

# ***HAP Senior Plus Option 4 (PPO) offered by Alliance Health and Life Insurance Company***

## **Annual Notice of Changes for 2022**

You are currently enrolled as a member of *HAP Senior Plus Option 4*. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### **What to do now**

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

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 2.1, 2.2 and 2.5 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2022 Drug List and look in Section 2.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second

Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
    - Are your doctors, including specialists you see regularly, in our network?
    - What about the hospitals or other providers you use?
    - Look in Section 2.3 for information about our *Provider Directory*.
  - Think about your overall health care costs.
    - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
    - How much will you spend on your premium and deductibles?
    - How do your total plan costs compare to other Medicare coverage options?
  - 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 personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
    - Review the list in the back of your *Medicare & You 2022* handbook.
    - Look in Section 4.2 to learn more about your choices.
  - 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, 2021, you will be enrolled in *HAP Senior Plus Option 4*.
  - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 4. ENROLL:** To change plans, join a plan between **October 15 and December 7, 2021**
- If you don't join another plan by **December 7, 2021**, you will be enrolled in *HAP Senior Plus Option 4*.
  - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

## **Additional Resources**

- Please contact our Customer Service number at (888) 658-2536 for additional information. (TTY users should call 711.) Hours are April 1<sup>st</sup> through September 30<sup>th</sup>: Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup>: Seven days a week, 8 a.m. to 8 p.m. Prescription drug benefit related calls: Available 24 hours a day, seven days a week.
- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 8.1 of this booklet).
- This booklet is available in alternate formats such as large print or audio.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## **About HAP Senior Plus Option 4**

- HAP Senior Plus (PPO) is a health plan with a Medicare contract. Enrollment depends on contract renewal. HAP Senior Plus (PPO) is a product of Alliance Health and Life Insurance company, a wholly owned subsidiary of HAP.
  - When this booklet says “we,” “us,” or “our,” it means *Health Alliance Plan (HAP)*. When it says “plan” or “our plan,” it means *HAP Senior Plus Option 4*.
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## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for *HAP Senior Plus Option 4 (PPO)* in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.hap.org/medicare](http://www.hap.org/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

| Cost                                                                                                                                                                      | 2021 (this year)                                                                                                                                                                                                                                             | 2022 (next year)                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>*Your premium may be higher or lower than this amount.<br>See Section 2.1 for details.                                                    | \$200                                                                                                                                                                                                                                                        | \$200                                                                                                                                                                                                                                                       |
| <b>Deductible</b>                                                                                                                                                         | \$0                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                         |
| <b>Maximum out-of-pocket amounts</b><br>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.<br>(See Section 2.2 for details.) | From network providers:<br>\$4,000<br><br>From network and out-of-network providers combined:<br>\$6,100                                                                                                                                                     | From network providers:<br>\$4,000<br><br>From network and out-of-network providers combined:<br>\$6,100                                                                                                                                                    |
| <b>Doctor office visits</b>                                                                                                                                               | <b>In-Network</b><br>Primary care visits:<br>\$10 Copay per visit<br><br>Specialist visits:<br>\$30 Copay per visit<br><br><b>Out-of-Network</b><br>Primary care visits:<br>20% Coinsurance per visit<br><br>Specialist visits:<br>20% Coinsurance per visit | <b>In-Network</b><br>Primary care visits:<br>\$5 Copay per visit<br><br>Specialist visits:<br>\$30 Copay per visit<br><br><b>Out-of-network</b><br>Primary care visits:<br>20% Coinsurance per visit<br><br>Specialist visits:<br>20% Coinsurance per visit |

| Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2021 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2022 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>                                                                                                                                                                                                                                                                                                                                                             | <p><b>In-Network</b></p> <p>\$135 Copay per day for days 1- 7</p> <p>\$0 Copay per day for days 8- 90</p> <p><b>Out-of-Network</b></p> <p>You pay 20% Coinsurance per admission</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>In-Network</b></p> <p>\$145 Copay per day for days 1 - 7</p> <p>\$0 Copay per day for days 8 - 90</p> <p><b>Out-of-Network</b></p> <p>You pay 20% Coinsurance per admission</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Part D prescription drug coverage</b></p> <p>(See Section 2.6 for details.)</p> <p>To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the symbol "SSM" in the Drug List. Refer to the formulary at <a href="http://www.hap.org/medicare/member-resources/prescriptions/formulary-drug-list">www.hap.org/medicare/member-resources/prescriptions/formulary-drug-list</a> for additional information about the SSM. If you have questions about the Drug List, you can also call Customer Service (phone numbers are printed on the back cover of this booklet). You pay \$20 to \$25 for Select Insulins.</p> | <p>Deductible: \$0</p> <p>Copays/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1:<br/><i>Standard cost sharing: \$7</i><br/><i>Preferred cost sharing: \$0</i></li> <li>• Drug Tier 2:<br/><i>Standard cost sharing: \$15</i><br/><i>Preferred cost sharing: \$10</i></li> <li>• Drug Tier 3:<br/><i>Standard cost sharing: \$47</i><br/><i>Preferred cost sharing: \$42</i></li> <li>• Drug Tier 4:<br/><i>Standard cost sharing: 50%</i><br/><i>Preferred cost sharing: 48%</i></li> <li>• Drug Tier 5:<br/><i>Standard cost sharing: 33%</i><br/><i>Preferred cost sharing: 33%</i></li> <li>• Drug Tier 6:<br/><i>Standard cost sharing: \$0</i><br/><i>Preferred cost sharing: \$0</i></li> </ul> | <p>Deductible: \$0</p> <p>Copays/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1:<br/><i>Standard cost sharing: \$7</i><br/><i>Preferred cost sharing: \$0</i></li> <li>• Drug Tier 2:<br/><i>Standard cost sharing: \$15</i><br/><i>Preferred cost sharing: \$10</i></li> <li>• Drug Tier 3:<br/><i>Standard cost sharing: \$47</i><br/><i>Preferred cost sharing: \$42</i></li> <li>• Drug Tier 4:<br/><i>Standard cost sharing: 50%</i><br/><i>Preferred cost sharing: 48%</i></li> <li>• Drug Tier 5:<br/><i>Standard cost sharing: 33%</i><br/><i>Preferred cost sharing: 33%</i></li> <li>• Drug Tier 6:<br/><i>Standard cost sharing: \$0</i><br/><i>Preferred cost sharing: \$0</i></li> </ul> |

## ***Annual Notice of Changes for 2022***

### **Table of Contents**

|                                                                                                                                          |           |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Summary of Important Costs for 2022 .....</b>                                                                                         | <b>1</b>  |
| <b>SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled<br/>in <i>HAP Senior Plus Option 4</i> in 2022 .....</b> | <b>4</b>  |
| <b>SECTION 2 Changes to Benefits and Costs for Next Year .....</b>                                                                       | <b>4</b>  |
| Section 2.1 – Changes to the Monthly Premium .....                                                                                       | 4         |
| Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts.....                                                                         | 5         |
| Section 2.3 – Changes to the Provider Network.....                                                                                       | 6         |
| Section 2.4 – Changes to the Pharmacy Network.....                                                                                       | 7         |
| Section 2.5 – Changes to Benefits and Costs for Medical Services .....                                                                   | 7         |
| Section 2.6 – Changes to Part D Prescription Drug Coverage .....                                                                         | 14        |
| <b>SECTION 3 Administrative Changes .....</b>                                                                                            | <b>17</b> |
| <b>SECTION 4 Deciding Which Plan to Choose.....</b>                                                                                      | <b>17</b> |
| Section 4.1 – If you want to stay in <i>HAP Senior Plus Option 4</i> .....                                                               | 17        |
| Section 4.2 – If you want to change plans .....                                                                                          | 18        |
| <b>SECTION 5 Deadline for Changing Plans.....</b>                                                                                        | <b>19</b> |
| <b>SECTION 6 Programs That Offer Free Counseling about Medicare .....</b>                                                                | <b>19</b> |
| <b>SECTION 7 Programs That Help Pay for Prescription Drugs .....</b>                                                                     | <b>19</b> |
| <b>SECTION 8 Questions? .....</b>                                                                                                        | <b>20</b> |
| Section 8.1 – Getting Help from <i>HAP Senior Plus Option 4</i> .....                                                                    | 20        |
| Section 8.2 – Getting Help from Medicare.....                                                                                            | 21        |

