

# 2023

## Summary of Benefits HAP Medicare Advantage HMO Plans



MEDICARE  
SOLUTIONS

**HAP  
IS HERE**

**HAP Senior Plus (HMO)  
HAP Henry Ford Tiered Access (HMO)  
HAP MSU Health Care Medicare (HMO)  
HAP Primary Choice Medicare (HMO)  
HAP Senior Plus (HMO-POS)**

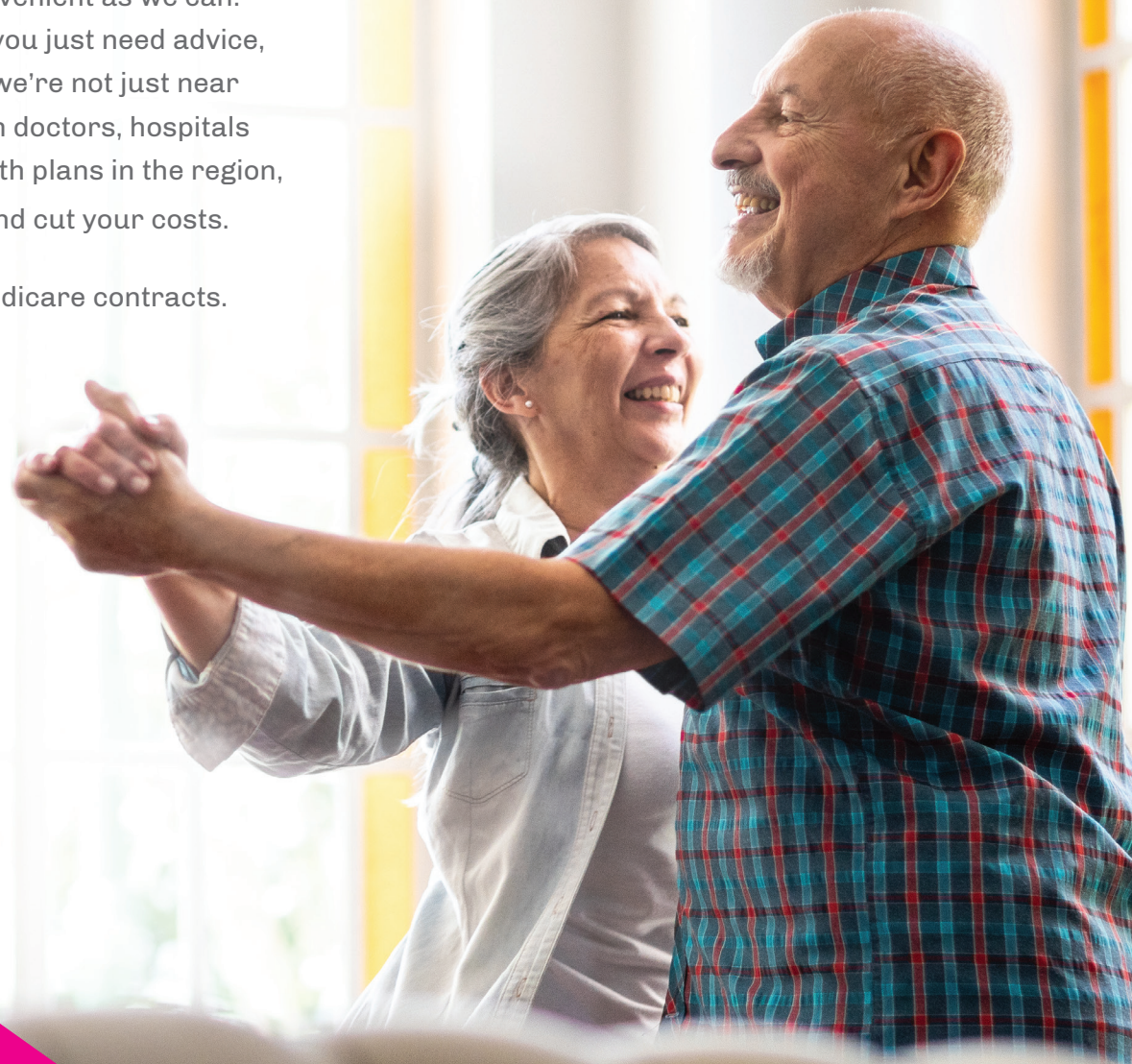
## See how HAP is here for you.

For more than 35 years, we've been making Medicare as convenient as we can. When you have a question. When you have a problem. When you just need advice, we're here for you. Because as a Michigan-based company, we're not just near you...we're your neighbor. Every day, we're collaborating with doctors, hospitals and the community. And as one of the leading integrated health plans in the region, we're constantly finding new ways to coordinate your care and cut your costs.

Health Alliance Plan (HAP) has HMO, HMO-POS plans with Medicare contracts. Enrollment depends on contract renewal.

## Here's what you'll find inside:

- *An outline of how Medicare works*
- *Our benefits*
- *Our plans*



# HAP Medicare Advantage Plans

## Summary of Benefits

**January 1, 2023 through December 31, 2023**

In this booklet, you'll find overviews of HAP Medicare Advantage HMO and HMO-POS plans, including benefits covered by each plan and costs members are responsible for. For a copy of our Evidence of Coverage publication with a complete list of covered services call, Customer Service at: **(800) 801-1770**.

**Know your Medicare options and take time to compare plans.**

You have choices about how to receive your Medicare benefits. You can choose to:

1. Enroll in Original Medicare, a fee-for-service plan run by the Federal government. Learn more with the "Medicare & You" handbook. Call 1-800-MEDICARE (1-800-633-4227) or TTY: (877) 486-2048, 24 hours a day, 7 days a week, or visit <https://www.medicare.gov>.
2. Join a private Medicare health plan, such as a HAP Medicare Advantage HMO and HMO-POS Plan. To learn more about these plans, it's best to gather information and compare benefits. You can start by asking each plan for a "Summary of Benefits" publication or by visiting Medicare Plan Finder at <https://www.medicare.gov>.

**Need help finding the right Medicare plan for your needs and budget?**

**We're here to help.**

Call a licensed HAP Medicare sales representative at: **(800) 868-3153 (TTY: 711)** or visit us online at [hap.org/medicare](https://hap.org/medicare).

# Answers to your questions about HAP Medicare Advantage Plans

## How can I contact HAP Medicare Advantage?

### **CUSTOMER SERVICE**

HAP Senior Plus HMO and HMO-POS plans call: (800) 801-1770 (TTY:711)

HAP Primary Choice Medicare (HMO) plan call: (866) 766-4714 (TTY: 711)

MSU Health Care Medicare (HMO) call: (800) 801-1770 (TTY:711)

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 – Sept. 30)

Or visit us online: [hap.org/medicare](http://hap.org/medicare)

### **SALES**

(800) 868-3153 (TTY: 711)

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 – Sept. 30)

## Can anyone join HAP Medicare Advantage plans?

You can join a HAP Medicare Advantage Plan if you're eligible for Medicare Part A, enrolled in Medicare Part B and you live in our plans' service area.

## What does HAP Medicare Advantage HMO cover?

We cover everything Original Medicare covers – and more! With HAP, some benefits covered by Original Medicare cost more and some cost less. To see all the extra benefits you get with HAP Medicare Advantage (HMO), please see the section called “Additional Covered Benefits” in this publication.

Most of our Medicare Advantage (HMO) plans also cover Part D drugs, Part B drugs and some drugs administered by providers. View the list of Part D prescription drugs (our drug formulary) at [hap.org/resources](http://hap.org/resources).

## What does HAP Medicare Advantage HMO-POS cover?

Like our HMO plans, HAP covers everything Original Medicare covers plus the option to seek care outside of the plans wide network. However, you'll save money by staying in the network and using any of the doctors, specialists, and contracted hospitals within the 30-county Michigan area.

## As a HAP Medicare Advantage plan member, which doctors, hospitals and pharmacies can I use?

With our HMO and HMO-POS plans, it's important to see providers in our network, or you risk being responsible for the cost. Cost may be significantly higher to receive routine care outside of our plan's network. Our network of providers includes doctors and other health care professionals, hospitals and other health care facilities.

Providers also include doctors and other health care professionals, hospitals and other health care facilities across our service area. Routine care outside our service area may not be covered.

In most cases, drugs should be purchased from pharmacies in our network. Costs may differ based on pharmacy type (preferred or non-preferred), mail order, long-term care (LTC) or home infusion and 30- or 90-day supply.

Please note that these networks can change at any time, and we'll let you know if the changes are relevant to you.

- View our provider and pharmacy directories at: [hap.org/resources](https://hap.org/resources)
- For a paper directory, please call one of these phone numbers:
  - Current HAP Senior Plus HMO and HMO-POS plans call: (800) 801-1770 (TTY: 711)
  - Current HAP Primary Choice: (866) 766-4714 (TTY: 711)
  - Prospective members: (800) 868-3153 (TTY: 711)
  - HAP MSU Health Care Medicare (HMO) plans call: (800) 801-1770 (TTY: 711)

Out-of-network/noncontracted providers are under no obligation to treat HAP Medicare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

# HMO - \$0 Premium Plans

## Here, with HMO plans

At HAP, HMO plans are available starting at \$0\*/month. This coverage comes with affordable premiums and copays, so you can easily manage your health care costs.

