

## ***HAP Primary Choice Medicare (HMO) offered by Health Alliance Plan of Michigan***

### **Annual Notice of Changes for 2023**

You are currently enrolled as a member of *HAP Primary Choice Medicare (HMO)*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.hap.org/medicare](http://www.hap.org/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **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.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

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**2. COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in *HAP Primary Choice Medicare*.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with *HAP Primary Choice Medicare*.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## Additional Resources

- Please contact our Customer Service number at (866) 766-4714 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 7.1 of this booklet).
- This booklet is available in alternate formats such as large print or audio tapes.
- **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 Primary Choice Medicare*

- HAP Primary Choice Medicare (HMO) is a health plan with a Medicare contract. Enrollment depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Health Alliance Plan of Michigan. When it says “plan” or “our plan,” it means *HAP Primary Choice Medicare*.

## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for *HAP Primary Choice Medicare (HMO)* in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b>		
* Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b>	\$4,300	\$5,000
This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)		
<b>Doctor office visits</b>	Primary care visits: \$0 Copay per visit  Specialist visits: \$40 Copay per visit	Primary care visits: \$0 Copay per visit  Specialist visits: \$40 Copay per visit
<b>Inpatient hospital stays</b>	\$245 Copay per day for days 1-7  \$0 Copay per day for days 8-90	\$265 Copay per day for days 1-7  \$0 Copay per day for days 8-90

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage</b> (See Section 2.5 for details.)	Deductible: \$0 Copays/coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1:  <i>Standard cost sharing: \$6</i>  <i>Preferred cost sharing: \$0</i></li> <li>• Drug Tier 2:  <i>Standard cost sharing: \$15</i>  <i>Preferred cost sharing: \$10</i></li> <li>• Drug Tier 3:  <i>Standard cost sharing: \$47</i>  <i>Preferred cost sharing: \$42</i></li> <li>• Drug Tier 4:  <i>Standard cost sharing: 50%</i>  <i>Preferred cost sharing: 48%</i></li> <li>• Drug Tier 5:  <i>Standard cost sharing: 33%</i>  <i>Preferred cost sharing: 33%</i></li> <li>• Drug Tier 6:  <i>Standard cost sharing: \$0</i>  <i>Preferred cost sharing: \$0</i></li> </ul>	Deductible: \$0 Copays/coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1:  <i>Standard cost sharing: \$7</i>  <i>Preferred cost sharing: \$0</i></li> <li>• Drug Tier 2:  <i>Standard cost sharing: \$16</i>  <i>Preferred cost sharing: \$10</i></li> <li>• Drug Tier 3:  <i>Standard cost sharing: \$47</i>            (Select Insulins: \$25)  <i>Preferred cost sharing: \$42</i>            (Select Insulins: \$10)</li> <li>• Drug Tier 4:  <i>Standard cost sharing: 50%</i>  <i>Preferred cost sharing: 48%</i></li> <li>• Drug Tier 5:  <i>Standard cost sharing: 33%</i>  <i>Preferred cost sharing: 33%</i></li> <li>• Drug Tier 6:  <i>Standard cost sharing: \$0</i>  <i>Preferred cost sharing: \$0</i></li> </ul>

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *HAP Primary Choice Medicare* in 2023

The information in this document tells you about the differences between your current benefits in *HAP Primary Choice Medicare* and the benefits you will have on January 1, 2023 as a member of *HAP Primary Choice Medicare*.

**If you do nothing by December 7, 2022, we will automatically enroll you in our *HAP Primary Choice Medicare*.** This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through *HAP Primary Choice Medicare*. If you want to change plans or switch to Original Medicare, you must 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.

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

### Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Optional dental plan monthly premium</b>	Delta Dental 50 Member Pays \$18.00 per month	Delta Dental 50 Member Pays \$20.00 per month
	Delta Dental 70 Member Pays \$35.60 per month	Delta Dental 70 Member Pays \$39.30 per month
	Delta Dental 100 Member Pays \$47.30 per month	Delta Dental 100 Member Pays \$46.60 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.

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

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b>	\$4,300	\$5,000
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.		Once you have paid \$5,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		
If you choose an optional supplemental dental plan, your costs for services also do not count toward your maximum out-of-pocket amount.		