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *HAP Senior Plus Option 4* in 2022

If you do nothing to change your Medicare coverage by December 7, 2021, we will automatically enroll you in our *HAP Senior Plus Option 4*. This means starting January 1, 2022, you will be getting your medical and prescription drug coverage through *HAP Senior Plus Option 4*. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in *HAP Senior Plus Option 4* and the benefits you will have on January 1, 2022, as a member of *HAP Senior Plus Option 4*.

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

### Section 2.1 – Changes to the Monthly Premium

| Cost                                                                                    | 2021 (this year)                                         | 2022 (next year)                                     |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$200                                                    | \$200                                                |
| <b>Optional dental plan monthly premium</b>                                             | Delta Dental Plan 25<br>Member Pays<br>\$19.00 per month | Delta Dental 25 is discontinued                      |
|                                                                                         | Delta Dental Plan 50<br>Member Pays<br>\$21.00 per month | Delta Dental 50<br>Member Pays<br>\$18.00 per month  |
|                                                                                         | Delta Dental Plan 70<br>Member Pays<br>\$40.80 per month | Delta Dental 70<br>Member Pays<br>\$35.60 per month  |
|                                                                                         | Delta Dental 100 was not offered                         | Delta Dental 100<br>Member Pays<br>\$47.30 per month |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.

- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

| Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2021 (this year) | 2022 (next year)                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.</p> <p>Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> <p>If you choose an optional supplemental dental plan, your plan premium and your costs for services also do not count toward your maximum out-of-pocket amount.</p> | \$4,000          | <p>\$4,000</p> <p>Once you have paid \$4,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>                   |
| <p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>                                                                                                                                | \$6,100          | <p>\$6,100</p> <p>Once you have paid \$6,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p> |



| Cost                                                                                                                                                                                                                                                                                                                                 | 2021 (this year) | 2022 (next year) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| <p><b>Combined maximum out-of-pocket amount (continued)</b></p> <p>Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> <p>If you choose an optional supplemental dental plan, your plan premium and your costs for services also do not count toward your maximum out-of-pocket amount.</p> |                  |                  |

## Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at [hap.providerlookuponlinesearch.com/search](http://hap.providerlookuponlinesearch.com/search). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

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## Section 2.4 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network has changed more than usual for 2022. An updated *Pharmacy Directory* is located on our website at [hap.providerlookuponlinesearch.com/search](http://hap.providerlookuponlinesearch.com/search). You may also call Customer Service for updated provider information or to ask us to mail you a *Pharmacy Directory*. **We strongly suggest that you review our current *Pharmacy Directory* to see if your pharmacy is still in our network.**

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## Section 2.5 – Changes to Benefits and Costs for Medical Services

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We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

### Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

| Cost                                                                                                      | 2021 (this year)                                                                                                                                                                                                                                                                                                                                              | 2022 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><i>Acupuncture Services</i></b></p> <p>Limited to 20 visits per year for chronic low back pain.</p> | <p><b>In-Network:</b></p> <p>You pay a \$10 copay for primary care physician acupuncture services per visit.</p> <p>You pay a \$30 copay for specialist physician acupuncture services or other health care professional acupuncture services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for acupuncture services per visit.</p> | <p><b>In-Network:</b></p> <p>You pay a \$5 copay for primary care physician acupuncture services per visit.</p> <p>You pay a \$30 copay for specialist physician acupuncture services or other health care professional acupuncture services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for acupuncture services per visit.</p>                                                                                                                                                                                                                                                            |
| <p><b><i>Ambulance Services</i></b></p>                                                                   | <p><b>In-Network:</b></p> <p>You pay a \$150 copay for ambulance services per trip.</p> <p>The Community Paramedics Program is <u>not</u> covered.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for ambulance services per trip.</p>                                                                                                          | <p><b>In-Network:</b></p> <p>You pay a \$175 copay for ambulance services per trip.</p> <p>HAP participates in a Community Paramedics Program that allows you an alternate treatment destination or the option to receive treatment in place instead of an unnecessary transport to the emergency room, in specific counties where paramedics are participating. The ideal site of care for you will be chosen and this includes care provided at the site of the 911 call by paramedics. The paramedics will treat, triage and transport as needed, and the appropriate copay will apply. A 911 call that does not</p> |

