits on certain medically appropriate preventive services, including screening mammograms, pap smears, pelvic exams, bone mass measurements, colorectal screening exams, and prostate cancer screening exams.

Immunizations are an important part of good health. For this reason, HAP covers all medically appropriate immunizations at no additional cost to you (the doctor office visit copay may apply). These immunizations include, but are not limited to, flu shots, pneumonia vaccine, Hepatitis B vaccine, and Tetanus vaccine.

As part of our commitment to preventive services, HAP encourages you to take an active role in protecting your health by learning all you can about wellness and prevention and any medical condition you may have. Nutritional Training and Smoking Cessation Assistance are available at no cost to HAP Senior Plus members.

As a member of HAP Senior Plus, you can take advantage of our **flexible health options benefit**. Members receive a benefit of up to \$20 monthly* (\$240 annually) toward the cost of the following membership, service, or program:

- Choose activities you enjoy — fitness classes, aerobics, swimming, yoga, Tai Chi, weight training, or something else that's fun for you through membership at any gym, fitness facility or health club. If you travel, just choose an organization that has facilities anywhere in the U.S. — or worldwide.
- Choose the weight management program you that will work for you — membership in a qualified program, such as Weight Watchers®, LA Weight Loss® or Jenny Craig®
- Choose health services that you prefer — chiropractic services (not otherwise covered by Medicare) or even acupuncture.

**Unused amounts cannot be carried over month to month*

¹Actual amount billed to HAP in 2008

Important Information About Your HAP Senior Plus Benefits



What prescription drug coverage works best for you?

The Summary of Benefits chart describes two different Medicare Part D prescription drug plans, from which you can choose. If you have coverage through another qualifying program such as the Veterans Administration, you can select one of our medical plans without prescription coverage.

	BASIC COVERAGE	ENHANCED COVERAGE
Deductible	\$0	\$0
Initial Coverage Limit	\$2,700	\$2,700
Copays	\$5 / \$35 / \$55	\$2 / \$35 / \$55
Coverage Gap (donut hole)	HAP negotiated rates	\$2 generics HAP negotiated rates on all other drugs
Catastrophic Coverage	\$2.40/\$6.00 or 5% whichever is greater	

**see Section 29 of the Summary of Benefits chart for details*

With more than 2,000 pharmacies in our network – including nationwide chains that contract with HAP, such as Walgreens and Kmart, you're sure to find one or more that are convenient for you.

Is dental coverage important to you?

Good oral and dental health is important to overall health and quality of life. Our optional dental coverage can help reduce your out-of-pocket costs for dental services and protect against unexpected expenses. You can go to any dentist you want. Generally, your costs will be lower if you choose a dentist within our network. The following chart summarizes some of the key plan benefits you can receive with our dental coverage:

Optional Dental Premium	\$23.10/month	\$43.90 /month
	DELTA DENTAL 1 Member Pays	DELTA DENTAL 2 Member Pays
Deductible	\$0	\$0
Diagnostic and preventive services	50%	0%
Emergency pain treatment	50%	0%
X-rays	50%	30%
Oral surgery services	50%	30%
Fillings & other restorative services	50%	30%
Crowns & other major restorative services	50%	50%
	DELTA DENTAL 1 Plan Pays	DELTA DENTAL 2 Plan Pays
Yearly maximum for all covered services	\$800	\$1,500

IMPORTANT FACTS ABOUT HAP SENIOR PLUS

Am I eligible?

You can join HAP Senior Plus if you're enrolled in Medicare Part A and Part B, and living within the plan's service area (see page 1). You must continue to pay your Part B premium after you enroll, if it's not paid for by Medicaid or another third party.

Am I covered when I travel?

Yes. As a member of HAP Senior Plus, you are covered for **emergencies and urgent care** whenever you travel – worldwide. You are also covered for out-of-area renal dialysis. For all other routine care, you must use providers within our network. Neither HAP nor Original Medicare will pay for routine out-of-network services. If you choose a plan with prescription drug coverage, you can go to any pharmacy in our nationwide network; or you can use our mail-order service to have your prescriptions delivered. Except in an emergency or other non-routine situation, there is no coverage for drugs purchased at a non-network pharmacy.

Can I choose my own doctor?

Yes, the choice is yours. You select your Personal Care Physician (PCP) from one of the largest Medicare Advantage networks in southeast Michigan, so chances are your doctor is already part of our network. If not, give us a call, and we'll talk with your doctor about joining our network.

If You Are Not Already a Member, Call today.

To enroll in our Medicare plan, you can use one of the following five options:

1. Call a HAP Medicare plan representative at:

Toll-free at (800) 868-3153
TDD (313) 664-8000

Monday through Friday, 8:30 a.m. to 5:00 p.m.

- 2. Mail a completed enrollment form to HAP Medicare Division, 2850 West Grand Boulevard, Detroit, MI 48202**
- 3. Enroll online at the HAP Web site at www.hap.org/medicare**
- 4. Enroll online through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov**
- 5. Come to a HAP Medicare workshop** where you can talk with other Medicare beneficiaries. A Medicare sales representative will be available to assist you. Call us for dates and locations near you. For accommodations of persons with special needs, call (800) 449-1515 Monday through Friday, 8:00 a.m. to 6:00 p.m.

**We look forward to welcoming you as
a member of HAP Senior Plus.**

Medicare
Solutions
powered by 