2025

Summary of Benefits

HAP Medicare Advantage | PPO Plans

January 1, 2025 - December 31, 2025

HAP Senior Plus (PPO)

HAP Medicare Explore (PPO)

Michigan's home for health insurance™

Pre-Enrollment Checklist PPO

Before making an enrollment decision, it is important that you fully understand our benefits and rules.

If you have any questions, you can call and speak to a customer service representative at:
(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.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **hap.org/medicare** or call **(888) 658-2536 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the List of Covered Drugs (Formulary). It tells you which Part D prescription drugs are covered under the Part D benefit. The formulary also tells you if there are any rules that restrict coverage for your drugs. To get the most complete and current information about which drugs are covered, visit **hap.org/medicare** or call Customer Service at the phone number above.

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2025.
- ☐ Our PPO plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts.
Enrollment depends on contract renewal.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the **"Evidence of Coverage"**. You can also see the Evidence of Coverage on our website, www.hap.org/medicare/member-resources/forms.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **HAP Senior Plus (PPO)** and **HAP Medicare Explore (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **HAP Senior Plus (PPO)** and **HAP Medicare Explore (PPO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov/plan-compare.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov/medicare-and-you or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **HAP Senior Plus (PPO)** and **HAP Medicare Explore (PPO)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Covered Prescription Drug Benefits.

This document is available in other formats such as large print.

This document may be available in a non-English language. For additional information, call us at 1-888-658-2536 (TTY: 711).

Things to Know About HAP Senior Plus (PPO) and HAP Medicare Explore (PPO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-658-2536, TTY: 711.
- If you are not a member of this plan, call us at 1-833-923-1630, TTY: 711.
- Our website: www.hap.org/medicare.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Who can join?

To join **HAP Senior Plus (PPO) and HAP Medicare Explore (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

The service area for **HAP Senior Plus (PPO)** includes the following counties in Michigan: Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw and Wayne.

The service area for **HAP Medicare Explore (PPO)** includes the following counties in Michigan: Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw and Wayne.

Which doctors, hospitals, and pharmacies can I use?

HAP Senior Plus (PPO) and **HAP Medicare Explore (PPO)** have a network of doctors, hospitals, pharmacies, and other providers. As a member of our plan, you can choose to receive care from out-of-network providers. Our plan will cover services from either in-network or out-of-network providers, as long as the services are covered benefits and medically necessary.

If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (hap.providerlookuponlinesearch.com/search).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get all of the benefits covered by Original Medicare. For Medicare covered benefits, you will pay less in our plan than you would in Original Medicare.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in the booklet.
- HAP Senior Plus (PPO) and HAP Medicare Explore (PPO) are Medicare health plans with a Medicare contract. Enrollment depends on contract renewal.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, https://www.hap.org/medicare/member-resources/prescription-coverage/formulary-drug-list.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

If you have any questions about these plan's benefits or costs, please contact
HAP Senior Plus (PPO)
HAP Medicare Explore (PPO)

