



Medicare
Solutions

2019 Summary of Benefits

HAP Senior Plus (HMO)

H2354 - Option 0 015

H2354 - Option 1 019

HAP Senior Plus (HMO-POS)

H2354 - Option 1 020

H2354 - Option 2 021

H2354 - Option 3 022

January 1, 2019 through December 31, 2019

MedicareRx
Prescription Drug Coverage X

HAP Senior Plus (HMO) and (HMO-POS) Plans Summary of Benefits

January 1, 2019 through December 31, 2019

In this booklet, you'll find overviews of five HAP Senior Plus plans, including benefits covered by each plan and costs members are responsible for. For a complete list of services covered, please call **(800) 801-1770 (TTY: 711)** 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 Senior Plus (HMO) or (HMO-POS) plan. To learn more about these plans, it's best to gather information and compare benefits. You can start by asking each plan for a "Summary of Benefits" publication or by visiting Medicare Plan Finder at <https://www.medicare.gov>.

Using This Booklet

This information is available in large print and other formats. To learn more, call **(800) 801-1770 (TTY: 711)**.

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Answers to Your Questions about HAP Senior Plus (HMO) or (HMO-POS) Plans

How can I contact HAP Senior Plus?

Customer Service

(800) 801-1770 (TTY: 711)

8 a.m. to 8 p.m., seven days a week

(Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday

(April 1 – Sept. 30)

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 Senior Plus (HMO) or (HMO-POS)?

You can join a HAP Senior Plus (HMO) or (HMO-POS) 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: 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.

As a HAP Senior Plus (HMO) or (HMO-POS) plan member, which doctors, hospitals and pharmacies can I use?

This depends on the plan you select. With our HMO plans, it's important to see providers in our network, or you risk being responsible for the cost. If you choose an HMO-POS plan, you can see any Medicare-participating doctor, specialist or hospital, though care from providers who are not members of our network may cost more than care from in-network providers. 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.

Our network of providers includes the doctors and other healthcare professionals, hospitals and other healthcare facilities who are part of the Henry Ford Health System. Providers also include doctors and other healthcare professionals, hospitals and other healthcare facilities across our 30 counties. Please know that these networks can change at any time, and we'll let you know if the changes are relevant to you.

- View our provider directory here: hap.org/medicare/member-resources
- View our pharmacy directory here: hap.org/medicare/member-resources
- For a paper directory, please call one of these phone numbers:
members: (800) 801-1770 (TTY: 711); others: (800) 868-3153 (TTY: 711).

What does HAP Senior Plus (HMO) or (HMO-POS) 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 Senior Plus (HMO) or (HMO-POS) plan, please see the section called “Additional Covered Benefits” in this publication.

Most HAP Senior Plus (HMO) or (HMO-POS) plans also cover Part D drugs, Part B drugs and some drugs administered by providers. Our Medical Only HMO (plan 019) does not include Part D coverage.

- View the list of Part D prescription drugs (our drug formulary) at hap.org/medicare/member-resources
- For a paper list, please call one of these phone numbers and ask for a drug formulary:
members: (800) 801-1770 (TTY: 711); others: (800) 868-3153 (TTY: 711).

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. You can see any specialist in the HAP Senior Plus network for specialty care, though you may need a referral from your PCP first.

HAP Senior Plus (HMO)/(HMO-POS) 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 Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Monthly premium (In addition to your Medicare Part B premium.)	\$0	\$0	\$45	\$75	\$170
Yearly medical deductible For some in-network hospital and medical services.	\$0/year	\$0/year	\$200/year	\$75/year	\$0/year
Yearly deductible for Part D prescription drugs	\$0/year	N/A	\$0/year	\$0/year	\$0/year
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. <i>NOTE: If you reach the limit on out-of-pocket costs, we pay the full cost of your hospital and medical services for the rest of the year. You are required to continue paying your monthly premiums. For plans 015, 020, 021 and 022, you are also required to continue paying cost-sharing for Part D prescription drugs.</i>	\$4,800 for services from in-network providers	\$4,000 for services from in-network providers	\$4,500 for services from any provider	\$4,200 for services from any provider	\$4,000 for services from any provider
Coverage limits	There are coverage limits every year for some in-network benefits. Please contact HAP for details.				

