



EMPOWERED DUALS (HMO SNP)

2022 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage:

HAP Empowered Duals (HMO D-SNP)

January 1, 2022 – December 31, 2022

HAP Empowered Duals (HMO D-SNP) is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewal.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “**Evidence of Coverage**.” You can also see the Evidence of Coverage on our website, www.hap.org/medicare.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **HAP Empowered Duals (HMO D-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **HAP Empowered Duals (HMO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy 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.

Sections in this booklet

- Things to Know About **HAP Empowered Duals (HMO D-SNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as large print.

This document may be available in a non-English language. For additional information, call us at 1-800-848-4844 (TTY: 711).

Things to Know About HAP Empowered Duals (HMO D-SNP)

Hours of Operation & Contact Information

- From October 1 to March 31 we’re open 8 a.m. – 8 p.m. Eastern Time, 7 days a week.
- From April 1 to September 30, we’re open 8 a.m. – 8 p.m. Eastern Time, Monday through Friday.
- If you are a member of this plan, call us at 1-800-848-4844, TTY: 711.
- If you are not a member of this plan, call us at 1-833-923-1630, TTY: 711.
- Our website: www.hap.org/medicare.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Who can join?

To join **HAP Empowered Duals (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Michigan: Genesee, Macomb, Oakland and Wayne.

Which doctors, hospitals, and pharmacies can I use?

HAP Empowered Duals (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (www.hap.org/medicare/member-resources/hap-network).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get *all* of the benefits covered by Original Medicare. For Medicare covered benefits, you will pay less in our plan than you would in Original Medicare.
- Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- HAP Empowered Duals (HMO D-SNP) is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program.

HAP Empowered Duals is designed specifically for people who have Medicare and who are also entitled to assistance from Medicaid.

- Because you get assistance from Medicaid with your Medicare Part A and B cost sharing (deductibles, copayments, and coinsurance) you may pay nothing for your Medicare health care services.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.hap.org/medicare/member-resources/prescriptions/formulary-drug-list.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of 6 "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, what stage of the benefit you have reached and any "Extra Help" you may receive. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

Medicaid also provides other benefits to you by covering health care services and prescription drugs that are not usually covered under Medicare. You will also receive "Extra Help" from Medicare to pay for the costs of your Medicare prescription drugs. HAP Empowered Duals will help manage all of these benefits for you, so that you get the health care services and payment assistance that you are entitled to.

**If you have any questions about this plan's benefits or costs, please contact
HAP Empowered Duals (HMO D-SNP) (800) 848-4844 (TTY: 711) Plan for details.**

SECTION II - SUMMARY OF BENEFITS

HAP Empowered Duals (HMO D-SNP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium?	\$0-\$31.50 per month. In addition, you must keep paying your Medicare Part B premium. If you get Extra Help from Medicare, your monthly plan premium will be lower, or you might pay nothing.
How much is the deductible?	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible. If you are not eligible, you pay the Medicare Part D deductible of \$445.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$6,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply, or you can also see the Evidence of Coverage on our website at www.hap.org/medicare .

COVERED MEDICAL AND HOSPITAL BENEFITS

(You will have no copays for the services listed in the Benefits Chart, as long as you continue to be eligible for full Medicaid benefits.)

Inpatient Hospital Care	\$0 copay. Prior authorization rules may apply.
Outpatient Hospital Services	\$0 copay for each Medicare-covered outpatient hospital facility visit. \$0 copay for each Medicare-covered visit to an ambulatory surgical center. \$0 copay for laboratory tests. \$0 copay for outpatient hi-tech diagnostic (e.g. CT, MRI, PET, Nuclear Medicine studies, etc.) \$0 copay for other outpatient diagnostic tests. \$0 copay for standard routine x-rays. \$0 copay for each DME item. \$0 copay for each Medicare-covered visit for therapeutic radiation therapy or chemotherapy. Prior authorization rules may apply.
Doctor's Office Visits	Primary care physician visit: \$0 copay. Specialist visit: \$0 copay. Prior authorization rules may apply.

SECTION II - SUMMARY OF BENEFITS**HAP Empowered Duals (HMO D-SNP)**

Preventive Care	\$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$0 copay for Medicare-covered emergency room visits within the United States. If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently Needed Services	\$0 copay for each Medicare-covered urgently needed service.
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may be different if received in an outpatient surgery setting)</i>	\$0 copay for diagnostic radiology services (such as MRIs, CT scans). \$0 copay for diagnostic imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology). \$0 copay for diagnostic tests and procedures. \$0 copay for lab services. \$0 copay for therapeutic radiology services (such as radiation treatment for cancer). \$0 copay for outpatient x-rays. Prior authorization rules may apply.
Hearing Services	\$0 copay per Medicare-covered hearing exam from a primary care provider. \$0 copay per Medicare-covered hearing exam from a specialty care provider. \$0 copay per annual routine hearing exam. \$1,000 allowance toward the purchase of two hearing aids per calendar year. You must obtain hearing aids from a NationsHearing provider.
Dental Services	\$0 copay for routine dental services, bridges, brush biopsy, periodontics, oral surgery, relines/repairs to bridges and dentures. You pay 30% for dentures, crowns and onlays. You must use a participating Delta Dental provider in the Delta Dental PPO Network. Maximum benefit of \$2,000 per calendar year for all dental services.
Vision Services	\$0 copay for routine eye exams each year by an EyeMed provider. Must use a provider in the EyeMed Insight Network. \$0 copay for Medicare-covered standard eye wear after cataract surgery. \$0 copay for Medicare-covered eye exams by a primary care physician or specialty care physician. The plan has a \$200 allowance every calendar year for contact lenses and eyeglasses (lenses and frames). Member gets a 20% discount over the \$200 base allowance for frames, lenses, lens options.

