

Summary of Benefits 2021



Introduction

This document is a brief summary of the benefits and services covered by HAP Empowered MI Health Link Medicare-Medicaid Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of HAP Empowered MI Health Link. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.hap.org/mihealthlink.

HAP Empowered MI Health Link Medicare-Medicaid Plan: **Summary of Benefits 2021**

A. Disclaimers



This is a summary of health services covered by HAP Empowered MI Health Link for 2021. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ HAP Empowered MI Health Link is a health plan that contracts with both Medicare *and* Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ Under HAP Empowered MI Health Link, you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ You can also get this document for free in other formats, such as large print or audio. Call Customer Service at (888) 654-0706 (TTY: 711) seven days a week, 8 a.m. to 8 p.m. The call is free.
- ❖ You may also make a standing request to get this document and other communications now and in the future, in a language other than English or in an alternate format. To make a standing request, please call Customer Service at (888) 654-0706 (TTY: 711) seven days a week, 8 a.m. to 8 p.m. The call is free. Your request will be kept on file, and you may always call the number above if you ever change your mind.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Michigan Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Care Coordinator?	HAP Empowered MI Health Link's Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long term supports and services?	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.



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Frequently Asked Questions	Answers
Will you get the same Medicare and Michigan Medicaid benefits in HAP Empowered MI Health Link that you get now?	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from HAP Empowered MI Health Link. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in HAP Empowered MI Health Link, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep seeing your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that HAP Empowered MI Health Link does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for HAP Empowered MI Health Link to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
Can you go to the same doctors you see now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with HAP Empowered MI Health Link and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in HAP Empowered MI Health Link’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HAP Empowered MI Health Link’s plan. <p>To find out if your doctors are in the plan’s network, call Customer Service or read HAP Empowered MI Health Link’s <i>Provider and Pharmacy Directory</i>.</p> <p>If HAP Empowered MI Health Link is new for you, you can continue seeing the doctors you go to now while your IICSP is being developed.</p>
What happens if you need a service but no one in HAP Empowered MI Health Link’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, HAP Empowered MI Health Link will pay for the cost of an out-of-network provider.</p>
Where is HAP Empowered MI Health Link available?	<p>The service area for this plan includes: Wayne and Macomb Counties in Michigan. You must live in one of these areas to join the plan.</p>



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Frequently Asked Questions (FAQ)	Answers
Do you pay a monthly amount (also called a premium) under HAP Empowered MI Health Link?	You will not pay any monthly premiums to HAP Empowered MI Health Link for your health coverage. You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00 .
What is prior authorization?	Prior authorization means that you must get approval from HAP Empowered MI Health Link before you can get a specific service or drug or see an out-of-network provider. HAP Empowered MI Health Link may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, HAP Empowered MI Health Link may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists. See Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.



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Frequently Asked Questions (FAQ)	Answers
Whom should you contact if you have questions or need help? (continued on the next page)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call HAP Empowered MI Health Link Customer Service:</p> <p>CALL (888) 654-0706</p> <p>Calls to this number are free. Seven days a week, 8 a.m. to 8 p.m. After hours and holidays, please leave a message and someone will return your call within two days.</p> <p>Customer Service also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711. This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Seven days a week, 8 a.m. to 8 p.m.</p>



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**Whom should you contact if you have questions or need help?
(continued from previous page)**

If you have questions about your health, please call the 24 Hour Nurse Advice line:

CALL (877) 394-0665

Calls to this number are free. 24 hours a day, seven days a week.

TTY 711. This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Calls to this number are free. Seven days a week, 8 a.m. to 8 p.m.

If you have questions about behavioral health services and resources, please call the PIHP General Information Line. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local Prepaid Inpatient Health Plan (PIHP).



If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711) seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.hap.org/mihealthlink.

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Frequently Asked Questions (FAQ)	Answers
	<p>PIHP General Information Line</p> <p>CALL Wayne County (800) 241-4949</p> <p>This call is free. 24 hours a day, seven days a week. We have free interpreter services for people who do not speak English.</p> <p>TTY (800) 630-1044. This call is free. This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. 24 hours a day, seven days a week.</p> <p>CALL Macomb County (855) 996-2264</p> <p>This call is free. 24 hours a day, seven days a week. We have free interpreter services for people who do not speak English.</p> <p>TTY 711. This call is free. This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. 24 hours a day, seven days a week.</p>



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Frequently Asked Questions (FAQ)	Answers
Whom should you contact if you have questions or need help? (continued from previous page)	Behavioral Health Crisis Line CALL Wayne County (800) 241-4940 This call is free. 24 hours a day, seven days a week. We have free interpreter services for people who do not speak English. TTY (866) 870-2599 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. 24 hours a day, seven days a week. CALL Macomb County (855) 927-4747 This call is free. 24 hours a day, seven days a week. We have free interpreter services for people who do not speak English. TTY 711. This call is free. This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. 24 hours a day, seven days a week.