SECTION II - SUMMARY OF BENEFITS

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
Monthly Plan Premium	$165 per month. In addition, you must continue to pay your Medicare Part B premium.	You do not pay a separate monthly plan premium for HAP Medicare Explore (PPO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: $0. Prescription Drug Deductible: $0.	Medical Deductible: $0. Prescription Drug Deductible: $300 for Tiers 3-5.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $4,000 for services you receive from in and out-of-network providers combined. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	Your yearly limit(s) in this plan: • $5,200 for services you receive from in and out-of-network providers combined. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS		
Inpatient Hospital	**In-Network:** Days 1-5: $250 Copay per day for each admission.	**In-Network:** Days 1-5: $350 Copay per day for each admission.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS		
	Days 6-90: $0 Copay per day. Prior authorization rules may apply. **Out-of-Network:** 25% Coinsurance per stay. Prior authorization rules may apply.	Days 6-90: $0 Copay per day. Prior authorization rules may apply. **Out-of-Network:** 40% Coinsurance per stay. Prior authorization rules may apply.
Outpatient Hospital	**In-Network:** $200 Copay per visit. Prior authorization rules may apply. **Out-of-Network:** 25% Coinsurance per visit. Prior authorization rules may apply.	**In-Network:** $325 Copay per visit. Prior authorization rules may apply. **Out-of-Network:** 40% Coinsurance per visit. Prior authorization rules may apply.
Ambulatory Surgical Center	**In-Network:** $180 Copay per visit. Prior authorization rules may apply. **Out-of-Network:** 25% Coinsurance per visit. Prior authorization rules may apply.	**In-Network:** $275 Copay per visit. Prior authorization rules may apply. **Out-of-Network:** 40% Coinsurance per visit. Prior authorization rules may apply.
Doctor's Office Visits	**In-Network:** Primary care physician visit: $0 Copay per visit. Specialist visit: $25 Copay per visit. **Out-of-Network:** Primary care physician visit: 25% Coinsurance per visit. Specialist visit: 25% Coinsurance per visit.	**In-Network:** Primary care physician visit: $0 Copay per visit. Specialist visit: $45 Copay per visit. **Out-of-Network:** Primary care physician visit: 40% Coinsurance per visit. Specialist visit: 40% Coinsurance per visit.
Preventive Care ***(e.g., flu vaccine, diabetic screenings)***	**In-Network:** $0 Copay per visit. **Out-of-Network:** 25% Coinsurance per visit.	**In-Network:** $0 Copay per visit. **Out-of-Network:** 40% Coinsurance per visit.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS		
Emergency Care (world-wide)	**In-Network and Out-of-Network:** $125 Copay per visit.	**In-Network and Out-of-Network:** $125 Copay per visit.
Urgently Needed Services (world-wide)	**In-Network and Out-of-Network:** $45 Copay per visit.	**In-Network and Out-of-Network:** $45 Copay per visit.
Diagnostic Services / Labs/ Imaging	**In-Network:** Diagnostic tests and procedures: $150 Copay per visit. Lab services: $0 Copay Diagnostic Radiology Services (such as MRI, CAT Scan): $150 Copay per visit. X-rays: $35 Copay per visit. Therapeutic radiology services (such as radiation treatment for cancer): $40 Copay per visit. Prior authorization rules may apply. **Out-of-Network:** Diagnostic tests and procedures: 25% Coinsurance per visit. Lab services: 25% Coinsurance per visit. Diagnostic Radiology Services (such as MRI, CAT Scan): 25% Coinsurance per visit. X-rays: 25% Coinsurance per visit. Therapeutic radiology services (such as radiation treatment for cancer): 25% Coinsurance per visit. Prior authorization rules may apply.	**In-Network:** Diagnostic tests and procedures: $180 Copay per visit. Lab services: $0 Copay Diagnostic Radiology Services (such as MRI, CAT Scan): $270 Copay per visit. X-rays: $35 Copay per visit. Therapeutic radiology services (such as radiation treatment for cancer): $25 Copay per visit. Prior authorization rules may apply. **Out-of-Network:** Diagnostic tests and procedures: 40% Coinsurance per visit. Lab services: 40% Coinsurance per visit. Diagnostic Radiology Services (such as MRI, CAT Scan): 40% Coinsurance per visit. X-rays: 40% Coinsurance per visit. Therapeutic radiology services (such as radiation treatment for cancer): 40% Coinsurance per visit. Prior authorization rules may apply.
Hearing Services	**In-Network:** $0 copay for Medicare-covered hearing exam from a primary care provider. $25 copay for Medicare-covered hearing exam from a specialty care provider.	**In-Network:** $0 copay for Medicare-covered hearing exam from a primary care provider. $45 copay for Medicare-covered hearing exam from a specialty care provider.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS		
	Must use NationsHearing for the following services: Routine hearing exam (up to 1 visit(s) every year): $0 Copay. Hearing Aid (up to 2 hearing aids every year): $0 - $1,575 Copay. **Out-of-Network:** 25% Coinsurance for Medicare-covered hearing exam from a primary care provider. 25% Coinsurance for Medicare-covered hearing exam from a specialty care provider.	Must use NationsHearing for the following services: Routine hearing exam (up to 1 visit(s) every year): $0 Copay. Hearing Aid (up to 2 hearing aids every year): $0 - $1,575 Copay. **Out-of-Network:** 40% Coinsurance for Medicare-covered hearing exam from a primary care provider. 40% Coinsurance for Medicare-covered hearing exam from a specialty care provider.
Dental Services	**In-Network:** $0 copay for Medicare-covered dental services from a primary care provider. $25 copay for Medicare-covered dental services from a specialty care provider. You must use a Delta Dental PPO provider for the following services: $0 copay for the following dental services: 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, and 1 set of bitewings per year. 50% coinsurance for simple extractions, oral surgery, root canals, fillings, onlays, crowns, and crown repairs. See the EOC for more details on this benefit. Maximum benefit of $2,000 per calendar year for all dental services. **Out-of-Network:** 25% Coinsurance for Medicare-covered dental services from a primary care provider.	**In-Network:** $0 copay for Medicare-covered dental services from a primary care provider. $45 copay for Medicare-covered dental services from a specialty care provider. You must use a Delta Dental PPO provider for the following services: $0 copay for the following dental services: 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, and 1 set of bitewings per year. 50% coinsurance for simple extractions, oral surgery, root canals, fillings, onlays, crowns, and crown repairs. See the EOC for more details on this benefit. Maximum benefit of $2,000 per calendar year for all dental services. **Out-of-Network:** 40% Coinsurance for Medicare-covered dental services from a primary care provider.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS		
	25% Coinsurance for Medicare-covered dental services from a specialty care provider.	40% Coinsurance for Medicare-covered dental services from a specialty care provider.