| Cost                                                           | 2021 (this year)                                                                                                                                                           | 2022 (next year)                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                                                                            | <p>require transport may be billed as a covered service instead of an ER copay. An ambulance copay will still apply for all 911 calls regardless of transport.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for ambulance services per trip.</p>                                                                                                                    |
| <p><b><i>Ambulatory Surgical Center (ASC) Services</i></b></p> | <p><b>In-Network:</b></p> <p>You pay a \$75 copay for ASC services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for ASC services per visit.</p> | <p><b>In-Network:</b></p> <p>You pay a \$95 copay for ASC services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for ASC services per visit.</p>                                                                                                                                                                                                          |
| <p><b><i>Companion Care</i></b></p>                            | <p>Companion care is <u>not</u> covered.</p>                                                                                                                               | <p>You pay nothing for companion care for loneliness and social isolation. Limited to 8 hours per month of in-home support services. Must use NationsCare. For more information, please call NationsBenefits toll-free at 1-877-484-7977, 24 hours a day, 7 days a week or visit their website at <a href="http://www.nationsbenefits.com/hap">www.nationsbenefits.com/hap</a>.</p> |
| <p><b><i>Dental Services</i></b></p>                           | <p>Must use a Delta Dental provider.</p> <p><u>Preventive Services</u></p> <p>Fluoride treatments, periodontal maintenance or</p>                                          | <p>Must use a Delta Dental provider.</p> <p><u>Preventive Services</u></p> <p>Fluoride treatments, periodontal maintenance and full mouth x-rays are covered.</p>                                                                                                                                                                                                                   |

| Cost                                      | 2021 (this year)                                                                                                                                             | 2022 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | <p>full mouth x-rays are <u>not</u> covered.</p> <p><u>Comprehensive Services</u></p> <p>Crown repairs, fillings, or root canals are <u>not</u> covered.</p> | <p><u>Comprehensive Services</u></p> <p>You pay 50% coinsurance for crown repairs, fillings, and root canals. Limited to \$1,000 yearly maximum.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b><i>Digital Diabetes Management</i></b> | <p>Digital diabetes management when provided by Livongo is <u>not</u> covered.</p>                                                                           | <p>You pay nothing for digital diabetes management when provided by Livongo.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><i>Home Health Care Services</i></b>   | <p>The Mobile Integrated Health (MIH) Program is <u>not</u> covered.</p>                                                                                     | <p>HAP participates in a Mobile Integrated Health (MIH) Program through the Henry Ford Health System that supports members by providing in-home care as an alternative to an emergency department visit or hospital re-admission based on a member’s clinical need. The program is targeted to members who have a high probability of hospital re-admission, post-discharge. Eligible members are pre-identified for this program based on risk score, and/or risk for re-admission. Outreach will be done to eligible members to enroll them in the voluntary MIH program. Once enrolled, MIH paramedics, under the direction of a Henry Ford Health System physician, will perform at least 2 home visits over 30 days to provide a number of services that</p> |

