

# Once You're a HAP Member - Individual Plans



# Once You're a HAP Member

Health care should be simple. So we've put together this guide to help you use your HAP plan. This will tell you how to find information, get services and manage your account and payments. If you need more help, look online at [hap.org](http://hap.org) or call HAP Customer Service at the number on your ID card.

## Getting started

- 1. Make your initial payment.** Call Accounts Receivable at **(888) 735-2542 (TTY: 711)** to make your payment if you didn't make your first premium payment when you enrolled. You may also log in to [hap.org](http://hap.org) and select "Pay My Bill" to set up a one time payment or automatic payments for your monthly premium.
- 2. Get your ID card.** Your ID card will be mailed to you after your effective date. You can also download it from your online member account or on your smartphone.
- 3. Check out your HAP online member account.** You can do everything from managing your plan to accessing a doctor online. Have your member ID card ready and go to [hap.org](http://hap.org) to register.
- 4. Select a primary care physician.** You can select your PCP online by logging in at [hap.org](http://hap.org). If you need help selecting a PCP, reach out to us by calling:
  - **The HAP Customer Service team.** They're available to help you learn about your HAP plan and get started using it. Call **(800) 422-4641 (TTY: 711)** to be connected to a team member.
  - **Our automated services line:**
    1. Select a PCP from our provider directory.
    2. Write down their PCP ID code.
    3. Call the number on your member ID card.
    4. Follow the prompts to update your PCP. You can also search by provider name if you do not have the ID code.
- 5. Download our free apps.** Manage your health care from your smartphone or tablet.
- 6. Take a health assessment.** We support your health every day with tools like iStrive® for Better Health, our digital wellness manager. Start with your health assessment for a snapshot of your current health and well-being. Then use that information to pick health areas you want to improve.

# Quick and easy access

## Online account management

Your health plan is right at your fingertips at **hap.org**. Once you register, you'll have 24/7 access to free and secure digital self-service tools to:

- Pay your premium online.
- Talk with a doctor online 24/7 through our telehealth program.
- Estimate costs for medical services and facilities with our Health Care Cost Estimator.
- Search our list of doctors, hospitals, urgent care centers or pharmacies.
- View the plan documents that explain your benefits. Find out what's covered and what your out-of-pocket costs are.
- View your claims summary, including your history, and Explanations of Benefits.
- Access pharmacy tools to look up covered drugs.
- Enroll in Pharmacy Advantage home-delivery pharmacy service for specialty drugs and 90-day medication fills.
- Send and receive secure messages with HAP Customer Service.
- Register for HAP member health and wellness events.
- View your health reminders to see when you're due for preventive services.
- Access iStrive® for Better Health, our free digital wellness manager, and take an interactive health assessment.

## Online doctor visits 24/7

Getting health care online has never been easier. HAP is partnering with Amwell® to bring you telehealth services. Doctors are available 24/7 for live, online visits.

Telehealth can help you with:

- Nonemergency illnesses: Doctors can help with minor issues, such as colds, flu, headache, rashes, sinus infections, pinkeye and other minor conditions.
- Prescriptions: If it's medically necessary, doctors can prescribe some medications through telehealth.
- Secure online visits: Enjoy peace of mind during your online doctor visit. American Well's private, secure site complies with HIPAA, (Health Insurance Portability and Accountability Act).
- Licensed, board-certified doctors: Review doctor profiles and choose the best one for you.
- Access on all devices: You can connect with doctors on your smartphone, tablet and computer. This makes it easy to get care whenever and wherever you may need it.



## Assist America

HAP provides global emergency assistance through Assist America.\* You can be worry-free when traveling more than 100 miles away from home or even in another country – for no more than 90 days in a row.

We'll work with Assist America to help you:

- Find the right hospital.
- Get an emergency medical evaluation.
- Replace prescriptions that have been lost or left behind.
- Get help with luggage and documents and much more.

## Identity Theft Protection

Through our partnership with Assist America, eligible HAP members also have access to:

- Credit card and document registration
- Credit and debit card internet surveillance for cards registered online
- Phone assistance for lost and stolen credit cards and documents
- 24/7 identity fraud support service to help you recover from identity theft

Visit [assistamerica.com/hap](https://assistamerica.com/hap) for more information or call **(800) 872-1414**

\*Medicaid members aren't eligible for Assist America benefits.

## Managing your HAP plan

HAP makes it easy to purchase and pay for your plan. Whether you want the ease of paying online or through the mail, just let us know.

## Pay your bill online

Once you're a member, you can register at **hap.org** using your member ID. Your online member account allows you to pay bills and manage your account 24/7. Click on the *Pay My Bill* icon to:

- Add, delete or change your payment method.
- Update your credit card or bank information.
- Make a one-time premium payment by credit card, debit card or bank account.
- Set up automatic monthly payments.
- View your online payment history.
- Request a paper invoice for your files.

