



MA000150 / XS000114

QR-34893

Health Care Services	In-Network Coverage	Limitations
<b>Benefit Period, Annual Deductible, and Annual Co-insurance Maximums:</b>		
Benefit Period:	Calendar Year	
Annual Deductible	\$125 Individual	Excludes Durable Medical Equipment/Prosthetics & Orthotics, Physical/Speech/Occupational Therapy, Private Duty Nursing, Outpatient Laboratory, Pathology, and Allergy Injections.
Co-insurance (amount member pays)	None	
Annual Co-insurance Maximum	NA	
Maximum-Out-of-Pocket Cost**	\$500 Individual	These values do not accumulate: Premiums, balance-billed charges, Part D pharmacy liabilities, and health care this plan doesn't cover. All other cost sharing applies
<b>Medicare-Covered Preventive Services (partial list):</b>		
Preventive Office Visit	Covered	
Immunizations	Covered	
Related Laboratory and Radiology Services	Covered	
Pap Smears and Mammograms	Covered	
<b>Outpatient &amp; Physician Services:</b>		
Personal Care Physician Office Visit	\$20 Copay	
Telehealth	\$10 Copay	Through our contracted telehealth services provider.
Specialty Physician Office Visit	\$20 Copay	
Gynecology Office Visit	\$20 Copay	
Audiology Office Visit	\$20 Copay	
Eye Examination Office Visit	\$20 Copay	
Allergy Injections	Covered	
Allergy Testing and Therapy	Covered after deductible	
Laboratory and Pathology	Covered	
Radiology Services	Covered after deductible	
Dialysis	Covered after deductible	
Chemotherapy	Covered after deductible	
Radiation Therapy	Covered after deductible	
Outpatient Surgery	Covered after deductible	
Chiropractic Services	\$20 Copay	Manipulation of the spine for subluxation only



Health Alliance Plan of Michigan
HAP Senior Plus HMO
STATE OF MICHIGAN - FULL HMO NETWORK (MAPD)

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Table with 3 columns: Health Care Services, In-Network Coverage, and Limitations. Rows include Emergency/Urgent Care, Inpatient Hospital Services, Mental/Behavioral Health, Substance Use Disorder, and Other Services.



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Table with 3 columns: Health Care Services, In-Network Coverage, and Limitations. Rows include Vision Hardware, Physical and Speech Therapy, Occupational Therapy, Assisted Reproductive Technologies, and Pharmacy (Tier 1-5).

Riders: S000,S014,S057,S134,X401,X423,X462,X496,X498,X499,X540,X593,X579,X558,X575,S699

\* Please contact HAP if you are admitted to the hospital.
\*\*Limit on the total of copays or co-insurance you might pay during the benefit period.
The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. In cases of conflict between this summary and your Evidence of Coverage, the terms and conditions of the Evidence of Coverage govern.
Health Alliance Plan is a health plan with a Medicare contract. Enrollment in the plan depends on contract renewal.