2019 Summary of Benefits

HAP Regional (HMO) plans

H2354 - HAP Senior Plus Henry Ford Tiered Access (HMO)
H2354 - HAP Primary Choice Medicare (HMO)

January 1, 2019 through December 31, 2019
HAP Regional (HMO) Plans
Summary of Benefits

January 1, 2019 through December 31, 2019

In this booklet, you'll find overviews of two HAP Regional (HMO) plans, including benefits covered by each plan and costs members are responsible for. For a complete list of services covered, please call (313) 810-1770 (TTY: 711) for HAP Senior Plus Henry Ford Tiered Access plans or (313) 664-0444 (TTY: 711) for HAP Primary Choice Medicare (HMO) and ask for an “Evidence of Coverage” publication.

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 (800) MEDICARE (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 Regional (HMO) 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.

Using This Booklet

This information is available in large print and other formats. To learn more, call (313) 810-1770 (TTY: 711) for HAP Senior Plus Henry Ford Tiered Access plans or (313) 664-0444 (TTY: 711) for HAP Primary Choice Medicare (HMO).

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Answers to Your Questions about HAP Regional (HMO)

Who do I contact if I have a question?

Customer Service
(313) 810-1770 (TTY: 711)
for HAP Senior Plus Henry Ford Tiered Access plans
(313) 664-0444 (TTY: 711)
for HAP Primary Choice Medicare (HMO)
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)

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 6 p.m., Monday through Friday
(April 1 – Sept. 30)

Or, visit us online: hap.org/medicare

Can anyone join HAP Regional (HMO)?

You can join a HAP Regional (HMO) plan if you’re eligible for Medicare Part A, enrolled in Medicare Part B, and you live in our service area, which includes these Michigan counties: Macomb, Oakland and Wayne.

As a HAP Regional (HMO) member, which doctors, hospitals and pharmacies can I use?

As a member of our HMO plans, it’s important to see providers in our network, or you may be responsible for the cost of your care. In most cases, drugs should be purchased from pharmacies in our network. There are limited exceptions, but drugs purchased at out-of-network pharmacies may cost you more.

HAP Primary Choice Medicare (HMO) allows you to see any doctor, specialist or hospital in Macomb, Oakland and Wayne counties.

HAP Senior Plus Henry Ford Tiered Access, Tier 1, provides care in our three-county network and offers lower out-of-pockets costs.

- Tier 1, three-county network includes doctors and other healthcare providers in the Henry Ford network in Macomb, Oakland and Wayne counties.

HAP Senior Plus Henry Ford Tiered Access, Tier 2, allows you to seek care in our larger, 30-county network, but your out-of-pockets costs may be higher.

- Tier 2, 30-county network includes 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 counties.

What does HAP Regional (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 a HAP Regional (HMO) plan, please see the section called “Additional Covered Benefits” in this publication.

HAP Regional (HMO) plans also cover Part D drugs, Part B drugs and some drugs administered by providers.

- For a paper directory, please call one of these phone numbers:
  (313) 810-1770 (TTY: 711) for HAP Senior Plus Henry Ford Tiered Access plans or
  (313) 664-0444 (TTY: 711) for HAP Primary Choice Medicare (HMO).

How much will the drugs I need cost?
The amount you pay depends on three factors:

- What tier the drug falls into (see the drug formulary, described above)
- Where you purchase your medication
- How much of your drug benefit you have used in that year.

We use three categories to describe your stage of benefits: initial coverage, coverage gap and catastrophic coverage. You’ll see more on this in the Medicare Part D section of this publication.

Please know that the formulary may change at any time. We’ll notify members of these changes as necessary.

Do I need to choose a primary care physician (PCP)?
Yes. Your PCP coordinates your care and arranges any specialty care you may need.

HAP Senior Plus (HMO) and HAP Primary Choice Medicare (HMO) are Medicare health plans with contracts. Enrollment in the plans depends on contract renewals.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change January 1 of each year.
## Monthly Premium, Deductibles and Coverage Limits

for HAP Regional (HMO) plans

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly premium</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(In addition to your Medicare Part B premium.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$65</td>
<td>$65</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Yearly medical deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For some in-network hospital and medical services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0/year</td>
<td>$0/year</td>
<td>$0/year</td>
</tr>
<tr>
<td><strong>Yearly deductible for Part D prescription drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0/year</td>
<td>$0/year</td>
<td>$0/year</td>
</tr>
</tbody>
</table>

### 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.

**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 all Regional plans, you are also required to continue paying cost-sharing for Part D prescription drugs.

- **HAP Senior Plus Henry Ford Tiered Access, (Plan 018)**
  - $4,500 for services from in-network providers
- **HAP Primary Choice Medicare (HMO), (Plan 024)**
  - $4,300 for services from in-network providers

### Coverage limits

There are coverage limits every year for some benefits. Please contact HAP for details.
## Covered Medical and Hospital Benefits for HAP Regional (HMO) plans

### Hospital services (May require prior authorization.)

#### Inpatient hospital care

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.

<table>
<thead>
<tr>
<th>Hospital services</th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days 1-6:</strong></td>
<td>Days 1-6:</td>
<td>Days 1-7:</td>
</tr>
<tr>
<td></td>
<td>$185 copay/day</td>
<td>$230 copay/day</td>
</tr>
<tr>
<td></td>
<td>Days 7-90:</td>
<td>Days 8-90:</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

#### Outpatient hospital services

Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury. Covered services include but are not limited to:

- Emergency department or outpatient clinic services
- Laboratory or diagnostic tests
- Mental health care
- X-rays and other radiology services
- Medical supplies
- Certain screenings, preventive services, drugs and biologicals

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days 1-6:</td>
<td>Days 1-7:</td>
</tr>
<tr>
<td></td>
<td>$100 copay</td>
<td>$230 copay/ day</td>
</tr>
<tr>
<td></td>
<td>Days 7-90:</td>
<td>Days 8-90:</td>
</tr>
<tr>
<td></td>
<td>$200 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

Learn more in the “Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!” Medicare fact sheet; available online at http://medicare.gov/Publications/Pubs/pdf/11435.pdf or by calling 1-800-MEDICARE (800) 633-4227; TTY: (877) 486-2048; 24 hours a day, 7 days a week.
Covered Medical and Hospital Benefits
for HAP Regional (HMO) plans

Doctor’s office visits (May require a referral from your doctor.)

