



MEDICARE  
SOLUTIONS

# 2022

## Summary of Benefits HAP Senior Plus (PPO)

**HAP  
IS HERE**

Helping you navigate  
your benefits



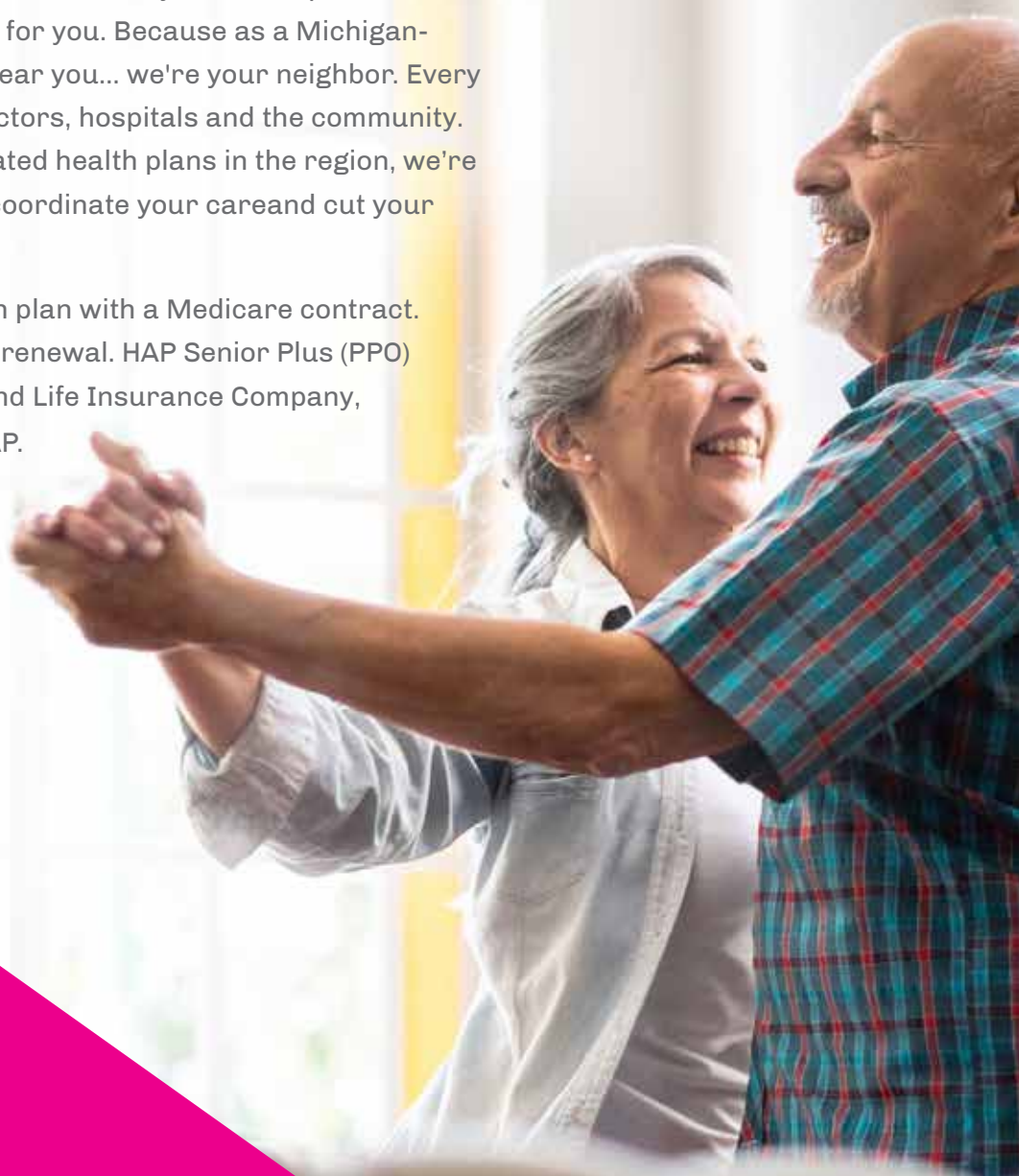
# Made in Michigan. For Michigan.

For more than 35 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're your neighbor. 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.

HAP Senior Plus (PPO) is a health plan with a Medicare contract. Enrollment depends on contract renewal. HAP Senior Plus (PPO) is a product of Alliance Health and Life Insurance Company, a wholly owned subsidiary of HAP.

## Here's what you'll find inside:

- *An outline of how Medicare works*
- *Our benefits*
- *Our plans*



# HAP Senior Plus (PPO) Plans Summary of Benefits

**January 1, 2022 through December 31, 2022**

In this booklet, you'll find overviews of HAP Senior Plus (PPO) Plans, including benefits covered by each plan and costs members are responsible for. For a complete list of covered services, please call (888) 658-2536 (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 1-800-MEDICARE (1-800-633-4227) or TTY: (877) 486-2048, 24 hours a day, 7 days a week, or visit <https://www.medicare.gov>.
2. Join a private Medicare health plan, such as a HAP Senior Plus (PPO) 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>.

## **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: (800) 868-3153 (TTY: 711) or visit us online at [hap.org/medicare](http://hap.org/medicare).

## Here are five easy ways to enroll:

1.

Enroll online at [hap.org/medicare](https://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 8 p.m., Monday through Friday

3.

Come to a FREE HAP Medicare seminar/webinar, 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](https://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  
Attn: Medicare Sales  
2850 West Grand Boulevard  
Detroit, MI 48202

5.

Enroll online at [Medicare.gov](https://www.Medicare.gov) (through the Centers for Medicare & Medicaid Services Online Enrollment Center).



# 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 supplemental benefits, such as dental, vision, hearing and much more.

**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, with PPO plans

At HAP, PPO plans are available starting at \$0\*/month.