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Hospital services (May require prior authorization.)					
<p>Inpatient hospital care</p> <p>Our plans cover an unlimited number of days for an inpatient hospital stay.</p> <p>There is no cost to you for additional days (after 90 days) not normally covered under Original Medicare.</p>	<p>Days 1-7: \$230 copay/day</p> <p>Days 8-90: \$0 copay</p>	<p>Days 1-7: \$200 copay/day</p> <p>Days 8-90: \$0 copay</p>	<p>In-network: Days 1-7: \$200 copay/day Days 8-90: \$0 copay</p> <p>Point-of-service: 20% of cost/stay</p>	<p>In-network: Days 1-7: \$160 copay/day Days 8-90: \$0 copay</p> <p>Point-of-service: 20% of cost/stay</p>	<p>In-network: Days 1-7: \$135 copay/day Days 8-90: \$0 copay</p> <p>Point-of-service: 20% of cost/stay</p>
	Yearly point-of-service benefit limit:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year
<p>Outpatient hospital services</p> <p>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:</p> <ul style="list-style-type: none"> • 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 	\$200 copay	\$200 copay	\$200 copay	\$150 copay	\$100 copay
<p>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.</p>					

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Doctor's office visits (May require a referral from your doctor.)					
Primary care physician visits	\$10 copay	\$0 copay	In-network: \$20 copay Point-of-service: 20% of cost	In-network: \$15 copay Point-of-service: 20% of cost	In-network: \$10 copay Point-of-service: 20% of cost
Specialist visits	\$40 copay	\$20 copay	In-network: \$30 copay Point-of-service: 20% of cost	In-network: \$25 copay Point-of-service: 20% of cost	In-network: \$20 copay Point-of-service: 20% of cost
Yearly point-of-service benefit limit for all primary and specialist visits:					
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Medical & Hospital

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

		HAP Senior Plus				
		(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Preventive care						
<p>Preventive care Our plans cover many preventive services, including:</p> <ul style="list-style-type: none"> • 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 <p>Additional preventive services approved by Medicare during the contract year will be covered. If you receive services beyond this, cost-sharing will apply.</p>		\$0 copay for services fully covered by Medicare	\$0 copay for services fully covered by Medicare	<p>In-network: \$0 copay for services fully covered by Medicare</p> <p>Point-of-service: 20% of cost</p>	<p>In-network: \$0 copay for services fully covered by Medicare</p> <p>Point-of-service: 20% of cost</p>	<p>In-network: \$0 copay for services fully covered by Medicare</p> <p>Point-of-service: 20% of cost</p>
		Yearly point-of-service benefit limit:				
		N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Medical & Hospital

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
In addition to Medicare-covered services received within the United States, we cover emergency/urgent care services outside the United States.					
Emergency care					
Emergency care, worldwide coverage If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section for other costs.	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay
	Yearly limit:				
	\$50,000/year	\$50,000/year			
Urgently needed services					
Urgently needed services, worldwide coverage	\$60 copay	\$60 copay	\$50 copay	\$50 copay	\$50 copay

Medical & Hospital

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) 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.

