2020
Summary of Benefits
HAP Choice Medicare (HMO)

HAP IS HERE
Helping you navigate your benefits

H2354_HMO 2020 HCM SB_M CMS Accepted 9/10/2019
See how HAP is here for you.

For more than 25 years, we’ve been making Medicare as convenient as we can. When you have a question. When you have a problem. When you just need advice, we’re here for you. Because as a Michigan-based company, we’re not just near you... we know you. Every day, we’re collaborating with doctors, hospitals and the community. And as one of the leading integrated health plans in the region, we’re constantly finding new ways to coordinate your care and cut your costs.

Here’s what you’ll find inside.

- A pre-enrollment checklist
- An application
- An outline of how Medicare works
- Our benefits
- Our plans
Need help finding the right Medicare plan for your needs and budget? We’re here to help.

Call a licensed HAP Medicare Sales representative at:
(833) 923-1887 (TTY: 711).
Or, visit us online at hap.org/medicare.

HAP Choice Medicare HMO is a health plan with a Medicare contract. Enrollment depends on contract renewal.
Pre-Enrollment Checklist
HAP Choice Medicare (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 licensed HAP Medicare representative at:

**(800) 801-1770 (TTY: 711)** for HAP Choice Medicare (HMO) plans
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/resources to view a copy of the EOC or call **(833) 923-1887 (TTY: 711)**

☐ 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).
# HAP Choice Medicare (HMO)
## Individual Enrollment Request Form

Health Alliance Plan • 2850 W. Grand Blvd., Detroit, MI 48202 • (833) 923-1887 (TTY: 711)
Please contact HAP Choice Medicare (HMO) if you need information in another format (large format).

<table>
<thead>
<tr>
<th>LAST Name:</th>
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<th>Middle Initial:</th>
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<th>Mrs.</th>
<th>Ms.</th>
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Mailing Address (only if different from your Permanent Residence Address)

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### 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:**
  - MEDICARE PART A
  - MEDICARE PART B
  - Coverage Starts: __________

### 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:**
To enroll in a HAP Choice Medicare (HMO) plan, please provide the following information

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

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<tr>
<th>HAP Choice Medicare (HMO)</th>
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<td>☐ Option 1 (HMO 026)</td>
<td>$0</td>
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<td>☐ Option 2 (HMO 027)</td>
<td>$26</td>
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Please check the optional Dental Plan you’d like (check only one):

☐ $21.40 additional monthly premium Plan 1
☐ $41.30 additional monthly premium Plan 2

To enroll in a Choice Medicare (HMO) plan, please provide the following information

Please select a premium payment option. (Skip this section if you are enrolling in Choice Medicare (HMO 026), 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 VOINED check or provide the following:

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<td>Banking Routing Number:</td>
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| 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 Choice Medicare (HMO) 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. 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 Choice Medicare (HMO) 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 #: _____________________________________________________________

3. 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): __________________________

4. Are you enrolled in your state Medicaid program? □ Yes □ No
   If yes, please provide your Medicaid number: _________________________________

5. Do you or your spouse work? □ Yes □ No

For HAP Choice Medicare (HMO) 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 choice Medicare (HMO) at (833) 923-1887. Our office hours are 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). TTY/TDD users should call TTY: 711.
Please read this important information if you are enrolling in any plan with prescription drugs

STOP

If you currently have health coverage from an employer or union, joining a Choice Medicare (HMO) plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join a HAP Choice Medicare (HMO) 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 Choice Medicare (HMO) is a Medicare Advantage plan that has 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.

☐ I understand that beginning on the date my Choice Medicare (HMO) plan coverage begins, I must get all of my healthcare from Choice Medicare (HMO), except for emergency or urgently needed services or out-of-area dialysis services.

Enrollment in a HAP Choice Medicare (HMO) 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 Choice Medicare (HMO) plan serves a specific service area. If I move out of the area that HAP Choice Medicare (HMO) 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 Choice Medicare (HMO) 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 Choice Medicare (HMO) 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 Choice Medicare (HMO) plan and other services contained in my HAP Choice Medicare (HMO) plan’s Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR HAP Choice Medicare (HMO) 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 Choice Medicare (HMO), he/she may be paid based on my enrollment in a HAP Choice Medicare (HMO) plan.

**Release of Information:** By joining this Medicare health plan, I acknowledge that HAP Choice Medicare (HMO) will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that HAP Choice Medicare (HMO) will release my information, including my prescription drug event data 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: ______________________________
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.

(Continued on next page)
☐ 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 Choice Medicare (HMO) at (833) 923-1887 (TTY users should call TTY: 711) to see if you are eligible to enroll.

We are open:
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8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30)
# HAP Choice Medicare (HMO)
## Individual Enrollment Request Form

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**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.

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<td>MEDICARE PART A</td>
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<td>MEDICARE PART B</td>
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### Office Use Only

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

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<th>SEP (type):</th>
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</tr>
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   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.

