



**Health Alliance Plan of Michigan
HAP Senior Plus HMO
UAW Trust GM Protected**

| Health Care Services | In-Network Coverage | Limitations |
|---|---------------------|--|
| Benefit Period, Annual Deductible, and Annual Co-insurance Maximums: | | |
| Benefit Period: | Calendar Year | |
| Annual Deductible | None | |
| Co-insurance (amount member pays) | None | |
| Annual Co-insurance Maximum | None | |
| Maximum-Out-of-Pocket Cost** | \$1,500 Individual | These values do not accumulate: Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing applies. |
| Medicare-Covered Preventive Services (partial list): | | |
| Annual Wellness Visit | Covered | One annual physical exam per benefit period at no cost share. |
| Immunizations | Covered | |
| Related Laboratory and Radiology Services | Covered | |
| Pap Smears and Mammograms | Covered | |
| Outpatient & Physician Services: | | |
| Personal Care Physician Office Visit | \$15 Copay | |
| Telehealth | \$15 Copay | Through our contracted telehealth services provider. |
| Specialty Physician Office Visit | \$15 Copay | |
| Gynecology Office Visit | \$15 Copay | |
| Routine Eye Examination Office Visit | \$15 Copay | Through our contracted provider EyeMed only. |
| Medical Audiology Office Visit | \$15 Copay | For hearing aid exam, please see Hearing Aid benefit. |
| Allergy Treatment and Injections | Covered | |
| Diagnostic Laboratory & Pathology | Covered | |
| Radiology (X-ray) | Covered | |
| Dialysis | Covered | |
| Chemotherapy | Covered | |
| Radiation Therapy | Covered | |
| Outpatient Surgery | Covered | |
| Chiropractic Services | \$20 Copay | Manipulation of the spine for subluxation only. |



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| Emergency/Urgent Care: | | |
| Emergency Room Services | \$50 Copay | Copay will be waived if admitted. |
| Urgent Care Facility Services | \$15 Copay | |
| Emergency Ambulance Services | Covered | Emergency transport only. |
| Inpatient Hospital Services: * | | |
| Hospital Inpatient Stay in Semi-Private Room, Specialty Units as medically necessary, Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | Covered | |
| Bariatric Surgery & Related Services | Covered | |
| Mental/Behavioral Health: | | |
| Inpatient Services * | Covered | Unlimited |
| Outpatient Services | Covered | Unlimited |
| Substance Use Disorder: | | |
| Inpatient Services * | Covered | Unlimited |
| Outpatient Services | Covered | Unlimited |
| Other Services: | | |
| Home Health Care | Covered | |
| Hospice Care | You must get care from a Medicare-certified hospice. When you enroll in a Medicare certified hospice program, your hospice services and your Original Medicare services are paid for by Original Medicare, not HAP Senior Plus. | |
| Skilled Nursing Care | Covered | Unlimited. Hospital stay not required. Authorization rules apply. |
| Durable Medical Equipment; Prosthetics & Orthotics | Covered | Coverage provided for approved equipment based on Medicare guidelines. |
| Hearing Aid Exam/ Hearing Aid | \$0 Exam / \$0 - \$1,575 Copay per hearing aid | Exclusive benefit through NationsHearing, L.L.C. See Evidence of Coverage (EOC) for benefits relating to hearing aids. |



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| Other Services: | | |
| Vision Hardware | Covered | Corrective eyeglasses and/or contact lenses are covered once every 12 month period when prescribed by and purchased from an EyeMed-Participating ophthalmologist or optometrist with a \$100 combined benefit maximum. See EOC for benefits relating to cataract surgery. |
| Physical, and Speech Therapy (PT/ST) | Covered | Unlimited |
| Occupational Therapy (OT) | Covered | Unlimited |
| Visitor/Traveler Benefit | In-Network coverage with a Medicare-contracted provider when traveling to Florida, Arizona, Texas and out of area Michigan for up to 12 months. See EOC for full benefit details. | |
| Pharmacy: | | |
| Prescription Drugs | Not Covered | For information on your Pharmacy coverage, please contact Optum. |

Effective 1/2024

* Please contact HAP if you are admitted to the hospital.

**Limit on the total of copays or co-insurance you might pay during the benefit year.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. In cases of conflict between this summary and your Evidence of Coverage, the terms and conditions of the Evidence of Coverage govern.

Health Alliance Plan is a health plan with a Medicare contract. Enrollment in the plan depends on contract renewal.