| Cost                                                                            | 2021 (this year)                                                                                                                                                                                                                                            | 2022 (next year)                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                 |                                                                                                                                                                                                                                                             | address specific health care needs that traditionally require emergency medical services (EMS), emergency department (ED) care, or hospital admission.                                                                                                      |
| <b><i>Inpatient Hospital Stays</i></b>                                          | <p><b>In-Network:</b><br/>You pay a \$135 copay per day for days 1-7.</p> <p><b>Out-of-Network:</b><br/>You pay 20% coinsurance per day for days 1-7.</p>                                                                                                   | <p><b>In-Network:</b><br/>You pay a \$145 copay per day for days 1-7.</p> <p><b>Out-of-Network:</b><br/>You pay 20% coinsurance per day for days 1-7.</p>                                                                                                   |
| <b><i>Outpatient diagnostic tests and therapeutic services and supplies</i></b> | <p><b>In-Network:</b><br/>You pay a \$100 copay for allergy testing per visit.</p> <p><b>Out-of-Network:</b><br/>You pay 20% coinsurance for allergy testing per visit.</p>                                                                                 | <p><b>In-Network:</b><br/>You pay nothing for allergy testing per visit.</p> <p><b>Out-of-Network:</b><br/>You pay nothing for allergy testing per visit.</p>                                                                                               |
| <b><i>Outpatient Hospital and Outpatient Observation Services</i></b>           | <p><b>In-Network:</b><br/>You pay a \$160 copay for outpatient hospital and outpatient observation services per visit.</p> <p><b>Out-of-Network:</b><br/>You pay 20% coinsurance for outpatient hospital and outpatient observation services per visit.</p> | <p><b>In-Network:</b><br/>You pay a \$175 copay for outpatient hospital and outpatient observation services per visit.</p> <p><b>Out-of-Network:</b><br/>You pay 20% coinsurance for outpatient hospital and outpatient observation services per visit.</p> |
| <b><i>Outpatient Mental Health, Substance Abuse, or</i></b>                     | <b>In-Network:</b>                                                                                                                                                                                                                                          | <b>In-Network:</b>                                                                                                                                                                                                                                          |

| Cost                                                              | 2021 (this year)                                                                                                                                                                      | 2022 (next year)                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Psychiatric Services (includes telehealth visits)</i></b>   | <p>You pay a \$10 copay for outpatient mental health, substance abuse, or psychiatric services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance per visit.</p> | <p>You pay a \$5 copay for outpatient mental health, substance abuse, or psychiatric services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance per visit.</p>                                                                                            |
| <b><i>Partial Hospitalization</i></b>                             | <p><b>In-Network:</b></p> <p>You pay a \$40 copay for partial hospitalization.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for partial hospitalization.</p>          | <p><b>In-Network:</b></p> <p>You pay a \$55 copay for partial hospitalization.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for partial hospitalization.</p>                                                                                                    |
| <b><i>Personal Emergency Response System (PERS)</i></b>           | <p>PERS is <u>not</u> covered.</p>                                                                                                                                                    | <p>You pay nothing for PERS. Must use NationsResponse. For more information, please call NationsBenefits toll-free at 1-877-484-7977, 24 hours a day, 7 days a week or visit their website at <a href="http://www.nationsbenefits.com/hap">www.nationsbenefits.com/hap</a>.</p> |
| <b><i>Primary Care Physician (Includes Telehealth Visits)</i></b> | <p><b>In-Network:</b></p> <p>You pay a \$10 copay for primary physician services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance per visit.</p>               | <p><b>In-Network:</b></p> <p>You pay a \$5 copay for primary physician services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance per visit.</p>                                                                                                          |
| <b><i>Pulmonary Rehabilitation Services</i></b>                   | <p><b>In-Network:</b></p>                                                                                                                                                             | <p><b>In-Network:</b></p>                                                                                                                                                                                                                                                       |