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3. Are you a resident in a Long-Term Care Facility, such as a nursing home?  [ ] Yes  [ ] No
   If “yes,” please provide the following information:
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   Address & Phone Number of Institution (number and street): ___________________________

4. Are you enrolled in your state Medicaid program?  [ ] Yes  [ ] No
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5. Do you or your spouse work?  [ ] Yes  [ ] No

For HAP Choice Medicare (HMO) please choose the name of a Primary Care Physician (PCP), clinic or health center:
Medical Center Name: ____________________________________________________________
Primary Care Physician Name: ___________________________________________________
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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 choice Medicare (HMO) at (833) 923-1887. Our office hours are 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). TTY/TDD users should call TTY: 711.
Please read this important information if you are enrolling in any plan with prescription drugs

STOP

If you currently have health coverage from an employer or union, joining a Choice Medicare (HMO) plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join a HAP Choice Medicare (HMO) 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 Choice Medicare (HMO) is a Medicare Advantage plan that has 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.

☐ I understand that beginning on the date my Choice Medicare (HMO) plan coverage begins, I must get all of my healthcare from Choice Medicare (HMO), except for emergency or urgently needed services or out-of-area dialysis services.

Enrollment in a HAP Choice Medicare (HMO) 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 Choice Medicare (HMO) plan serves a specific service area. If I move out of the area that HAP Choice Medicare (HMO) 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 Choice Medicare (HMO) 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 Choice Medicare (HMO) 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 Choice Medicare (HMO) plan and other services contained in my HAP Choice Medicare (HMO) plan’s Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR HAP Choice Medicare (HMO) 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 Choice Medicare (HMO), he/she may be paid based on my enrollment in a HAP Choice Medicare (HMO) plan.

**Release of Information:** By joining this Medicare health plan, I acknowledge that HAP Choice Medicare (HMO) will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that HAP Choice Medicare (HMO) will release my information, including my prescription drug event data 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: ____________________________
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.

(Continued on next page)
☐ 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 Choice Medicare (HMO) at (833) 923-1887 (TTY users should call TTY: 711) to see if you are eligible to enroll.

We are open:
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)
# Scope of Sales

## Appointment Confirmation Form (For Agent Use Only)

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please indicate the type of product(s) you want the agent to discuss.**

(Refer to the following page for product type descriptions.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Stand-alone Medicare</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Medicare Advantage Plans</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Dental/Vision/Hearing Products</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Medicare Supplement (Medigap) Products</td>
</tr>
</tbody>
</table>

By signing the form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. **Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment status or enroll you in a Medicare plan.** Scope of Appointment documentation is subject to CMS record retention requirements.

| Beneficiary or Authorized Representative Signature and Signature Date |
|---|---|
| Signature: | Signature Date: |

**If you are the Authorized Representative, please sign above and print below:**

- Representative’s Name: Your Relationship to the Beneficiary:
- Representative’s Address: Representative’s Phone:

**To be completed by Agent:**

- Agent Name: Agent Phone:
- Beneficiary Name: Beneficiary Phone:
- Beneficiary Address:
- Initial Method of Contact:
- Agent’s Signature:

Plan(s) the agent represented during the meeting: Date Appointment Completed:

Scope of Appointment documentation is subject to CMS record retention requirements.
**Medicare Advantage Plans (Part C) and Cost Plans**

**Medicare Health Maintenance Organization (HMO)** – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

**Medicare Point of Service (HMO-POS) Plan** – A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals and providers outside of the network for an additional cost.

**Medicare Special Needs Plan (SNP)** – A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Dental/Vision/Hearing Products**

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

**Medicare Supplement (Medigap) Products**

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.
Here, simplifying Medicare

We make Medicare easy to understand, so you can make the most of it.
Parts A and B, or “Original Medicare,” are offered by the government.

**PART A HELPS COVER:**
- Hospital stays
- Nursing facilities
- Hospice
- Some home health care

**PART B HELPS COVER:**
- Doctor visits
- Preventive care
- Other medical services

With Original Medicare, you'll pay 20% of all covered costs with no out-of-pocket maximum. With Medicare Advantage, you’ll have fixed cost copays with an out-of-pocket maximum. That means once you spend a certain amount of money, your plan will pay 100% of the cost of services it covers... so you could have significant savings.

Part C, or “Medicare Advantage,” is provided by health insurance companies (like HAP).

For your convenience, we offer all the coverage you can expect from Part A and Part B, plus additional benefits.

**Part D provides coverage for prescription drugs. It's offered by health insurance companies.**

Many Medicare Advantage plans combine Parts A, B and D into one plan.
Here, partnering with providers near you

At HAP, Choice Medicare HMO plans are an affordable option for residents of Kent, Oceana, Ottawa and Muskegon counties.

HAP Choice Medicare (HMO) gives members access to an affordable plan through an integrated network of primary care physicians (PCP) and specialists in Kent, Oceana, Ottawa and Muskegon counties through Mercy Health. Highlights of the plan include:

- Up to $400/year for over-the-counter items depending on the plan you choose
- $0 copays for primary care physician visits, physical/occupational/speech therapy visits, outpatient diagnostic labs, annual physicals, routine eye exams and preventive dental appointments
- Up to $100 allowance for eyewear
- $0 gym membership or home fitness kits through Silver&Fit®
- A primary care physician who can coordinate your care and refer you to specialists

An in-network primary care physician (a PCP) will provide oversight of your care. When you become a member of this plan, you must choose an in-network provider* to be your PCP. Your PCP will provide most of your care and will help you arrange or coordinate the rest of the covered services you get as a member of our plan. For example, in order for you to see a specialist, you need a referral from your PCP.