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Diagnostic tests & radiology (May require prior authorization and a referral from your doctor.)					
Hi-tech diagnostic radiology services , such as CTs and MRIs	\$0-150 copay	\$0-150 copay	In-network: \$175 copay Point-of-service: 20% of cost	In-network: \$150 copay Point-of-service: 20% of cost	In-network: \$100 copay Point-of-service: 20% of cost
Diagnostic tests & procedures	\$0-150 copay	\$0-150 copay	In-network: \$175 copay Point-of-service: 20% of cost	In-network: \$150 copay Point-of-service: 20% of cost	In-network: \$100 copay Point-of-service: 20% of cost
Lab services (copays do not include genetic labs)	\$0 copay	\$0 copay	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost
Outpatient X-rays (copays for routine X-rays)	\$35 copay	\$35 copay	In-network: \$35 copay Point-of-service: 20% of cost	In-network: \$35 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost
Therapeutic radiology services , such as radiation treatment for cancer	\$60 copay	\$60 copay	In-network: \$40 copay Point-of-service: 20% of cost	In-network: \$35 copay Point-of-service: 20% of cost	In-network: \$30 copay Point-of-service: 20% of cost
Yearly point-of-service benefit limit for all diagnostic tests & radiology services:					
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
No prior authorization or referrals needed.					
Hearing services					
Routine hearing exam	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year
Medicare-covered hearing exams , such as diagnostic/balance (PCP/specialist)	\$10/\$40 copay	\$0/\$20 copay	\$20/\$30 copay	\$15/\$25 copay	\$10/\$20 copay
Fitting/evaluation exam	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year
Hearing aids Must obtain hearing aids from a NationsHearing provider.	\$689 to \$2,039 copay per hearing aid; 1 hearing aid per ear/ calendar year	\$689 to \$2,039 copay per hearing aid; 1 hearing aid per ear/ calendar year	\$689 to \$2,039 copay per hearing aid; 1 hearing aid per ear/ calendar year	\$689 to \$2,039 copay per hearing aid; 1 hearing aid per ear/ calendar year	\$689 to \$2,039 copay per hearing aid; 1 hearing aid per ear/ calendar year

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
No prior authorization or referrals needed.					
Dental services					
Preventive services: 1 oral exam, 1 prophylaxis, 1 set of bitewing X-rays/calendar year	\$0 copay, no benefit max	\$0 copay, no benefit max	\$0 copay, no benefit max	\$0 copay, no benefit max	\$0 copay, no benefit max
Medicare-covered comprehensive dental services (PCP/specialist)	\$10/\$40 copay	\$0/\$20 copay	\$20/\$30 copay	\$15/\$25 copay	\$10/\$20 copay

Medical & Hospital

Optional Dental Plans (Can be purchased separately)

These optional dental plans can be purchased with any HAP Medicare Advantage (HMO) or (HMO-POS) 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 plans 015 and 019 also have coverage in Florida.

	Monthly premium*	Yearly deductible	Maximum, yearly out-of-pocket costs	Coverage
Plan 1	\$22.60/month	\$0/year	\$800	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
Plan 2	\$43.30/month	\$0/year	\$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%

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

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
No prior authorization or referrals needed.					
Vision services					
Medicare-covered preventive/diagnostic eye exams (PCP/specialist)	\$10/\$40 copay	\$0/\$20 copay	\$20/\$30 copay	\$15/\$25 copay	\$10/\$20 copay
Routine eye exam	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year
Supplemental eyewear Includes contact lenses, eyeglasses (lenses and frames), and individual eyeglass lenses and frames. Member is responsible for any amount above the eyewear coverage limit.	\$100/calendar year	\$100/calendar year	\$100/calendar year	\$100/calendar year	\$100/calendar year
Medicare-covered eyewear Following cataract surgery	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Mental health services (May require prior authorization.)					
Inpatient visits (to psychiatric hospitals) Please note: <ul style="list-style-type: none"> 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. (Begins 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. 	Days 1-7: \$230 copay/day Days 8-90: \$0 copay	Days 1-7: \$200 copay/day Days 8-90: \$0 copay	In-network: Days 1-7: \$200 copay/day Days 8-90: \$0 copay Point-of-service: 20% of cost/stay	In-network: Days 1-7: \$160 copay/day Days 8-90: \$0 copay Point-of-service: 20% of cost/stay	In-network: Days 1-7: \$135 copay/day Days 8-90: \$0 copay Point-of-service: 20% of cost/stay
Outpatient group and individual therapy visits	\$40 copay	\$20 copay	In-network: \$20 copay Point-of-service: 20% of cost	In-network: \$15 copay Point-of-service: 20% of cost	In-network: \$10 copay Point-of-service: 20% of cost
Yearly point-of-service benefit limit for all mental health services:					
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