<table>
<thead>
<tr>
<th></th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 1</td>
<td>Tier 2</td>
</tr>
<tr>
<td>Primary care physician visits</td>
<td>$0 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>$30 copay</td>
<td>$50 copay</td>
</tr>
</tbody>
</table>

Preventive care

Our plans cover many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (for those with no sign of tobacco-related disease)
- Vaccines, including flu, Hepatitis B and pneumococcal shots
- One Welcome to Medicare preventive visit
- Yearly wellness visit

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
for HAP Regional (HMO) plans

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

<table>
<thead>
<tr>
<th>Emergency care</th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 1</td>
<td>Tier 2</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$90 copay</td>
<td>$90 copay</td>
</tr>
<tr>
<td>Urgently needed services</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
</tbody>
</table>

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.
## Covered Medical and Hospital Benefits for HAP Regional (HMO) plans

Cost 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.

### Diagnostic tests & radiology (May require prior authorization and a referral from your doctor.)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
</table>
| Hi-tech diagnostic radiology services, such as CTs and MRIs | $100 copay | $200 copay | Ambulatory surgical center:  
|                                                           |          |          | $100 copay  
|                                                           |          |          | Outpatient hospital:  
|                                                           |          |          | $200 copay |
| Diagnostic tests & procedures                             | $100 copay | $200 copay | $150 copay |
| Lab services (copays do not include genetic labs)         | $0 copay | $0 copay | $0 copay |
| Outpatient X-rays (copays for routine X-rays)             | $0 copay | $35 copay | $35 copay |
| Therapeutic radiology services, such as radiation treatment for cancer | $25 copay | $40 copay | 20% of cost |
Covered Medical and Hospital Benefits  
for HAP Regional (HMO) plans

No prior authorization or referrals needed.

<table>
<thead>
<tr>
<th>Hearing services</th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 1</td>
<td>Tier 2</td>
</tr>
<tr>
<td><strong>Routine hearing exam</strong></td>
<td>$0 copay/exam; 1/calendar year</td>
<td>$0 copay/exam; 1/calendar year</td>
</tr>
<tr>
<td><strong>Medicare-covered hearing exams</strong>, such as diagnostic/balance (PCP/specialist)</td>
<td>$0/$30 copay</td>
<td>$35/$50 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0/$30 copay</td>
</tr>
<tr>
<td><strong>Fitting/evaluation exam</strong></td>
<td>$0 copay/exam; 1/calendar year</td>
<td>$0 copay/exam; 1/calendar year</td>
</tr>
<tr>
<td><strong>Hearing aids</strong></td>
<td>$689 to $2,039 copay per hearing aid; 1 hearing aid per ear/1/calendar year</td>
<td>$689 to $2,039 copay per hearing aid; 1 hearing aid per ear/1/calendar year</td>
</tr>
</tbody>
</table>

Must obtain hearing aids from a NationsHearing provider.
Summary of Benefits January 1, 2019 – December 31, 2019

Covered Medical and Hospital Benefits for HAP Regional (HMO) plans

No prior authorization or referrals needed.

Dental services

<table>
<thead>
<tr>
<th>Preventive services: 1 oral exam, 1 prophylaxis, 1 set of bitewing X-rays/calendar year</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay, no benefit max</td>
<td>$0 copay, no benefit max</td>
<td>$0 copay, no benefit max</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare-covered comprehensive dental services (PCP/specialist)</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0/$30 copay</td>
<td>$35/$50 copay</td>
<td>$0/$30 copay</td>
<td></td>
</tr>
</tbody>
</table>

Optional Dental Plans (Can be purchased separately)

These optional dental plans can be purchased with any HAP Medicare Regional (HMO) plan. Services must be provided by a Delta Dental Medicare Advantage PPO or Medicare Advantage Premier participating provider in Michigan, Indiana or Ohio. Members only in plan 024 also have coverage in Florida.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly premium*</th>
<th>Yearly deductible</th>
<th>Maximum, yearly out-of-pocket costs</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan 1</td>
<td>$22.60/month</td>
<td>$0/year</td>
<td>$800</td>
<td>Basic services: 50% Diagnostic &amp; preventive services: 100% Major services: 50%</td>
</tr>
<tr>
<td>Plan 2</td>
<td>$43.30/month</td>
<td>$0/year</td>
<td>$1,500</td>
<td>Basic services: 70% Diagnostic &amp; preventive services: 100% Major services: 50%</td>
</tr>
</tbody>
</table>

*In addition to your Medicare Part B and monthly premium.
No prior authorization or referrals needed.