OPTIONAL SUPPLEMENTAL DENTAL PLAN (PURCHASED SEPARATELY)	
Services must be provided by a dentist in the Delta Dental Medicare Advantage PPO™ network in Michigan, Ohio and Indiana.	
Optional Plan Name	Plan 1 – Delta 50
Monthly Plan Premium	If you elect this optional supplemental benefit, you will pay an additional $19.90 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.
Deductible	There is no deductible.
Plan Coverage	Covered preventive & diagnostic services: 100% Covered comprehensive services: 50% See the EOC for more details on this benefit.
Maximum Plan Coverage	This dental plan will pay up to $2,000 maximum plan coverage limit per calendar year.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS (Continued)		
Vision Services	**In-Network:** $0 copay for Medicare covered eye exams from a primary care provider. $25 copay for Medicare covered eye exams from a specialty care provider. You must use EyeMed for the following services:	**In-Network:** $0 copay for Medicare covered eye exams from a primary care provider. $45 copay for Medicare covered eye exams from a specialty care provider. You must use EyeMed for the following services:

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS (Continued)		
	$0 copay for routine eye exam (up to 1 visit every year). The plan has a $150 allowance every calendar year for contact lenses and eyeglasses (lenses and frames). A 20% discount applies for any balance over the $150 allowance. **Out-of-Network:** 25% Coinsurance for Medicare-covered vision services from a primary care provider. 25% Coinsurance for Medicare-covered vision services from a specialty care provider.	$0 copay for routine eye exam (up to 1 visit every year). The plan has a $150 allowance every calendar year for contact lenses and eyeglasses (lenses and frames). A 20% discount applies for any balance over the $150 allowance. **Out-of-Network:** 40% Coinsurance for Medicare-covered vision services from a primary care provider. 40% Coinsurance for Medicare-covered vision services from a specialty care provider.
Mental Health Services	**In-Network:** $0 Copay per visit. **Out-of-Network:** 25% Coinsurance per visit.	**In-Network:** $15 Copay per visit. **Out-of-Network:** 40% Coinsurance per visit.
Skilled Nursing Facility (SNF)	**In-Network:** Days 1-20: $0 Copay per day. Days 21-100: $214 Copay per day. Prior authorization rules may apply. **Out-of-Network:** 25% Coinsurance per stay. Prior authorization rules may apply.	**In-Network:** Days 1-20: $0 Copay per day. Days 21-100: $214 Copay per day. Prior authorization rules may apply. **Out-of-Network:** 40% Coinsurance per stay. Prior authorization rules may apply.
Physical Therapy, Occupational Therapy, Speech Therapy	**In-Network:** $15 Copay per therapy visit. Prior authorization rules may apply. **Out-of-Network:** 25% Coinsurance per therapy visit. Prior authorization rules may apply.	**In-Network:** $20 Copay per therapy visit. Prior authorization rules may apply. **Out-of-Network:** 40% Coinsurance per therapy visit. Prior authorization rules may apply.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
COVERED MEDICAL AND HOSPITAL BENEFITS (Continued)		
Ambulance	**In-Network and Out-of-Network:** $250 Copay per trip. Must have prior authorization for non-emergency ambulance services.	**In-Network and Out-of-Network:** $300 Copay per trip. Must have prior authorization for non-emergency ambulance services.
Transportation	$0 Copay for 12 one-way trips. Please contact customer service for information on how to arrange transportation.	Not Covered.
Medicare Part B Drugs	**In-Network:** 0% - 20% coinsurance for Part B drugs, including chemotherapy drugs. Step therapy requirements may apply to certain Part B drugs. Insulins covered under Medicare Part B are subject to a coinsurance cap of $35 for one month's supply of insulin with no deductible. Prior authorization rules may apply. **Out-of-Network:** 25% Coinsurance for Part B drugs. Prior authorization rules may apply.	**In-Network:** 0% - 20% coinsurance for Part B drugs, including chemotherapy drugs. Step therapy requirements may apply to certain Part B drugs. Insulins covered under Medicare Part B are subject to a coinsurance cap of $35 for one month's supply of insulin with no deductible. Prior authorization rules may apply. **Out-of-Network:** 40% Coinsurance for Part B drugs. Prior authorization rules may apply.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
PRESCRIPTION DRUG BENEFITS		