- \$0 copays for primary care visits with select plans
- \$0 deductibles for medical and all covered prescription drugs
- \$0 copay for a 90-day supply of Tier 1 and Tier 2 drugs purchased at

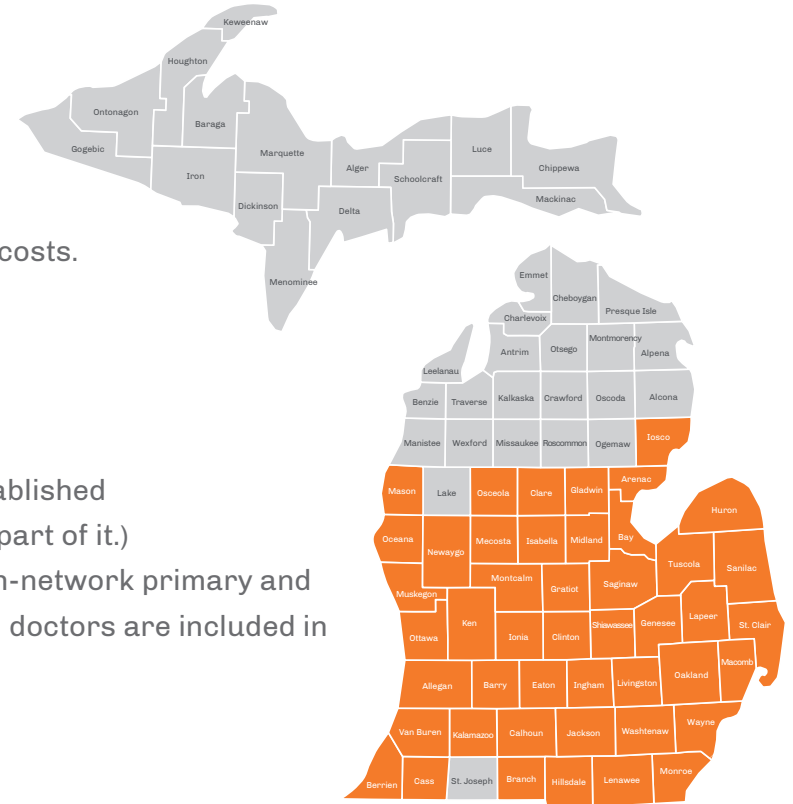
Pharmacy Advantage our preferred mail order pharmacy.

After enrolling in an HMO plan, you'll select a primary care physician from our established network of providers. (Chances are, your current doctor and hospital are already part of it.)

They'll partner with you to manage your health and wellness, coordinating all the in-network primary and specialty care you need. Our HAP Provider Directory has more details about which doctors are included in our networks and participate in each plan.\*\*

## Available in 46 Counties

Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, and Wayne.



You may be eligible to enroll if you are entitled to Medicare benefits under Part A, enrolled in Part B and reside in the HAP service area.

\* You must continue to pay your Medicare Part B premium.

\*\* The pharmacy network and/or provider networks may change at any time. You will receive notice when necessary.

# Monthly Premium, Deductibles and Coverage Limits

		Medical Only	
	HAP Senior Plus (HMO) (Plan 015)	HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Monthly premium</b> (In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)	\$0	\$0 Part B savings: \$50/month	\$0
<b>Yearly medical deductible</b>	\$0/year for some in-network hospital and medical services.		
<b>Yearly deductible for Part D prescription drugs</b>	\$0/year	Not Applicable	\$0/year
<b>Maximum yearly out-of-pocket costs</b> Like all Medicare plans, our plans limit your total out-of-pocket costs for medical and hospital care each year.	\$4,500 for services from in-network providers	\$4,500 for services from in-network providers	\$5,000 for services from in-network providers
	<i>NOTE: If you reach the limit on out-of-pocket costs, we pay the full cost of your hospital and medical services for the rest of the year. You are required to continue paying your monthly premiums. For plans 015, and 028, you are also required to continue paying cost-sharing for Part D prescription drugs.</i>		
<b>Coverage limits</b>	There are coverage limits every year for some benefits. Please contact HAP for details.		

# Covered Medical and Hospital Benefits

		Medical & Hospital	
		Medical Only	
	HAP Senior Plus (HMO) (Plan 015)	HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Hospital services (May require authorization.)</b>			
<b>Inpatient hospital care</b> Our plans cover an unlimited number of days for an inpatient hospital stay. There is no cost to you for additional days (after 90 days) not normally covered under Original Medicare.	<b>Days 1-6:</b> \$310 copay/day  <b>Days 7-90:</b> \$0 copay	<b>Days 1-7:</b> \$220 copay/day  <b>Days 8-90:</b> \$0 copay	<b>Days 1-6:</b> \$310 copay/day  <b>Days 7-90:</b> \$0 copay
<b>Outpatient hospital services</b> Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury.	\$250 copay	\$210 copay	\$270 copay
<b>Outpatient substance abuse</b> Group or individual therapy visit \$0.	\$0		
<b>Outpatient surgery</b> May require prior authorization and referral from your doctor.	\$250 copay	\$210 copay	\$270 copay
<b>Ambulatory surgical center</b>	\$155 copay	\$120 copay	\$185 copay



# Covered Medical and Hospital Benefits

	Medical Only		
	HAP Senior Plus (HMO) (Plan 015)	HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Primary care physician office visits</b>			
<b>Primary care physician visits</b>	\$0 copay		\$0 copay
<b>Specialist visits</b> (May require a referral from your doctor.)	\$40 copay	\$25 copay	\$30 copay
<b>Preventive care</b>			
Preventive care	<b>\$0 copay for services fully covered by Medicare</b>		
	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm ultrasound screening</li> <li>• Alcohol misuse counseling</li> <li>• Barium enemas</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular disease screening</li> <li>• Cervical and vaginal cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening tests</li> <li>• Diabetes self-management training</li> <li>• Digital rectal exams</li> <li>• EKG following welcome visit</li> <li>• Hepatitis C virus screening</li> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy services</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Smoking cessation services</li> <li>• Vaccines, including flu, Hepatitis B and pneumococcal shots</li> <li>• One Welcome to Medicare preventive visit</li> <li>• Yearly wellness visit</li> </ul>

Additional preventive services approved by Medicare during the contract year will be covered. If you receive services beyond this, cost-sharing will apply.

# Covered Medical and Hospital Benefits

In addition to Medicare-covered services received within the United States, we cover emergency/urgent care services outside the United States.

## Medical & Hospital

### Medical Only

**HAP Senior Plus (HMO) (Plan 015)**

**HAP Senior Plus (HMO) (Plan 019)  
Part D not included**

**MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)**

**46 counties**

**46 counties**

**46 counties**

### Worldwide emergency care/Urgently needed services

#### Worldwide emergency care

If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section for other costs.

\$90 copay

#### Urgently needed services, worldwide coverage

\$55 copay

# Covered Medical and Hospital Benefits

Costs may vary based on place of service.

	Medical Only		
	HAP Senior Plus (HMO) (Plan 015)	HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Outpatient diagnostic tests &amp; radiology</b> (May require prior authorization and a referral from your doctor.)			
<b>Hi-tech diagnostic radiology services</b> , such as CTs and MRIs and peripheral vascular disease ultrasounds	\$0 peripheral vascular disease ultrasounds \$175 high-tech diagnostic tests (CT, MRI, PET scan)	\$0 peripheral vascular disease ultrasounds \$150 high-tech diagnostic tests (CT, MRI, PET scan)	\$0 peripheral vascular disease ultrasounds \$250 high-tech diagnostic tests (CT, MRI, PET scan)
<b>Diagnostic tests &amp; procedures</b> Lab services, pacemaker testing, allergy testing, bone density testing, surgical supplies (splints and casts included).	\$0 copay		
<b>Other diagnostic tests</b> (including genetic testing)	\$150 copay	\$150 copay	\$200 copay
<b>Ultrasounds and outpatient X-rays</b> Copays for routine X-rays	\$35 copay		
<b>Therapeutic radiology services</b> , such as radiation treatment for cancer	\$60 copay		

NOTE: An additional cost for physician or professional services may apply if you receive services that have a cost-sharing amount during the same visit.

# Covered Medical and Hospital Benefits

	Medical & Hospital		
		Medical Only	
	HAP Senior Plus (HMO) (Plan 015)	HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
No prior authorization or referrals needed.	46 counties	46 counties	46 counties
<b>Hearing services</b>			
Medicare-covered diagnostic hearing and balance evaluation from a PCP/specialty care provider	\$0/\$40 copay	\$0/\$25 copay	\$0/\$30 copay
Annual routine hearing exam from a NationsBenefits provider	\$0 copay/exam; 1/calendar year		
<b>Hearing aids</b> Up to two (2) hearing aids per calendar year. Must obtain hearing aids from a NationsBenefits provider.	<b>Member Cost for One (1) Hearing Aid</b> Basic-\$689 Prime-\$989 Advanced-\$1,539 Premium-\$2,039	<b>Member Cost for Two (2) Hearing Aids</b> Basic-\$1,378 Prime-\$1,978 Advanced-\$3,078 Premium-\$4,078	
Hearing aid evaluation and fitting exam per hearing aid from a NationsBenefits provider	\$0 copay/exam; 1/calendar year		

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (HMO) (Plan 015)	Medical Only HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Dental services</b> (For coverage outside of Michigan, Indiana, Ohio, see Visitor/Traveler Benefit)			
<b>Medicare-covered comprehensive dental services from a PCP/specialty care provider</b>	\$0/\$40 copay	\$0/\$25 copay	\$0/\$30 copay
<b>Preventive services: 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewings per year.</b>	\$0 copay		
<b>Comprehensive services: root canals, extractions, fillings, crown repairs</b>	50% coinsurance		

\$3,000 maximum yearly benefit includes comprehensive and preventive services.

