



Empowered Duals (HMO SNP)

2020 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage:

HAP Empowered Duals (HMO SNP)

January 1, 2020 – December 31, 2020

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

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the current **Evidence of Coverage (EOC) and the Certificate of Coverage (COC)**.

You have choices about how to get your Medicare benefits

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

Tips for comparing your Medicare choices

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

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

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

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

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

Things to Know About HAP Empowered Duals (HMO SNP)

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

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HAP Empowered Duals (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call us at 800-848-4844 (TTY: 711).
- If you are not a member of this plan, call us at, (833) 923-1886 (TTY: 711).
- Our website: www.hap.org/medicare

Who can join?

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

Which doctors, hospitals, and pharmacies can I use?

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

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

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

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

What do we cover?

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

- Our plan members get *all* of the benefits covered by Original Medicare. For Medicare covered benefits, you will pay less in our plan than you would in Original Medicare.
- Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

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

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

How will I determine my drug costs?

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

If you have any questions about this plan's benefits or costs, please contact HAP Empowered Duals (HMO SNP) (833) 923-1886 (TTY: 711) Plans for details.

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

How much is the monthly premium?	\$0-\$30.20 per month. In addition, you must keep paying your Medicare Part B premium. If you get Extra Help from Medicare, your monthly plan premium will be lower, or you might pay nothing.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Care	<p><u>Medicare:</u> \$0 copay.</p> <p>Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Outpatient Hospital Services	<p><u>Medicare:</u> \$0 copay for each Medicare-covered outpatient hospital facility visit. \$0 copay for each Medicare-covered visit to an ambulatory surgical center. Prior authorization rules may apply</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Doctor's Office Visits	<p><u>Medicare:</u> Primary care physician visit: \$0 copay.</p>

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	<p>Specialist visit: \$0 copay.</p> <p>Prior authorization rules may apply.</p> <p><u>Medicaid:</u></p> <p>Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Preventive Care	<p><u>Medicare:</u></p> <p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><u>Medicaid:</u></p> <p>Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Emergency Care	<p><u>Medicare:</u></p> <p>\$0 copay for Medicare-covered emergency room visits within the United States.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p> <p><u>Medicaid:</u></p> <p>Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Urgently Needed Services	<p><u>Medicare:</u></p> <p>\$0 copay for each Medicare-covered urgently needed service.</p> <p><u>Medicaid:</u></p> <p>Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays (<i>Costs for these services may be different if received in an outpatient surgery setting</i>)	<p><u>Medicare:</u></p> <p>\$0 copay for Diagnostic radiology services (such as MRIs, CT scans).</p> <p>\$0 copay for Diagnostic imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology).</p> <p>\$0 copay for Diagnostic tests and procedures.</p> <p>\$0 copay for Lab services.</p> <p>\$0 copay for Therapeutic radiology services (such as radiation treatment for cancer).</p> <p>\$0 copay for Outpatient x-rays.</p>

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	<p>Prior Authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Hearing Services	<p><u>Medicare:</u> \$0 copay per Medicare-covered hearing exam from a primary care provider. \$0 copay per Medicare-covered hearing exam from a specialty care provider. \$0 copay per annual routine hearing exam. \$1,000 allowance, Two hearing aid per calendar year. You must obtain hearing aids from a NationsHearing provider.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Dental Services	<p><u>Medicare:</u> There is no coinsurance, copayment, or deductible for routine dental services. You must use a participating Delta Dental provider.</p> <p><u>Medicaid:</u> Not Covered.</p>
Vision Services	<p><u>Medicare:</u> There is no coinsurance, copayment, or deductible for the routine eye exams each year. There is no coinsurance, copayment, or deductible for the Medicare-covered standard eye wear after cataract surgery. \$0 copay for Medicare-covered eye exams by a primary care physician or specialty care physician. The plan has a \$200 allowance every calendar year for contact lenses and eyeglasses (lenses and frames. Member is responsible for any amount above the eyewear coverage limit.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>