* The pharmacy network and/or provider network may change at any time. You will receive notice when necessary.
### HAP Choice Medicare (HMO)

<table>
<thead>
<tr>
<th></th>
<th>Option 1 (Plan 026)</th>
<th>Option 2 (Plan 027)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly premium</strong></td>
<td>$0</td>
<td>$26</td>
</tr>
<tr>
<td>(In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual medical deductible</strong></td>
<td>$0/year</td>
<td>$0/year</td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket</strong></td>
<td>$4,800 for services from in-network providers</td>
<td>$3,900 for services from in-network providers</td>
</tr>
<tr>
<td><strong>Doctor/specialty visits</strong></td>
<td>$0/$40 (PCP referral needed)</td>
<td>$0/$30 (PCP referral needed)</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>$235 per day (days 1-7) Unlimited days</td>
<td>$210 per day (days 1-7) Unlimited days</td>
</tr>
<tr>
<td><strong>Emergency (ER)/urgent care (UC)</strong></td>
<td>$90*/$0-$60</td>
<td>$90*/$0-$45</td>
</tr>
<tr>
<td><strong>Physical/occupational/speech therapy visits</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Labs/outpatient hospital</strong></td>
<td>$0/$200</td>
<td>$0/$180</td>
</tr>
<tr>
<td><strong>Over-the-counter medication</strong></td>
<td>$75 allowance/quarter</td>
<td>$100 allowance/quarter</td>
</tr>
<tr>
<td><strong>Prescription drug deductible</strong></td>
<td>$0/year</td>
<td>$0/year</td>
</tr>
<tr>
<td><strong>Prescription copays 30-day supply</strong></td>
<td>Preferred/non-preferred pharmacy network</td>
<td>Preferred/non-preferred pharmacy network</td>
</tr>
<tr>
<td>Tier 1 – preferred generics</td>
<td>$0/$6</td>
<td>$0/$6</td>
</tr>
<tr>
<td>Tier 2 – generics</td>
<td>$10/$15</td>
<td>$10/$15</td>
</tr>
<tr>
<td>Tier 3 – preferred brand</td>
<td>$42/$47</td>
<td>$42/$47</td>
</tr>
<tr>
<td>Tier 4 – non-preferred drugs</td>
<td>40%/42%</td>
<td>40%/42%</td>
</tr>
<tr>
<td>Tier 5 – specialty tier</td>
<td>33%/33%</td>
<td>33%/33%</td>
</tr>
<tr>
<td>Preferred mail order – 90-day supply</td>
<td>$0 copay T1 &amp; T2</td>
<td>$0 copay T1 &amp; T2</td>
</tr>
</tbody>
</table>

Initial coverage limit (combined drug costs paid by you and the plan): $4,020***

---

* Copayment is waived if admitted to hospital.

** A 90-day supply at mail order is $0 for T1 & T2; 90-day supply for T3 & T4 is 2.5 times the 30-day copay; a 90-day supply is not available for Tier 5.

*** Excludes monthly premiums and costs of noncovered drugs, including costs of drugs purchased outside the U.S.
Here, offering more meaningful benefits

We make Medicare Advantage affordable... and valuable. Regardless of the plan you choose, you’ll enjoy benefits and services beyond what you’ve come to expect.

Giving you vision, over-the-counter allowance, dental and hearing benefits

VISION
○ $0 copays for routine exams
○ $100 allowance to help you pay for eyeglasses, frames and contact lenses every year

UP TO $400/YEAR OTC ALLOWANCE
○ An allowance of up to $400/year for over-the-counter medications, depending on which plan you select, helps lower the costs on these items.

DENTAL
○ $0 copays for preventive care

HEARING
○ $0 copays for routine exams
○ $0 copays for evaluations and fittings
○ Two hearing aids (one per ear) each year at a copay of $689 to $2,039 each
Putting your health first

- Telehealth lets you see doctors 24/7 from a computer, tablet or smartphone
- Our preferred pharmacy network gives you the lowest price on prescriptions
- $0 gym membership or home fitness kits through Silver&Fit®
- You can add additional dental coverage. See options on page 30.

Your health plan now extends to Florida, Arizona, Texas and Michigan (out-of-area)

- Keep your current HAP coverage up to six months.
- Get the same HAP in-network cost-sharing rates as at home.
- Get emergency and urgent care without calling HAP for authorization first.

Supporting you along your life journey

- Coverage at any urgent care/emergency room, anywhere in the world*
- Emergency travel assistance**
- Identity theft protection, including credit and debit card surveillance and 24/7 fraud support services
  
  * Copayment is waived if admitted to hospital.
  ** The Assist America program is valid whenever you travel 100 miles or more away from home or outside the U.S. for no longer than 90 days in a row. Assist America does not replace your HAP coverage. You are covered for urgent and emergency care based on your member contract.
Here are five easy ways to enroll:

1. Enroll online at hap.org/Medicare.

2. Call a licensed HAP Medicare sales representative at (800) 868-3153 (TTY: 711).
   - Oct. 1 – March 31: 8 a.m. to 8 p.m., seven days a week
   - April 1 – Sept. 30: 8 a.m. to 6 p.m., Monday through Friday

3. Come to a FREE HAP Medicare seminar, where you can talk with other Medicare beneficiaries.
   - A licensed HAP Medicare sales team member will be present with information and applications.
   - To find dates and locations near you, call us at (800) 449-1515 (TTY: 711) or go online to hap.org/events.
   - For accommodation of persons with special needs, call (800) 449-1515 (TTY: 711).