## Optional Dental Plans\* (Purchase separately)

These optional dental plans can be purchased with a HAP Medicare Advantage HMO Plan. For plans **Delta 50** and **Delta 70**, services must be provided by a dentist in the Delta Dental Medicare Advantage PPO™ and Medicare Advantage Premier networks in Michigan, Ohio and Indiana. For **Delta 100** plan, services must be provided by a Medicare Advantage PPO™ network in Michigan, Ohio or Indiana.\*\*

	Monthly premium*	Yearly deductible	Maximum yearly benefit	Plan coverage
<b>Plan 1 – Delta 50</b>	\$20/month	\$0/year	\$1,000	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 2 – Delta 70</b>	\$39.30/month	\$0/year	\$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 3 – Delta 100</b>	\$46.60/month	\$0/year	\$2,500	Basic services: 100% Diagnostic & preventive services: 100% Major services: 50%

\* In addition to your Medicare Part B and monthly premium.

\*\* See Visitor/Traveler Benefit for coverage outside of Michigan, Indiana, and Ohio.

# Covered Medical and Hospital Benefits

	Medical & Hospital		
		Medical Only	
	HAP Senior Plus (HMO) (Plan 015)	HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
No prior authorization or referrals needed.	46 counties	46 counties	46 counties
<b>Vision services</b>			
<b>Medicare-covered preventive/diagnostic eye exams from a PCP/specialty care provider</b>	\$0/\$40 copay	\$0/\$25 copay	\$0/\$30 copay
<b>Routine eye exam through an EyeMed provider.</b>	\$0 copay/exam; 1/calendar year		
<b>Supplemental eyewear</b> Includes contact lenses, eyeglasses (lenses and frames) and individual eyeglass lenses and frames. Additional discounts may be offered on any balance over the allowance and on additional pairs of eyewear, through a EyeMed provider.	\$130 allowance/calendar year		
<b>Medicare-covered eyewear</b> Following cataract surgery	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses, following cataract surgery.		

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (HMO) (Plan 015)	Medical Only HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Mental health services</b> (May require prior authorization.)			
<p><b>Inpatient visits (to psychiatric hospitals)</b></p> <p>Please note:</p> <ul style="list-style-type: none"> <li>•Members pay inpatient copays each benefit period.</li> <li>•A <b>benefit period</b> 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.</li> </ul>	<p><b>Days 1-6:</b> \$310 copay/day</p> <p><b>Days 7-90:</b> \$0 copay</p>	<p><b>Days 1-7:</b> \$220 copay/day</p> <p><b>Days 8-90:</b> \$0 copay</p>	<p><b>Days 1-6:</b> \$310 copay/day</p> <p><b>Days 7-90:</b> \$0 copay</p>
<p>There is a <b>lifetime limit of 190</b> days for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p>			
<p><b>Outpatient mental health services</b></p> <p>Provided by a state-licensed provider or other Medicare qualified mental health care professional as allowed under applicable state laws. Medicare covered individual or group therapy office visit.</p>	<p>\$0 copay</p> <p>If you receive additional services, cost sharing for those services may apply. See Evidence of Coverage for more details.</p>		

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	Medical & Hospital		
		Medical Only	
	HAP Senior Plus (HMO) (Plan 015)	HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Skilled nursing facility (SNF) care</b> (May require prior authorization.)			
<b>SNF care</b> Our plan covers up to 100 days per benefit period.	<b>Days 1-20: \$0 copay</b> <b>Days 21-100: \$196 copay/day</b>		
<b>Outpatient rehabilitation</b> (May require prior authorization.)			
<b>Cardiac rehabilitation</b>	\$0 copay		
<b>Pulmonary rehabilitation</b>	\$0 copay		
<b>Occupational therapy, physical therapy and language and speech therapy</b>	\$20 copay	\$10 copay	\$30 copay



# Covered Medical and Hospital Benefits

	HAP Senior Plus (HMO) (Plan 015)	Medical Only HAP Senior Plus (HMO) (Plan 019) Part D not included	MSU Health Care HAP MSUHC Medicare (HMO) (Plan 028)
	46 counties	46 counties	46 counties
<b>Ambulance</b>			
<p><b>Ambulance</b> Includes ground, air and worldwide. Ground ambulance prior authorization required non-emergent transports only. Air ambulance prior authorization required for all transport.</p>	\$275 copay/transport		\$300 copay/transport
<b>Transportation</b>			
<p><b>Transportation</b></p>	Not covered	\$0 (12 one-way trips)	Plan 028 offers a flex card allowance that can be used toward this benefit.
<b>Drugs covered under Medicare Part B (May require prior authorization.)</b>			
<p><b>Medicare Part B prescription drugs</b> Part B drugs may be subject to step therapy requirements. For Insulin delivered through a pump, see <i>Durable Medical Equipment</i>.</p>	20% of costs, depending on the drug		

# Focused Network Plans

## Here, with Focused Network HMO plans

At HAP, HMO plans are available starting at \$0\*/month. This coverage comes with affordable premiums and copays, so you can easily manage your health care costs.

- \$0 copays for primary care visits with select plans\*\*
- \$0 deductibles for medical and all covered prescription drugs
- \$0 copay for a 90-day supply of Tier 1 and Tier 2 drugs purchased at our preferred mail order pharmacy.

### Pharmacy Advan

After enrolling in an HMO plan, you'll select a primary care physician from our established network of providers. (Chances are, your current doctor and hospital are already part of it.) They'll partner with you to manage your health and wellness, coordinating all the in-network primary and specialty care you need. Our HAP Provider Directory has more details about which doctors are included in our networks and participate in each plan. †

**HAP Henry Ford Tiered Access (HMO) (Plan 018) - Available in 3 Counties**  
Macomb, Oakland, and Wayne

**HAP Primary Choice Medicare (HMO) (Plan 024) - Available in 7 Counties**  
Hillsdale, Jackson, Livingston, Macomb, Oakland, Washtenaw, and Wayne



You may be eligible to enroll if you are entitled to Medicare benefits under Part A, enrolled in Part B and reside in the HAP service area.

\* You must continue to pay your Medicare Part B premium.

\*\* \$0 copays for primary care visits for plan 024 and Tier 1 of plan 018. For plan 018, Tier 2 has a \$35 copay.

† The pharmacy network and/or provider networks may change at any time. You will receive notice when necessary.

# Monthly Premium, Deductibles and Coverage Limits

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		7 counties
	Tier 1	Tier 2	
<b>Monthly premium</b> (In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)	\$99		\$0
<b>Yearly medical deductible</b>	\$0/year for some in-network hospital and medical services.		
<b>Yearly deductible for Part D prescription drugs</b>	\$0/year		
<b>Maximum yearly out-of-pocket costs</b> Like all Medicare plans, our plans limit your total out-of-pocket costs for medical and hospital care each year.	\$4,750 for services from in-network providers		\$5,000 for services from in-network providers
	<i>NOTE: If you reach the limit on out-of-pocket costs, we pay the full cost of your hospital and medical services for the rest of the year. You are required to continue paying your monthly premiums. For plans 018 and 024, you are also required to continue paying cost-sharing for Part D prescription drugs.</i>		
<b>Coverage limits</b>	There are coverage limits every year for some benefits. Please contact HAP for details.		

# Covered Medical and Hospital Benefits

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		7 counties
	Tier 1	Tier 2	
<b>Hospital services (May require authorization.)</b>			
<p><b>Inpatient hospital care</b></p> <p>Our plans cover an unlimited number of days for an inpatient hospital stay. There is no cost to you for additional days (after 90 days) not normally covered under Original Medicare.</p>	<p><b>Days 1-6:</b> \$220 copay/day</p> <p><b>Days 7-90:</b> \$0 copay</p>	<p><b>Days 1-6:</b> \$295 copay/day</p> <p><b>Days 7-90:</b> \$0 copay</p>	<p><b>Days 1-7:</b> \$265 copay/day</p> <p><b>Days 8-90:</b> \$0 copay</p>
<p><b>Outpatient hospital services</b></p> <p>Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury.</p>	\$115 copay	\$205 copay	\$220 copay
<p><b>Outpatient substance abuse</b></p> <p>Group or individual therapy visit</p>	\$0 copay	\$35 copay	\$0 copay
<p><b>Outpatient surgery</b></p> <p>May require prior authorization and referral from your doctor.</p>	\$115 copay	\$205 copay	\$220 copay
<p><b>Ambulatory surgical center</b></p>	\$80 copay	\$120 copay	\$120 copay

# Covered Medical and Hospital Benefits

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		7 counties
	Tier 1	Tier 2	
<b>Primary care physician office visits</b>			
<b>Primary care physician visits</b>	\$0 copay	\$35 copay	\$0 copay
<b>Specialist visits</b> (May require a referral from your doctor.)	\$30 copay	\$50 copay	\$40 copay–PCP referral needed
<b>Preventive care</b>			
Preventive care	<b>\$0 copay for services fully covered by Medicare</b>		
	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm ultrasound screening</li> <li>• Alcohol misuse counseling</li> <li>• Barium enemas</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular disease screening</li> <li>• Cervical and vaginal cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening tests</li> <li>• Diabetes self-management training</li> <li>• Digital rectal exams</li> <li>• EKG following welcome visit</li> <li>• Hepatitis C virus screening</li> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy services</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Smoking cessation services</li> <li>• Vaccines, including flu, Hepatitis B and pneumococcal shots</li> <li>• One Welcome to Medicare preventive visit</li> <li>• Yearly wellness visit</li> </ul>

Additional preventive services approved by Medicare during the contract year will be covered. If you receive services beyond this, cost-sharing will apply.