This coverage comes with flexibility, making it a good choice for members who travel frequently. With no primary care physician required, you have the freedom to see Medicare providers nationwide. No referral necessary.

- Seek care in- and out-of-network\*\* (with reduced out-of-pocket costs when you stay in-network)
- \$0 copays for in-network, Medicare-approved preventive services
- \$0 deductibles for all covered prescription drugs
- \$0 copays for Tier 1 preferred generic prescription drugs\*\*\*

If you're interested in an HMO or HMO-POS plan, please contact us at (800) 868-3153 (TTY: 711).

You may be eligible to enroll if you are entitled to Medicare benefits under Part A, enrolled in Part B and reside in HAP's service area.

\* You must continue to pay your Medicare Part B premium.

\*\* Out-of-network/non-contracted providers are under no obligation to treat HAP Senior Plus PPO members, except in emergency situations. Please call our customer service number or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

\*\*\* \$0 copay applies for Tier 1 preferred generic prescriptions from preferred pharmacies only. A \$7 copay will apply if a non-preferred pharmacy is used. Visit [hap.org/medicare](http://hap.org/medicare) for a list of our preferred pharmacies.



# HAP Senior Plus (PPO)

	Option 1 (Plan 011)	Option 2 (Plan 012)
<b>Monthly premium</b> (In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)	\$0	\$65
<b>Annual medical deductible<sup>1</sup></b>	\$0 in and out-of-network	\$0 in and out-of-network
<b>Maximum out-of-pocket</b>	\$6,500 in-network; \$7,000 in- and out-of-network combined <sup>2</sup>	\$5,000 in-network; \$7,000 in- and out-of-network combined <sup>2</sup>
<b>Doctor/specialty visits</b>	\$0/\$45 in-network; 30% out-of-network <sup>3</sup>	\$15/\$40 in-network; 25% out-of-network <sup>3</sup>
<b>Inpatient hospital</b>	\$310 per day (days 1-6); 30% per day out-of-network Unlimited days	\$210 per day (days 1-7); 25% per day out-of-network Unlimited days
<b>Emergency (ER)/urgent care (UC)</b>	\$90 <sup>4</sup> /\$55	\$90 <sup>4</sup> /\$55
<b>Out-of-network cost-share</b>	30% <sup>3</sup>	25% <sup>3</sup>
<b>Labs/outpatient hospital</b>	\$0/\$275 in-network; 30% out-of-network	\$0/\$250 in-network; 25% out-of-network
<b>Physical/occupational/ speech therapy visits</b>	\$20/30% out-of-network	\$20/25% out-of-network
<b>Over-the-counter items</b>	\$75 allowance/quarter	\$75 allowance/quarter
<b>Prescription drug deductible</b>	\$0	\$0
<b>Prescription copays 30-day supply<sup>5</sup></b>	Preferred/non-preferred pharmacy network	Preferred/non-preferred pharmacy network
Tier 1 – preferred generics	\$0/\$7	\$0/\$7
Tier 2 – generics	\$10/\$15	\$10/\$15
Tier 3 – preferred brand	\$42/\$47	\$42/\$47
Tier 4 – non-preferred drugs	48%/50%	48%/50%
Tier 5 – specialty tier	33%/33%	33%/33%
Tier 6 – select care drugs (some preventive vaccines)	\$0	\$0
Preferred mail order – 90-day supply	\$0 copay T1 & T2	\$0 copay T1 & T2
Initial coverage limit (combined drug costs paid by you and the plan): \$4,430 <sup>6</sup>		

<sup>1</sup> Medical deductibles do not apply to all services. Refer to our detailed materials for more information at [hap.org/medicare](http://hap.org/medicare).

<sup>2</sup> Out-of-network cost applies to maximum out-of-pocket.

<sup>3</sup> Out-of-network (OON) benefits of PPO plans have up to 30% coinsurance in all services other than: Emergency Care, Urgent Care, Peripheral Vascular Disease Ultrasounds, Pacemaker Testing, Assist America, Fitness Benefit through Peerfit® Move and Telehealth Services through Amwell.

<sup>4</sup> Copayment is waived if admitted to hospital.

<sup>5</sup> A 90-day supply for retail and mail order is \$0 for T1 & T2 through preferred pharmacy; a 90-day supply mail order for T3 is 2.5 times the 30-day copay; retail 90-day supply is 3 times copay, a 90-day supply is not available for Tier 5

<sup>6</sup> Excludes monthly premiums, costs of noncovered drugs and 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.

## DENTAL

- \$0 copays for preventive care: 2 cleanings, 2 exams, bite-wing x-rays and one set of bite-wings
- \$0 preventive, plus \$1,000 for comprehensive including root canals, fillings and crown repair at 50%
- You have an option to buy additional dental coverage. See options on page 19

## VISION

- \$0 copays for routine exams through our vision partner, EyeMed
- \$125 allowance to help you pay for eyeglasses. Additional discounts may be offered on any balance over the allowance and on additional pairs of eyewear, frames and contact lenses every year.

## 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

## OVER-THE-COUNTER ALLOWANCE

- An allowance of up to \$400/year for over-the-counter items, depending on which plan you select, helps lower the costs on these items.

## TRANSPORTATION

- Non emergent transport to doctors office, pharmacy or other medically necessary appointment. 24 one-way trips annually. (Not covered for PPO 011)

## MOM'S MEALS

- Members that have congestive heart failure, hypertension or diabetes can receive 28 meals over 14 days of fresh, nutritious, ready-to-heat meals delivered to their home after discharge from the hospital for one of these conditions.

## EMERGENCY TRAVEL PROTECTION

- \$0 travel worry-free with global travel emergency services when you're more than 100 miles from home or in a foreign country, from Assist America®. It includes identity theft protection, 24/7 professional fraud support and help with unexpected medical expenses.\*

\*Our services are a supplement to your existing health insurance. Assist America does not charge members for any of its services, but once you are safely in the care of a qualified physician, your health insurance should cover the costs of your actual treatment and hospitalization.

## PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

- **NEW!** HAP supports autonomy and safety for Medicare Members who are at risk for falls. HAP's Personal Emergency Response System benefit, powered by NationsCare, will empower these members so they can continue aging in place and living independently. (Not covered for PPO 011)

## COMPANION CARE

- **NEW!** Members who are at risk for social isolation are matched with a compatible companion who makes periodic visits to the home and communicates regularly via phone. The NationsCare companion provides emotional support and socialization by helping with a variety of tasks, such as running errands, household chores, social activities, transportation, meal preparation and setting up technology. (Not covered for Plan 011)





## DIGITAL WHOLE PERSON CARE

- **NEW!** For members already enrolled in HAP's Digital Diabetes program who also have a diagnosis of hypertension) additional tools are available to help dual-diagnosed members manage both of these conditions including assistance with weight management and their emotional wellbeing.

## 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 fitness membership. With Peerfit® Move, you'll be able to take advantage of a variety of fitness options, such as gyms, studios and online classes, as well as at-home Fit Kits with monthly credits. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.



## Extends coverage to members when traveling to any of the 49 states outside of Michigan.

- Travel confidently with HAP Medicare PPO. When you travel out of state, your coverage travels with you. Pay in-network prices for copays when you visit any Medicare-participating provider in the U.S.\*



\*Excludes routine vision, hearing, dental and fitness services. Members in need of these services have access to national networks with providers in all 50 states.

# Answers to your questions about HAP Senior Plus (PPO)

## How can I contact HAP Senior Plus?

### **CUSTOMER SERVICE**

(888) 658-2536 (TTY: 711)

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

Oct. 1 through March 31: seven days a week, 8 a.m. to 8 p.m.

Or visit us online: [hap.org/medicare](http://hap.org/medicare)

### **SALES**

(800) 868-3153 (TTY: 711)

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

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

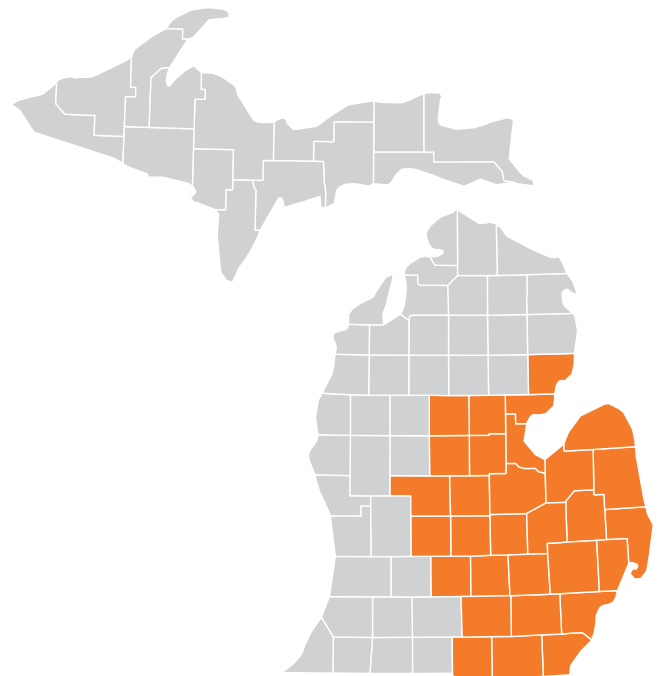
## Can anyone join HAP Senior Plus (PPO)?

You can join a HAP Senior Plus (PPO) plan if you're eligible for Medicare Part A, enrolled in Medicare Part B and you live in our service area, which includes these Michigan counties: Arenac, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Midland, Monroe, Montcalm, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne.

## What does HAP Senior Plus (PPO) cover?

We cover everything Original Medicare covers – and more! With HAP, some benefits covered by Original Medicare cost more and some cost less. To see all the extra benefits you get with HAP Senior Plus (PPO), please see the section called “Additional Covered Benefits” in this publication.

All HAP Senior Plus (PPO) plans also cover Part D drugs, Part B drugs and some drugs administered by providers. View the list of Part D prescription drugs (our drug formulary) at [hap.org/resources](http://hap.org/resources).



## As a HAP Senior Plus (PPO) plan member, which doctors, hospitals and pharmacies can I use?

With our PPO plans, it's important to see providers in our network, or you risk being responsible for the out-of-network coinsurance. Our network of providers includes the doctors and other health care professionals, hospitals and other health care facilities across our service area. Routine care outside our service area may not be covered.

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. Costs may also differ based on pharmacy type (preferred or non-preferred), mail order, long-term care (LTC) or home infusion and 30- or 90-day supply.

Please note 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/resources](http://hap.org/resources)**
- For a paper directory, please call one of these phone numbers:  
Current members: (888) 658-2536 (TTY: 711)  
Prospective members: (800) 868-3153 (TTY: 711)

# Monthly Premium, Deductibles and Coverage Limits

	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties
<p><b>Monthly premium</b> (In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)</p>	\$0	\$65	\$165	\$200
<p><b>Yearly medical deductible</b> For some out-of-network hospital and medical services</p>	\$0/year			
<p><b>Yearly deductible for Part D prescription drugs</b></p>	\$0/year			
<p><b>Maximum yearly out-of-pocket costs</b> Like all Medicare plans, our plans limit your total out-of-pocket costs for medical and hospital care each year.   <i>NOTE: Costs for services from in-network providers count toward your yearly limit. 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 PPO plans you are also required to continue paying cost-sharing for Part D prescription drugs.</i></p>	<p>\$6,500 for services from in-network providers \$7,000 for services from any provider. (Fees you pay for in-network service also count toward this total.)</p>	<p>\$5,000 for services from in-network providers \$7,000 for services from any provider. (Fees you pay for in-network service also count toward this total.)</p>	<p>\$4,500 for services from in-network providers \$6,500 for services from any provider. (Fees you pay for in-network service also count toward this total.)</p>	<p>\$4,000 for services from in-network providers \$6,100 for services from any provider. (Fees you pay for in-network service also count toward this total.)</p>
<p><b>Coverage limits</b></p>	There are coverage limits every year for some benefits, regardless of whether you receive care in- or out-of-network. Please contact HAP for details.			