4. Complete and mail your enrollment form to:
   Health Alliance Plan
   2850 West Grand Boulevard
   Detroit, MI 48202

5. Enroll online at Medicare.gov (through the Centers for Medicare & Medicaid Services Online Enrollment Center).
HAP Choice Medicare (HMO) Plans
Summary of Benefits
January 1, 2020 through December 31, 2020

In this booklet, you’ll find overviews of HAP Choice Medicare (HMO) 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 Choice Medicare (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.

Answers to Your Questions about HAP Choice Medicare (HMO)

How can I contact HAP Choice Medicare?

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)
Or, visit us online: hap.org/medicare

SALES
(833) 923-1887 (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)
Can anyone join HAP Choice Medicare (HMO)?
You can join a HAP Choice Medicare (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: Kent, Oceana, Ottawa and Muskegon.

As a HAP Choice Medicare (HMO) plan member, which doctors, hospitals and pharmacies can I use?
With our HMO plans, it’s important to see providers in our network, or you risk being responsible for the cost. 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 Mercy Health. 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 and pharmacy directories at: hap.org/medicare/member-resources

○ For a paper directory, please call one of these phone numbers:
  For members: (801) 801-1770 (TTY: 711)
  For prospects: (833) 923-1887 (TTY: 711)
Monthly Premium, Deductibles and Coverage Limits
for HAP Choice Medicare (HMO) plans

Monthly premium
(In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)

Yearly medical deductible
For some in-network hospital and medical services

Yearly deductible for Part D prescription drugs

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 HAP Choice Medicare plans, you are also required to continue paying cost-sharing for Part D prescription drugs.

Coverage limits
<table>
<thead>
<tr>
<th>HAP Choice Medicare (HMO)</th>
<th>(Plan 026)</th>
<th>(Plan 027)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premiums</td>
<td>$0</td>
<td>$26</td>
</tr>
<tr>
<td>$0/year</td>
<td>$0/year</td>
<td>$0/year</td>
</tr>
<tr>
<td>$4,800 for services from in-network providers</td>
<td>$3,900 for services from in-network providers</td>
<td></td>
</tr>
</tbody>
</table>

There are coverage limits every year for some benefits. Please contact HAP for details.
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.

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>HAP Choice Medicare (HMO)</th>
<th>(Plan 026)</th>
<th>(Plan 027)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1-7:</td>
<td>$235 copay/day</td>
<td>$210 copay/day</td>
</tr>
<tr>
<td>Days 8-90:</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td>$200 copay</td>
<td>$180 copay</td>
</tr>
</tbody>
</table>
Covered Medical and Hospital Benefits for HAP Choice Medicare (HMO) plans

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

Primary care physician visits

Specialist visits
PCP referral required for specialist services

Preventive care

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.
<table>
<thead>
<tr>
<th>HAP Choice Medicare (HMO)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Plan 026)</strong></td>
<td><strong>(Plan 027)</strong></td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>$40 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>$0 copay for services</strong></td>
<td><strong>$0 copay for services</strong></td>
</tr>
<tr>
<td><strong>fully covered by Medicare</strong></td>
<td><strong>fully covered by Medicare</strong></td>
</tr>
</tbody>
</table>
Summary of Benefits  January 1, 2020 – December 31, 2020

Covered Medical and Hospital Benefits for HAP Choice Medicare (HMO) plans

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

**Worldwide emergency care**

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.

**Urgently needed services**, worldwide coverage
<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>(Plan 026)</th>
<th>(Plan 027)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$90 copay</td>
<td>$90 copay</td>
<td></td>
</tr>
<tr>
<td>Yearly Limit:</td>
<td>$50,000</td>
<td>$50,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0-$60 copay</td>
<td></td>
<td>$0-$45 copay</td>
</tr>
</tbody>
</table>
Summary of Benefits  January 1, 2020 – December 31, 2020

Covered Medical and Hospital Benefits for HAP Choice Medicare (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)

Hi-tech diagnostic radiology services, such as CTs and MRIs

Diagnostic tests & procedures

Lab services
(copays do not include genetic labs)

Outpatient X-rays
(copays for routine X-rays)

Therapeutic radiology services, such as radiation treatment for cancer
<table>
<thead>
<tr>
<th></th>
<th>HAP Choice Medicare (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Plan 026)</td>
</tr>
<tr>
<td>$0-$150 copay</td>
<td>$0-$100 copay</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>$35 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>$60 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td></td>
<td>(Plan 027)</td>
</tr>
</tbody>
</table>
PCP referral needed for specialist services.