SECTION II - SUMMARY OF BENEFITS

HAP Empowered Duals (HMO D-SNP)

Mental Health Care	<p><u>Inpatient</u>: \$0 copay for each inpatient mental health care benefit period. There is no cost to you for additional Medicare-covered psychiatric hospital days during the benefit period. A benefit period begins the day you go into a psychiatric hospital. The benefit period ends when you haven't received any inpatient services in a psychiatric hospital for 60 days in a row. (See Chapter 12 of your EOC for our plan's definition of "Benefit Period.") Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Prior authorization rules may apply.</p> <p><u>Outpatient</u>: \$0 copay for each Medicare-covered individual or group therapy office visit. Prior authorization rules may apply.</p>
Skilled Nursing Facility (SNF)	<p>\$0 copay for skilled nursing facility care. Our plan covers up to 100 days per benefit period, no prior hospital stay is required. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods. Prior authorization rules may apply.</p>
Outpatient Rehabilitation	<p>\$0 copay for each Medicare-covered visit for physical, speech or occupational therapy visit. Prior authorization rules may apply.</p>
Ambulance	<p>\$0 copay for Medicare-covered ambulance services. Prior authorization is required for non-emergency transport services.</p>
Transportation	<p>\$0 copay/24 one-way trips. Prior authorization rules may apply. Please contact Customer Service for information on how to arrange transportation. Customer Service will confirm your benefits and guide you to the transportation provider to plan your trip.</p>
Medicare Part B Drugs	<p>\$0 copay for Part B drugs, including chemotherapy drugs. Step therapy requirements may apply to certain Part B drugs</p>

PRESCRIPTION DRUG BENEFITS**Initial Coverage**

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$15 copay	\$30 copay	\$45 copay
Tier 2 (Generic)	\$20 copay	\$40 copay	\$60 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable	Not Applicable
Tier 6 (Select Care Drugs)	\$0 Copay	Not Applicable	Not Applicable

Preferred Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable	Not Applicable
Tier 6 (Select Care Drugs)	\$0 copay	Not Applicable	Not Applicable

Preferred Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$250 copay
Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable	Not Applicable
Tier 6 (Select Care Drugs)	\$0 copay	Not Applicable	Not Applicable

	<p>You may get your drugs at Preferred or Standard network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a Preferred retail pharmacy.</p> <p>If you request and the plan approves a formulary exception, you will pay a cost-share at Tier 2 for generic drugs and at Tier 4 for brand drugs.</p>
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.</p> <p>After you enter the coverage gap, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. You will pay \$0 for Tier 6 (Select Care Drugs). You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs, or • 5% of the cost.
ADDITIONAL COVERED BENEFITS	
Acupuncture	\$0 copay for Medicare-covered acupuncture for chronic low back pain, 20 visit limit. Prior authorization rules may apply.
Ambulatory Surgical Center	\$0 copay for each Medicare-covered visit to an ambulatory surgical center. Prior authorization rules may apply.
Chiropractic Care	\$0 copay for Medicare-covered chiropractic services.
Companion Care	\$0 copay for companion care for those who qualify. Must use NationsCare.
Durable Medical Equipment (wheelchairs, oxygen, etc.)	\$0 copay for Medicare-covered durable medical equipment (DME) and related supplies. Prior authorization rules may apply.
Diabetes Management	\$0 copay for diabetic self-management training or digital diabetes management when provided by Livongo.

Diabetes Supplies and Services	<p>\$0 copay for diabetes monitoring supplies.</p> <p>\$0 copay therapeutic shoes or inserts.</p> <p>Diabetic supplies and services are limited to specific manufacturers, products and/or brands. Certain products and/or brands for glucose monitoring including continuous glucose monitoring may be obtained through a pharmacy for \$0 copay.</p> <p>Contact the plan for a list of covered supplies.</p>
Flex Card	<p>\$0 copay for Flex Card. The Flex Card benefit is a debit card that may be used to reduce up to \$500 a year of your out of pocket expenses to purchase healthy food items or home modifications at select retail locations. Go online at www.nationsbenefits.com/hap for more information.</p>
Foot Care (<i>podiatry services</i>)	<p>\$0 copay for each Medicare-covered visit for podiatry services.</p>
Home-Delivered Meals	<p>\$0 copay for home-delivered meals upon discharge after a hospital admission with certain chronic conditions.</p>
Home Health Agency Care	<p>\$0 copay for home health agency care.</p>
Hospice	<p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not HAP Empowered Duals.</p> <p>\$0 copay for a one-time only hospice consultation with a primary care physician.</p>
Outpatient Substance Abuse	<p>\$0 copay for each Medicare-covered individual or group therapy visit.</p> <p>Prior authorization rules may apply.</p>
Outpatient Surgery	<p>\$0 copay for each Medicare-covered visit to an ambulatory surgical center.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Prior authorization rules may apply.</p>
Over-the-Counter Items	<p>\$65 allowance per quarter through your medical benefit. Must use NationsOTC.</p>
PERS (Personal Emergency Response System)	<p>\$0 copay for personal emergency response system for those who qualify. Must use NationsResponse.</p>
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)	<p>\$0 copay of the cost for each Medicare-covered prosthetic device and related supply.</p> <p>Prior authorization rules may apply.</p>
Renal Dialysis	<p>\$0 copay for kidney disease education services.</p> <p>\$0 copay for each Medicare-covered outpatient dialysis treatment.</p>