# Covered Medical and Hospital Benefits

In addition to Medicare-covered services received within the United States, we cover emergency/urgent care services outside the United States.

HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
3 counties		7 counties
Tier 1	Tier 2	

**Worldwide emergency care/Urgently needed services**

<p><b>Worldwide emergency care</b> If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section for other costs.</p>	\$90 copay
<p><b>Urgently needed services, worldwide coverage</b></p>	\$55 copay

# Covered Medical and Hospital Benefits

Costs may vary based on place of service.

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		7 counties
	Tier 1	Tier 2	
<b>Outpatient diagnostic tests &amp; radiology</b> (May require prior authorization and a referral from your doctor.)			
<b>Hi-tech diagnostic radiology services</b> , such as CTs and MRIs and peripheral vascular disease ultrasounds.	\$0 peripheral vascular disease ultrasounds \$100 high-tech diagnostic tests (CT, MRI, PET scan)	\$0 peripheral vascular disease ultrasounds \$200 high-tech diagnostic tests (CT, MRI, PET scan)	\$0 peripheral vascular disease ultrasounds \$175 high-tech diagnostic tests (CT, MRI, PET scan)
<b>Diagnostic tests &amp; procedures</b> Lab services, pacemaker testing, allergy testing, bone density testing, surgical supplies (splints and casts included).	\$0 copay		
<b>Other diagnostic tests</b> (including genetic testing)	\$100 copay	\$200 copay	\$150 copay
<b>Ultrasounds and outpatient X-rays</b>	\$0 copay	\$35 copay	\$35 copay
<b>Therapeutic radiology services</b> , such as radiation treatment for cancer.	\$25 copay	\$40 copay	\$60 copay

NOTE: An additional cost for physician or professional services may apply if you receive services that have a cost-sharing amount during the same visit.

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		
	Tier 1	Tier 2	7 counties
<b>Hearing services</b>			
<b>Medicare-covered diagnostic hearing and balance evaluation from a PCP/specialty care provider</b>	\$0/\$30 copay	\$35/\$50 copay	\$0/\$40 copay
<b>Annual routine hearing exam from a NationsBenefits provider</b>	\$0 copay/exam; 1/calendar year		
<b>Hearing aids</b> Up to two (2) hearing aids per calendar year. Must obtain hearing aids from a NationsBenefits provider.	<b>Member Cost for One (1) Hearing Aid</b> Basic-\$689 Prime-\$989 Advanced-\$1,539 Premium-\$2,039	<b>Member Cost for Two (2) Hearing Aids</b> Basic-\$1,378 Prime-\$1,978 Advanced-\$3,078 Premium-\$4,078	
<b>Hearing aid evaluation and fitting exam per hearing aid from a NationsBenefits provider</b>	\$0 copay/exam; 1/calendar year		



# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		7 counties
	Tier 1	Tier 2	
<b>Dental services</b> (For coverage outside of Michigan, Indiana, Ohio, see Visitor/Traveler Benefit)			
<b>Medicare-covered comprehensive dental services from a PCP/specialty care provider</b>	\$0/\$30 copay	\$35/\$50 copay	\$0/\$40 copay
<b>Preventive services: 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewings per year.</b>	\$0 copay		
<b>Comprehensive services: root canals, extractions, fillings, crown repairs</b>	50% coinsurance		

\$3,000 maximum yearly benefit includes comprehensive and preventive services.

## Optional Dental Plans\* (Purchase separately)

These optional dental plans can be purchased with a HAP Medicare Advantage HMO Plan. For plans **Delta 50** and **Delta 70**, services must be provided by a dentist in the Delta Dental Medicare Advantage PPO™ and Medicare Advantage Premier networks in Michigan, Ohio and Indiana. For **Delta 100** plan, services must be provided by a Medicare Advantage PPO™ network in Michigan, Ohio or Indiana.\*\*

	Monthly premium*	Yearly deductible	Maximum yearly benefit	Plan coverage
<b>Plan 1 – Delta 50</b>	\$20/month	\$0/year	\$1,000	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 2 – Delta 70</b>	\$39.30/month	\$0/year	\$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 3 – Delta 100</b>	\$46.60/month	\$0/year	\$2,500	Basic services: 100% Diagnostic & preventive services: 100% Major services: 50%

\* In addition to your Medicare Part B and monthly premium.

\*\* See Visitor/Traveler Benefit for coverage outside of Michigan, Indiana, and Ohio.

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		
	Tier 1	Tier 2	7 counties
<b>Vision services</b>			
<b>Medicare-covered preventive/diagnostic eye exams from a PCP/specialty care provider</b>	\$0/\$30 copay	\$35/\$50 copay	\$0/\$40 copay
<b>Routine eye exam from an EyeMed provider</b>	\$0 copay/exam; 1/calendar year		
<b>Supplemental eyewear</b> Includes contact lenses, eyeglasses (lenses and frames) and individual eyeglass lenses and frames. Additional discounts may be offered on any balance over the allowance and on additional pairs of eyewear, through an EyeMed provider.	\$130 allowance/calendar year		
<b>Medicare-covered eyewear</b> Following cataract surgery	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses, following cataract surgery		

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

**Mental health services** (May require prior authorization.)

## Inpatient visits (to psychiatric hospitals)

Please note:

- Members pay inpatient copays each 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.

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		7 counties
	Tier 1	Tier 2	
	<p><b>Days 1-6:</b> \$220 copay/day</p> <p><b>Days 7-90:</b> \$0 copay</p>		
	<p><b>Days 1-6:</b> \$295 copay/day</p> <p><b>Days 7-90:</b> \$0 copay</p>		
	<p><b>Days 1-7:</b> \$265 copay/day</p> <p><b>Days 8-90:</b> \$0 copay</p>		
	<p>There is a <b>lifetime limit of 190</b> days for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p>		
	\$0 copay	\$35 copay	\$0 copay
	<p>If you receive additional services, cost sharing for those services may apply. See Evidence of Coverage for more details.</p>		

## Outpatient mental health services

Provided by a state-licensed provider or other Medicare qualified mental health care professional as allowed under applicable state laws. Medicare covered individual or group therapy office visit.

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Henry Ford Tiered Access (HMO) (Plan 018)		HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties		7 counties
	Tier 1	Tier 2	
<b>Skilled nursing facility (SNF) care</b> (May require prior authorization.)			
<p><b>SNF care</b> Our plan covers up to 100 days per benefit period.</p>	<p><b>Days 1-20:</b> \$0 copay <b>Days 21-100:</b> \$196 copay/day</p>		
<b>Outpatient rehabilitation</b> (May require prior authorization.)			
<b>Cardiac rehabilitation</b>	\$0 copay		
<b>Pulmonary rehabilitation</b>	\$0 copay		
<b>Occupational therapy, physical therapy and language and speech therapy</b>	\$10 copay	\$35 copay	\$20 copay

# Covered Medical and Hospital Benefits

	HAP Henry Ford Tiered Access (HMO) (Plan 018)	HAP Primary Choice Medicare (HMO) (Plan 024)
	3 counties	
	Tier 1	Tier 2
<b>Ambulance</b>		
<p><b>Ambulance</b> Includes ground, air and worldwide. Ground ambulance prior authorization required non-emergent transports only. Air ambulance prior authorization required for all transport.</p>	\$275 copay/transport	
<b>Transportation</b>		
<p><b>Transportation</b></p>	\$0 (12 one-way trips)	
<b>Drugs covered under Medicare Part B (May require prior authorization.)</b>		
<p><b>Medicare Part B prescription drugs</b> Part B drugs may be subject to step therapy requirements. For Insulin delivered through a pump, see <i>Durable Medical Equipment</i>.</p>	20% of costs, depending on the drug	

# HAP Senior Plus HMO-POS

## Here, with HMO-POS plans

At HAP, HMO-POS plan coverage comes with affordable premiums and copays, so you can easily manage your health care costs. HAP Senior Plus (HMO-POS) offers the option to seek care outside of the plan's wide network. However, you'll save money by staying in the network and using any

- Low copays for primary care visits with select plans
- \$0 deductibles for medical and all covered prescription drugs
- \$0 copay for a 90-day supply of Tier 1 and Tier 2 drugs purchased at Pharmacy