		HAP Senior Plus				
		(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Skilled nursing facility (SNF) care (May require prior authorization.)						
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 nursing facility for 60 consecutive days.	Days 1-20: \$0 copay	Days 1-20: \$0 copay	In-network: Days 1-20: \$0 copay	In-network: Days 1-20: \$0 copay	In-network: Days 1-20: \$0 copay	
	Days 21-100: \$172 copay/day	Days 21-100: \$172 copay/day	Days 21-100: \$172 copay/day	Days 21-100: \$172 copay/day	Days 21-100: \$172 copay/day	
			Point-of-service: 20% of cost/stay	Point-of-service: 20% of cost/stay	Point-of-service: 20% of cost/stay	
Yearly point-of-service benefit limit:						
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year	
Outpatient rehabilitation (May require prior authorization.)						
Cardiac rehabilitation	\$40 copay	\$40 copay	In-network: \$20 copay	In-network: \$20 copay	In-network: \$15 copay	
			Point-of-service: 20% of cost	Point-of-service: 20% of cost	Point-of-service: 20% of cost	
Pulmonary rehabilitation	\$30 copay	\$30 copay	In-network: \$20 copay	In-network: \$20 copay	In-network: \$15 copay	
			Point-of-service: 20% of cost	Point-of-service: 20% of cost	Point-of-service: 20% of cost	
Occupational therapy, physical therapy, and language and speech therapy	\$40 copay	\$20 copay	In-network: \$20 copay	In-network: \$15 copay	In-network: \$10 copay	
			Point-of-service: 20% of cost	Point-of-service: 20% of cost	Point-of-service: 20% of cost	
Yearly point-of-service benefit limit for all outpatient rehabilitation services:						
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year	

Covered Medical and Hospital Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

		HAP Senior Plus				
		(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Ambulance (Prior authorization required for non-emergencies.)						
Ambulance Includes ground, air and worldwide		\$200 copay/transport	\$200 copay/transport	In-network: \$200 copay/transport Point-of-service: 20% of cost	In-network: \$175 copay/transport Point-of-service: 20% of cost	In-network: \$150 copay/transport Point-of-service: 20% of cost
Yearly point-of-service benefit limit:						
		N/A	N/A	\$800/year	\$1,000/year	\$1,000/year
Transportation						
Transportation		Not covered	Not covered	Not covered	Not covered	Not covered
Drugs covered under Medicare Part B (May require prior authorization.)						
Medicare Part B prescription drugs Part B drugs may be subject to step therapy requirements.		20% of cost depending on the drug	20% of cost depending on the drug	In-network (depending on drug) and point-of-service: 20% of cost You may use your point-of-service benefit to purchase Part B drugs out-of-network.	In-network (depending on drug) and point-of-service: 20% of cost You may use your point-of-service benefit to purchase Part B drugs out-of-network.	In-network (depending on drug) and point-of-service: 20% of cost You may use your point-of-service benefit to purchase Part B drugs out-of-network.
Yearly point-of-service benefit limit:						
		N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

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 on 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 34.

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 32 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.

