HAP Senior Plus Group (HMO) offered by Health Alliance Plan of Michigan

Annual Notice of Changes for 2022

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

- **Your coverage is provided through a contract with your current or former employer or union group. Please contact your employer/union group benefit administrator for information about your benefit election period.**

What to do now

1. ASK: Which changes apply to you

☐

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 2.1, 2.2 and 2.4 for information about benefit and cost changes for our plan.

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- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?

☐

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

CONTACT YOUR EMPLOYER/UNION GROUP BENEFIT ADMINISTRATOR FOR INFORMATION ABOUT YOUR BENEFIT ELECTION PERIOD.

As a Medicare beneficiary, you may also choose to return to Original Medicare and elect a plan *on your own and at your own cost.*

Follow steps 2. COMPARE, 3, CHOOSE and 4. ENROLL to elect a plan on your own and at your own cost.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.

- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on

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

- If you don't join another plan by December 7, 2021 , you will be enrolled in *HAP Senior Plus Group.*
- We hope to keep you as a member next year but if you decide other coverage will better meet your needs for 2022, you can contact your employer/union group benefit administrator.

Additional Resources

- Please contact our Customer Service number at (800) 801-1770 for additional information. (TTY users should call 711). Hours of operation: April 1st through September 30th: Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st: Seven days a week, 8 a.m. to 8 p.m. Medicare Part B 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.
- **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 for more information.

About HAP Senior Plus

- *Health Alliance Plan (HAP)* has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment in the plan depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Health Alliance Plan of Michigan. When it says "plan" or "our plan," it means *HAP Senior Plus.*

Summary of Important Costs for 2022

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

Cost	2021 (this year)	2022 (next year)
Monthly plan premium	Refer to your employer or union group benefit administrator for what you may pay for this plan.	Refer to your employer or union group benefit administrator for what you may pay for this plan.
Deductible	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	$1,500	$1,500
Doctor office visits	Primary care visits: $25 Copay per visit Specialist visits: $25 Copay per visit	Primary care visits: $25 Copay per visit Specialist visits: $25 Copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	$0 Copay per admission	$0 Copay per admission

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Table of Contents

SECTION 1 Unless You Choose Another Plan, You Will Stay Enrolled in *HAP Senior Plus* in 2022

You do not have to do anything to stay enrolled in *HAP Senior Plus.*

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

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium if it is not paid by another party.)	Refer to your employer or union group benefit administrator for what you may pay for this plan.	Refer to your employer or union group benefit administrator for what you may pay for this plan.

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

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium (if any) does not count toward your maximum out-of-pocket amount.	$1,500	$1,500 Once you have paid $1,500 out-of-pocket for plan-covered services, you will pay nothing for your plan-covered services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

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

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

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

Section 2.4 – Changes to Benefits and Costs for Medical Services

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

Opioid treatment program services

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

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.

- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Ambulance Services	You pay nothing for ambulance services per trip. The Community Paramedics Program is not covered.	You pay nothing for ambulance services per trip. HAP participates in a Community Paramedics Program that allows you an alternate treatment destination or the option to receive treatment in place instead of an unnecessary transport to the emergency room, in specific counties where paramedics are participating. The ideal site of care for you will be chosen and this includes care provided at the site of the 911 call by paramedics. The paramedics will treat, triage and transport as needed, and the appropriate copay will apply. A 911 call that does not require transport may be billed as a covered service instead of an ER copay.
Home Health Care Services	The Mobile Integrated Health Program is not covered.	HAP participates in a Mobile Integrated Health (MIH) Program through

Cost	2021 (this year)	2022 (next year)
		the Henry Ford Health System that supports members by providing in-home care as an alternative to an emergency department visit or hospital re-admission based on a member's clinical need. The program is targeted to members who have a high probability of hospital re-admission, post-discharge. Eligible members are pre-identified for this program based on risk score, and/or risk for re-admission. Outreach will be done to eligible members to enroll them in the voluntary MIH program. Once enrolled, MIH paramedics, under the direction of a Henry Ford Health System physician, will perform at least 2 home visits over 30 days to provide a number of services that address specific health care needs that traditionally require emergency medical services (EMS), emergency department (ED) care, or hospital admission.
Visitor/Traveler Benefit	Visitor/Traveler benefit is <u>not</u> covered.	In-network cost share applies for all plan covered services while traveling to

Cost	2021 (this year)	2022 (next year)
		Arizona, Florida, Michigan (out-of-service area) and Texas for up to 6 months.

SECTION 3 Administrative Changes

Cost	2021 (this year)	2022 (next year)
Vision Care Routine Eye Exam	**In-Network:** You pay nothing for a routine eye exam. Must use a HAP in-network provider. **Out-of-Network:** You pay a $20 copay for a routine eye exam.	**In-Network:** You pay nothing for a routine eye exam. Must use an EyeMed provider. **Out-of-Network:** You pay 20% coinsurance for a routine eye exam.

SECTION 4 Deciding Which Plan to Choose

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

To stay with us next year, it's easy - you don't need to do anything. You will automatically stay enrolled as a member of our plan for 2022.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you decide other coverage will better meet your needs for 2022, you can contact your employer/union group benefit administrator.

SECTION 5 Deadline for Changing Plans

Your coverage is provided through a contract with your current or former employer or union group. Please contact your employer/union group plan benefit administrator for information about changing plans.

SECTION 6 Programs That Offer Free Counseling about Medicare

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

Michigan Medicare/Medicaid Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Michigan Medicare/Medicaid Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Michigan Medicare/Medicaid Assistance Program at (800) 803-7174. You can learn more about Michigan Medicare/Medicaid Assistance Program by visiting their website (www.mmapinc.org).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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, 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). Note: To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Contact Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free).

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free).

SECTION 8 Questions?

Section 8.1 – Getting Help from *HAP Senior Plus*

Questions? We're here to help. Please contact our Customer Service number at (800) 801-1770 for additional information. (TTY users should call 711). Hours of operation: April 1st through September 30th: Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st: Seven days a week, 8 a.m. to 8 p.m. Medicare Part B prescription drug benefit related calls: Available 24 hours a day, seven days a week.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for *HAP Senior Plus (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. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.hap.org/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 8.2 – 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

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

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

HAP Senior Plus Customer Service

Method	Customer Service – Contact Information
CALL	(800) 801-1770. Calls to this number are free. Our normal business hours are: April 1st through September 30th: Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st: 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 also has free language interpreter services available for non-English speakers.
TTY	711. Calls to this number are free. Our normal business hours are: April 1st through September 30th Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st 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	www.hap.org/medicare

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	www.mmapinc.org

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