You'll be able to see any unpaid invoices as soon as you register for Bill Pay. When you pay online, you'll get an email confirmation once the payment is successfully withdrawn from your account.

## Receive paper invoices

The Bill Me option allows you to request a paper bill when you enroll.

If you choose this option, please:

- Allow three to five days for mail delivery and processing. We must receive and process your payment before the bill's due date. This will ensure that you avoid cancellation and continue to have active coverage and access to your benefits.
- Include the payment coupon at the bottom of the invoice with your payment.

# Payment and delinquency process

## Initial premium payment

The initial premium payment for health plans purchased through HAP **must** be received and processed prior to the effective date of coverage. The government requires that carriers cancel coverage for members who do not meet this payment requirement.

For quick processing, we recommend calling Accounts Receivable for assistance at **(888) 735-2542 (TTY: 711)** to make your initial or ongoing payment.

## Monthly payment processing

When you have selected auto pay for your monthly premiums, payments are processed on or around the 26th of each month. When the payment date falls on a weekend or holiday, payment is withdrawn on the next business day.

## Delinquency process for nonpayment of monthly premiums

This process occurs if your account becomes delinquent after you have paid your first month's premium. If payment is not received by the due date, you won't have access to medical or prescription benefits as of the first day of delinquency. The process is as follows:

1. You'll be sent a notification of delinquency.
2. Your coverage will be terminated at the end of the first month of delinquency or nonpayment of the premium.
3. You'll have to pay any medical charges you incur if premiums are not paid in full.

## Special enrollment payment

For members who enroll during a special enrollment period, different payment rules apply. The effective date of coverage and the due date of your initial payment may vary. If the effective date of coverage is prior to the date your application was submitted and approved, according to government guidelines, multiple months' premiums may be withdrawn at the same time.

## Insufficient funds

If your account doesn't have sufficient funds available to make your payment, contact Accounts Receivable at **(888) 735-2542** to address the situation. HAP isn't responsible for any related charges that you may incur with your financial institution.

## Cancellation of coverage

To request cancellation of your entire contract, you can send the request in writing or you can process verbally through HAP Customer Service.

Email your written request and reason for cancellation to **yourhap@hap.org**. Or mail your request to:

HAP  
Customer Service Correspondence Department  
2850 W. Grand Blvd.  
Detroit, MI 48202

Upon canceling, you can verify that your coverage has ended by calling Customer Service at the number on your member ID card. If you cancel, your coverage will not continue past the date through which your coverage is paid.

## Prior Authorization

Prior authorization allows us to make sure that you are getting medically appropriate services. For some services and supplies, you must get approval from HAP. Emergency or urgent care never require prior authorization.

When prior authorization is necessary, you must notify HAP before buying supplies, undergoing a procedure or receiving treatment. If you don't get the proper authorization, coverage will be denied. Precertification may be granted for a single service, purchase or procedure or for a specific period of time. Make sure you know when prior authorization is needed to avoid having coverage denied.

For a complete list of services and supplies that require prior authorization, call Customer Service at **(800) 944-9399 (TTY: 711)**. See a partial list below.

Prior Authorization (continued)

## Inpatient services

All inpatient services require prior authorization.

The exception is hospital stays for a mother and her newborn. This includes stays up to 48 hours after a vaginal delivery or 96 hours after a cesarean section.

## Outpatient services

Some outpatient services also require prior authorization. A complete list of services can be found by logging in on [hap.org](http://hap.org). Choose *My Care* and then *Referrals and Prior Authorizations*. Following is a small sample of services that need authorization:

- Durable medical equipment charges over \$1,500, including rentals and repairs
- Prosthetic appliance and orthotic appliance charges over \$1,500
- Oral and maxillofacial services, except emergency services
- High-tech radiology examinations, including, but not limited to:
  - Positron-emission tomography scans
  - MRI
  - CT scans
  - Nuclear cardiology studies
- Selected injectable drugs
- Supplemental feeding administered via tube or IV
- Transplants and evaluations for transplants
- Genetic testing
- Clinical trials for cancer care
- Any services that could be considered cosmetic (including, but not limited to); Botox injections, varicose vein treatment, nose job, breast augmentation or reduction
- Bariatric surgery
- Pain management services
- Gender reassignment

## Emergency care

You do not need authorization for urgent or emergency care. You are always covered for urgent or emergency care. This includes mental health services. In case of a serious illness or injury, you should go directly to the nearest emergency room or urgent care center or call 911.

If you need extended inpatient care, HAP reserves the right to transfer you to an alternative facility within the HAP service area.

# Thanks for choosing HAP

We know there are many aspects to getting health care. We're here to help. If you have any questions, please call the number on your member ID card, and we'll be happy to help with whatever you need.



Individual • Group • Medicare • Medicaid  
[hap.org](http://hap.org) | [hap.org/blog](http://hap.org/blog)

## **Subsidiaries**

Alliance Health and Life Insurance Company® | ASR Health Benefits | HAP Midwest Health Plan | HAP Preferred Inc.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

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