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [hap.providerlookuponline.com/search](http://hap.providerlookuponline.com/search). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.



## Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<b><i>Companion Care</i></b>	You pay nothing for companion care for loneliness and social isolation.	Companion care is <u>not</u> covered.
<b><i>Dental Services</i></b>	There is \$1000 allowance for comprehensive dental service per year. You pay nothing for 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewing x-rays and bridge repairs. You pay 50% coinsurance for root canals, fillings and crown repairs. Extractions are not a covered benefit. Must use a Delta Dental provider.	There is <b>\$3000</b> allowance for all dental services per year. You pay nothing for 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewing x-rays and bridge repairs. You pay 50% coinsurance for root canals, fillings, crown repairs and <b>extractions</b> . Must use a Delta Dental provider.
<b><i>Eyewear</i></b>	You get a \$125 allowance for eyewear per year.  Must be obtained from an EyeMed provider.	You get a \$130 allowance for eyewear per year.  Must be obtained from an EyeMed provider.
<b><i>Inpatient Hospital Stays</i></b>	You pay a \$245 copay for days 1-7.	You pay a \$265 copay for days 1-7.
<b><i>Outpatient Hospital and Outpatient Observation Services</i></b>	You pay \$225 copay for outpatient hospital and outpatient observation services per visit.	You pay \$220 copay for outpatient hospital and outpatient observation services per visit.
<b><i>Outpatient Mental Health or Substance Abuse Services</i></b>	You pay a \$40 copay for mental health or substance abuse services per visit.	You pay nothing for outpatient mental health or

Cost	2022 (this year)	2023 (next year)
		substance abuse services per visit.
<b><i>Over-the-Counter (OTC) Items</i></b>	You pay nothing for this benefit. There is a \$100 allowance every quarter for approved OTC items, which does not rollover to the next quarter. All benefits must be used by the end of the year. Must use NationsOTC.	You pay nothing for this benefit. There is a \$65 allowance every quarter for approved OTC items. The quarterly benefits <b>will</b> roll over to the next quarter and must be used by end of the year. Must use NationsOTC.
<b><i>Personal Emergency Response System (PERS)</i></b>	You pay nothing for PERS.	PERS is <u>not</u> covered.
<b><i>Skilled Nursing Facility (SNF)</i></b>	You pay a \$188 copay for days 21-100 for SNF care.	You pay a \$196 copay for days 21-100 for SNF care.
<b><i>Transportation Services</i></b>	You pay nothing for transportation services. Limited to 24 one-way trips per year.	You pay nothing for transportation services. Limited to 12 one-way trips per year.
<b><i>Visitor/Traveler Benefit</i></b>	In-network cost share applies for all plan covered services up to 6 months while visiting Arizona, Florida, Michigan (out-of-service area) and Texas.	In-network cost share applies for all plan covered services up to <b>12</b> months while visiting Arizona, Florida, Michigan (out-of-service area) and Texas.

## Section 2.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is 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.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

### 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. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Customer Service and ask for the “LIS Rider.”

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

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (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

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage</b>  During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>  The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .  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.  You pay \$10 to \$25 for Select Insulins.	Your cost for a one-month supply at a network pharmacy:  <b>Preferred Generics:</b> <i>Standard cost sharing:</i> You pay \$6 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. <b>Generics:</b> <i>Standard cost sharing:</i> You pay \$15 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription. <b>Preferred Brand:</b> <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$42 per prescription. <b>Non-Preferred Drug:</b> <i>Standard cost sharing:</i> You pay 50% of the total cost. <i>Preferred cost sharing:</i> You pay 48% of the total cost. <b>Specialty Tier:</b> <i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost. <b>Select Care Drugs:</b> <i>Standard cost sharing:</i> You pay \$0 per prescription.	Your cost for a one-month supply at a network pharmacy:  <b>Preferred Generics:</b> <i>Standard cost sharing:</i> You pay \$7 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. <b>Generics:</b> <i>Standard cost sharing:</i> You pay \$16 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription. <b>Preferred Brand:</b> <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$42 per prescription. <b>Non-Preferred Drug:</b> <i>Standard cost sharing:</i> You pay 50% of the total cost. <i>Preferred cost sharing:</i> You pay 48% of the total cost. <b>Specialty Tier:</b> <i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost. <b>Select Care Drugs:</b> <i>Standard cost sharing:</i> You pay \$0 per prescription.