Prescription Drug Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

Preferred network, non-preferred network and mail order cost-sharing for Medicare Part D prescription drugs		HAP Senior Plus									
		(HMO) Option 0 (Plan 015)		Medical Only (HMO) Option 1 (Plan 019)		(HMO-POS) Option 1 (Plan 020)		(HMO-POS) Option 2 (Plan 021)		(HMO-POS) Option 3 (Plan 022)	
		Preferred network	Non-preferred network	Preferred network	Non-preferred network	Preferred network	Non-preferred network	Preferred network	Non-preferred network	Preferred network	Non-preferred network
Stage 1: Initial coverage											
Tier 1: Preferred generics	1-month supply	\$0 copay	\$6 copay	Not covered		\$0 copay	\$6 copay	\$0 copay	\$6 copay	\$0 copay	\$6 copay
	2-month supply	\$0 copay	\$12 copay	Not covered		\$0 copay	\$12 copay	\$0 copay	\$12 copay	\$0 copay	\$12 copay
	3-month supply	\$0 copay	\$15 copay	Not covered		\$0 copay	\$15 copay	\$0 copay	\$15 copay	\$0 copay	\$15 copay
Tier 2: Generics	1-month supply	\$10 copay	\$15 copay	Not covered		\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
	2-month supply	\$20 copay	\$30 copay	Not covered		\$20 copay	\$30 copay	\$20 copay	\$30 copay	\$20 copay	\$30 copay
	3-month supply	\$25 copay	\$37.50 copay	Not covered		\$25 copay	\$37.50 copay	\$25 copay	\$37.50 copay	\$25 copay	\$37.50 copay
Tier 3: Preferred brand	1-month supply	\$42 copay	\$47 copay	Not covered		\$42 copay	\$47 copay	\$42 copay	\$47 copay	\$42 copay	\$47 copay
	2-month supply	\$84 copay	\$94 copay	Not covered		\$84 copay	\$94 copay	\$84 copay	\$94 copay	\$84 copay	\$94 copay
	3-month supply	\$105 copay	\$117.50 copay	Not covered		\$105 copay	\$117.50 copay	\$105 copay	\$117.50 copay	\$105 copay	\$117.50 copay
Tier 4: Non-preferred drugs	1-month supply	45% of cost	48% of cost	Not covered		45% of cost	48% of cost	45% of cost	48% of cost	45% of cost	48% of cost
	2-month supply	45% of cost	48% of cost	Not covered		45% of cost	48% of cost	45% of cost	48% of cost	45% of cost	48% of cost
	3-month supply	45% of cost	48% of cost	Not covered		45% of cost	48% of cost	45% of cost	48% of cost	45% of cost	48% of cost
Tier 5: Specialty drugs	1-month supply	33% of cost	33% of cost	Not covered		33% of cost	33% of cost	33% of cost	33% of cost	33% of cost	33% of cost

Prescription Drug Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

Preferred network, non-preferred network and mail order cost-sharing for Medicare Part D prescription drugs	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
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.	Covered brand-name drugs: 25% of plan cost Covered generic drugs: 37% of plan cost	Not covered	Covered brand-name drugs: 25% of plan cost Covered generic drugs: 37% of plan cost	Covered brand-name drugs: 25% of plan cost Covered generic drugs: 37% of plan cost	Covered brand-name drugs: 25% of plan cost Covered generic drugs: 37% of plan cost or the Tier 1 or Tier 2 copays, whichever is less
Stage 3: Catastrophic coverage					
Applies after your yearly out-of-pocket drug costs (including those purchased via retail and mail order) reach \$5,100.	\$3.40 copay for generic drugs (including brand drugs treated as a generic) and a \$8.50 copay for all other drugs, or 5% of the cost, whichever is greater.	Not covered	\$3.40 copay for generic drugs (including brand drugs treated as a generic) and a \$8.50 copay for all other drugs, or 5% of the cost, whichever is greater.		

