



MEDICARE
SOLUTIONS

HAP Medicare Supplement Brochure

**HAP
IS HERE**

Giving you extra benefits
for an extraordinary life



Here, with six plans for your unique needs

HAP Alliance Medicare Supplement offers a choice of plans – Plan A, Plan C, Plan D, Plan F, Plan G and Plan N. The benefits of each of these plans are standardized by the federal government. Plan A provides basic benefits. Plans C, D, F, G and N provide coverage over and above the basic benefits.

Explore the chart in the Outline of Coverage and choose the plan that best meets your needs.

The basic benefits include:

- **HOSPITALIZATION:** Coverage for Medicare Part A daily copays, plus 365 additional days (lifetime) after Medicare benefits end
- **MEDICAL EXPENSES:** Coverage for Medicare Part B coinsurance (20% of Medicare-approved costs) or copays for doctors' services, hospital outpatient services and other medical services
- **BLOOD:** First three pints of blood each year
- **HOSPICE:** Coinsurance for inpatient respite care and copays for hospice outpatient prescription drugs

Note: Plans do not include Medicare Part D prescription drug benefits.

Take a closer look at HAP's Alliance Medicare Supplement plans

HAP Alliance Medicare Supplement plan is not connected with or endorsed by the United States government or the federal Medicare program. Neither HAP Alliance Medicare Supplement nor its agents are connected with Medicare. The Outline of Coverage in the back of this brochure is thorough, but it does not cover every detail. Contact your local Social Security office or consult the booklet "Medicare & You" for more details.





Here, filling the gaps in Original Medicare

With Original Medicare, you're covered for many hospital and medical expenses, but there are some gaps in that coverage you may have to pay – such as deductibles, coinsurance and copays – and those costs can add up quickly:

- Medicare Part A has an upfront deductible for hospitalization – a deductible you pay each benefit period before your Medicare coverage begins.
- If you stay in the hospital more than 60 days, you begin paying a copay per day.
- After 90 days in the hospital, your copay increases.
- You pay 20% coinsurance for most doctors' services after you pay your Part B deductible each year.
- You pay 100% for emergency care received outside the U.S., except under limited circumstances.

Protect your health with HAP Alliance Medicare Supplement

With HAP Alliance Medicare Supplement (Medigap) plans, you can fill the coverage gaps listed above and know that you're protected with a plan from Alliance Health and Life Insurance Company (Alliance). With HAP Alliance Medicare Supplement, you can receive care any place in the U.S. that accepts Medicare, and with some plans, you have emergency care anywhere in the world.

A dependable, Michigan-based partner

Medicare beneficiaries have relied on us and our Medicare plans for more than 25 years. By listening carefully to our members, we've been able to make our health plans and services more responsive. With Alliance, you'll have the comfort that comes from knowing you have a partner in Michigan that is dedicated to delivering inspired customer service. Alliance is a wholly owned subsidiary of Health Alliance Plan (HAP), a Michigan-based company that has been serving the community for more than 50 years.

Here, with more convenient coverage

Freedom and choice

With a HAP Alliance Medicare Supplement plan, you're covered wherever you go.

- You can visit any doctor, specialist or hospital that participates in Medicare, anywhere in the U.S.
- No referrals are necessary or required to see a specialist.
- Your benefits start on day one – there is no waiting period for protection to begin.*
- Michigan-based members get emergency travel assistance whenever traveling 100 miles or more away from home or outside the U.S. for no longer than 90 days in a row, thanks to HAP's partnership with Assist America.**
- NEW!** ○ Optional dental plans can be purchased with any HAP Medicare Supplement plan. Services must be provided by Delta Dental PPO™ and Delta Dental Premier® networks.***
- \$0 gym membership at participating fitness facilities – Memory enhancement videos (BurnAlong), home fitness kits, activity tracking as part of FitKit and much more through our partnership with Peerfit® Move.

Easy to use

When you enroll in a HAP Alliance Medicare Supplement plan:

- There is virtually no paperwork for you with our automatic claims processing.
- Your health claims are processed quickly.
- Your benefits through HAP Alliance Medicare Supplement change automatically when Original Medicare deductibles, coinsurance or copays change, so you know you're covered.
- Your coverage renews automatically every year, as long as you continue to pay your premiums.

* If you delay enrollment and have a health problem that is diagnosed before your Medigap policy starts, the insurance company can refuse to cover that health problem for up to six months. However, you will still be covered under Original Medicare.

** Assist America does not replace your HAP coverage. You are covered for urgent and emergency care based on your member contract.