### Vision services

<table>
<thead>
<tr>
<th>Vision services</th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare-covered preventive/diagnostic eye exams (PCP/specialist)</strong></td>
<td>$0/$30 copay</td>
<td>$35/$50 copay</td>
</tr>
<tr>
<td><strong>Routine eye exam</strong></td>
<td>$0 copay/exam; 1/calendar year</td>
<td>$0 copay/exam; 1/calendar year</td>
</tr>
<tr>
<td><strong>Supplemental eyewear</strong></td>
<td>$100/calendar year</td>
<td>$100/calendar year</td>
</tr>
<tr>
<td>Includes contact lenses, eyeglasses (lenses and frames), and individual eyeglass lenses and frames. Member is responsible for any amount above the eyewear coverage limit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medicare-covered eyewear</strong></td>
<td>$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses</td>
<td>$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses</td>
</tr>
<tr>
<td>Following cataract surgery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary of Benefits  January 1, 2019 – December 31, 2019

Covered Medical and Hospital Benefits
for HAP Regional (HMO) plans

Mental health services (May require prior authorization.)

Inpatient visits (to psychiatric hospitals)
Please note:

• Coverage is limited to 90 days. All plans include 190 “extra lifetime reserve” days. If your hospital stay is longer than 90 days, you can use these days. After you have used your extra lifetime reserve, coverage resets to 90 days.

• Members pay inpatient copays each benefit period. (Begin on day of admission to a psychiatric hospital; ends when you haven’t received inpatient services in a psychiatric hospital for 60 consecutive days.) Members have unlimited benefit periods.

<table>
<thead>
<tr>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td><strong>Tier 2</strong></td>
</tr>
<tr>
<td>Days 1-6:</td>
<td>Days 1-6:</td>
</tr>
<tr>
<td>$185 copay/day</td>
<td>$275 copay/day</td>
</tr>
<tr>
<td>Days 7-90:</td>
<td>Days 7-90:</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Days 1-7:</td>
<td>Days 8-90:</td>
</tr>
<tr>
<td>$230 copay/day</td>
<td>$230 copay/day</td>
</tr>
</tbody>
</table>

Outpatient group and individual therapy visits

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 copay</td>
<td>$40 copay</td>
<td>$30 copay</td>
</tr>
</tbody>
</table>
### Covered Medical and Hospital Benefits for HAP Regional (HMO) plans

<table>
<thead>
<tr>
<th>Skilled nursing facility (SNF) care (May require prior authorization.)</th>
</tr>
</thead>
</table>

#### SNF care

Our plan covers up to 100 days.

Members pay a daily copay each benefit period. A benefit period begins the day you enter an SNF and ends when you haven’t received care in an SNF for 60 consecutive days.

<p>| Days 1-20: | Days 21-100: |</p>
<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay</td>
<td>$172 copay/day</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cardiac rehabilitation</th>
<th>Pulmonary rehabilitation</th>
<th>Occupational therapy, physical therapy, and language and speech therapy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 copay</td>
<td>$40 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>$20 copay</td>
<td>$30 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>$20 copay</td>
<td>$40 copay</td>
<td>$30 copay</td>
</tr>
</tbody>
</table>
**Summary of Benefits  January 1, 2019 – December 31, 2019**

**Covered Medical and Hospital Benefits**
for HAP Regional (HMO) plans

<table>
<thead>
<tr>
<th>Medical and Hospital Benefits</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance</strong> <em>(Prior authorization required for non-emergencies.)</em></td>
<td>$200 copay/transport</td>
<td>$200 copay/transport</td>
<td>$200 copay/transport</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>Includes ground, air and worldwide</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Drugs covered under Medicare Part B</strong> <em>(May require prior authorization.)</em></td>
<td>20% of cost depending on the drug</td>
<td>20% of cost depending on the drug</td>
<td>20% of cost depending on the drug</td>
</tr>
<tr>
<td><strong>Medicare Part B prescription drugs</strong></td>
<td>Part B drugs may be subject to step therapy requirements.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prescription Drug Benefit Overview

The three stages of coverage

Prescription drug benefits include three stages, described below.

Stage 1: Initial coverage

During this stage, you pay the copay amount indicated in the following page of this booklet until your total costs for the year reach $3,820. This total includes costs that you pay and costs paid for by our Part D plan.

Stage 2: Coverage gap (sometimes called the doughnut hole)

After you've reached the $3,820 threshold, you pay a fixed percentage for medications, until your total costs for the year reach $5,100. This percentage varies depending on:

- The plan you select
- Whether the drug is covered by HAP
- Whether the drug is brand-name or generic.

For more information, see the Evidence of Coverage at hap.org/medicare/member-resources

Stage 3: Catastrophic coverage

After you have spent a total of $5,100 for the year – including drugs purchased at retail and by mail order – you pay fixed costs for medications. You can find these costs in the chart on page 32.

Five drug categories

We segment medications into one of five different tiers or price points. Tiers range from least expensive (preferred generics) to the most expensive (specialty drugs). The amount of your copay for each drug varies depending on the tier your drug belongs in. Please see the chart on page 30 to find copays for each plan by tier.

Where to purchase drugs & more about drug costs

Your cost varies according to where you purchase:

- Using our preferred network ensures you get the lowest price.
- Using our non-preferred network may cost more, but not as much as you would pay at an out-of-network pharmacy.
- Using out-of-network pharmacies is your most expensive option – you may pay full price.