Additional Covered Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered
Chiropractic care (May require a referral from your doctor.)					
Chiropractic care Manipulation of spine to move bones back into position	\$20 copay	\$20 copay	In-network: \$20 copay Point-of-service: 20% of cost	In-network: \$20 copay Point-of-service: 20% of cost	In-network: \$20 copay Point-of-service: 20% of cost
	Yearly point-of-service benefit limit:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year
Diabetes management (May require prior authorization.)					
Monitoring supplies & therapeutic shoes or inserts	\$0 copay	\$0 copay	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost
Self-management training	\$0 copay	\$0 copay	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost
	Yearly point-of-service benefit limit for all diabetes management services:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Additional Covered Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Durable medical equipment					
Durable medical equipment , such as wheelchairs, oxygen, etc.	20% of cost	20% of cost	In-network: 20% of cost Point-of-service: 20% of cost	In-network: 20% of cost Point-of-service: 20% of cost	In-network: 20% of cost Point-of-service: 20% of cost
	Yearly point-of-service benefit limit:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year
Foot care/podiatry services (May require a referral from your doctor.)					
Foot exams and treatment for diabetes-related nerve damage and/or meet certain conditions	\$40 copay	\$20 copay	In-network: \$30 copay Point-of-service: 20% of cost	In-network: \$25 copay Point-of-service: 20% of cost	In-network: \$20 copay Point-of-service: 20% of cost
	Yearly point-of-service benefit limit for foot care/podiatry services:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year
Home health care					
Home health care	\$0 copay	\$0 copay	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost	In-network: \$0 copay Point-of-service: 20% of cost
	Yearly point-of-service benefit limit:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Additional Covered Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Hospice	Medicare-certified hospice is paid for by Original Medicare, with the exception of some drugs. Please contact HAP for details.				
Hospice					
Inpatient mental health care (See “Mental health services” on page 24.)					
Outpatient substance abuse (May require prior authorization.)					
Outpatient substance abuse Group or individual therapy visit	\$40 copay	\$20 copay	In-network: \$20 copay Point-of-service: 20% of cost	In-network: \$15 copay Point-of-service: 20% of cost	In-network: \$10 copay Point-of-service: 20% of cost
	Yearly point-of-service benefit limit:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year
Outpatient surgery (May require prior authorization and referral from your doctor.)					
Ambulatory surgical center	\$100 copay	\$100 copay	In-network: \$100 copay Point-of-service: 20% of cost	In-network: \$75 copay Point-of-service: 20% of cost	In-network: \$50 copay Point-of-service: 20% of cost
Outpatient hospital	\$200 copay	\$200 copay	In-network: \$200 copay Point-of-service: 20% of cost	In-network: \$150 copay Point-of-service: 20% of cost	In-network: \$100 copay Point-of-service: 20% of cost
	Yearly point-of-service benefit limit for all outpatient surgery services:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Additional Covered Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Over-the-counter items					
Over-the-counter items	\$75 allowance/quarter	\$75 allowance/quarter	\$45 allowance/quarter	\$75 allowance/quarter	\$100 allowance/quarter
Prosthetic devices and related medical supplies (May require prior authorization.)					
Prosthetic devices and related medical supplies, such as braces, artificial limbs, etc.	20% of cost	20% of cost	In-network: 20% of cost Point-of-service: 20% of cost	In-network: 20% of cost Point-of-service: 20% of cost	In-network: 20% of cost Point-of-service: 20% of cost
	Yearly point-of-service benefit limit:				
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year
Renal dialysis (May require prior authorization and referral from your doctor.)					
Renal dialysis	20% coinsurance	20% coinsurance	In-network: 20% coinsurance Point-of-service: 20% of cost	In-network: 20% coinsurance Point-of-service: 20% of cost	In-network: \$25 copay Point-of-service: 20% of cost
Self-dialysis	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$25 copay
Dialysis at a treatment network facility	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$25 copay
Yearly point-of-service benefit limit for all renal and dialysis services:					
	N/A	N/A	\$800/year	\$1,000/year	\$1,000/year

Additional Covered Benefits for HAP Senior Plus (HMO) and HAP Senior Plus (HMO-POS) plans

	HAP Senior Plus				
	(HMO) Option 0 (Plan 015)	Medical Only (HMO) Option 1 (Plan 019)	(HMO-POS) Option 1 (Plan 020)	(HMO-POS) Option 2 (Plan 021)	(HMO-POS) Option 3 (Plan 022)
Telemedicine					
Telehealth services 24/7 access to physicians via computer, tablet and smartphone	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Visitor travel					
Visitor travel Extends coverage to members during visits to Florida for up to 6 months	Covered	Covered	Not covered	Not covered	Not covered
Wellness & fitness programs					
Silver&Fit program From American Specialty Health. Choose from fitness centers, home fitness kits, mobile applications or fitness devices.	\$0/year	\$0/year	\$0/year	\$0/year	\$0/year
Nutritional counseling with a registered dietitian	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Select doctor-supervised weight-loss programs (when specific criteria are met)	\$0 copay	\$0 copay	\$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				