### Hearing services

**Routine hearing exam**

**Medicare-covered hearing exams**, such as diagnostic/balance (PCP/specialist)

**Fitting/evaluation exam**

**Hearing aids**
Must obtain hearing aids from a NationsHearing provider
<table>
<thead>
<tr>
<th>Plan 026</th>
<th>Plan 027</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay/exam; 1/calendar year</td>
<td>$0 copay/exam; 1/calendar year</td>
</tr>
<tr>
<td>$0/$40 copay</td>
<td>$0/$30 copay</td>
</tr>
<tr>
<td>$0 copay/exam; 1/calendar year</td>
<td>$0 copay/exam; 1/calendar year</td>
</tr>
<tr>
<td>$689 to $2,039 copay per hearing aid; 1 hearing aid per ear/ calendar year</td>
<td>$689 to $2,039 copay per hearing aid; 1 hearing aid per ear/ calendar year</td>
</tr>
</tbody>
</table>
Medical and Hospital Benefits for HAP Choice Medicare (HMO) plans

PCP referral needed for specialist services.

### Dental services

**Preventive services:**
- 1 oral exam
- 1 prophylaxis
- 1 set of bitewing X-rays/calendar year

**Medicare-covered comprehensive dental services (PCP/specialist)**

### 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 Premier participating provider in Michigan, Indiana or Ohio.

<table>
<thead>
<tr>
<th>Plan 1</th>
<th>$21.40/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan 2</td>
<td>$41.30/month</td>
</tr>
</tbody>
</table>

*In addition to your Medicare Part B and monthly premium.*
### HAP Choice Medicare (HMO)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Yearly deductible</th>
<th>Maximum yearly benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>026</td>
<td>$0/year</td>
<td>$800</td>
<td>Basic services: 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Diagnostic &amp; preventive services: 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Major services: 50%</td>
</tr>
<tr>
<td>027</td>
<td>$0/year</td>
<td>$1,500</td>
<td>Basic services: 70%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Diagnostic &amp; preventive services: 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Major services: 50%</td>
</tr>
</tbody>
</table>
PCP referral needed for specialist services.

**Vision services**

**Medicare-covered preventive/diagnostic eye exams (PCP/specialist)**

**Routine eye exam**

**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.

**Medicare-covered eyewear**
Following cataract surgery
<table>
<thead>
<tr>
<th>Plan 026</th>
<th>Plan 027</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0/$40 copay</td>
<td>$0/$30 copay</td>
</tr>
<tr>
<td>$0 copay/exam; 1/calendar year</td>
<td>$0 copay/exam; 1/calendar year</td>
</tr>
<tr>
<td>$100/calendar year</td>
<td>$100/calendar year</td>
</tr>
<tr>
<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>
</tbody>
</table>
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. (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.

Outpatient group and individual therapy visits
<table>
<thead>
<tr>
<th>Days 1-7:</th>
<th>Days 1-7:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$235 copay/day</td>
<td>$210 copay/day</td>
</tr>
<tr>
<td>Days 8-90:</td>
<td>Days 8-90:</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

$0 copay

$0 copay
Covered Medical and Hospital Benefits for HAP Choice Medicare (HMO) plans

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 for 60 consecutive days.

Outpatient rehabilitation (PCP referral needed for specialist services.)

Cardiac rehabilitation

Pulmonary rehabilitation

Occupational therapy, physical therapy, and language and speech therapy
<table>
<thead>
<tr>
<th>Plan 026</th>
<th>Plan 027</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days 1-20:</strong></td>
<td><strong>Days 1-20:</strong></td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Days 21-100:</strong></td>
<td><strong>Days 21-100:</strong></td>
</tr>
<tr>
<td>$178 copay/day</td>
<td>$178 copay/day</td>
</tr>
</tbody>
</table>
Summary of Benefits  January 1, 2020 – December 31, 2020

Covered Medical and Hospital Benefits
for HAP Choice Medicare (HMO) plans

Ambulance (Prior authorization required for non-emergencies.)

Ambulance
Includes ground, air and worldwide

Transportation

Transportation

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.
<table>
<thead>
<tr>
<th>HAP Choice Medicare (HMO)</th>
<th>(Plan 026)</th>
<th>(Plan 027)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200 copay/transport</td>
<td>$175 copay/transport</td>
<td></td>
</tr>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>20% of the cost of the drug</td>
<td>20% of the cost of the drug</td>
<td></td>
</tr>
</tbody>
</table>
Save on Your Prescriptions

Medicare Advantage Part D prescription drug coverage
With HAP prescription drug coverage, our goal is to make sure you get the highest quality medications at the lowest possible cost. We help make it easy with services like home delivery, medication management and easy online access to prescription information.

Savings at preferred pharmacies
During the initial coverage phase of your Part D benefit, HAP’s preferred pharmacies offer lower copays. Prescriptions must be filled at HAP-contracted pharmacies. We have many preferred pharmacies in our network, including large national chains. Pharmacies will be listed as either “preferred” or “standard” in HAP’s pharmacy directory. To find a pharmacy, go to hap.org/pharmacy. Or call the Customer Service number on your member ID card.