| Cost                                                                                                            | 2021 (this year)                                                                                                                                                                           | 2022 (next year)                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                 | <p>You pay a \$10 copay for pulmonary rehabilitation services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for pulmonary rehabilitation services per visit.</p> | <p>You pay nothing for pulmonary rehabilitation services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for pulmonary rehabilitation services per visit.</p>                                                                                           |
| <p><b><i>Skilled Nursing Facility (SNF)</i></b></p>                                                             | <p><b>In-Network:</b></p> <p>You pay a \$184 copay for days 21-100 for SNF care.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for days 21-100 for SNF care.</p>            | <p><b>In-Network:</b></p> <p>You pay a \$188 copay for days 21-100 for SNF care.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for days 21-100 for SNF care.</p>                                                                                                 |
| <p><b><i>Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</i></b></p> | <p><b>In-Network:</b></p> <p>You pay a \$10 copay for SET services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for SET services per visit.</p>                 | <p><b>In-Network:</b></p> <p>You pay nothing for SET services per visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for SET services per visit.</p>                                                                                                           |
| <p><b><i>Transportation Services</i></b></p>                                                                    | <p>Transportation services are <u>not</u> covered.</p>                                                                                                                                     | <p>You pay nothing for transportation services. Limited to 24 one-way trips per year. Please contact HAP Customer Service for information on how to arrange transportation. They will confirm your benefits and guide you to the transportation provider to plan your trip.</p> |
| <p><b><i>Urgently Needed Services</i></b></p>                                                                   | <p><b>In-Network or Out-of-Network:</b></p>                                                                                                                                                | <p><b>In-Network or Out-of-Network:</b></p>                                                                                                                                                                                                                                     |



| Cost | 2021 (this year)                                         | 2022 (next year)                                         |
|------|----------------------------------------------------------|----------------------------------------------------------|
|      | You pay a \$65 copay for urgent care services per visit. | You pay a \$55 copay for urgent care services per visit. |

## Section 2.6 – 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 provided electronically.

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.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have already been approved to receive a medication, your approval is valid through the date listed on your approval letter. Most exceptions are approved for 1 year, although some are only approved through the end of the calendar year.

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.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you 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. Because you receive “Extra Help” if you haven’t received this insert by September 30, 2021, please call Customer Service and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year 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. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at [www.hap.org/medicare](http://www.hap.org/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

| Stage                                   | 2021 (this year)                                                         | 2022 (next year)                                                         |
|-----------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Stage 1: Yearly Deductible Stage</b> | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

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

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

| Stage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2021 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2022 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> <p>You pay \$20 to \$25 for Select Insulins.</p> <p><b>Stage 2: Initial Coverage Stage (continued)</b></p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Preferred Generics:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$7 per prescription.<br/> <i>Preferred cost sharing:</i><br/>                     You pay \$0 per prescription</p> <p><b>Generics:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$15 per prescription.<br/> <i>Preferred cost sharing:</i><br/>                     You pay \$10 per prescription</p> <p><b>Preferred Brand:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$47 per prescription.<br/> <i>Preferred cost sharing:</i><br/>                     You pay \$42 per prescription</p> <p><b>Non-Preferred Drug:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay 50% of the total cost.<br/> <i>Preferred cost sharing:</i><br/>                     You pay 48% of the total cost</p> <p><b>Specialty Tier:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay 33% of the total cost.<br/> <i>Preferred cost sharing:</i><br/>                     You pay 33% of the total cost</p> <p><b>Select Care Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$0 per prescription</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Preferred Generics:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$7 per prescription.<br/> <i>Preferred cost sharing:</i><br/>                     You pay \$0 per prescription</p> <p><b>Generics:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$15 per prescription.<br/> <i>Preferred cost sharing:</i><br/>                     You pay \$10 per prescription</p> <p><b>Preferred Brand:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$47 per prescription.<br/> <i>Preferred cost sharing:</i><br/>                     You pay \$42 per prescription</p> <p><b>Non-Preferred Drug:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay 50% of the total cost.<br/> <i>Preferred cost sharing:</i><br/>                     You pay 48% of the total cost</p> <p><b>Specialty Tier:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay 33% of the total cost.<br/> <i>Preferred cost sharing:</i><br/>                     You pay 33% of the total cost</p> <p><b>Select Care Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$0 per prescription</p> |

| Stage | 2021 (this year)                                                                                                                                                                         | 2022 (next year)                                                                                                                                                                         |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | <p><i>Preferred cost sharing:</i><br/>You pay \$0 per prescription</p> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p> | <p><i>Preferred cost sharing:</i><br/>You pay \$0 per prescription</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> |

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

*HAP Senior Plus Option 4* offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$20 to \$25.

Also, during the Coverage Gap stage your Select Care (Tier 6) drugs will be \$0.