Pre-Enrollment Checklist

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:

(800) 801-1770 (TTY: 711)

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

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

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 **(800) 801-1770 (TTY: 711)** 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).
- Our HMO-POS plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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**):

	Monthly Premium		Monthly Premium
HAP Senior Plus (HMO)		HAP Senior Plus (HMO-POS)	
<input type="checkbox"/> Option 0 with prescription drugs	\$0.00	<input type="checkbox"/> Option 1 with prescription drugs	\$45.00
<input type="checkbox"/> Option 1 without prescription drugs	\$0.00	<input type="checkbox"/> Option 2 with prescription drugs	\$75.00
		<input type="checkbox"/> Option 3 with prescription drugs	\$170.00
HAP Regional (HMO) Plans		HAP Senior Plus (PPO)	
<input type="checkbox"/> HAP Senior Plus Henry Ford Tiered Access with prescription drugs	\$65.00	<input type="checkbox"/> Option 1 with prescription drugs	\$15.00
<input type="checkbox"/> HAP Primary Choice Medicare with prescription drugs	\$0.00	<input type="checkbox"/> Option 2 with prescription drugs	\$55.00
		<input type="checkbox"/> Option 3 with prescription drugs	\$118.00
		<input type="checkbox"/> Option 4 with prescription drugs	\$190.00

For the Regional plans you must live in Macomb, Oakland or Wayne County.

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:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date: (__ / __ / ____) (M M / D D / Y Y Y Y)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

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

I get monthly benefits from:

<input type="checkbox"/> Social Security	<input type="checkbox"/> 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

<p>Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or state pharmaceutical assistance programs.</p> <p>If you are enrolling in a HAP Medicare Advantage plan that offers prescription coverage, will you have other prescription drug coverage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:</p>		
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.



If you currently have health coverage from an employer or union, joining a HAP Medicare Advantage plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join a HAP Medicare Advantage plan. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

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: _____

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.
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.
- **Phone:** (800) 368-1019 or TTY: (800) 537-7697.

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



VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Për ndihmë të përgjithshme, telefononi numrin (800) 422-4641 (TTY: 711). Për ndihmë nga "Medicare", telefononi numrin (800) 801-1770 (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية مجانًا. للحصول على المساعدة العامة اتصل بالرقم 422-4641 (800) (خدمة الهاتف النصي: 711). للحصول على المساعدة المتعلقة بتغطية Medicare، اتصل بالرقم 801-1770 (800) (خدمة الهاتف النصي: 711).

নজর দিন: আপনি বাংলা ভাষায় কথা বললে, ভাষা সহায়তার পিরেখবা বিনামূল্যে আপনার জন্য উপলব্ধ। সধারণ সহায়তার জন্য (800) 422-4641(TTY: 711) নম্বরে ফোন করুন। Medicare সহায়তার জন্য (800) 801-1770 (TTY: 711) নম্বরে ফোন করুন।

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。如需一般援助，請致電 (800) 422-4641 或 TTY 用戶請致電 711。如需 Medicare 援助，請致電 (800) 801-1770 或 TTY 用戶請致電 711。

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Allgemeine Hilfe erhalten Sie unter der Rufnummer (800) 422-4641 (TTY: 711). Für Medicare-Unterstützung wenden Sie sich bitte an folgende Rufnummer: (800) 801-1770 (TTY : 711).

ATTENZIONE: In caso la lingua 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).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。一般支援については、(800) 422-4641 まで（TTY ユーザーは 711 まで）、お電話にてご連絡ください。Medicare 支援については、(800) 801-1770 まで（TTY ユーザーは 711 まで）、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 일반 지원은 (800) 422-4641(TTY: 711)번으로 전화해 주십시오. Medicare 지원은 (800) 801-1770(TTY: 711)번으로 전화해 주십시오.

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (800) 422-4641 (TTY: 711) w celu uzyskania pomocy w sprawach ogólnych. W celu uzyskania wsparcia Medicare zadzwoń pod nr (800) 801-1770 (TTY: 711).