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	
	Telehealth visits	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Prior authorization rules may apply
	Specialist care	\$0	Referral needed
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization rules may apply
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply
	Screening tests, such as tests to check for cancer	\$0	Prior authorization rules may apply



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page.)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see HAP Empowered MI Health Link’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply at retail and mail order pharmacy. There is no cost to you for a long-term supply.</p> <p>For details on where and how to get a long-term supply of a drug, see Chapter 5 of the <i>Member Handbook</i> or the <i>Provider and Pharmacy Directory</i>.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (Continued from previous page)</p>	Brand name drugs	\$0 copay for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please see HAP Empowered MI Health Link’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply at retail and mail order pharmacy. There is no cost to you for a long-term supply.</p> <p>For details on where and how to get a long-term supply of a drug, see Chapter 5 of the <i>Member Handbook</i> or the <i>Provider and Pharmacy Directory</i>.</p>
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see HAP Empowered MI Health Link’s <i>List of Covered Drugs</i> (Drug List) for more information.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued from previous page)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Step Therapy or Prior authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization rules may apply.
You need emergency care	Emergency room services	\$0	The plan covers emergency care or urgently needed care that you get from an out-of-network provider. No referral or prior authorization is needed.
	Ambulance services	\$0	
	Urgent care	\$0	The plan covers emergency care or urgently needed care that you get from an out-of-network provider. No referral or prior authorization is needed.
You need hospital care	Hospital stay	\$0	Prior authorization needed unless your stay is an emergency.
	Doctor or surgeon care	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization rules may apply
	Medical equipment for home care	\$0	Prior authorization rules may apply
	Skilled nursing care	\$0	Prior authorization rules may apply
You need eye care	Eye exams	\$0	
	Glasses	\$0	
You need dental care	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures	\$0	Root canals and crowns are not covered. Silver Diamine fluoride is a covered benefit for all ages with a maximum of six application per lifetime.
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aid evaluation and fitting	\$0	
	Hearing aids	\$0	<p>Contact your care coordinator for assistance obtaining this service.</p> <p>For adults aged 21 and older, the plan pays for the evaluation and fitting for a hearing aid twice per year and pays for a hearing aid once every five years. Referral and authorization are required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	Certain diabetic monitors and supplies are available from a pharmacy as well as a DME supplier. Prior authorization rules may apply.
You have a mental health condition	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP)
You have concerns related to substance use	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP)
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization rules may apply
	Nebulizers	\$0	Prior authorization rules may apply
	Crutches	\$0	Prior authorization rules may apply
	Walkers	\$0	Prior authorization rules may apply
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply
	Continuous glucose monitors	\$0	Prior authorization rules may apply



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (This section is continued on the next page.)	Meals brought to your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Chore services, such as heavy household chores, mowing, and raking	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Preventive nursing services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Private duty nursing services to provide skilled nursing services in your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Fiscal intermediary services to help you control your budget and choose the staff to work with you	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Environmental modifications to your home, such as adding ramps and widening doorways	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (Continued from previous page)	Personal care services (You may be able to choose your own personal care assistant. Call Customer Service for more information.)	\$0	Contact your care coordinator for assistance obtaining this service.
	Personal Emergency Response System (PERS)	\$0	Contact your care coordinator for assistance obtaining this service.
	Assistive technology	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Home health care services	\$0	
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
You need a place to live with people available to help you	Nursing home care	A Patient Pay Amount (PPA) may be required.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards.
Your caregiver needs some time off	Respite care	\$0	
You need family planning services	Family Planning Services	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry visits	\$0	
You have chronic low back pain	Acupuncture	\$0	Twenty visits every year with diagnosis of chronic low back pain. Prior authorization rules may apply.



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D. Services covered outside of HAP Empowered MI Health Link

This is not a complete list. Call Customer Service to find out about other services not covered by HAP Empowered MI Health Link but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services	\$0
Some hospice care services	\$0

E. Services that HAP Empowered MI Health Link, Medicare, and Michigan Medicaid do not cover

This is not a complete list. Call Customer Service to find out about other excluded services.

Services not covered by HAP Empowered MI Health Link, Medicare, or Michigan Medicaid	
Elective abortions and related services	Naturopath services
Elective cosmetic services	Private room in a hospital or nursing facility, except when it is medically necessary
Experimental medical and surgical treatments (unless covered by Medicare or under a Medicare approved clinical research study)	Reversal of sterilization procedures and non-prescription contraceptive supplies
Full-time nursing care in your home	Surgical treatment for morbid obesity, except when it is medically necessary, and Medicare pays for it.



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F. Your rights as a member of the plan

As a member of HAP Empowered MI Health Link, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print and audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. HAP Empowered MI Health Link will pay for the cost of your second opinion visit.



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- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the HAP Empowered MI Health Link *Member Handbook*. If you have questions, you can also call HAP Empowered MI Health Link Customer Service.



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G. How to file a complaint or appeal a denied service

If you have a complaint or think HAP Empowered MI Health Link should cover something we denied, call HAP Empowered MI Health Link at the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the HAP Empowered MI Health Link *Member Handbook*. You can also call HAP Empowered MI Health Link Customer Service.

Complaints, grievances and appeals are all accepted either verbally through Customer Service or in a written format.

You can call Customer Service at (888) 654-0706.

To mail your written information send to: HAP Empowered MI Health Link / P.O. Box 2578 / Detroit, Michigan 48202

H. What do you do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at HAP Empowered MI Health Link Customer Service. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE (800-242-2873), by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.



If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711) seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.hap.org/mihealthlink.