# Covered Medical and Hospital Benefits

	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties
<b>Hospital services</b> (May require prior authorization.)				
<p><b>Inpatient hospital care</b> Our plans cover an unlimited number of days for an inpatient hospital stay.</p> <p>There is no cost to you for additional days (after 90 days) not normally covered under Original Medicare.</p>	<p><b>In-network:</b> Days 1-6: \$310 copay/day Days 7-90: \$0 copay</p> <p><b>Out-of-network:</b> 30% of cost/stay</p>	<p><b>In-network:</b> Days 1-7: \$210 copay/day Days 8-90: \$0 copay</p> <p><b>Out-of-network:</b> 25% of cost/stay</p>	<p><b>In-network:</b> Days 1-7: \$225 copay/day Days 8-90: \$0 copay</p> <p><b>Out-of-network:</b> 25% of cost/stay</p>	<p><b>In-network:</b> Days 1-7: \$145 copay/day Days 8-90: \$0 copay</p> <p><b>Out-of-network:</b> 20% of cost/stay</p>
<p><b>Outpatient hospital services</b> Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury.</p>	<p><b>In-network:</b> \$275 copay</p> <p><b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$250 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$225 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$175 copay</p> <p><b>Out-of-network:</b> 20% of cost</p>
<p><b>Ambulatory surgical center</b></p>	<p><b>In-network:</b> \$145 copay</p> <p><b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$130 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$120 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$95 copay</p> <p><b>Out-of-network:</b> 20% of cost</p>



# Covered Medical and Hospital Benefits

Best Value	HAP Senior Plus (PPO)			
Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)	
30 counties	30 counties	30 counties	30 counties	

Primary care physician office visits

Primary care physician visits	<p><b>In-network:</b> \$0 copay</p> <p><b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$15 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$10 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$5 copay</p> <p><b>Out-of-network:</b> 20% of cost</p>
Specialist visits	<p><b>In-network:</b> \$45 copay</p> <p><b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$35 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$30 copay</p> <p><b>Out-of-network:</b> 20% of cost</p>

# Covered Medical and Hospital Benefits

	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties
<b>Preventive care</b>				
<p><b>Preventive care</b> Our plans cover many preventive services, including:</p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost</p>
	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm ultrasound screening</li> <li>• Alcohol misuse counseling</li> <li>• Barium enemas</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular disease screening</li> <li>• Cervical and vaginal cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening tests</li> <li>• Diabetes self-management training</li> <li>• Digital rectal exams</li> <li>• EKG following welcome visit</li> <li>• Hepatitis C virus screening</li> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy services</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Smoking cessation services</li> <li>• Vaccines, including flu, Hepatitis B and pneumococcal shots</li> <li>• One Welcome to Medicare preventive visit</li> <li>• Yearly wellness visit</li> </ul>	

Additional preventive services approved by Medicare during the contract year will be covered.

If you receive services beyond this, cost-sharing will apply.

# Covered Medical and Hospital Benefits

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

Best Value				
HAP Senior Plus (PPO)				
Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)	
30 counties	30 counties	30 counties	30 counties	

## Worldwide emergency care

**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.

\$90 copay

**Yearly limit:**  
\$50,000

## Urgently needed services

**Urgently needed services, worldwide coverage**

\$55 copay

# Covered Medical and Hospital Benefits

Costs 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.*

	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties
<b>Diagnostic tests &amp; radiology (May require prior authorization.)</b>				
<b>Hi-tech diagnostic radiology services, such as CTs and MRIs</b>	<b>In-network:</b> \$0-\$200 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0-\$175 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0-\$150 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0-\$150 copay <b>Out-of-network:</b> 20% of cost
<b>Diagnostic tests &amp; procedures</b> Lab services, pacemaker testing, allergy testing, bone density testing, surgical supplies (splints and casts included)	<b>In-network:</b> \$0-\$180 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0-\$175 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0-\$150 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0-\$100 copay <b>Out-of-network:</b> 20% of cost
<b>Ultrasounds</b>	\$35 copay	\$35 copay	\$35 copay	\$0 copay
<b>Lab services</b>	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost
<b>Outpatient X-rays</b> (copays for routine X-rays)	<b>In-network:</b> \$35 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$35 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$35 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost
<b>Therapeutic radiology services, such as radiation treatment for cancer</b>	<b>In-network:</b> \$50 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$40 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$40 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$30 copay <b>Out-of-network:</b> 20% of cost

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

Best Value				
HAP Senior Plus (PPO)				
Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)	
30 counties	30 counties	30 counties	30 counties	

## Hearing services

<p><b>Medicare-covered diagnostic hearing and balance evaluation from a PCP or specialty care provider</b></p>	<p><b>In-network:</b> \$0/\$45 copay</p> <p><b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$15/\$40 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$10/\$35 copay</p> <p><b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$5/\$30 copay</p> <p><b>Out-of-network:</b> 20% of cost</p>
<p><b>Annual routine hearing exam from a NationsBenefit provider</b></p>	<p><b>In-network:</b> \$0 copay/exam; 1/calendar year</p> <p><b>Out-of-network:</b> Not covered</p>			
<p><b>Hearing aids</b> Must obtain hearing aids from a NationsBenefit provider.</p>	<p>\$689 to \$2,039 copay per hearing aid depending on the hearing aid selected; 1 hearing aid per ear/calendar year</p>			
<p><b>Hearing aid evaluation and fitting exam per hearing aid from a NationsBenefit provider</b></p>	<p><b>In-network:</b> \$0 copay/exam; 1/calendar year</p> <p><b>Out-of-network:</b> Not covered</p>			



# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

Best Value				
HAP Senior Plus (PPO)				
Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)	
30 counties	30 counties	30 counties	30 counties	

Dental services				
<b>Preventive services: 2 oral exams, 2 prophylaxis (cleanings), 1 set of bitewing X-rays/calendar year</b>	\$0 copay, no benefit max			
<b>Comprehensive services: root canals, fillings, crown repairs</b>	50% coinsurance; \$1,000 benefit max			
<b>Medicare-covered comprehensive dental services from a PCP or specialty care provider</b>	<b>In-network:</b> \$0/\$45 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$15/\$40 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$10/\$35 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$5/\$30 copay <b>Out-of-network:</b> 20% of cost

## Optional Dental Plans (Can be purchased separately)

These optional dental plans can be purchased\* with a HAP Medicare Advantage HMO Plan. For plans **Delta 50** and **Delta 70**, services must be provided by a Delta Dental Medicare Advantage PPO™ and Medicare Advantage Premier networks in Michigan, Ohio and Indiana. For **Delta 100** plan, services must be provided by a Medicare Advantage PPO™ network in Michigan, Ohio or Indiana.

	Monthly premium*	Yearly deductible	Maximum yearly benefit	Plan coverage
<b>Plan 1 – Delta 50</b>	\$18/month	\$0/year	\$1,000	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 2 – Delta 70</b>	\$35.60/month	\$0/year	\$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%
<b>Plan 3 – Delta 100</b>	\$47.30/month	\$0/year	\$2,500	Basic services: 100% Diagnostic & preventive services: 100% Major services: 50%

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

# Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties
<b>Vision services</b>				
<b>Medicare-covered preventive/diagnostic eye exams from a PCP or specialty care provider</b>	<b>In-network:</b> \$0/\$45 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$15/\$40 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$10/\$35 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$5/\$30 copay <b>Out-of-network:</b> 20% of cost
<b>Routine eye exam</b>	<b>In-network:</b> \$0 copay/exam; 1/calendar year <b>Out-of-network:</b> Not covered			
<b>Supplemental eyewear</b> Includes contact lenses, eyeglasses (lenses and frames) and individual eyeglass lenses and frames. Additional discounts may be offered on any balance over the allowance and on additional pairs of eyewear.	<b>In-network only:</b> \$125/calendar year			
<b>Medicare-covered eyewear</b> Following cataract surgery	<b>In-network:</b> \$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses <b>Out-of-network:</b> 20% of cost

# Covered Medical and Hospital Benefits

Best Value			
HAP Senior Plus (PPO)			
Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
30 counties	30 counties	30 counties	30 counties

Mental health services (May require prior authorization.)

## Inpatient visits (to psychiatric hospitals)

Please note:

- Members pay inpatient copays each benefit period.
- A **benefit period** begins the day you go into a psychiatric hospital. The benefit period ends when you haven't received any inpatient services in a psychiatric hospital for 60 days in a row.
- There is a **lifetime limit of 190 days** for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.

<p><b>In-network:</b> Days 1-6: \$310 copay/day Days 7-90: \$0 copay</p> <p><b>Out-of-network:</b> 30% of cost/stay</p>	<p><b>In-network:</b> Days 1-7: \$210 copay/day Days 8-90: \$0 copay</p> <p><b>Out-of-network:</b> 25% of cost/stay</p>	<p><b>In-network:</b> Days 1-7: \$225 copay/day Days 8-90: \$0 copay</p> <p><b>Out-of-network:</b> 25% of cost/stay</p>	<p><b>In-network:</b> Days 1-7: \$145 copay/day Days 8-90: \$0 copay</p> <p><b>Out-of-network:</b> 20% of cost/stay</p>
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# Covered Medical and Hospital Benefits

Best Value				
HAP Senior Plus (PPO)				
Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)	
30 counties	30 counties	30 counties	30 counties	

**Skilled nursing facility (SNF) care** (May require prior authorization.)

<p><b>SNF care</b> Our plan covers up to 100 days per benefit period. Members pay a daily copay each benefit period. A benefit period begins the day you enter a SNF and ends when you haven't received care in a SNF for 60 consecutive days.</p>	<p><b>In-network:</b> Days 1-20: \$0 copay/day Days 21-100: \$188 copay/day <b>Out-of-network:</b> 30% of cost/stay</p>	<p><b>In-network:</b> Days 1-20: \$0 copay/day Days 21-100: \$188 copay/day <b>Out-of-network:</b> 25% of cost/stay</p>	<p><b>In-network:</b> Days 1-20: \$0 copay/day Days 21-100: \$188 copay/day <b>Out-of-network:</b> 25% of cost/stay</p>	<p><b>In-network:</b> Days 1-20: \$0 copay/day Days 21-100: \$188 copay/day <b>Out-of-network:</b> 20% of cost/stay</p>
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**Outpatient rehabilitation** (May require prior authorization.)