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. По вопросам получения общей помощи обращайтесь по номеру (800) 422-4641 (телетайп: 711). Обращайтесь в Medicare по номеру (800) 801-1770 (телетайп: 711).

NAPOMENA: Ako govorite hrvatski/srpski, dostupna Vam je besplatna podrška na Vašem jeziku. Za opću podršku nazovite na broj (800) 422-4641 (tekstualni telefon za osobe oštećena sluha: 711). Za podršku vezano za program Medicare nazovite na broj (800) 801-1770 (tekstualni telefon za osobe oštećena sluha: 711).

ATENCIÓN: si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Para obtener ayuda general, llame al (800) 422-4641 (los usuarios TTY deben llamar al 711). Para obtener ayuda de Medicare, llame al (800) 801-1770 (los usuarios TTY deben llamar al 711).

කැණි: ඔබ කතා කරන්නේ සිංහලයට නම්, ඔබට නිවැරදි භාෂා සහාය සැපයීමක් ලබා දීමට සූදානම්ව සිටිමුණි. සාමාන්‍ය සහාය සඳහා (800) 422-4641 (TTY: 711) දුරකථන සංඛ්‍යාවට කථා කරන්න. Medicare සහාය සඳහා (800) 801-1770 (TTY: 711) දුරකථන සංඛ්‍යාවට කථා කරන්න.

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyonang tulong sa wika na walang bayad. Para sa pangkalahatang tulong, tumawag sa (800) 422-4641 (TTY: 711). Para sa tulong sa Medicare, tumawag sa (800) 801-1770 (TTY: 711).

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Để được trợ giúp chung, hãy gọi (800) 422-4641 (TTY: 711). Để được trợ giúp về y tế (Medicare), hãy gọi (800) 801-1770 (TTY: 711).

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 used 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's oral, written or electronic.

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 information about you and when we can share that information with others. It also 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.

When we use the term "HAP," "we" or "us" in this notice, we're referring to Health Alliance Plan and its subsidiaries, including Alliance Health and Life Insurance Company and HAP Midwest Health Plan, Inc.

How we protect your PHI

We protect your PHI, whether it's written, spoken or in electronic form, by requiring employees and others who handle your information to follow specific confidentiality and technology usage policies. When they begin working for HAP, all employees and contractors must acknowledge that they have reviewed HAP's policies and that they will protect your PHI even after they leave HAP. An employee or contractor's use of protected information is limited to the minimum amount of information necessary to perform a legitimate job function. Employees and contractors are also required to comply with this privacy notice and may not use or disclose your information except as described in this notice.

Using and disclosing PHI

These next sections describe how HAP uses and shares your health information. Keep in mind that we share your information only with those who have a "need to know" to perform the following tasks.

Treatment

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.

We may use or share your PHI with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.

Payment

We may use or share your PHI to help us determine who is financially responsible for your medical bills. We may also use or share your PHI to conduct other payment activities, such as obtaining premium payments and determining eligibility for benefits and coordinating benefits with other insurance you may have.

Operations

We share your PHI with affiliated companies as permitted by law, nonaffiliated third parties with whom we contract to help us operate HAP and with others who are involved in providing or paying for your health care services. We may also share your information with others who help us conduct our business operations. If we do so, we will require these persons or entities to protect the privacy and security of your information and to return or destroy such information when it's no longer needed for our business operations.

Here are examples of business activities undertaken by HAP:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurance activities, although we're prohibited from using or disclosing any genetic information for underwriting purpose
- Coordinating case and disease management activities
- Communicating with you about treatment alternatives or other health-related benefits and services
- Performing business management and other general administrative activities, including systems management and Customer Service

We may also disclose your PHI to other providers and health plans that have a relationship with you for certain health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

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 FDA 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, then 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 HFHS 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 HFHS OHCA 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 or 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 a 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

Revisions: February 2005, November 2007, September 2013, September 2014, March 2015, September 2015, October 2016

Reviewed: November 2008, November 2009, October 2011, October 2016



hap.org/medicare

2850 W. Grand Boulevard
Detroit, MI 4820

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