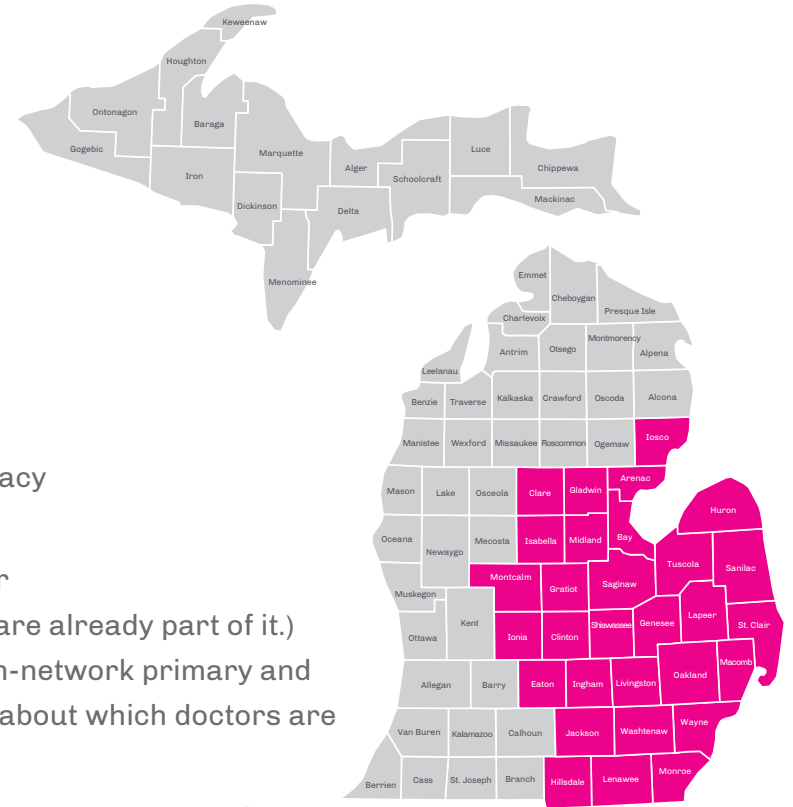
Advantage our preferred mail order pharmacy.

After enrolling in an HMO-POS plan, you'll select a primary care physician from our established network of providers. (Chances are, your current doctor and hospital are already part of it.) They'll partner with you to manage your health and wellness, coordinating all the in-network primary and specialty care you need. Our HAP Senior Plus Provider Directory has more details about which doctors are included in our networks and participate in each plan.\*

If you're interested in an HMO or PPO plan, please contact us at (800) 868-3153 (TTY: 711). You may be eligible to enroll if you are entitled to Medicare benefits under Part A, enrolled in Part B and reside in the HAP service area.

## Available in 30 Counties

Arenac, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Midland, Monroe, Montcalm, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, and Wayne.



\* The pharmacy network and/or provider networks may change at any time. You will receive notice when necessary.

# Monthly Premium, Deductibles and Coverage Limits

**Monthly premium**  
(In addition to your Medicare Part B premium)

**Yearly medical deductible**  
For some in-network hospital and medical services.

**Yearly deductible for Part D prescription drugs**

**Point of Service (POS)**

**Maximum, yearly out-of-pocket costs**  
Like all Medicare plans, our plans limit your total out-of-pocket costs for medical and hospital care each year.

**Coverage limits**

HAP Senior Plus (HMO POS)	
Option 1 (Plan 021)	Option 2 (Plan 022)
30 counties	30 counties
\$99	\$190
\$100 in-network only	\$0 in-network only
\$0/year	
Your plan allows you to get some services out-of-network for a 20% coinsurance up to \$1,000 maximum per year. A referral may be required for some services.	
\$5,000 for services from any provider	\$4,000 for services from any provider
<p><i>NOTE: If you reach the limit on out-of-pocket costs, we pay the full cost of your hospital and medical services for the rest of the year. You are required to continue paying your monthly premiums. For plans 021 and 022, you are also required to continue paying cost-sharing for Part D prescription drugs.</i></p>	
There are coverage limits every year for some in-network benefits. Please contact HAP for details.	

# Covered Medical and Hospital Benefits

	HAP Senior Plus (HMO POS)		
	Option 1 (Plan 021)	Option 2 (Plan 022)	
	30 counties	30 counties	
<b>Hospital services</b> (May require prior authorization.)			
<p><b>Inpatient hospital care</b> Our plans cover an unlimited number of days for an inpatient hospital stay.</p> <p>There is no cost to you for additional days (after 90 days) not normally covered under Original Medicare.</p>	<p><b>In-network:</b> Days 1-7: \$220 copay/day Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b> 20% coinsurance/stay</p>	<p><b>In-network:</b> Days 1-7: \$145 copay/day Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b> 20% coinsurance/stay</p>	
	Yearly point of service benefit limit:		
	\$1,000/year		
<p><b>Outpatient hospital services</b> Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury.</p>	<p><b>In-network:</b> \$165 copay <b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$110 copay <b>Point-of-service:</b> 20% of cost</p>	
	<p><b>Outpatient substance abuse</b> Group or individual therapy visit</p>	<p><b>In-network:</b> \$15 copay <b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$10 copay <b>Point-of-service:</b> 20% of cost</p>
		Yearly point of service benefit limit for all outpatient surgery services:	
\$1,000/year			
<p><b>Outpatient surgery</b> May require prior authorization and referral from your doctor.</p>	<p><b>In-network:</b> \$165 copay <b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$110 copay <b>Point-of-service:</b> 20% of cost</p>	
	Yearly point of service benefit limit for all outpatient surgery services:		
	\$1,000/year		
<p><b>Ambulatory surgical center</b></p>	<p><b>In-network:</b> \$110 copay <b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$70 <b>Point-of-service:</b> 20% of cost</p>	



# Covered Medical and Hospital Benefits

	HAP Senior Plus (HMO POS)	
	Option 1 (Plan 021)	Option 2 (Plan 022)
	30 counties	30 counties
<b>Primary care physician office visits</b>		
<b>Primary care physician visits</b>	<b>In-network:</b> \$15 copay  <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$10 copay  <b>Point-of-service:</b> 20% of cost
<b>Specialist visits</b> May require a referral from your primary care physician.	<b>In-network:</b> \$40 copay  <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$30 copay  <b>Point-of-service:</b> 20% of cost
Yearly point of service benefit limit for all primary and specialist visits:		
\$1,000/year		

# Covered Medical and Hospital Benefits

	HAP Senior Plus (HMO POS)	
	Option 1 (Plan 021)	Option 2 (Plan 022)
	30 counties	30 counties
<b>Preventive care</b>		
<b>Preventive care</b> Our plans cover many preventive services, including:	<b>In-network:</b> \$0 copay for services fully covered by Medicare <b>Point-of-service:</b> 20% of cost	
	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm ultrasound screening</li> <li>• Alcohol misuse counseling</li> <li>• Barium enemas</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular disease screening</li> <li>• Cervical and vaginal cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening tests</li> <li>• Diabetes self-management training</li> <li>• Digital rectal exams</li> <li>• EKG following welcome visit</li> <li>• Hepatitis C virus screening</li> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy services</li> </ul>
	<b>Obesity screening and counseling</b> <b>Prostate cancer screening (PSA)</b> <b>Sexually transmitted infections screening and counseling</b> <b>Smoking cessation services</b> <b>Vaccines, including flu, Hepatitis B and pneumococcal shots</b> <b>One Welcome to Medicare preventive visit</b> <b>Yearly wellness visit</b>	
	<b>Yearly point of service benefit limit:</b> \$1,000/year	

Additional preventive services approved by Medicare during the contract year will be covered. If you receive services beyond this, cost-sharing will apply.

# Covered Medical and Hospital Benefits

In addition to Medicare-covered services received within the United States, we cover emergency/urgent care services outside the United States.

HAP Senior Plus (HMO POS)	
Option 1 (Plan 021)	Option 2 (Plan 022)
30 counties	30 counties

**Worldwide emergency care/Urgently needed services**

**Worldwide emergency care**

If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section for other costs.

\$90 copay

**Urgently needed services, worldwide coverage**

\$55 copay

# Covered Medical and Hospital Benefits

Costs may vary based on place of service.

*NOTE: An additional cost for physician or professional services may apply if you receive services that have a cost-sharing amount during the same visit.*

HAP Senior Plus (HMO POS)		
	Option 1 (Plan 021)	Option 2 (Plan 022)
	30 counties	30 counties
<b>Diagnostic tests &amp; radiology</b> (May require prior authorization and a referral from your doctor.)		
<b>Hi-tech diagnostic radiology services</b> , such as CTs and MRIs and peripheral vascular disease ultrasounds.	\$0 peripheral vascular disease ultrasounds \$200 high-tech diagnostic tests (CT, MRI, PET scan)	\$0 peripheral vascular disease ultrasounds \$150 high-tech diagnostic tests (CT, MRI, PET scan)
<b>Diagnostic tests &amp; procedures</b> Lab services, pacemaker testing, allergy testing, bone density testing, surgical supplies (splints and casts included).	<b>In-network:</b> \$0 copay <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$0 copay <b>Point-of-service:</b> 20% of cost
<b>Other diagnostic tests</b> (including genetic testing)	<b>In-network:</b> \$150 copay <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$100 copay <b>Point-of-service:</b> 20% of cost
<b>Ultrasounds and Outpatient X-rays</b> Copays for routine X-rays	<b>In-network:</b> \$35 copay <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$0 copay <b>Point-of-service:</b> 20% of cost
<b>Therapeutic radiology services</b> , such as radiation treatment for cancer	<b>In-network:</b> \$35 copay <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$30 copay <b>Point-of-service:</b> 20% of cost
Yearly point of service benefit limit for all diagnostic tests & radiology services:		
\$1,000/year		