*** Services received from a nonparticipating dentist may result in higher out-of-pocket costs. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist



Here, with a dedicated team of customer service specialists

Customer service is deeply rooted in the HAP culture. In fact, it's what employees strive for each day. Our Medicare customer service representatives specialize in Medicare, work right here in Michigan, and can access your plan records immediately to help provide assistance, answer questions and explain plan details.

Whenever you need help, your HAP Medicare customer service representative is always just a phone call away.



Here, with answers to your questions

How do I know if I'm eligible for enrollment in HAP Alliance Medicare Supplement?

Generally, if you are a Michigan resident enrolled in both Medicare Parts A and B, you are eligible for HAP Alliance Medicare Supplement. You will have to continue to pay the monthly Medicare Part B premium. In addition, you will have to pay a premium for your HAP Alliance Medicare Supplement policy.

When can I sign up for HAP Alliance Medicare Supplement?

You can purchase HAP Alliance Medicare Supplement at any time. The best time to purchase your policy is when you become eligible for Medicare and enroll in Medicare Part B.

Am I covered when I travel?

Yes. Your coverage goes with you anywhere in the United States. With Plan C, Plan D, Plan F, Plan G and Plan N, you also have worldwide emergency coverage, with limitations.

Do I need a referral to see a specialist?

No. Referrals are not required. You can see any doctor or specialist who participates in Medicare.

Can my coverage be denied?

When you turn 65, participate in Medicare Part A and enroll in Medicare Part B, you have a guaranteed right to buy a HAP Alliance Medicare Supplement plan for six months. You cannot be refused if you sign up during this open enrollment period.

Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.

If you try to enroll in a Medicare Supplement plan after your first six months of eligibility, an insurance company can refuse to sell you a policy or charge you higher premiums based on certain health conditions.

In some cases, if you have a health problem that was diagnosed before your Medicare Supplement policy starts, the insurance company can refuse to cover that health problem for up to six months. This is called a "pre-existing condition waiting period." The insurance company can only use this kind of waiting period if your health problem was diagnosed or treated during the six months before the policy started. If you buy a Medigap policy when you have special Medigap protections or guaranteed issue rights, you will not be subject to a pre-existing condition waiting period.

Once you are enrolled in a Medicare Supplement plan, your coverage will continue to be renewed as long as you pay the premium.

Do HAP Alliance Medicare Supplement plans include prescription drug coverage?

No. Medigap plans do not offer prescription drug coverage. If you are interested in a type of plan that may also cover prescription drugs, just give us a call at (833) 923-1797 (TTY: 711). We will be happy to discuss your options with you.*

Or, you may call your State Health Insurance Assistance Program.

Does my plan include dental?

No, dental is not automatically included. Optional dental plans can be purchased with any HAP Medicare Supplement plan. Services must be provided by Delta Dental PPO™ and Delta Dental Premier® networks. Services received from a nonparticipating dentist may result in higher out-of-pocket costs. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist.

See enclosed flyer for coverage details.



*These plans are subject to CMS enrollment period restrictions.



Ready to enroll? Here's how.

To enroll in one of our Medicare Supplement plans, you can:

1. Enroll online at HAP.org/Medicare.
2. Call a licensed HAP Medicare sales representative at (833) 923-1797 (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. Attend 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 (833) 923-1797 (TTY: 711).
 - For accommodation of persons with special needs, call (833) 923-1797 (TTY: 711).
4. Complete and mail your enrollment form to:

Health Alliance Plan
Attention: Medicare Sales
1414 E. Maple Road
Troy, MI 48083

Prospective Members:

If you have questions, or if you are looking for more information about our benefits or enrollment periods, just call a licensed, Michigan-based HAP Medicare sales representative at:

(833) 923-1797 (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

Current Members:

If you have questions, contact Customer Service at (800) 873-7526 (TTY: 711).

For your convenience, our customer service office hours are:
Monday through Friday, 8 a.m. to 8 p.m.

Outside of those business hours, you may access our Interactive Voice Recording system at the same number and leave your name and phone number. A HAP Medicare customer service representative will return your phone call the next business day.

You can also mail your questions to:

Health Alliance Plan
Attention: Medicare Sales
1414 E. Maple Road
Troy, MI 48083

Or visit us on the web at HAP.org/Medicare.

This is a solicitation of HAP Alliance Medicare Supplement insurance and you may be contacted by a licensed, authorized HAP Medicare salesperson.



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Want more from your
health plan?

**HAP
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(833) 923-1797 (TTY: 711)

Talk to us about the Medicare option that makes the
most sense for you.

For more information, visit HAP.org/Medicare.