<p><b>Cardiac rehabilitation</b></p>	<p><b>In-network:</b> \$45 copay <b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$40 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$35 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$30 copay <b>Out-of-network:</b> 20% of cost</p>
<p><b>Pulmonary rehabilitation</b></p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost</p>
<p><b>Occupational therapy, physical therapy and language and speech therapy</b></p>	<p><b>In-network:</b> \$20 copay <b>Out-of-network:</b> 30% of cost</p>	<p><b>In-network:</b> \$20 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$15 copay <b>Out-of-network:</b> 25% of cost</p>	<p><b>In-network:</b> \$10 copay <b>Out-of-network:</b> 20% of cost</p>

# Covered Medical and Hospital Benefits

	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties
<b>Ambulance</b> (Prior authorization required for non emergencies.)				
<b>Ambulance</b> Includes ground, air and worldwide	<b>In-network:</b> \$300 copay/transport  <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$250 copay/transport  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$225 copay/transport  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$175 copay/transport  <b>Out-of-network:</b> 20% of cost
<b>Transportation</b>				
<b>Transportation</b>	Not covered	\$0 copay (24 one-way trips)		
<b>Drugs covered under Medicare Part B</b> (May require prior authorization.)				
<b>Medicare Part B prescription drugs</b> Part B drugs may be subject to step therapy requirements.	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 20% of cost



# 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/medicare/member-resources/hap-network](http://hap.org/medicare/member-resources/hap-network) 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.

Stage	Begins	Your drug costs	Ends
<b>Stage 1 Yearly deductible</b>	HAP Medicare Advantage plans have no deductible, so you won't begin in this stage.		
<b>Stage 2 Initial coverage</b>	When you fill your first prescription of the year	You pay a copay or coinsurance, depending on the drug tier and the pharmacy.	You are in this stage until your year-to-date total drug costs (your payments plus any Part D plan's payments) total \$4,430.
<b>Stage 3 Coverage gap or "donut hole"</b>	After you reach total drug costs of \$4,430	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.	You are in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$7,050.
<b>Stage 4 Catastrophic coverage</b>	After your year-to-date out-of-pocket costs reach \$7,050	You are responsible for 5% of the total cost of prescriptions.	Until the end of the year

## Drug Tiers

The tier placement of the drug determines how much you'll pay out-of-pocket for your medication.

### Part D Senior Savings Model

You can identify Select Insulins by the symbol "SSM" on the drug formulary. You can find the drug formulary at [hap.org/medicare/member-resources/prescriptions/formulary-drug-list](http://hap.org/medicare/member-resources/prescriptions/formulary-drug-list).

Select Insulins copays apply in the Initial Coverage, and Coverage Gap phases of the Part D benefit.

In Catastrophic phase you pay 5% of the cost of Select Insulins.

Tier	Drug type	Description	Copay level
<b>Tier 1</b>	Preferred generic	Generic drugs with the same active ingredients and strength as brand-name drugs	Lowest cost-sharing tier
<b>Tier 2</b>	Generic	Generic drugs not in the preferred generics tier and some brand-name drugs	Higher copay than preferred generic
<b>Tier 3</b>	Preferred brand	Brand-name drugs that meet HAP's quality, safety and cost standards; are consistent with our benefit, referral and practice policies	Lowest cost nongeneric tier
<b>Tier 4</b>	Nonpreferred drugs	Brand-name drugs not in the preferred brand tier and some generic drugs	Higher copay than preferred brand
<b>Tier 5</b>	Specialty	Used to treat complex and chronic illnesses. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP.	These drugs are high cost and unique. They exceed a monthly cost established by the Centers for Medicare & Medicaid Services.
<b>Tier 6</b>	Select Care Drugs	Most preventive vaccines	These vaccines are at a \$0 cost share.

### Coverage Requirements and Limits

HAP has a list of covered drugs, also known as a formulary. 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.

You can find the Medicare formulary and coverage information at:

[hap.org/medicare/member-resources/prescriptions/formulary-drug-list](http://hap.org/medicare/member-resources/prescriptions/formulary-drug-list)

# Prescription Drug Benefits

for all HAP Senior Plus PPO 30 counties

Preferred retail network, standard retail and cost-sharing  
for Medicare Part D prescription drugs

Stage 1: Initial coverage		Preferred network	Standard network
<b>Tier 1: Preferred Generics</b>	<b>1-month supply</b>	\$0 copay	\$7 copay
	<b>2-month supply</b>	\$0 copay	\$14 copay
	<b>3-month supply</b>	\$0 copay	\$21 copay
<b>Tier 2: Generics</b>	<b>1-month supply</b>	\$10 copay	\$15 copay
	<b>2-month supply</b>	\$20 copay	\$30 copay
	<b>3-month supply</b>	\$30 copay	\$45 copay
<b>Tier 3: Preferred Brand</b>	<b>1-month supply</b>	\$42 copay Select Insulins \$20	\$47 copay Select Insulins \$25
	<b>2-month supply</b>	\$84 copay Select Insulins \$40	\$94 copay Select Insulins \$50
	<b>3-month supply</b>	\$126 copay Select Insulins \$60	\$141 copay Select Insulins \$75
<b>Tier 4: Non-Preferred Drugs</b>	<b>1-month supply</b>	48% of cost	50% of cost
	<b>2-month supply</b>	48% of cost	50% of cost
	<b>3-month supply</b>	48% of cost	50% of cost
<b>Tier 5: Specialty Tier</b>	<b>1-month supply</b>	33% of cost	33% of cost
<b>Tier 6: Select Care Drugs (Select Vaccines)</b>	<b>1-month supply</b>	\$0 copay	\$0 copay

# Prescription Drug Benefits

for all HAP Senior Plus PPO 30 counties

Your share of the cost when you get a *one-month supply* of a covered Part D prescription drug

Stage 1: Initial coverage		Preferred network	Standard network
<b>Tier 1: Preferred Generics</b>	<b>1-month supply</b>	\$0 copay	\$7 copay
<b>Tier 2: Generics</b>	<b>1-month supply</b>	\$10 copay	\$15 copay
<b>Tier 3: Preferred Brand</b>	<b>1-month supply</b>	\$42 copay Select Insulins \$20	\$47 copay Select Insulins \$25
<b>Tier 4: Non-Preferred Drugs</b>	<b>1-month supply</b>	48% coinsurance	50% coinsurance
<b>Tier 5: Specialty Tier</b>	<b>1-month supply</b>	33% coinsurance	33% coinsurance
<b>Tier 6: Select Care Drugs (Select Vaccines)</b>	<b>1-month supply</b>	\$0 copay	\$0 copay