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (HMO POS)	
	Option 1 (Plan 021)	Option 2 (Plan 022)
	30 counties	30 counties
<b>Hearing services</b>		
<b>Medicare-covered diagnostic hearing and balance evaluation from a PCP/specialty care provider</b>	\$15/\$40 copay	\$10/\$30 copay
<b>Annual routine hearing exam from a NationsBenefits provider</b>	\$0 copay/exam; 1/calendar year	
<b>Hearing aids</b> Up to two (2) hearing aids per calendar year. Must obtain hearing aids from a NationsBenefits provider.	<b>Member Cost for One (1) Hearing Aid</b> Basic-\$689 Prime-\$989 Advanced-\$1,539 Premium-\$2,039	<b>Member Cost for Two (2) Hearing Aids</b> Basic-\$1,378 Prime-\$1,978 Advanced-\$3,078 Premium-\$4,078
<b>Hearing aid evaluation and fitting exam per hearing aid from a NationsBenefits provider</b>	\$0 copay/exam; 1/calendar year	

## Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (HMO POS)	
	Option 1 (Plan 021)	Option 2 (Plan 022)
	30 counties	30 counties
<b>Dental services</b>		
<b>Medicare-covered comprehensive dental services from a PCP or specialty care provider</b>	\$15/\$40 copay	\$10/\$30 copay
<b>Preventive services: 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewings per year.</b>	\$0 copay	
<b>Comprehensive services: root canals, extractions, fillings, crown repairs</b>	50% coinsurance	

\$3,000 maximum yearly benefit includes comprehensive and preventive services.

## Optional Dental Plans\* (Purchase separately)

These optional dental plans can be purchased with a HAP Medicare Advantage HMO Plan. For plans **Delta 50** and **Delta 70**, services must be provided by a dentist in the Delta Dental Medicare Advantage PPO™ and Medicare Advantage Premier networks in Michigan, Ohio and Indiana. For **Delta 100** plan, services must be provided by a Medicare Advantage PPO™ network in Michigan, Ohio or Indiana.

	Monthly premium*	Yearly deductible	Maximum yearly benefit	Plan coverage
<b>Plan 1 – Delta 50</b>	\$20/month	\$0/year	\$1,000	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 2 – Delta 70</b>	\$39.30/month	\$0/year	\$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 3 – Delta 100</b>	\$46.60/month	\$0/year	\$2,500	Basic services: 100% Diagnostic & preventive services: 100% Major services: 50%

\* In addition to your Medicare Part B and monthly premium.

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (HMO POS)	
	Option 1 (Plan 021)	Option 2 (Plan 022)
	30 counties	30 counties
<b>Vision services</b>		
<b>Medicare-covered preventive/diagnostic eye exams from a PCP or specialty care provider</b>	\$15/\$40 copay	\$10/\$30 copay
<b>Routine eye exam from an EyeMed provider</b>	\$0 copay/exam; 1/calendar year	
<b>Supplemental eyewear</b> Includes contact lenses, eyeglasses (lenses and frames) and individual eyeglass lenses and frames. Additional discounts may be offered on any balance over the allowance and on additional pairs of eyewear, through an EyeMed provider.	\$130 allowance/calendar year	
<b>Medicare-covered eyewear</b>	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses, following cataract surgery	

# Covered Medical and Hospital Benefits

		HAP Senior Plus (HMO POS)		
		Option 1 (Plan 021)	Option 2 (Plan 022)	
		30 counties	30 counties	
<b>Mental health services</b> (May require prior authorization.)				
<p><b>Inpatient visits (to psychiatric hospitals)</b> Please note:</p> <ul style="list-style-type: none"> <li>Members pay inpatient copays each benefit period.</li> <li>A <b>benefit period</b> 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.</li> </ul>	<p><b>In-network:</b> Days 1-7: \$220 copay/day Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b> 20% of cost/stay</p>	<p><b>In-network:</b> Days 1-7: \$145 copay/day Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b> 20% of cost/stay</p>		
	<p>There is a <b>lifetime limit of 190 days</b> for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p>			
	<p>Yearly point of service benefit limit:</p> <p>\$1,000/year</p>			
<p><b>Outpatient mental health care</b></p> <p>Outpatient mental health services provided by a state-licensed provider or other Medicare qualified mental health care professional as allowed under applicable state laws. See Evidence of Coverage for more details.</p>	<p><b>In-network:</b> \$15 copay <b>Point-of-service:</b> 20% of cost</p> <p>If you receive additional services, cost-sharing for those services may apply. May require prior authorization.</p>	<p><b>In-network:</b> \$10 copay <b>Point-of-service:</b> 20% of cost</p> <p>If you receive additional services, cost-sharing for those services may apply. May require prior authorization.</p>		



# Covered Medical and Hospital Benefits

HAP Senior Plus (HMO POS)	
Option 1 (Plan 021)	Option 2 (Plan 022)
30 counties	30 counties

**Skilled nursing facility (SNF) care (May require prior authorization.)**

<b>SNF care</b> Our plan covers up to 100 days per benefit period.	<b>In-network:</b> Days 1-20: \$0 copay Days 21-100: \$196 copay/day <b>Point-of-service:</b> 20% of cost/stay
	Yearly point of service benefit limit:
	\$1,000/year

**Outpatient rehabilitation (May require prior authorization.)**

<b>Cardiac rehabilitation</b>	<b>In-network:</b> \$0 copay <b>Point-of-service:</b> 20% of cost		
<b>Pulmonary rehabilitation</b>	<b>In-network:</b> \$0 copay <b>Point-of-service:</b> 20% of cost		
<b>Occupational therapy, physical therapy and language and speech therapy</b>	<table border="1"> <tr> <td> <b>In-network:</b> \$20 copay  <b>Point-of-service:</b> 20% of cost               </td> <td> <b>In-network:</b> \$10 copay  <b>Point-of-service:</b> 20% of cost               </td> </tr> </table>	<b>In-network:</b> \$20 copay <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$10 copay <b>Point-of-service:</b> 20% of cost
	<b>In-network:</b> \$20 copay <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$10 copay <b>Point-of-service:</b> 20% of cost	
	Yearly point of service benefit limit for all outpatient rehabilitation services:		
\$1,000/year			

# Covered Medical and Hospital Benefits

	HAP Senior Plus (HMO POS)	
	Option 1 (Plan 021)	Option 2 (Plan 022)
	30 counties	30 counties
<b>Ambulance</b> (Prior authorization required for non-emergencies.)		
<b>Ambulance</b> Includes ground, air and worldwide	<b>In-network:</b> \$250 copay/transport <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$225 copay/transport <b>Point-of-service:</b> 20% of cost
<b>Transportation</b>		
<b>Transportation</b>	\$0 copay (12 one-way trips)	
<b>Drugs covered under Medicare Part B</b> (May require prior authorization.)		
<b>Medicare Part B prescription drugs</b> Part B drugs may be subject to step therapy requirements. For Insulin delivered through a pump, see <i>Durable Medical Equipment</i> .	<b>In-network (depending on drug) and point-of-service:</b> 20% of cost	

# Save on Prescription Drugs in all our HMO plans.

## **Medicare Advantage Part D Prescription Drug Coverage**

With HAP prescription drug coverage, our goal is to make sure you get the highest-quality medications at the lowest possible cost. We help make it easy with services like home delivery, medication management and easy online access to prescription information. The following plans are covered:

HAP Senior Plus (HMO) Plan 015

HAP MSU Health Care Medicare (HMO)

HAP Primary Choice Medicare (HMO)

HAP Henry Ford Tiered Access (HMO)

HAP Senior Plus (HMO-POS)

Plan 019 does not have prescription drug coverage

## **Savings at Preferred Pharmacies**

During the initial coverage phase of your Part D benefit, HAP's preferred pharmacies offer lower copays. Prescriptions must be filled at HAP-contracted pharmacies. We have many preferred pharmacies in our network, including large national chains. Pharmacies will be listed as either "preferred" or "standard" in HAP's pharmacy directory. To find a pharmacy, go to [hap.org/pharmacy](http://hap.org/pharmacy) or call the customer service number on your member ID card.

## Part D Coverage Stages

Each year, you have four stages of coverage under Medicare Part D. These stages are set by Medicare and described below.

Stage	Begins	Your drug costs	Ends
<b>Stage 1</b> <b>Yearly deductible</b>	HAP Medicare Advantage plans have no deductible, so you won't begin in this stage.		
<b>Stage 2</b> <b>Initial coverage</b>	When you fill your first prescription of the year	You pay a copay or coinsurance, depending on the drug tier and the pharmacy.	You are in this stage until your year-to-date total drug costs (your payments plus any Part D plan's payments) total \$4,660.
<b>Stage 3</b> <b>Coverage gap or "donut hole"</b>	After you reach total drug costs of \$4,660	During this stage, 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 are in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$7,400.
<b>Stage 4</b> <b>Catastrophic coverage</b>	After your year-to-date out-of-pocket costs reach \$7,400	You are responsible for \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or 5% of the cost whichever is greater.	Until the end of the year

## Drug Tiers

The tier placement of the drug determines how much you'll pay out-of-pocket for your medication.

### Part D Senior Savings Model

You can identify Select Insulins by the symbol “SSM” on the drug formulary. You can find the drug formulary in the drop down accordion at [hap.org/pharmacy](http://hap.org/pharmacy). Select Insulins copays apply in the Initial Coverage, and Coverage Gap phases of the Part D benefit. In Catastrophic phase you pay 5% of the cost of Select Insulins.