Whether you live independently, in a long-term facility or have access to home infusion therapies, your cost varies according to where you purchase.
### Summary of Benefits  January 1, 2019 – December 31, 2019

**Prescription Drug Benefits**  
for HAP Regional (HMO) plans

Preferred network, non-preferred network and mail order cost-sharing  
for Medicare Part D prescription drugs

<table>
<thead>
<tr>
<th>Stage 1: Initial coverage</th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 1</td>
<td>Tier 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1: Preferred generics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-month supply</td>
<td>$0 copay</td>
<td>$6 copay</td>
</tr>
<tr>
<td>2-month supply</td>
<td>$0 copay</td>
<td>$12 copay</td>
</tr>
<tr>
<td>3-month supply</td>
<td>$0 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Tier 2: Generics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-month supply</td>
<td>$10 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>2-month supply</td>
<td>$20 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>3-month supply</td>
<td>$25 copay</td>
<td>$37.5 copay</td>
</tr>
<tr>
<td>Tier 3: Preferred brand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-month supply</td>
<td>$42 copay</td>
<td>$47 copay</td>
</tr>
<tr>
<td>2-month supply</td>
<td>$84 copay</td>
<td>$94 copay</td>
</tr>
<tr>
<td>3-month supply</td>
<td>$105 copay</td>
<td>$117.5 copay</td>
</tr>
<tr>
<td>Tier 4: Non-preferred drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-month supply</td>
<td>45% of cost</td>
<td>48% of cost</td>
</tr>
<tr>
<td>2-month supply</td>
<td>45% of cost</td>
<td>48% of cost</td>
</tr>
<tr>
<td>3-month supply</td>
<td>45% of cost</td>
<td>48% of cost</td>
</tr>
<tr>
<td>Tier 5: Specialty drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-month supply</td>
<td>33% of cost</td>
<td>33% of cost</td>
</tr>
</tbody>
</table>
### Prescription Drug Benefits for HAP Regional (HMO) plans

**Preferred network, non-preferred network and mail order cost-sharing for Medicare Part D prescription drugs**

#### Stage 2: Coverage gap

Begins after yearly drug cost (including what our plan and you have paid) reaches $3,820 and ends at $5,100.

#### Stage 3: Catastrophic coverage

Applies after your yearly out-of-pocket drug costs (including those purchased via retail and mail order) reach $5,100.

<table>
<thead>
<tr>
<th></th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Covered brand-name drugs: 25% of plan cost</td>
<td>Covered brand-name drugs: 25% of plan cost</td>
</tr>
<tr>
<td></td>
<td>Covered generic drugs: 37% of plan cost</td>
<td>Covered generic drugs: 37% of plan cost</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Covered brand-name drugs: 25% of plan cost</td>
<td>Covered brand-name drugs: 25% of plan cost</td>
</tr>
<tr>
<td></td>
<td>Covered generic drugs: 37% of plan cost</td>
<td>Covered generic drugs: 37% of plan cost</td>
</tr>
</tbody>
</table>

- **Stage 2**: Coverage gap
  - Covered brand-name drugs: 25% of plan cost
  - Covered generic drugs: 37% of plan cost

- **Stage 3**: Catastrophic coverage
  - Applies after yearly out-of-pocket drug costs reach $5,100.
  - Covered brand-name drugs: 25% of plan cost
  - Covered generic drugs: 37% of plan cost
  - whichever is less

**Cost-sharing details**

- **Stage 2**: Coverage gap
  - Covered brand-name drugs: 25% of plan cost
  - Covered generic drugs: 37% of plan cost

- **Stage 3**: Catastrophic coverage
  - $3.40 copay for generic drugs (including brand drugs treated as a generic)
  - $8.50 copay for all other drugs, or 5% of the cost, whichever is greater.
### Summary of Benefits   January 1, 2019 – December 31, 2019

#### Additional Covered Benefits
for HAP Regional (HMO) plans

<table>
<thead>
<tr>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
</tr>
<tr>
<td>Acupuncture</td>
</tr>
<tr>
<td>Not covered</td>
</tr>
<tr>
<td>Not covered</td>
</tr>
<tr>
<td>Not covered</td>
</tr>
<tr>
<td>Chiropractic care (May require a referral from your doctor.)</td>
</tr>
<tr>
<td>Chiropractic care</td>
</tr>
<tr>
<td>Manipulation of spine to move bones back into position</td>
</tr>
<tr>
<td>Tier 1</td>
</tr>
<tr>
<td>$20 copay</td>
</tr>
<tr>
<td>Tier 2</td>
</tr>
<tr>
<td>$20 copay</td>
</tr>
<tr>
<td>$20 copay</td>
</tr>
<tr>
<td>Diabetes management (May require prior authorization.)</td>
</tr>
<tr>
<td>Monitoring supplies &amp; therapeutic shoes or inserts</td>
</tr>
<tr>
<td>Tier 1</td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td>Tier 2</td>
</tr>
<tr>
<td>20% of cost</td>
</tr>
<tr>
<td>Tier 2</td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td>Self-management training</td>
</tr>
<tr>
<td>Tier 1</td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td>Tier 2</td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td>Tier 2</td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td>Durable medical equipment</td>
</tr>
<tr>
<td>Durable medical equipment, such as wheelchairs, oxygen, etc.</td>
</tr>
<tr>
<td>Tier 1</td>
</tr>
<tr>
<td>10% of cost</td>
</tr>
<tr>
<td>Tier 2</td>
</tr>
<tr>
<td>20% of cost</td>
</tr>
<tr>
<td>Tier 2</td>
</tr>
<tr>
<td>20% of cost</td>
</tr>
</tbody>
</table>
### Additional Covered Benefits
for HAP Regional (HMO) plans

<table>
<thead>
<tr>
<th>Service</th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 1</td>
<td>Tier 2</td>
</tr>
<tr>
<td>Foot care/podiatry services</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Foot exams and treatment for diabetes-related nerve damage and/or meet certain conditions</td>
<td>$50 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Home health care</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Hospice</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td>Medicare-certified hospice is paid for by Original Medicare, with the exception of some drugs. Please contact HAP for details.</td>
</tr>
<tr>
<td>Inpatient mental health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group or individual therapy visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td>Tier 1</td>
<td>Tier 2</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></td>
<td>$50 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td><strong>Ambulatory surgical center</strong></td>
<td>$50 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td><strong>Outpatient hospital</strong></td>
<td>$100 copay</td>
<td>$200 copay</td>
</tr>
<tr>
<td><strong>Over-the-counter items</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Over-the-counter items</strong></td>
<td>$45 allowance/quarter</td>
<td>$45 allowance/quarter</td>
</tr>
<tr>
<td><strong>Prosthetic devices and related medical supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prosthetic devices and related medical supplies</strong>, such as braces, artificial limbs, etc.</td>
<td>10% of cost</td>
<td>20% of cost</td>
</tr>
</tbody>
</table>
## Additional Covered Benefits
for HAP Regional (HMO) plans