# Prescription Drug Benefits

for all HAP Senior Plus PPO 30 counties

Long-term supply through mail order cost-sharing of covered Part D prescription drugs

Stage 1: Initial coverage		Preferred network	Standard network
<b>Tier 1: Preferred Generics</b>	<b>1-month supply</b>	\$0 copay	\$7 copay
	<b>2-month supply</b>	\$0 copay	\$14 copay
	<b>3-month supply</b>	\$0 copay	\$21 copay
<b>Tier 2: Generics</b>	<b>1-month supply</b>	\$10 copay	\$15 copay
	<b>2-month supply</b>	\$20 copay	\$30 copay
	<b>3-month supply</b>	\$0 copay	\$45 copay
<b>Tier 3: Preferred Brand</b>	<b>1-month supply</b>	\$42 copay Select Insulins \$20	\$47 copay Select Insulins \$25
	<b>2-month supply</b>	\$84 copay Select Insulins \$40	\$94 copay Select Insulins \$50
	<b>3-month supply</b>	\$105 copay Select Insulins \$25	\$141 copay Select Insulins \$75
<b>Tier 4: Non-Preferred Drugs</b>	<b>1-month supply</b>	48% of cost	50% of cost
	<b>2-month supply</b>	48% of cost	50% of cost
	<b>3-month supply</b>	48% of cost	50% of cost
<b>Tier 5: Specialty Tier</b>	<b>1-month supply</b>	33% of cost	33% of cost
<b>Tier 6: Select Care Drugs (Select Vaccines)</b>	<b>1-month supply</b>	\$0 copay	\$0 copay

# Prescription Drug Benefits

for all HAP Senior Plus PPO 30 counties

## Stage 2: Coverage gap

Begins after yearly drug cost (including what our plan and you have paid) reaches \$4,430 and ends when your out-of-pocket cost reaches \$7,050

**Covered brand-name drugs:**  
25% of plan cost

**Covered generic drugs:**  
25% of plan cost

During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$20-25 per month.

## Stage 3: Catastrophic coverage

Applies after your yearly out-of-pocket drug costs (including those purchased via retail and mail order) reach \$7,050

\$3.95 copay for generic drugs (including brand-name drugs treated as a generic) and a \$9.85 copay for all other drugs, or 5% of the cost, whichever is greater

# Additional Covered Benefits

	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties

**Acupuncture**

<b>Acupuncture</b>	<b>In-network:</b> \$0-\$45 <b>Out-of-network:</b> 30%	<b>In-network:</b> \$15-\$40 <b>Out-of-network:</b> 25%	<b>In-network:</b> \$10-\$35 <b>Out-of-network:</b> 25%	<b>In-network:</b> \$5-\$30 <b>Out-of-network:</b> 20%
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**Chiropractic care**

<b>Chiropractic care</b> Covers only manipulation of spine to move bones back into position	<b>In-network:</b> \$20 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$20 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$20 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$20 copay <b>Out-of-network:</b> 20% of cost
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**Diabetes management (May require prior authorization.)**

<b>Monitoring supplies &amp; therapeutic shoes or inserts</b>	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost
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<b>Self-management training</b>	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost
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# Additional Covered Benefits

Additional Covered Benefits	Best Value	HAP Senior Plus (PPO)		
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties
<b>Durable medical equipment</b>				
Durable medical equipment, such as wheelchairs, oxygen, etc.	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 20% of cost
<b>Foot care/podiatry services</b>				
Foot exams and treatment for diabetes-related services	<b>In-network:</b> \$0-\$45 copay  <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0-\$40 copay  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0-\$35 copay  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0-\$30 copay  <b>Out-of-network:</b> 20% of cost
<b>Home health care</b>				
Home health care	<b>In-network:</b> \$0 copay  <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0 copay  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay  <b>Out-of-network:</b> 20% of cost

# Additional Covered Benefits

Best Value	HAP Senior Plus (PPO)			
Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)	
30 counties	30 counties	30 counties	30 counties	

**Hospice**

**Hospice**

Medicare-certified hospice is paid for by Original Medicare, with the exception of some drugs. Please contact HAP for details.

**Outpatient mental health care (May require prior authorization.)**

**Outpatient mental health care**

Outpatient mental health services provided by a state-licensed provider, or other Medicare-qualified mental health care professional, as allowed under applicable state laws.

Medicare covered individual or group therapy office visit.

**In-network:**  
\$0 copay  
**Out-of-network:**  
30% of cost

**In-network:**  
\$15 copay  
**Out-of-network:**  
25% of cost

**In-network:**  
\$10 copay  
**Out-of-network:**  
25% of cost

**In-network:**  
\$5 copay  
**Out-of-network:**  
20% of cost

If you receive additional services, cost sharing for those services may apply. See Evidence of Coverage for more details.

**Outpatient substance abuse (May require prior authorization.)**

**Outpatient substance abuse**

Group or individual therapy visit

**In-network:**  
\$0 copay  
**Out-of-network:**  
30% of cost

**In-network:**  
\$15 copay  
**Out-of-network:**  
25% of cost

**In-network:**  
\$10 copay  
**Out-of-network:**  
25% of cost

**In-network:**  
\$5 copay  
**Out-of-network:**  
20% of cost

**Outpatient surgery (May require prior authorization.)**

**Outpatient hospital**

**In-network:**  
\$275 copay  
**Out-of-network:**  
30% of cost

**In-network:**  
\$250 copay  
**Out-of-network:**  
25% of cost

**In-network:**  
\$225 copay  
**Out-of-network:**  
25% of cost

**In-network:**  
\$175 copay  
**Out-of-network:**  
20% of cost

# Additional Covered Benefits

Additional Covered Benefits	Best Value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	30 counties	30 counties	30 counties	30 counties

## Over the counter items

<b>Over-the-counter items</b>	\$75 allowance/quarter			
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## Prosthetic devices and related medical supplies (May require prior authorization.)