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<p><i>Preferred cost sharing:</i> 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>	<p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Once your total drug costs have reached \$4,660, 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 Primary Choice Medicare* offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$10 to \$25 for a one-month supply.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in *HAP Primary Choice Medicare*

**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 Primary Choice Medicare*.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

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

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. 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, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, *Health Alliance Plan of Michigan* 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 Primary Choice Medicare*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *HAP Primary Choice Medicare*.
- 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 so.
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 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, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. 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 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** 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. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **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 7 Questions?

### Section 7.1 – Getting Help from *HAP Primary Choice Medicare*

Questions? We're here to help. Please call Customer Service at (866) 766-4714, (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 are available 24 hours a day, seven days a week. Calls to these numbers are free.

#### **Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for *HAP Primary Choice Medicare (HMO)*. 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).

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

#### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most



frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



## Notice of Privacy Practices

HAP is committed to protecting your privacy. Safeguarding information about you and your health is very important to us. This notice tells you how your health information may be used and shared and who can see it.

### **HAP**

**Alliance Health and Life Insurance Company®**

**HAP Empowered Health Plan, Inc.**

Effective Oct. 1, 2018

### **Your protected health information**

PHI stands for protected health information. PHI can be used to identify you. It includes information such as your name, age, sex, address and member ID number, as well as your:

- Physical or mental health
- Health care services
- Payment for care

You can ask HAP to give your PHI to people you choose. To do this, fill out our release form. You can find it at [hap.org/privacy](http://hap.org/privacy).

### **Your privacy**

Keeping your PHI safe is important to HAP. We're required by law to keep your PHI private. We must also tell you about our legal duties and privacy practices. This notice explains:

- How we use information about you
- When we can share it with others
- Your rights related to your PHI
- How you can use your rights

When we use the term "HAP," "we" or "us" in this notice, we're referring to HAP and its subsidiaries. These include Alliance Health and Life Insurance Company and HAP Empowered Health Plan, Inc.

### **How we protect your PHI**

We protect your PHI in written, spoken and electronic form. Our employees and others who handle your information must follow our policies on privacy and technology use. Anyone who starts working for HAP must state that they have read these policies. And they must state that they will protect your PHI even after they leave HAP. Our employees and contractors can only use the PHI necessary to do their jobs. And they may not use or share your information except in the ways outlined in this notice.



# Notice of Privacy Practices

## How we use or share your PHI

We only share your information with those who must know for:

- Treatment
- Payments
- Business tasks

### Treatment

We may share your PHI with your doctors, hospitals or other providers to help them:

- Provide treatment. For example, if you're in the hospital, we may let them see records from your doctor.
- Manage your health care. For example, we might talk to your doctor to suggest a HAP program that could help improve your health.

### Payment

We may use or share your PHI to help us figure out who must pay for your medical bills. We may also use or share your PHI to:

- Collect premiums
- Determine which benefits you can get
- Figure out who pays when you have other insurance

### Business tasks

As allowed by law, we may share your PHI with:

- Companies affiliated with HAP
- Other companies that help with HAP's everyday work
- Others who help provide or pay for your health care

We may share your information with others who help us do business. If we do, they must keep your information private and secure. And they must return or destroy it when they no longer need it for our business.

It may be used to:

- Evaluate how good care is and how much it improves. This may include provider peer review.
- Make sure health care providers are qualified and have the right credentials.
- Review medical outcomes.
- Review health claims.
- Prevent, find and investigate fraud and abuse.
- Decide what is covered by your policy and how much it will cost. But, we are not allowed to use or share genetic information to do that.
- Do pricing and insurance tasks.
- Help members manage their health care and get help managing their care.

- Communicate with you about treatment options or other health-related benefits and services.
- Do general business tasks, such as quality reviews and customer service.



## Notice of Privacy Practices

### Other permitted uses

We may also be permitted or required to share your PHI:

#### With you

- To tell you about medical treatments and programs or health-related products and services that may interest you. For example, we might send you information on how to stop smoking or lose weight.
- For health reminders, such as refilling a prescription or scheduling tests to keep you healthy or find diseases early.
- To contact you, by phone or mail, for surveys. For example, each year we ask our members about their experience with HAP.