Part D coverage stages
Each year, you have four stages of coverage under Medicare Part D. These stages are set by Medicare. Which stage you are in depends on how much you have paid for your prescriptions.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Begins</th>
<th>Your drug costs</th>
<th>Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Yearly deductible</td>
<td>HAP Medicare Advantage plans have no deductible, so you won't begin in this stage.</td>
<td></td>
<td>You are in this stage until your year-to-date total drug costs (your payments plus any Part D plan's payments) total $4,020.</td>
</tr>
<tr>
<td>Stage 2 Initial coverage</td>
<td>When you fill your first prescription of the year</td>
<td>You pay a copay or coinsurance depending on the drug tier and the pharmacy.</td>
<td>You are in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of $6,350.</td>
</tr>
<tr>
<td>Stage 3 Coverage gap or &quot;donut hole&quot;</td>
<td>After you reach total drug costs of $4,020</td>
<td>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.</td>
<td>You are in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of $6,350.</td>
</tr>
<tr>
<td>Stage 4 Catastrophic coverage</td>
<td>After your year-to-date out-of-pocket costs reach $6,350</td>
<td>You are responsible for 5% of the total cost of prescriptions.</td>
<td>Until the end of the year.</td>
</tr>
</tbody>
</table>
Coverage in the “donut hole”
HAP Medicare Advantage offers plans with a range of choices to help you through the stage 3 coverage gap, also known as the “donut hole.” Both of the HAP Choice Medicare (HMO) plans have copay coverage for Tier 1 and Tier 2 drugs in the gap.

Copay tiers
Copay tiers determine how much you’ll pay out-of-pocket for your medication.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drug type</th>
<th>Description</th>
<th>Copay level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Preferred generic</td>
<td>Generic drugs with the same active ingredients and strength as brand-name drugs</td>
<td>Lowest cost-sharing tier</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Generic</td>
<td>Generic drugs not in the preferred generics tier</td>
<td>Higher copay than preferred generic</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Preferred brand</td>
<td>Brand-name drugs that meet HAP’s quality, safety and cost standards; are consistent with our benefit, referral and practice policies</td>
<td>Lowest cost nongeneric tier</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Nonpreferred drugs</td>
<td>Brand-name drugs not in the preferred brand tier and some generic drugs</td>
<td>Higher copay than preferred brand</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Specialty</td>
<td>Used to treat complex and chronic illnesses. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP.</td>
<td>These drugs are high cost and unique. They exceed a monthly cost established by the Centers for Medicare &amp; Medicaid Services.</td>
</tr>
</tbody>
</table>

Coverage requirements and limits
HAP has a list of covered drugs, also known as a formulary. You can find the Medicare formulary at [hap.org/prescriptions](http://hap.org/prescriptions).
Some covered drugs have requirements or limits. These requirements are listed on the formulary and may include:

- **Prior authorization:** For some drugs, you’ll need to get approval from HAP before your prescription is filled.
- **Step therapy:** In some cases, HAP may require you to first try a certain drug to treat your condition before another drug is covered.
- **Quantity limits:** Certain drugs have quantity limits.
Summary of Benefits  January 1, 2020 – December 31, 2020

Prescription Drug Benefits for HAP Choice Medicare (HMO) plans

Preferred retail network, standard retail and **NEW** mail order (listed at bottom of page) cost-sharing for Medicare Part D prescription drugs.

<table>
<thead>
<tr>
<th>Stage 1: Initial coverage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Preferred generics</td>
<td>1-month supply</td>
</tr>
<tr>
<td></td>
<td>2-month supply</td>
</tr>
<tr>
<td></td>
<td>3-month supply</td>
</tr>
<tr>
<td>Tier 2: Generics</td>
<td>1-month supply</td>
</tr>
<tr>
<td></td>
<td>2-month supply</td>
</tr>
<tr>
<td></td>
<td>3-month supply</td>
</tr>
<tr>
<td>Tier 3: Preferred brand</td>
<td>1-month supply</td>
</tr>
<tr>
<td></td>
<td>2-month supply</td>
</tr>
<tr>
<td></td>
<td>3-month supply</td>
</tr>
<tr>
<td>Tier 4: Non-preferred drugs</td>
<td>1-month supply</td>
</tr>
<tr>
<td></td>
<td>2-month supply</td>
</tr>
<tr>
<td></td>
<td>3-month supply</td>
</tr>
<tr>
<td>Tier 5: Specialty drugs</td>
<td>1-month supply</td>
</tr>
<tr>
<td>Preferred mail order</td>
<td>90-day supply</td>
</tr>
</tbody>
</table>
## HAP Choice Medicare (HMO)

<table>
<thead>
<tr>
<th>Preferred network</th>
<th>Standard network</th>
<th>Preferred network</th>
<th>Standard network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay</td>
<td>$6 copay</td>
<td>$0 copay</td>
<td>$6 copay</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$12 copay</td>
<td>$0 copay</td>
<td>$12 copay</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$15 copay</td>
<td>$0 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>$10 copay</td>
<td>$15 copay</td>
<td>$10 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>$20 copay</td>
<td>$30 copay</td>
<td>$20 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>$25 copay</td>
<td>$37.50 copay</td>
<td>$25 copay</td>
<td>$37.50 copay</td>
</tr>
<tr>
<td>$42 copay</td>
<td>$47 copay</td>
<td>$42 copay</td>
<td>$47 copay</td>
</tr>
<tr>
<td>$84 copay</td>
<td>$94 copay</td>
<td>$84 copay</td>
<td>$94 copay</td>
</tr>
<tr>
<td>$105 copay</td>
<td>$117.50 copay</td>
<td>$105 copay</td>
<td>$117.50 copay</td>
</tr>
<tr>
<td>40% of cost</td>
<td>42% of cost</td>
<td>40% of cost</td>
<td>42% of cost</td>
</tr>
<tr>
<td>40% of cost</td>
<td>42% of cost</td>
<td>40% of cost</td>
<td>42% of cost</td>
</tr>
<tr>
<td>40% of cost</td>
<td>42% of cost</td>
<td>40% of cost</td>
<td>42% of cost</td>
</tr>
<tr>
<td>33% of cost</td>
<td>33% of cost</td>
<td>33% of cost</td>
<td>33% of cost</td>
</tr>
<tr>
<td>$0 copay T1 &amp; T2</td>
<td>$0 copay T1 &amp; T2</td>
<td>$0 copay T1 &amp; T2</td>
<td>$0 copay T1 &amp; T2</td>
</tr>
</tbody>
</table>
Stage 2: Coverage gap