## SECTION 3 Administrative Changes

| Cost                                | 2021 (this year)                  | 2022 (next year)                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Over-the-Counter (OTC) Items</i> | Must use Convey Health Solutions. | Must use NationsOTC. For more information, please call NationsBenefits toll-free at 1-877-484-7977, 24 hours a day, 7 days a week or visit their website at <a href="http://www.nationsbenefits.com/hap">www.nationsbenefits.com/hap</a> . |

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in *HAP Senior Plus Option 4*

**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 *HAP Senior Plus Option 4*.

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## Section 4.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

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

- You can join a different Medicare health plan timely,
- – *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. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, *Alliance Health and Life Insurance Company* offers other Medicare health plans and Medicare prescription drug 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 *HAP Senior Plus Option 4*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *HAP Senior Plus Option 4*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
  - – *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.

## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage Plan for January 1, 2022, 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, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program.

Michigan Medicare/Medicaid Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Michigan Medicare/Medicaid 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 Michigan Medicare/Medicaid Assistance Program at (800) 803-7174. You can learn more about Michigan Medicare/Medicaid Assistance Program by visiting their website ([www.mmapinc.org](http://www.mmapinc.org)).

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage

gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, 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 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **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 Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free).

## SECTION 8 Questions?

### Section 8.1 – Getting Help from *HAP Senior Plus Option 4*

Questions? We're here to help. Please call Customer Service at (888) 658-2536. (TTY only, call 711.) We are available for phone calls April 1<sup>st</sup> through September 30<sup>th</sup> Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup> seven days a week, 8 a.m. to 8 p.m. Prescription drug benefit related calls: Available 24 hours a day, seven days a week.

#### **Read your 2022 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 2022. For details, look in the 2022 *Evidence of Coverage* for *HAP Senior Plus Option 4*. 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.hap.org/medicare](http://www.hap.org/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.hap.org/medicare](http://www.hap.org/medicare). 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).

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## **Section 8.2 – Getting Help from Medicare**

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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**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

### **Read *Medicare & You 2022***

You can read the *Medicare & You 2022* handbook. Every year in the 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 booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) 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.





## HAP Senior Plus Option 4 Customer Service

| Method         | Customer Service – Contact Information                                                                                                                                                                                                                                                                                                                               |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CALL</b>    | (888) 658-2536. Calls to this number are free. Our normal business hours are: April 1 <sup>st</sup> through September 30 <sup>th</sup> : Monday through Friday, 8 a.m. to 8 p.m.; October 1 <sup>st</sup> through March 31 <sup>st</sup> : Seven days a week, 8 a.m. to 8 p.m. Prescription drug benefit related calls: Available 24 hours a day, seven days a week. |
| <b>TTY</b>     | 711. Calls to this number are free. Our normal business hours are: April 1 <sup>st</sup> through September 30 <sup>th</sup> : Monday through Friday, 8 a.m. to 8 p.m.; October 1 <sup>st</sup> through March 31 <sup>st</sup> : Seven days a week, 8 a.m. to 8 p.m. Prescription drug benefit related calls: Available 24 hours a day, seven days a week.            |
| <b>WRITE</b>   | HAP Medicare Solutions, ATTN: Customer Service, 2850 West Grand Blvd, Detroit, MI 48202                                                                                                                                                                                                                                                                              |
| <b>WEBSITE</b> | <a href="http://www.hap.org/medicare">www.hap.org/medicare</a>                                                                                                                                                                                                                                                                                                       |

## Michigan Medicare/Medicaid Assistance Program

Michigan Medicare/Medicaid Assistance Program is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

| Method         | Contact Information                                                                                 |
|----------------|-----------------------------------------------------------------------------------------------------|
| <b>CALL</b>    | (800) 803-7174                                                                                      |
| <b>TTY</b>     | (888) 263-5897<br>Office hours are 8:00 am to 7:00 pm EST, Monday through Friday (except holidays). |
| <b>WRITE</b>   | 6105 W. St. Joseph Hwy., Suite 204, Lansing, MI 48917-4850                                          |
| <b>WEBSITE</b> | <a href="http://www.mmapinc.org">www.mmapinc.org</a>                                                |

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