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Mental Health Care	<p><u>Medicare:</u></p> <p><u>Inpatient:</u> \$0 copay for each inpatient mental health care benefit period. There is no cost to you for additional Medicare-covered psychiatric hospital days during the benefit period</p> <p>A benefit period begins the day you go into a psychiatric hospital. The benefit period ends when you haven't received any inpatient services in a psychiatric hospital for 60 days in a row. (See Chapter 12 of your EOC for our plan's definition of "Benefit Period.")</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Prior authorization rules may apply.</p> <p><u>Outpatient:</u> \$0 copay for each Medicare-covered individual or group therapy office visit Prior authorization rules may apply.</p> <p><u>Medicaid:</u></p> <p>Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Skilled Nursing Facility (SNF)	<p><u>Medicare:</u></p> <p>\$0 copay for skilled nursing facility care.</p> <p>Our plan covers up to 100 days per benefit period, no prior hospital stay is required.</p> <p>A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.</p> <p>Prior authorization rules may apply.</p> <p><u>Medicaid:</u></p> <p>Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Outpatient Rehabilitation	<p><u>Medicare:</u></p> <p>\$0 copay for each Medicare-covered visit for physical, speech or occupational therapy visit.</p> <p>Prior authorization rules may apply.</p> <p><u>Medicaid:</u></p> <p>Coverage limitations may apply, please see your Medicaid Handbook for details.</p>

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Ambulance	<p><u>Medicare:</u> \$0 copay for Medicare-covered ambulance services. Prior authorization is required for non-emergency transport services.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Transportation	<p><u>Medicare:</u> \$0 copay/20 one-way trips Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Medicare Part B Drugs	<p><u>Medicare:</u> \$0 copay for Part B drugs, including chemotherapy drugs. Step therapy requirements may apply to certain Part B drugs. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Contact your Care Coordinator for assistance obtaining this service.</p>
PRESCRIPTION DRUG BENEFITS	
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You pay \$0 the first time you fill a prescription for certain drugs. These drugs will be listed as "free first fill" on the website, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov. If you request and the plan approves a formulary exception, you will pay Tier 4: cost sharing.</p>
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after</p>

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	<p>the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> • \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs, or • 5% of the cost.
ADDITIONAL COVERED BENEFITS	
Acupuncture	<p><u>Medicare:</u> Not Covered.</p> <p><u>Medicaid:</u> Not Covered.</p>
Chiropractic Care	<p><u>Medicare:</u> \$0 copay for Medicare-covered chiropractic services. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p><u>Medicare:</u> \$0 copay for Medicare-covered durable medical equipment (DME) and related supplies. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>

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Diabetes Management	<p><u>Medicare:</u> There is no coinsurance, copayment, or deductible for diabetic self-management training or for diabetic supplies and therapeutic shoes.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Diabetes Supplies and Services	<p><u>Medicare:</u> \$0 copay for Diabetes monitoring supplies. \$0 copay Therapeutic shoes or inserts. Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Foot Care (<i>podiatry services</i>)	<p><u>Medicare:</u> \$0 copay for each Medicare-covered visit for podiatry services.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Home Health Care	<p><u>Medicare:</u> You pay nothing. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Hospice	<p><u>Medicare:</u> When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not HAP Empowered Duals. \$0 copay for a one-time only hospice consultation with a primary care physician.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>

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Outpatient Substance Abuse	<p><u>Medicare:</u> \$0 copay for each Medicare-covered individual or group therapy visit. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Outpatient Surgery	<p><u>Medicare:</u> \$0 copay for each Medicare-covered visit to an ambulatory surgical center. \$0 copay for each Medicare-covered outpatient hospital facility visit. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Over-the-Counter Items	<p><u>Medicare:</u> \$100 allowance/quarter.</p>
Prosthetic Devices (braces, artificial limbs, etc.)	<p><u>Medicare:</u> \$0 copay of the cost for each Medicare-covered prosthetic device and related supply. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>
Renal Dialysis	<p><u>Medicare:</u> \$0 for kidney disease education services. \$0 copay for each Medicare-covered outpatient dialysis treatment. Prior authorization rules may apply.</p> <p><u>Medicaid:</u> Coverage limitations may apply, please see your Medicaid Handbook for details.</p>

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**Silver&Fit®
Exercise and
Healthy Aging
Program**

Medicare:

There is no coinsurance, copayment, or deductible for the fitness benefit.

This program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

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