<b>Prosthetic devices and related medical supplies</b> , such as braces, artificial limbs, etc.	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 20% of cost
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## Renal dialysis (May require prior authorization.)

<b>Renal dialysis and self-dialysis and dialysis at a treatment network facility</b>	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> 20% of cost  <b>Out-of-network:</b> 20% of cost
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## Telemedicine

<b>Telehealth services</b> Services using remote access technology, such as a smartphone, laptop or tablet provided through a HAP network provider or urgent care center. Copay determined on location of service.	<b>In-network:</b> \$0-\$55  <b>Out-of-network:</b> Not covered	<b>In-network:</b> \$0-\$55  <b>Out-of-network:</b> Not covered	<b>In-network:</b> \$0-\$55  <b>Out-of-network:</b> Not covered	<b>In-network:</b> \$0-\$55  <b>Out-of-network:</b> Not covered
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# Additional Covered Benefits

	Best value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
<b>Visitor travel</b>				
<b>Visitor travel</b>	Travel confidently with HAP Medicare PPO. When you travel out of state your coverage travels with you. Pay in-network prices for copays when you visit any Medicare-participating provider in the U.S.†			
<b>Emergency travel protection</b>				
<b>HAP's Emergency Travel Protection powered by Assist America*</b>	\$0 Travel worry-free with global travel emergency services from Assist America®, including identity theft protection, 24/7 professional fraud support and help with unexpected medical expenses.**			
<b>Wellness &amp; fitness programs</b>				
<b>\$0 gym membership at participating fitness facilities</b>	\$0 copay The benefit of this plan provides a membership to Peerfit® Move, a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Peerfit® Move has 1,100 participating locations in Michigan and over 12,000 across 50 states, including YMCA and National networks with Lifetime and LA Fitness.			
Unlimited individual medical nutritional counseling is a service provided by a clinician for the prevention and treatment of a medical illness.	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost
<b>Select doctor-supervised weight loss programs</b> (When specific criteria are met)	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 30% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 25% of cost	<b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% of cost
<b>Health risk assessment and healthy recipes and tips for healthy eating</b>	All free at <a href="http://hap.org">hap.org</a>			

†Our services are a supplement to your existing health insurance. Assist America does not charge members for any of its services, but once you are safely in the care of a qualified physician, your health insurance should cover the costs of your actual treatment and hospitalization.

\*Outside of the 30-county service area in MI could result in out-of-network costs.

\*\*Excludes routine vision, hearing, dental and fitness services. Members in need of these services have access to national networks with providers in all 50 states.

# Additional Covered Benefits

	Best value			
	HAP Senior Plus (PPO)			
	Option 1 (Plan 011)	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
<b>Extended stay visitor travel</b>				
<b>Personal emergency devices</b> <b>NEW!</b> NationsResponse Personal Emergency Response System (PERS) Benefit provides eligible members PERS devices.	Not covered		\$0	<p>The NationsResponse technology based solution provides HAP Medicare members at risk for falls with great independence, safety and security, while keeping them connected with caregivers, loved ones and their support networks. With push button technology and GPS tracking, emergency response systems are critical safety solutions to help address falls, accidents and even feelings of loneliness and social isolation. All PERS devices include two-way communication to ADT monitoring centers, water resistant wristband and pendant options, 24/7/365 monitoring services and home temperature monitoring.</p>
<b>Companion care</b> New! NationsCare Optimized Companion Care benefit provides up to 8 hours a month of companion care for eligible members.	Not covered		\$0	<p>Members who are at risk for social isolation are matched with a compatible companion who makes periodic visits to the home and communicates regularly via phone. The NationsCare companion provides emotional support and socialization by helping with a variety of tasks, such as running errands, household chores, social activities, transportation, meal preparation and setting up technology.</p>
<b>Diabetes management</b> New for members already enrolled in HAP's Digital Diabetes program who also have a diagnosis of hypertension, additional tools are available to help dual-diagnosed members manage both of these conditions, including assistance with weight management and their emotional wellbeing.			\$0 copay	<p>HAP is partnering with Livongo for digital diabetes management for those who have a dual diagnosis of Type 1 or Type 2 diabetes and hypertension HAP partners with Livongo for additional digital self-management tools to help these members manages their condition, including the Livongo for Hypertension Program, which includes a connected blood pressure monitor, a digital scale that assists with weight management and access to the myStrength digital wellbeing application.</p>
<b>Meal assistance</b> Mom's Meals			\$0	<p>Members that have congestive heart failure, hypertension or diabetes, can receive 28 meals over 14 days of fresh, nutritious, ready-to-heat meals delivered to their home after discharge from the hospital for one of these conditions.</p>

# 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 Empowered 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](http://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 Empowered 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 arrangement are:

- HAP
- Alliance Health and Life Insurance Company
- HAP Empowered 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](http://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 Empowered 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

Revisions: February 2005, November 2007, September 2013, September 2014, March 2015, October 2015, October 2018

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 Associate Vice President Performance Improvement & Management. 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](mailto: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](http://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/](http://www.hhs.gov/ocr/filing-with-ocr/)

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

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

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

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

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

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Per assistenza generica, chiamare il numero (800) 422-4641 (TTY: 711). Per assistenza Medicare, chiamare il numero (800) 801-1770 (TTY: 711).

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

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

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

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

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

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

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

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

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



MEDICARE  
SOLUTIONS

Wish choosing the right Medicare plan was a day at the beach?

**HAP  
IS HERE**

(800) 868-3153 (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 for over-the-counter items, depending on the plan you select
- \$0 deductibles for covered prescriptions
- Telehealth services let you see doctors 24/7
- Vision, dental and hearing coverage