### Renal dialysis (May require prior authorization and referral from your doctor.)

<table>
<thead>
<tr>
<th></th>
<th>HAP Senior Plus Henry Ford Tiered Access, (Plan 018)</th>
<th>HAP Primary Choice Medicare (HMO), (Plan 024)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal dialysis</td>
<td>$30 copay</td>
<td>20% of cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of cost</td>
</tr>
<tr>
<td>Self-dialysis</td>
<td>$30 copay</td>
<td>20% of cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of cost</td>
</tr>
<tr>
<td>Dialysis at a treatment network facility</td>
<td>$30 copay</td>
<td>20% of cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of cost</td>
</tr>
<tr>
<td><strong>Telemedicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telehealth services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24/7 access to physicians via computer, tablet and smartphone</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Visitor travel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visitor travel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extends coverage to members during visits to Florida for up to 6 months</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered</td>
</tr>
</tbody>
</table>
## Additional Covered Benefits
for HAP Regional (HMO) plans

<table>
<thead>
<tr>
<th>Wellness &amp; fitness programs</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Silver&amp;Fit program</strong>&lt;br&gt;From American Specialty Health. Choose from fitness centers, home fitness kits, mobile applications or fitness devices.</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Nutritional counseling with a registered dietitian</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>
| **Select doctor-supervised weight-loss programs**  
(when specific criteria are met)                                                         | $0 copay | $0 copay | $0 copay |
| **HAP 5K Challenge, health risk assessment, and healthy recipes and tips for healthy eating** | All free at hap.org | All free at hap.org | All free at hap.org |
Pre-Enrollment Checklist HMO

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at:

(313) 810-1770 (TTY: 711) for HAP Senior Plus Henry Ford Tiered Access plans or (313) 664-0444 (TTY: 711) for HAP Primary Choice Medicare (HMO).
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)

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit hap.org/medicare/member-resources or call (313) 810-1770 (TTY: 711) for HAP Senior Plus Henry Ford Tiered Access plans or (313) 664-0444 (TTY: 711) for HAP Primary Choice Medicare (HMO) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Medicare Advantage Individual Enrollment Request Form

Health Alliance Plan • 2850 W. Grand Blvd., Detroit, MI 48202 • (800) 868-3153 (TTY: 711)
Please contact HAP Medicare Advantage if you need information in another format (large format).

To enroll in a HAP Medicare Advantage plan, please provide the following information

Please check which plan you want to enroll in (check only one):

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Monthly Premium</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAP Senior Plus (HMO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option 0 with prescription drugs</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Option 1 without prescription drugs</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>HAP Regional (HMO) Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAP Senior Plus Henry Ford Tiered Access with prescription drugs</td>
<td>$65.00</td>
<td></td>
</tr>
<tr>
<td>HAP Primary Choice Medicare with prescription drugs</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

Please check the optional Dental Plan you’d like:

- $22.60 additional monthly premium Plan 1
- $43.30 additional monthly premium Plan 2

LAST Name: FIRST Name: Middle Initial:

Sex: □ Male  □ Female

Birth Date: ( __/__/____ ) (M M / D D / Y Y Y Y)

Permanent Residence Street Address (P.O. Box is not allowed):

City: County: State: ZIP Code:

Mailing Address (only if different from your Permanent Residence Address) Street Address:

City: County: State: ZIP Code:

Email Address: Preferred Phone Number:

Emergency Contact:

Phone Number: Relationship to You:
Please provide your Medicare health insurance information

Please take out your red, white and blue Medicare card to complete this section.
Fill out this information as it appears on your Medicare card

OR
attach a copy of your Medicare card, or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

MEDICARE HEALTH INSURANCE

Name: __________________________

Medicare Number: __________________________

Entitled to: __________________________ Coverage Starts: __________________________

MEDICARE PART A __________________________
MEDICARE PART B __________________________

Paying your plan premium

Please select a premium payment option. (Skip this section if you are enrolling in HAP Senior Plus (HMO), Option 1, without prescription drugs, and you did not select an optional dental plan.)

If you don’t select a payment option, you will receive a bill each month.

☐ Receive a bill and pay by mail

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account Holder Name: __________________________

Bank Routing Number: __________________________

Bank Account Number: __________________________

Account Type:  ☐ Checking  ☐ Savings

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from:

☐ Social Security  ☐ Railroad Retirement Board (RRB)

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

For plans with prescription drugs:

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it from the above options.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay HAP Medicare Advantage the Part D-IRMAA.
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn’t cover.

Please read and answer these important questions

1. Do you have End-Stage Renal Disease (ESRD)?
   - Yes
   - No

   If you have had a successful kidney transplant and/or you don’t need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don’t need dialysis; otherwise we may need to contact you to obtain additional information.

2. Are you a resident in a Long-Term Care Facility, such as a nursing home?
   - Yes
   - No

   If “yes,” please provide the following information:
   - Name of Institution: ________________________________________________
   - Address & Phone Number of Institution (number and street): ________________________________________________

3. Are you enrolled in your state Medicaid program?
   - Yes
   - No

   If yes, please provide your Medicaid number: ______________________________

4. Do you or your spouse work?
   - Yes
   - No

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or state pharmaceutical assistance programs.