Tier	Drug type	Description	Copay level
<b>Tier 1</b>	Preferred generic	Generic drugs with the same active ingredients and strength as brand-name drugs	Lowest cost sharing tier except for Select Care Drugs in Tier 6
<b>Tier 2</b>	Generic	Generic drugs not in the preferred generics tier and some brand-name drugs	Higher copay than preferred generic
<b>Tier 3</b>	Preferred brand	This tier contains mostly brand-name drugs and includes some high-cost generic drugs, and also Select Insulins	Preferred drugs with lower copays
<b>Tier 4</b>	Non-Preferred Drugs	Brand-name drugs not in the preferred brand tier and some generic drugs	Higher cost-sharing than preferred drugs
<b>Tier 5</b>	Specialty tier	Used to treat complex and chronic illnesses. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP.	These drugs are high cost and unique. They exceed a monthly cost established by the Centers for Medicare & Medicaid Services.
<b>Tier 6</b>	Select Care Drugs	See page 50-51.	Preventive vaccines and some common generic drugs for blood pressure, cholesterol, and diabetes at \$0 cost share until the Catastrophic Phase is reached.

### Coverage Requirements and Limits

HAP has a list of covered drugs, also known as a formulary. Some covered drugs have requirements or limits. These requirements are listed on the formulary and may include:

- **Prior authorization:** For some drugs, you'll need to get approval from HAP before your prescription is filled.
- **Step therapy:** In some cases, HAP may require you to first try a certain drug to treat your condition before another drug is covered.
- **Quantity limits:** Certain drugs have quantity limits.

# Prescription Drug Benefits

Preferred retail network, standard retail cost-sharing for Medicare Part D prescription drugs

Stage 1: Initial coverage		Preferred network	Standard network
<b>Tier 1: Preferred Generics</b>	<b>1-month supply</b>	\$0 copay	\$7 copay
	<b>2-month supply</b>	\$0 copay	\$14 copay
	<b>3-month supply</b>	\$0 copay	\$21 copay
<b>Tier 2: Generics</b>	<b>1-month supply</b>	\$10 copay	\$16 copay
	<b>2-month supply</b>	\$20 copay	\$32 copay
	<b>3-month supply</b>	\$30 copay	\$48 copay
<b>Tier 3: Preferred Brand</b>	<b>1-month supply</b>	\$42 copay Select Insulins \$10	\$47 copay Select Insulins \$25
	<b>2-month supply</b>	\$84 copay Select Insulins \$20	\$94 copay Select Insulins \$50
	<b>3-month supply</b>	\$126 copay Select Insulins \$30	\$141 copay Select Insulins \$75
<b>Tier 4: Non-Preferred Drugs</b>	<b>1-month supply</b>	48% of cost	50% of cost
	<b>2-month supply</b>	48% of cost	50% of cost
	<b>3-month supply</b>	48% of cost	50% of cost
<b>Tier 5: Specialty Tiers</b>	<b>1-month supply</b>	33% of cost	33% of cost
<b>Tier 6: Select Care Drugs</b>	<b>1-month supply</b>	\$0 copay	\$0 copay

HAP Senior Plus (HMO) (Plan 019) is medical only and does not include Part D prescription coverage.

# Prescription Drug Benefits

Long-term care (LTC) cost-sharing (up to a 31-day supply)

Preferred retail network, standard retail cost-sharing for Medicare Part D prescription drugs

Stage 1: Initial coverage		Preferred network	Standard network
<b>Tier 1: Preferred Generics</b>	<b>1-month supply</b>	\$0 copay	\$7 copay
<b>Tier 2: Generics</b>	<b>1-month supply</b>	\$10 copay	\$16 copay
<b>Tier 3: Preferred Brand</b>	<b>1-month supply</b>	\$42 copay Select Insulins \$10	\$47 copay Select Insulins \$25
<b>Tier 4: Non-Preferred Drugs</b>	<b>1-month supply</b>	48% of cost	50% of cost
<b>Tier 5: Specialty Tiers</b>	<b>1-month supply</b>	33% of cost	33% of cost
<b>Tier 6: Select Care Drugs</b>	<b>1-month supply</b>	\$0 copay	\$0 copay

HAP Senior Plus (HMO) (Plan 019) is medical only and does not include Part D prescription coverage.

# Prescription Drug Benefits

Long-term supply through mail order cost-sharing of covered Part D prescription drugs.

Stage 1: Initial coverage		Preferred network	Standard network
<b>Tier 1: Preferred Generics</b>	<b>1-month supply</b>	\$0 copay	\$7 copay
	<b>2-month supply</b>	\$0 copay	\$14 copay
	<b>3-month supply</b>	\$0 copay	\$21 copay
<b>Tier 2: Generics</b>	<b>1-month supply</b>	\$10 copay	\$16 copay
	<b>2-month supply</b>	\$20 copay	\$32 copay
	<b>3-month supply</b>	\$0 copay	\$48 copay
<b>Tier 3: Preferred Brand</b>	<b>1-month supply</b>	\$42 copay Select Insulins \$10	\$47 copay Select Insulins \$25
	<b>2-month supply</b>	\$84 copay Select Insulins \$20	\$94 copay Select Insulins \$50
	<b>3-month supply</b>	\$105 copay Select Insulins \$0	\$141 copay Select Insulins \$75
<b>Tier 4: Non-Preferred Drugs</b>	<b>1-month supply</b>	48% of cost	50% of cost
	<b>2-month supply</b>	48% of cost	50% of cost
	<b>3-month supply</b>	48% of cost	50% of cost
<b>Tier 5: Specialty Tiers</b>	<b>1-month supply</b>	33% of cost	33% of cost
<b>Tier 6: Select Care Drugs</b>	<b>1-month supply</b>	\$0 copay	\$0 copay

HAP Senior Plus (HMO) (Plan 019) is medical only and does not include Part D prescription coverage.



# Prescription Drug Benefits

## Stage 2: Coverage Gap

Begins after yearly drug cost (including what our plan and you have paid) reaches \$4,660 and ends when your out-of-pocket cost reaches \$7,400

**Covered brand-name drugs:**  
25% of plan cost

**Covered generic drugs:**  
25% of plan cost

During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$10-25 per month.

For Select Care drugs (tier 6), you will continue to pay your Initial Coverage Stage copayment of \$0.

## Stage 3: Catastrophic Coverage

Applies after your yearly out-of-pocket drug costs (including those purchased via retail and mail order) reach \$7,400

\$4.15 copay for generic drugs  
(including brand-name drugs treated as a generic)  
and a \$10.35 copay for all other drugs,  
or 5% of the cost, whichever is greater

HAP Senior Plus (HMO) (Plan 019) is medical only and does not include Part D prescription coverage.

# **NEW!** Medicare Tier 6 Drugs and Copay Reductions

The HAP Medicare Formulary includes 6 tiers of coverage. Tier 6 includes vaccines and Select Care drugs. Covered vaccines in Tier 6 have \$0 cost share. Drugs in Tier 6 have a \$0 copay for up to a 90-day supply in the initial coverage phase and through the gap. Drugs in this tier include commonly prescribed generic drugs used to treat high blood pressure, diabetes, and high cholesterol. See the list below that highlights drugs new to Tier 6 for 2023.

HAP has also lowered the Tier and cost share for other common drugs, including some brand-named prescriptions for diabetes.

Always refer to your formulary to get the most up-to-date drug information.

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

Call Client Service for more information.

## **New Tier 6 Medications**

### **High Blood Pressure Medications**

<b>Amlodipine</b>	<b>Hydralazine</b>	<b>Quinapril-Hydrochlorothiazide</b>
<b>Amlodipine-Benazepril</b>	<b>Lisinopril</b>	<b>Ramipril</b>
<b>Benazepril</b>	<b>Lisinopril-Hydrochlorothiazide</b>	<b>Telmisartan</b>
<b>Benazepril-Hydrochlorothiazide</b>	<b>Losartan</b>	<b>Trandolapril</b>
<b>Cartia XT</b>	<b>Losartan-Hydrochlorothiazide</b>	<b>Valsartan</b>
<b>Diltiazem 24HR ER</b>	<b>Moexipril</b>	<b>Verapamil</b>
<b>Diltiazem</b>	<b>Olmesartan</b>	<b>Verapamil ER</b>
<b>Enalapril</b>	<b>Perindopril</b>	
<b>Felodipine</b>	<b>Quinapril</b>	

### **High Cholesterol Medications**

<b>Atorvastatin</b>	<b>Pravastatin</b>	<b>Simvastatin</b>
<b>Lovastatin</b>	<b>Rosuvastatin</b>	

### **Diabetes Medications**

<b>Metformin</b>	<b>Metformin ER</b>	<b>Repaglinide</b>
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## Drugs with Reduced Cost Share for 2023

Drug Class	Drug	Tier Placement
Antidiabetic	Farxiga	2
Antidiabetic	Xigduo XR	2
Antidiabetic	Trulicity	2
Antidiabetic	Jardiance	2
Antidiabetic	Synjardy	2
Antidiabetic	Synjardy XR	2
Antidiabetic	Victoza	2
Antidiabetic	Ozempic	2
Antidiabetic	Rybelsus	2
Migraine	Sumatriptan Nasal Spray	2
Antiarrhythmic (heart rhythm)	Dofetilide	2
Diuretic	Bumetanide	1
Anti-Parkinson	Pramipexole ER	1
Prostatic-Hypertrophy (enlarged agent)	Tamsulosin	1
Platelet Inhibitor	Clopidogrel	1
Bone Loss Treatment	Alendronate	1
Antidepressant	Sertraline	1

## Additional Covered Benefits

HAP offers a variety of supplemental benefits to help meet your needs. The chart below is an overview of these benefits available by plan. These supplemental benefits are offered above and beyond Original Medicare. For more details of each benefit review pages 53-57 following the chart.