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Important Message About Medicare Prescription Payment Plan - The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)

PRESCRIPTION DRUG BENEFITS

drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-866-845-1803, TTY: 711 or visit Medicare.gov.

<table>
<tr><td>Deductible</td><td>Prescription Drug Deductible: $0.</td><td>Prescription Drug Deductible: $300 for Tiers 3-5.</td></tr>
<tr><td>Initial Coverage</td><td>You pay the following until your total yearly drug costs reach $2,000. Total yearly drug costs are the drug costs paid by both you and our Part D plan.
<table><tr><th colspan="2">Standard Retail Cost-Sharing</th></tr><tr><th>Tier</th><th>One-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$9 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>$17 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>22% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>50% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td></tr></table><table><tr><th>Tier</th><th>Two-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$18 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>$34 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>22% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>50% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>Not Applicable</td></tr></table><table><tr><th>Tier</th><th>Three-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$27 copay</td></tr></table></td><td>You pay the following until your total yearly drug costs reach $2,000. Total yearly drug costs are the drug costs paid by both you and our Part D plan.
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	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
PRESCRIPTION DRUG BENEFITS		

Tier 2 (Generic)	$51 copay
Tier 3 (Preferred Brand)	22% coinsurance
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Tier 2 (Generic)	$51 copay
Tier 3 (Preferred Brand)	17% coinsurance
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Preferred Retail Cost-Sharing	
Tier	**One-month supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$11 copay
Tier 3 (Preferred Brand)	20% coinsurance
Tier 4 (Non-Preferred Drug)	48% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance

Preferred Retail Cost-Sharing	
Tier	**One-month supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$11 copay
Tier 3 (Preferred Brand)	15% coinsurance
Tier 4 (Non-Preferred Drug)	48% coinsurance
Tier 5 (Specialty Tier)	29% coinsurance

Tier	**Two-month supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$22 copay
Tier 3 (Preferred Brand)	20% coinsurance
Tier 4 (Non-Preferred Drug)	48% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Tier	**Two-month supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$22 copay
Tier 3 (Preferred Brand)	15% coinsurance
Tier 4 (Non-Preferred Drug)	48% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Tier	**Three-month supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$33 copay

Tier	**Three-month supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$33 copay

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
PRESCRIPTION DRUG BENEFITS		

Tier 3 (Preferred Brand)	20% coinsurance
Tier 4 (Non-Preferred Drug)	48% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Tier 3 (Preferred Brand)	15% coinsurance
Tier 4 (Non-Preferred Drug)	48% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Standard Mail Order	
Tier	**One-month supply**
Tier 1 (Preferred Generic)	$9 copay
Tier 2 (Generic)	$17 copay
Tier 3 (Preferred Brand)	22% coinsurance
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance

Standard Mail Order	
Tier	**One-month supply**
Tier 1 (Preferred Generic)	$9 copay
Tier 2 (Generic)	$17 copay
Tier 3 (Preferred Brand)	17% coinsurance
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	29% coinsurance