If you are enrolling in a HAP Medicare Advantage plan that offers prescription coverage, will you have other prescription drug coverage?
   - Yes
   - No

If “yes,” please list your other coverage and your identification (ID) number(s) for this coverage:
   - Name of Other Coverage: ________________________________________________
   - Coverage ID #: ________________________________________________
   - Coverage Group #: ________________________________________________

For HAP Senior Plus (HMO), HAP Regional (HMO) and HAP Senior Plus (HMO-POS) plans, please choose the name of a Primary Care Physician (PCP), clinic or health center:
   - Medical Center Name: ________________________________________________
   - Primary Care Physician Name: ________________________________________________
   - Primary Care Physician ID #: ________________________________________________

Please check one of the boxes below if you would prefer us to send you information in an accessible format:
   - Large Print
   - Audio Tape

If you need information in an accessible format other than what is listed above, please contact HAP Medicare Advantage at (800) 868-3153. Our office hours are Monday through Friday, 8 a.m. to 5 p.m. ET. TTY/TDD users should call TTY: 711.
Please read and sign next page

By completing this enrollment application, I agree to the following:

HAP Senior Plus and HAP Primary Choice Medicare plans are Medicare Advantage plans that have a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.

Please read and initial the section that corresponds to the plan in which you are enrolling:

**HAP Senior Plus (HMO), Option 1 plan:** I understand that if I don’t have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare’s), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. I understand that beginning on the date HAP Senior Plus coverage begins, I must get all of my healthcare from HAP Senior Plus, except for emergency or urgently needed services or out-of-area dialysis services.

_________ Initial here

**HAP Senior Plus (HMO), Option 0 plan; HAP Senior Plus Henry Ford Tiered Access; HAP Primary Choice Medicare (HMO) plans; and HAP Senior Plus (HMO-POS) plans:** I understand that beginning on the date my HAP Medicare Advantage plan’s coverage begins, I must get all of my healthcare from HAP Medicare Advantage, except for emergency or urgently needed services or out-of-area dialysis services.

_________ Initial here

**HAP Senior Plus (PPO) plans:** I understand that beginning on the date HAP Senior Plus coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, HAP Senior Plus provides refunds for all covered benefits, even if I get services out-of-network.

_________ Initial here

Enrollment in a HAP Medicare Advantage plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (example: October 15 – December 7 of every year) or under certain special circumstances.

A HAP Medicare Advantage plan serves a specific service area. If I move out of the area that HAP Medicare Advantage serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of a HAP Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from HAP Medicare Advantage when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren’t usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
Services authorized by a HAP Medicare Advantage plan and other services contained in my HAP Medicare Advantage plan’s Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR HAP MEDICARE ADVANTAGE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with HAP Medicare Advantage, he/she may be paid based on my enrollment in a HAP Medicare Advantage plan.

**Release of Information:** By joining this Medicare health plan, I acknowledge that HAP Medicare Advantage will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that HAP Medicare Advantage will release my information, including my prescription drug event data (except for HAP Senior Plus (HMO), Option 1), to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

**Signature:** ___________________________________________  **Today’s Date:** ________________

If you are the authorized representative, you must sign above and provide the following information:

**Name:** ___________________________________________________________________________________

**Address:** __________________________________________________________________________________

**Phone Number:** __________________________  **Relationship to Enrollee:** __________________________

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**Office Use Only**

**Name of Staff Member/Agent/Broker (if assisted in enrollment):**

**Agent Received Date:**

**Effective Date of Coverage:**

**ICEP/IEP:**

**AEP:**

**Plan ID:**

**SEP (type):**  **Not Eligible:**
Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on [insert date: MM/DD/YYYY] [____/____/____].

☐ I recently was released from incarceration. I was released on [insert date] [____/____/____].

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on [insert date] [____/____/____].

☐ I recently obtained lawful presence status in the United States. I got this status on [insert date] [____/____/____].

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on [insert date] [____/____/____].

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on [insert date] [____/____/____].

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for Medicare prescription drug coverage.

☐ I am moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or Long-Term Care Facility). I moved/will move into/out of the facility on [insert date] [____/____/____].

☐ I recently left a PACE program on [insert date] [____/____/____].

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare’s). I lost my drug coverage on [insert date] [____/____/____].

☐ I am leaving employer or union coverage on [insert date] [____/____/____].

☐ I belong to a pharmacy assistance program provided by my state.
My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) ( __/__/__ __ __ __ __).

I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) ( __/__/__ __ __ __ __).

I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you’re not sure, please contact HAP Medicare Advantage at (800) 868-3153 (TTY users should call TTY: 711) to see if you are eligible to enroll. We are open Monday through Friday, 8 a.m. to 5 p.m. ET.

Nondiscrimination Notice

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

HAP provides:

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

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

General - (800) 422-4641     Medicare - (800) 801-1770

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

- Mail: 2850 West Grand Boulevard, Detroit, Michigan 48202
- Phone: General - (800) 422-4641     Medicare - (800) 801-1770
  TTY: 711
- Fax: (313) 664-5866
- Email: msweb1@hap.org

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

- Online: Use the Office for Civil Rights’ Complaint Portal Assistant at: ocrportal.hhs.gov/ocr/portal/lobby.jsf.
- Phone: (800) 368-1019 or TTY: (800) 537-7697.

Complaint forms are also available at www.hhs.gov/ocr/filing-with-ocr/

Important information about privacy
Safeguarding the privacy of your PHI is important to HAP. We're required by law to protect the privacy of your PHI and to provide you with notice of our legal duties and privacy practices. That's what this notice is for. It explains how we use and disclose your PHI, and tells you about your rights with respect to your PHI and how you can use your rights. We're required to comply with the terms set out in this notice.