	015	019	028	024	018	021	022
Chiropractic care	✓	✓	✓	✓	✓	✓	✓
Companion care	NC	✓	Flex	NC	✓	✓	✓
Diabetes monitoring supplies & therapeutic shoes or inserts	✓	✓	✓	✓	✓	✓	✓
Diabetes self-management training	✓	✓	✓	✓	✓	✓	✓
Digital diabetes management	✓	✓	✓	✓	✓	✓	✓
Durable medical equipment	✓	✓	✓	✓	✓	✓	✓
Emergency travel protection	✓	✓	✓	✓	✓	✓	✓
Flexible Benefit Card	NC	NC	✓	NC	NC	NC	NC
Gym membership	✓	✓	✓	✓	✓	✓	✓
Home health care	✓	✓	✓	✓	✓	✓	✓
Hospice	✓	✓	✓	✓	✓	✓	✓
Meal Benefit	✓	✓	NC	✓	✓	✓	✓
Over-the-counter items	✓	✓	Flex	✓	✓	✓	✓
Personal emergency devices	NC	✓	Flex	NC	✓	✓	✓
Podiatry (foot care) exams and treatment for diabetes-related services	✓	✓	✓	✓	✓	✓	✓
Prosthetic devices and related medical supplies	✓	✓	✓	✓	✓	✓	✓
Renal dialysis, self-dialysis, dialysis at a treatment network facility	✓	✓	✓	✓	✓	✓	✓
Telehealth services	✓	✓	✓	✓	✓	✓	✓
Unlimited nutritional counseling	✓	✓	✓	✓	✓	✓	✓
Visitor/Traveler benefit	✓	✓	✓	✓	✓	NC	NC

✓ - covered    NC - not covered    Flex - Flexible Benefit Card option. See Flexible Benefit Card under Additional Covered Benefits.

# Additional Covered Benefits

Chiropractic care (May require a referral from your doctor.)	
<p><b>Chiropractic care</b> Covers only manipulation of spine to move bones back into position</p>	\$20 copay
Companion care	
<p><b>Companion care</b> NationsBenefits Optimized Companion Care benefit provides up to 8 hours a month of companion care for eligible members. <b>Plans 015, 024 and 028 not covered.</b> <b>Plan 028 offers a flex card allowance that can be used toward this benefit.</b></p>	<p>\$0</p> <p>Members who are at risk for social isolation are matched with a compatible companion who makes periodic visits to the home and communicate regularly via phone. The NationsBenefits companion provides emotional support and socialization by helping with a variety of tasks, such as running errands, household chores, social activities, transportation, meal preparation and setting up technology.</p>
Diabetes management (May require prior authorization.)	
<p><b>Monitoring supplies &amp; therapeutic shoes or inserts</b></p>	\$0 copay
<p><b>Self-management training</b></p>	\$0 copay
<p><b>Digital diabetes management</b></p>	<p>HAP's Digital Diabetes program offers additional tools to manage dual-diagnose of Type 1 or Type 2 diabetes and hypertension, including assistance with weight and access to the myStrength digital wellbeing application. See Evidence of Coverage for details and limitations.</p>

## Additional Covered Benefits

Durable medical equipment	
Durable medical equipment, such as wheelchairs, insulin and insulin pumps, oxygen, etc.	20% of cost. See Evidence of Coverage for details and limitations.
Emergency travel protection benefit	
HAP's Emergency Travel Protection powered by Assist America*	\$0 Travel worry-free with global travel emergency services from Assist America®, including identity theft protection, 24/7 professional fraud support and help with unexpected medical expenses*
Flexible Benefit Card	
<p><b>Flexible Benefit Card</b> For Plan 028, NationsBenefits offers a pre-paid Mastercard with a combined annual limit of \$500 to help reduce your out-of-pocket expenses for dental, vision, hearing, over-the-counter (OTC), personal emergency response system (PERS), companion care and transportation services.</p> <p>Not offered on Plans 015, 019, 024, 018, 021 or 022</p>	<p>\$500 allowance/per year Only Plan 028 See Evidence of Coverage for details and limitations</p>

\*Our services are a supplement to your existing health insurance. Assist America does not charge members for any of its services, but once you are safely in the care of a qualified physician, your health insurance should cover the costs of your actual treatment and hospitalization.

# Additional Covered Benefits

Gym and fitness programs	
<p><b>\$0 gym membership at participating fitness facilities</b></p> <p>The Peerfit® Move program provides members, at no cost, access to memberships at participating fitness centers/ YMCAs or independent classes (such as yoga, Pilates, HIIT, Barre, etc.). As well as access to FitOn Streaming Fitness and At-Home FitKits for members who are unable to participate at a fitness center or prefer to workout at home.</p>	<p style="text-align: center;">\$0 copay</p> <p style="text-align: center;"><b>NEW IN 2023.</b> The Peerfit® Move <b>Out-of-Network Benefit</b> is designed to minimize member disruption as the member moves from one fitness program to another. For any gyms or studios not yet contracted with the Peerfit Move program, Peerfit Move will provide reimbursement for the gym/studio membership for up to six months (limited to one monthly membership per member per month, not to exceed the total cost of an in network location) Members are not eligible to use in network and out of network benefits within the same month.</p>
Home health care	
<p><b>Home health care</b></p>	<p style="text-align: center;">\$0 copay</p>
Hospice	
<p><b>Hospice</b></p>	<p style="text-align: center;">Medicare-certified hospice is paid for by Original Medicare, with the exception of some drugs. Please contact HAP for details.</p>
Meal Benefit	
<p><b>Meal Benefit</b></p> <p><b>Not offered on plan 028</b></p>	<p style="text-align: center;">\$0</p> <p style="text-align: center;">Members that have congestive heart failure, hypertension or diabetes, can receive 28 meals over 14 days of fresh, nutritious, ready-to-heat meals delivered to their home after discharge from the hospital for one of these conditions.</p>

## Additional Covered Benefits

Over the counter items	
<p><b>Over-the-counter items</b></p> <p><b>Plan 028 offers a flex card allowance that can be used toward this benefit.</b></p>	<p>\$45-\$75 allowance/quarter. See Evidence of Coverage for details and limitations.</p>
Personal emergency devices	
<p><b>Personal emergency devices</b></p> <p>NationsBenefits Personal Emergency Response System (PERS) Benefit provides eligible members PERS devices.</p> <p><b>Plans 015, 024 and 028 not covered.</b></p> <p><b>Plan 028 offers a flex card allowance that can be used toward this benefit.</b></p>	<p>\$0</p> <p>The NationsBenefits technology based solution provides HAP Medicare members at risk for falls with great independence, safety and security, while keeping them connected with caregivers, loved ones and their support networks. With push button technology and GPS tracking, emergency response systems are critical safety solutions to help address falls, accidents and even feelings of loneliness and social isolation. All PERS devices include two-way communication to ADT monitoring centers, water resistant wristband and pendant options, 24/7/365 monitoring services and home temperature monitoring.</p>
Podiatry services (May require a referral from your doctor.)	
<p><b>Podiatry (foot care) exams and treatment for diabetes-related services</b></p>	<p>\$0 for diabetic condition specific podiatry services, up to \$50 specialist copay. See Evidence of Coverage for details and limitations.</p>
<p><b>Prosthetic devices and related medical supplies, such as braces, artificial limbs, etc.</b></p>	<p>20% of cost. See Evidence of Coverage for details and limitations.</p>
Renal dialysis (May require prior authorization and referral from your doctor.)	
<p><b>Renal dialysis and self-dialysis and dialysis at a treatment network facility</b></p>	<p>20% coinsurance</p>



# Additional Covered Benefits

Telemedicine	
<p><b>Telehealth services</b></p> <p>Services using remote access technology, such as a smartphone, laptop or tablet provided through a HAP network provider or urgent care center.</p>	<p>\$0-\$15/PCP \$55/Urgent Care Center</p>
Unlimited nutritional counseling	
<p><b>Unlimited nutritional counseling</b></p> <p>Unlimited individual medical nutritional counseling is a service provided by a clinician for the prevention and treatment of a medical illness.</p>	<p>\$0 copay</p>
Visitor/Traveler benefit	
<p>Extends coverage to members during visits to Arizona, Florida, Michigan (out-of-area) and Texas for up to 12 months.</p>	<p>Covered Not eligible on HMO-POS Plans 021 and 022</p>

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MEDICARE  
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Relax, HAP makes choosing the right Medicare plan a day at the beach.

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**(800) 868-3153 (TTY: 711)**

We'll help you pick the right plan with benefits that work harder for you.

- Up to \$400/year for over-the-counter items, depending on the plan you select.
- New drugs added to Tier 6 at \$0 cost. See formulary to get the most up-to-date drug information.
- \$3,000 maximum yearly benefit includes comprehensive and preventive dental services.
- \$130 allowance for supplemental eyewear.