#### With a friend or family member

- With a friend, family member or other person who, by law, may act on your behalf. For example, parents can get information about their children covered by HAP.
- With a friend or family member in an unusual situation, such as a medical emergency, if we think it's in your best interest. For example, if you have an emergency in a foreign country and can't contact us directly. In that case, we may speak with a friend or family member who is acting on your behalf.
- With someone who helps pay for your care. For example, if your spouse contacts us about a claim, we may tell him or her whether the claim has been paid.

#### With the government

- For public health needs in the case of a health or safety threat such as disease or a disaster.
- For U.S. Food and Drug Administration investigations. These might include probes into harmful events, product defects or product recalls.
- For health oversight activities authorized by law.
- For court proceedings and law enforcement uses.
- With the police or other authority in case of abuse, neglect or domestic violence.
- With a coroner or medical examiner to identify a body, find out a cause of death or as authorized by law. We may also share member information with funeral directors.
- To comply with workers' compensation laws.
- To report to state and federal agencies that regulate HAP and its subsidiaries. These may include the:
  - U.S. Department of Health and Human Services
  - Michigan Department of Insurance and Financial Services
  - Michigan Department of Health and Human Services
  - Federal Centers for Medicare and Medicaid Services
- To protect the U.S. President.



## Notice of Privacy Practices

### **For research or transplants**

- For research purposes that meet privacy standards. For example, researchers want to compare outcomes for patients who took a certain drug and must review a series of medical records.
- To receive, bank or transplant organs, eyes or tissue.

### **With your employer or plan sponsor**

We may use or share your PHI with an employee benefit plan through which you get health benefits. It is only shared when the employer or plan sponsor needs it to manage your health plan.

Except for enrollment information or summary health information and as otherwise required by law, we only share your PHI with an employer or plan sponsor if they have guaranteed in writing that it will be kept private and won't be used improperly.

To use or share your PHI for any other reason, we must get your written permission. If you give us permission, you may change your mind and cancel it. But it will not apply to information we've already shared.

### **Organized health care arrangement**

HAP and HAP affiliates covered by this Notice of Privacy Practices and Henry Ford Health System and its affiliates are part of an organized health care arrangement. Its goal is to deliver higher quality health care more efficiently and to take part in quality measure programs, such as the Healthcare Effectiveness Data and Information Set. HEDIS is a set of standards used to measure the performance of a health plan. In other words, HEDIS is a report card for managed care plans.

The Henry Ford Health System organized health care arrangement includes:

- HAP
- Alliance Health and Life Insurance Company
- HAP Empowered Health Plan, Inc.
- HAP Preferred, Inc.
- Henry Ford Health System

Henry Ford's organized health care arrangement lets these organizations share PHI. This is only done if allowed by law and when needed for treatment, payment or business tasks relating to the organized health care arrangement.

This list of organizations may be updated. You can access the current list at [hap.org/privacy](https://hap.org/privacy) or call us at **(800) 422-4641 (TTY: 711)**. When required, we will tell you about any changes in a revised Notice of Privacy Practices.



## Notice of Privacy Practices

### Your rights

These are your rights with respect to your information. If you would like to exercise any of these rights, please contact us. The contact information is in the “Who to contact” section at the end of this document. You may have to make your requests in writing.

You have the following rights:

#### **Right to see your PHI and get a copy**

With some exceptions, you have the right to see or get a copy of PHI in records we use to make decisions about your health coverage. This includes our enrollment, payment, claims resolutions and case or medical management notes. If we deny your request, we’ll tell you why and whether you have a right to further review.

You may have to fill out a form to get PHI and pay a fee for copies. We’ll tell you if there are fees in advance. You may choose to cancel or change your request.

#### **Right to ask us to change your PHI**

If we deny your request for changes in PHI, we’ll explain why in writing. If you disagree, you may have your disagreement noted in our records. If we accept your request to change the information, we’ll make reasonable efforts to tell others of the change, including people you name. In this case, the information you give us must be correct. And we cannot delete any part of a legal record, such as a claim submitted by your doctor.