We use and share your PHI
We use your PHI for the purposes described in this notice. These purposes can be grouped into the following categories:

1. Treatment
   • Providing, managing, and coordinating your care
   • Preventing, detecting and investigating fraud and abuse administrative activities, including systems management and security
   • Performing outcome assessments and health claims analyses
   • Performing business management and other general administrative activities

2. Payment
   • Bill collection
   • Underwriting, rating and reinsurance activities, although some of these activities can be limited to the minimum amount of information necessary to perform a legitimate job function

3. Health Care Operations
   • Disease management or wellness program that could help improve your health
   • Providing, managing, and coordinating your care
   • Preventing, detecting and investigating fraud and abuse administrative activities, including systems management and security

4. Health Care Operations
   • Disease management or wellness program that could help improve your health

5. Health Care Operations
   • Disease management or wellness program that could help improve your health

We share your PHI for these purposes with the following types of persons:

1. Our employees, agents and contractors who need your PHI to provide you with health care

2. We may share your PHI with your doctors, hospitals or other providers to help them provide medical care to you. For example, if you're in the hospital, we may give them access to any medical records sent to us by your doctor.

3. We may share your PHI with contractors to perform our business functions. For example, we may use a contracted mail service to send you your bills.

4. We may share your PHI with a law enforcement officer in response to a court order or other legal process.

We may disclose your PHI to the following types of entities if you have authorized us to do so:

1. We may disclose your PHI to avert a serious threat to health or safety

2. We may disclose your PHI to certain family, legal, or social service relationships

3. We may disclose your PHI for public health activities or functions

4. We may disclose your PHI when required by law

We may also disclose your PHI to any other person you authorize in writing. If you give us written authorization that includes any of the other disclosures listed above, you are giving us permission to use or disclose your PHI for those specific purposes that you authorize. You may give your authorization in any of the forms approved by law. We may not disclose more PHI than is necessary to accomplish the purpose for which the authorization is given.

We may use or disclose your PHI without your authorization if we are required to do so by law. If we use or disclose your PHI for purposes that are not permitted by law, the use or disclosure will be subject to the restrictions that apply. We will provide you with a notice of such uses or disclosures if you ask us to do so.

We will follow the privacy practices specified in this notice for as long as we keep your PHI or for as long as we have an ongoing relationship with you, whichever is longer.

Notice of Privacy Practices
This notice describes how protected health information that is about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

Health Alliance Plan | Alliance Health and Life Insurance Company | HAP Midwest Health Plan, Inc. Last review: October 2016

Your protected health information
Protected health information, or PHI, is information about you, such as your name, demographic data and member ID number that can reasonably be expected to identify you. This information relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Our policies cover protection of your PHI whether it is oral, written or electronic.

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We use your PHI for the purposes described in this notice. These purposes can be grouped into the following categories:

1. Treatment
   • Providing, managing, and coordinating your care
   • Preventing, detecting and investigating fraud and abuse administrative activities, including systems management and security
   • Performing outcome assessments and health claims analyses
   • Performing business management and other general administrative activities, including systems management and Customer Service

2. Payment
   • Bill collection
   • Underwriting, rating and reinsurance activities, although some of these activities can be limited to the minimum amount of information necessary to perform a legitimate job function

3. Health Care Operations
   • Disease management or wellness program that could help improve your health
   • Providing, managing, and coordinating your care
   • Preventing, detecting and investigating fraud and abuse administrative activities, including systems management and security

4. Health Care Operations
   • Disease management or wellness program that could help improve your health

5. Health Care Operations
   • Disease management or wellness program that could help improve your health

We share your PHI for these purposes with the following types of persons:

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2. We may share your PHI with your doctors, hospitals or other providers to help them provide medical care to you. For example, if you're in the hospital, we may give them access to any medical records sent to us by your doctor.

3. We may share your PHI with contractors to perform our business functions. For example, we may use a contracted mail service to send you your bills.

4. We may share your PHI with a law enforcement officer in response to a court order or other legal process.

We may disclose your PHI to the following types of entities if you have authorized us to do so:

1. We may disclose your PHI to avert a serious threat to health or safety

2. We may disclose your PHI to certain family, legal, or social service relationships

3. We may disclose your PHI for public health activities or functions

4. We may disclose your PHI when required by law

We will follow the privacy practices specified in this notice for as long as we keep your PHI or for as long as we have an ongoing relationship with you, whichever is longer.

Attention: In the case of language parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Per assistenza generica, chiamare il numero (800) 422-4641 (TTY: 711). Per assistenza Medicare, chiamare il numero (800) 801-1770 (TTY: 711).

Attention: In the case of language parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Per assistenza generica, chiamare il numero (800) 422-4641 (TTY: 711). Per assistenza Medicare, chiamare il numero (800) 801-1770 (TTY: 711).
Other uses and disclosures that are permitted or required

HAP may also use or release your PHI:

• For certain types of public health or disaster relief efforts
• To give you information about alternative medical treatments and programs or about health-related products and services that you may be interested in, such as information we might send you about smoking cessation or weight loss programs
• To give you reminders relating to your health, such as a reminder to refill a prescription or to schedule recommended health screenings
• For research purposes. For example, a research organization that wishes to compare outcomes of all patients who receive a particular drug and must review a series of medical records. In all cases in which your specific authorization hasn’t been obtained, your privacy will be protected by strict confidentiality requirements applied by an institutional review board or a privacy board that oversees the research, or by representations of the researchers that limit their use and disclosure
• To report information to state and federal agencies that regulate us, such as the U.S. Department of Health and Human Services, the Michigan Department of Financial and Insurance Services, the Michigan Department of Health and Human Services and the federal Centers for Medicare & Medicaid Services
• When needed by the employer or plan sponsor to administer your health benefits plan
• For certain FBI investigations, such as investigations of harmful events, product defects or for product recalls
• For public health activities if we believe there is a serious health or safety threat
• For health oversight activities authorized by law
• For court proceedings and law enforcement purposes
• To a government authority regarding abuse, neglect or domestic violence
• To a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. (We may also share member information with funeral directors to carry out their duties, as necessary.)
• To comply with workers’ compensation laws
• For procurement, banking or transplantation of organs, eyes or tissue
• When permitted to be released to government agencies for protection of the president

We must obtain your written permission to use or disclose your PHI if one of these reasons doesn’t apply. If you give us written permission, change your mind, you may cancel your written permission at any time. Cancellation of your permission will not apply to any information we’ve already disclosed. We may ask you to complete a form when you make a request.