Begins after yearly drug cost (including what our plan and you have paid) reaches $4,020 and ends at $6,350

Stage 3: Catastrophic coverage

Applies after your yearly out-of-pocket drug costs (including those purchased via retail and mail order) reach $6,350
<table>
<thead>
<tr>
<th>Covered brand-name drugs:</th>
<th>Covered brand-name drugs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% of plan cost</td>
<td>25% of plan cost</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered generic drugs:</th>
<th>Covered generic drugs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% of plan cost or the Tier 1 and Tier 2 copays, whichever is less</td>
<td>25% of plan cost or the Tier 1 and Tier 2 copays, whichever is less</td>
</tr>
</tbody>
</table>

$3.60 copay for generic drugs (including brand drugs treated as a generic) and a $8.95 copay for all other drugs, or 5% of the cost, whichever is greater
Summary of Benefits  January 1, 2020 – December 31, 2020

Additional Covered Benefits for HAP Choice Medicare (HMO) plans

**Acupuncture**

**Chiropractic care** (May require a referral from your doctor.)

*Chiropractic care*

Manipulation of spine to move bones back into position

**Diabetes management**

*Monitoring supplies & therapeutic shoes or inserts*

**Self-management training**

**Durable medical equipment**

*Durable medical equipment*, such as wheelchairs, oxygen, etc.
## Additional Benefits

### HAP Choice Medicare (HMO)

<table>
<thead>
<tr>
<th>(Plan 026)</th>
<th>(Plan 027)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>20% of cost</td>
<td>20% of cost</td>
</tr>
</tbody>
</table>
### Additional Covered Benefits for HAP Choice Medicare (HMO) plans

<table>
<thead>
<tr>
<th>Foot care/podiatry services (PCP referral required for specialist services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot exams and treatment for diabetes-related nerve damage and/or meet certain conditions</td>
</tr>
<tr>
<td>Home health care</td>
</tr>
<tr>
<td>Home health care</td>
</tr>
<tr>
<td>Hospice</td>
</tr>
<tr>
<td>Hospice</td>
</tr>
</tbody>
</table>

Inpatient mental health care (See “Mental health services” on page 34.)

Outpatient substance abuse (May require prior authorization.)

Outpatient substance abuse
Group or individual therapy visit
## HAP Choice Medicare (HMO)

<table>
<thead>
<tr>
<th>Plan 026</th>
<th>Plan 027</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

Medicare-certified hospice is paid for by Original Medicare, with the exception of some drugs. Please contact HAP for details.
### Additional Covered Benefits for HAP Choice Medicare (HMO) plans

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient surgery</td>
<td>(May require prior authorization and referral from your doctor.)</td>
</tr>
<tr>
<td>Ambulatory surgical center</td>
<td></td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td></td>
</tr>
<tr>
<td>Over-the-counter items</td>
<td></td>
</tr>
<tr>
<td>Over-the-counter items</td>
<td></td>
</tr>
<tr>
<td>Prosthetic devices and related medical supplies</td>
<td>(May require prior authorization.)</td>
</tr>
</tbody>
</table>

- **Prosthetic devices and related medical supplies**, such as braces, artificial limbs, etc.
<table>
<thead>
<tr>
<th></th>
<th>HAP Choice Medicare (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Plan 026)</td>
</tr>
<tr>
<td></td>
<td>(Plan 027)</td>
</tr>
<tr>
<td>$100 copay</td>
<td>$90 copay</td>
</tr>
<tr>
<td>$200 copay</td>
<td>$180 copay</td>
</tr>
<tr>
<td>$75 allowance/quarter</td>
<td>$100 allowance/quarter</td>
</tr>
<tr>
<td>20% of cost</td>
<td>20% of cost</td>
</tr>
</tbody>
</table>
Summary of Benefits  January 1, 2020 – December 31, 2020

Additional Covered Benefits for HAP Choice Medicare (HMO) plans

**Renal dialysis** (PCP referral required for Specialist services)

**Self-dialysis**
Dialysis at a treatment network facility

**Telemedicine**

**Telehealth services**
24/7 access to physicians via computer, tablet and smartphone

**Visitor travel**

**Visitor travel**
Extends coverage to members during visits to Arizona, Florida, Michigan (out-of-area) and Texas for up to six months
<table>
<thead>
<tr>
<th>Plan</th>
<th>Medicare Plan</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan 026</td>
<td>HAP Choice Medicare</td>
<td>20% of cost</td>
</tr>
<tr>
<td></td>
<td>(HMO)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0/PCP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$45/American Well</td>
</tr>
<tr>
<td>Plan 027</td>
<td>(Plan 027)</td>
<td>20% of cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of cost</td>
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<td></td>
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<td></td>
<td></td>
<td>$0/PCP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$40/American Well</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered</td>
</tr>
</tbody>
</table>
Additional Covered Benefits
for HAP Choice Medicare (HMO) plans

Wellness & fitness programs

Silver&Fit® program
From American Specialty Health. Choose from fitness centers, home fitness kits, mobile applications or fitness devices.