#### **Right to know about disclosures**

You have the right to know about certain disclosures of your PHI. HAP does not have to inform you of all PHI we release. We are not required to tell you about PHI shared or used for treatment, payment and business tasks. And we do not have to tell you about information we shared with you or based on your authorization. But you may request a list of other disclosures made during the six years prior to your request.

Your first list in any 12-month period is free. However, if you ask for another list within 12 months of receiving your free list, we may charge you a fee. We’ll tell you if there are fees in advance. You may choose to cancel or change your request.

#### **Right to know about data breaches that compromise your PHI**

If there is a breach of your unsecured PHI, we’ll tell you about it as required by law or in cases when we deem it appropriate.

#### **Right to ask us to limit how we use or share your PHI**

You may ask us to limit how we use or share your PHI for treatment, payment or business tasks. You also have the right to ask us to limit PHI shared with family members or others involved in your health care or payment for it. We do not have to agree to these limits. But if we do, we’ll follow them – unless needed for emergency treatment or the law requires us to share your PHI. In that case, we will tell you that we must end our agreement.



## Notice of Privacy Practices

### **Right to request private communications**

If you believe that you would be harmed if we send your PHI to your current mailing address (for example, in a case of domestic dispute or violence), you can ask us to send it another way. We can send it by fax or to another address. We will try to meet any fair requests.

### **You have a right to get a paper copy of this notice.**

See our contact information below.

### **Changes to the privacy statement**

We have the right to make changes to this notice. If we make changes, the new notice will be effective for all the PHI we have. Once we make changes, we'll send you the new notice by U.S. mail and post it on our website.

### **Who to contact**

If you have any questions about this notice or about how we use or share member information, mail a written request to:

HAP and HAP Empowered Plan Information Privacy &  
Security Office One Ford Place, 2A  
Detroit, MI 48202

You may also call us at **(800) 422-4641 (TTY: 711)**.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us. Contact the Information Privacy & Security Office above or HAP's Compliance Hotline at **(877) 746-2501 (TTY: 711)**. You can stay anonymous. You may also notify the secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Original effective date: April 13, 2003

Revisions: February 2005, November 2007, September 2013, September 2014, March 2015, October 2015, October 2018, January 2019

Reviewed: November 2008, November 2009, October 2011





### **Nondiscrimination Notice**

Health Alliance Plan of Michigan (HAP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. HAP does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HAP provides:

- Free aids and services to help people communicate effectively with us
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, others)
- Free language services to people whose primary language is not English
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact HAP's customer service manager:

**General - (800) 422-4641**

**Medicare - (800) 801-1770**

If you believe that HAP has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability or sex, you can file a grievance with HAP's Appeal & Grievance team. Use the information below:

- **Mail:** 2850 West Grand Boulevard, Detroit, Michigan 48202
- **Phone:** **General - (800) 422-4641**      **Medicare - (800) 801-1770**  
TTY: 711
- **Fax:** (313) 664-5866

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights' Complaint Portal Assistant at:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf).
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.
- **Phone:** (800) 368-1019 or TTY: (800) 537-7697.

Complaint forms are also available at [www.hhs.gov/ocr/filing-with-ocr/](https://www.hhs.gov/ocr/filing-with-ocr/)



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-801-1770. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-801-1770. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-801-1770。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如果需要翻譯服務，請致電 1-800-801-1770。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-801-1770. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-801-1770. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-801-1770 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-801-1770. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-801-1770 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-801-1770. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-801-1770 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-801-1770 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-801-1770. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-801-1770. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-801-1770. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-801-1770. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、1-800-801-1770 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。



## HAP Primary Choice Medicare Customer Service

Method	Customer Service – Contact Information
CALL	(866) 766-4714. 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.
TTY	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.
WRITE	HAP Medicare Solutions, ATTN: Customer Service, 2850 West Grand Blvd, Detroit, MI 48202
WEBSITE	<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
CALL	(800) 803-7174
TTY	(888) 263-5897 Office hours are 8:00 am to 7:00 pm EST, Monday through Friday (except holidays).
WRITE	6105 W. St. Joseph Hwy., Suite 204, Lansing, MI 48917-4850
WEBSITE	<a href="http://www.mmmapinc.org">www.mmmapinc.org</a>

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.