Other uses and disclosures of PHI

• We may release your PHI to a friend, family member or other individual who is authorized by law to act on your behalf. For example, parents may obtain information about their children covered by HAP, even if the parent isn’t covered by HAP.
• We may use or share your PHI with an employee benefits plan through which you receive health benefits. Except for enrollment information or summary health information and as otherwise required by law, we will not share your PHI with an employer or plan sponsor unless the employer or plan sponsor has provided us with written assurances that the information will be kept confidential and won’t be used for an improper purpose. Generally, information will only be shared when it’s needed by the employer or plan sponsor to administer your health benefits plan.
• We may give a limited amount of PHI to someone who helps pay for your care. For example, if your spouse contacts us about a claim, we may tell him or her if the claim has been paid.
• We may use your PHI so that we can contact you, either by phone or by mail, to conduct surveys, such as the annual member satisfaction survey.
• In certain extraordinary circumstances, such as a medical emergency, we may release your PHI as necessary to a friend or family member who is involved in your care if we determine that the release of information is in your best interest. For example, if you have a medical emergency in a foreign country and are unable to contact us directly, we may speak with a friend or family member who is acting on your behalf.

Organized health care arrangement

HAP and its affiliates covered by this Notice of Privacy Practices participate together with the Henry Ford Health System and its listed affiliates in an organized health care arrangement to improve the quality and efficient delivery of your health care and to participate in applicable quality measure programs, such as the Healthcare Effectiveness Data and Information Set.

The entities that comprise the HFM’s Organized Health Care Arrangement are:

• HAP of Michigan
• Alliance Health and Life Insurance Company
• HAP Midwest Health Plan, Inc.
• HAP Preferred, Inc.
• Henry Ford Health System

The HFM’s OMCA permits these separate legal entities, including HAP and its affiliates, to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the organized health care arrangement unless otherwise limited by law, rule or regulation. This list of entities may be updated to apply to new entities in the future. You can access the most current list at hap.org/privacy or call us at (800) 422-4641 (TTY:711) to ask for a list. When required we’ll provide you with appropriate notice of such purchase or affiliation in a revised Notice of Privacy Practices.

Your rights

These are your rights with respect to your member information. If you would like to exercise any of these rights, contact us as described below under Who to Contact.

• You have the right to ask us to restrict how we use or disclose your PHI for treatment, payment or health care operations. You also have the right to ask us to restrict PHI that we’ve been asked to give to family members or to others who are involved in your health care or in payment for your health care. We aren’t required to agree to these additional restrictions, but if we do, we’ll abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.
• You have the right to ask to receive confidential communications of PHI. For example, if you believe that you would be harmed if we send your PHI to your current mailing address (for example, in situations involving domestic disputes or violence); you can ask us to send the information by alternate means, by fax or to an alternate address. We will try to accommodate reasonable requests.
• You have the right to inspect and obtain a copy of PHI that we maintain about you. With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records used by or for us to make decisions about you, including our enrollment, payment, claims adjudication and case and medical management notes. If we deny your request for access, we’ll tell you the basis for our decision and whether you have a right to further review. We may require you to complete a form to obtain this information and may charge you a fee for copies. We’ll inform you in advance of any fee and provide you with an opportunity to withdraw or modify your request.
• You have the right to ask us to amend PHI we maintain about you. You have the right to request that we amend your PHI in the set of records you’re granted access to upon your request. If we deny your request to amend them, we’ll provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we’ll make reasonable efforts to inform others of the amendment, including individuals you name. We’ll require that the information you provide be accurate. We are unable to delete any part of a legal record, such as a claim submitted by your doctor.
• You have the right to receive an accounting of certain disclosures of your PHI made by us during the six years prior to your request. HAP is not required to provide you with an accounting of all disclosures we make. For example, we aren’t required to provide you with an accounting of PHI disclosed or used for treatment, payment and health care operations purposes; or information disclosed to you or pursuant to your authorization. Your first accounting in any 12-month period is free. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We’ll inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.
• You have the right to be informed of any data breaches that compromise your PHI. In the event of a breach of your unsecured PHI, we’ll provide you with notification of such a breach as required by law or in cases in which we deem it appropriate.
• You have the right to receive a paper copy of this notice upon request at any time.
• Your request to exercise any of these member rights must be in writing and it must be signed by you or your representative. We may ask you to complete a form when making a request.
Changes to this privacy statement

We reserve the right to make periodic changes to the contents of this notice. If we do make changes, the new notice will be effective for all PHI maintained by us. Once we make our revisions, we’ll provide the new notice to you by mail and post it on our website.

Who to contact

If you have any questions about this notice or about how we use or share member information, contact the HAP and HAP Midwest Health Plan Office of Compliance by mail at:

HAP
Attention: Office of Compliance
2850 West Grand Blvd.
Detroit, MI 48202
You may also call us at (800) 422-4641 (TTY: 711).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Office of Compliance or by filing a grievance with our Customer Service department. You may also notify the secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Original effective date: April 13, 2003