Nutritional counseling with a registered dietitian

Select doctor-supervised weight-loss programs
(when specific criteria are met)

Health risk assessment, and healthy recipes and tips for healthy eating
<table>
<thead>
<tr>
<th>HAP Choice Medicare (HMO)</th>
<th>(Plan 026)</th>
<th>(Plan 027)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
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All free at [hap.org](http://hap.org)
Notice of Privacy Practices

This notice describes how protected health information that is about you may be used and disclosed and how you gain access to this information.

HAP
Alliance Health and Life Insurance Company®
HAP Midwest Health Plan, Inc.
Effective Oct. 1, 2018

Your protected health information

PHI stands for protected health information. PHI is information that can be used to identify you—such as your name, demographic data and member ID number. This information can relate to your past, present or future:

- Physical or mental health
- Health care services you receive
- Payment for care

Our privacy policies cover protection of your PHI whether it’s oral, written or electronic. To give HAP permission to release personal health information those you approve, complete our authorization form. The form is available online at hap.org/privacy.

Important information about privacy

Safeguarding the privacy of your protected health information 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. This notice does that. It explains how we use information about you and when we can share that information with others. It also tells you about your rights related to your PHI and how you can use your rights.

When we use the term “HAP,” “we” or “us” in this notice, we're referring to HAP 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. We require 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 health 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” in order to perform these 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
• Determining eligibility for benefits
• Coordinating benefits with other insurance you may have

Operations
As permitted by law, we share your PHI with:

• Affiliated companies as permitted by law
• Nonaffiliated third parties with whom we contract to help us operate HAP
• 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, we will require these individuals or entities to protect the privacy and security of your information and to return or destroy the information when it’s no longer needed for our business operations.

Related HAP business activities include:

• Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation.
• Performing outcome assessments and analysis of health claims.
• Preventing, detecting and investigating fraud and abuse.
• Underwriting, rating and reinsurance activities. But, we are prohibited from using or disclosing any genetic information for underwriting purposes.
• 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 operational uses and disclosures that are permitted or required:

- 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. For example, we might send you information 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 HAP and its subsidiaries, such as the U.S. Department of Health and Human Services, the Michigan Department of Insurance and Financial Services, the Michigan Department of Health and Human Services and the federal Centers for Medicare and Medicaid Services.
- When needed by the employer or plan sponsor to administer your health benefit plan.
- For certain Food and Drug Administration 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 U.S. 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 anytime. 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 benefit plan through which you receive health benefits. Generally, information will only be shared when it’s needed by the employer or plan sponsor to administer your health benefit plan. 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.

- 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 whether the claim has been paid.

- We may use your PHI so that we can contact you, either by phone or by U.S. mail, to conduct surveys, such as our 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 Henry Ford Health System and its listed affiliates in an organized health care arrangement. The goal is to improve the quality and efficient delivery of your health care and to participate in applicable quality measure programs, such as HEDIS.

The entities that comprise the HFHS organized health care arrangement are:

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

The Henry Ford organized health care arrangement 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. You can access the most current list at hap.org/privacy or call us at (800) 422-4641. When required, we will provide you with appropriate notice of 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 in the “Who to Contact” section at the end of this document.

- **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 payment for your health care. We are not 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 that we send communications with PHI confidentially.** 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. We can send it 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. This includes 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.

- **If you request and are given access to a set of records with PHI, you have the right to ask us to amend the PHI.** 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 require that the information you provide is 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 are not 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 these member rights may require a written request.

Changes to the 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 U.S. 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, mail a written request to:

HAP and HAP Midwest Plan Information Privacy & Security Office
One Ford Place, 2A
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 Information Privacy & Security Office above or HAP’s Compliance Hotline at (877) 746-2501. You can remain anonymous. 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
Reviewed: November 2008, November 2009, October 2011
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/


江の川: もしあなたがフィリピン語を話している場合、無料の言語援助をご利用いただけます。一般援助については、(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) 422-4641 (TTY: 711)に電話してください。

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).


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, hãy gọi (800) 422-4641 (TTY: 711). Để được trợ giúp về y tế (Medicare), hãy gọi (800) 801-1770 (TTY: 711).
Wish choosing the right Medicare plan was a day at the beach?

HAP IS HERE (833) 923-1887 (TTY: 711)

We’ll help you pick the right plan, with benefits that work harder for you.

- Access to doctors and specialists in your area
- Up to $400/year depending on the plan you select, for over-the-counter items
- $0 deductibles for covered prescriptions
- Telehealth services let you see doctors 24/7
- Vision, dental and hearing coverage