Tier	**Two-month supply**
Tier 1 (Preferred Generic)	$18 copay
Tier 2 (Generic)	$34 copay
Tier 3 (Preferred Brand)	22% coinsurance
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Tier	**Two-month supply**
Tier 1 (Preferred Generic)	$18 copay
Tier 2 (Generic)	$34 copay
Tier 3 (Preferred Brand)	17% coinsurance
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	Not Applicable

Tier	**Three-month supply**
Tier 1 (Preferred Generic)	$27 copay
Tier 2 (Generic)	$51 copay
Tier 3 (Preferred Brand)	22% coinsurance

Tier	**Three-month supply**
Tier 1 (Preferred Generic)	$27 copay
Tier 2 (Generic)	$51 copay
Tier 3 (Preferred Brand)	17% coinsurance

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
PRESCRIPTION DRUG BENEFITS		

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
	Tier 4 (Non-Preferred Drug): 50% coinsurance Tier 5 (Specialty Tier): Not Applicable	Tier 4 (Non-Preferred Drug): 50% coinsurance Tier 5 (Specialty Tier): Not Applicable
	Preferred Mail Order Cost-Sharing	**Preferred Mail Order Cost-Sharing**
	Tier / **One-month supply** Tier 1 (Preferred Generic): $0 Copay Tier 2 (Generic): $11 copay Tier 3 (Preferred Brand): 20% coinsurance Tier 4 (Non-Preferred Drug): 48% coinsurance Tier 5 (Specialty Tier): 33% coinsurance	**Tier** / **One-month supply** Tier 1 (Preferred Generic): $0 Copay Tier 2 (Generic): $11 copay Tier 3 (Preferred Brand): 15% coinsurance Tier 4 (Non-Preferred Drug): 48% coinsurance Tier 5 (Specialty Tier): 29% coinsurance
	Tier / **Two-month supply** Tier 1 (Preferred Generic): $0 Copay Tier 2 (Generic): $22 copay Tier 3 (Preferred Brand): 20% coinsurance Tier 4 (Non-Preferred Drug): 48% coinsurance Tier 5 (Specialty Tier): Not Applicable	**Tier** / **Two-month supply** Tier 1 (Preferred Generic): $0 Copay Tier 2 (Generic): $22 copay Tier 3 (Preferred Brand): 15% coinsurance Tier 4 (Non-Preferred Drug): 48% coinsurance Tier 5 (Specialty Tier): Not Applicable
	Tier / **Three-month supply** Tier 1 (Preferred Generic): $0 copay Tier 2 (Generic): $0 copay Tier 3 (Preferred Brand): 20% coinsurance Tier 4 (Non-Preferred Drug): 48% coinsurance	**Tier** / **Three-month supply** Tier 1 (Preferred Generic): $0 copay Tier 2 (Generic): $0 copay Tier 3 (Preferred Brand): 15% coinsurance Tier 4 (Non-Preferred Drug): 48% coinsurance

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
PRESCRIPTION DRUG BENEFITS		
	Tier 5 (Specialty Tier) — Not Applicable Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 31 days) of a drug. Please call us or see the plan's **"Evidence of Coverage"** on our website (www.hap.org/medicare) for complete information about your costs for covered drugs.	Tier 5 (Specialty Tier) — Not Applicable Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 31 days) of a drug. Please call us or see the plan's **"Evidence of Coverage"** on our website (www.hap.org/medicare) for complete information about your costs for covered drugs.
Catastrophic Amount	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,000, you pay: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. • You will pay the copay you paid during the Initial Coverage Stage for drugs not normally covered by the Part D (Enhanced Drugs). These drugs are identified as "ED" in the formulary.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,000, you pay: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. • You will pay the copay you paid during the Initial Coverage Stage for drugs not normally covered by the Part D (Enhanced Drugs). These drugs are identified as "ED" in the formulary.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
ADDITIONAL COVERED BENEFITS		
Acupuncture	**In-Network:** $0 copay for acupuncture services for chronic low back pain from a primary care physician per visit, 20 visit limit. $25 copay for acupuncture services for chronic low back pain from a specialist provider per visit, 20 visit limit. Prior authorization rules may apply. **Out-of-Network:** 25% coinsurance for acupuncture services per visit.	**In-Network:** $0 copay for acupuncture services for chronic low back pain from a primary care physician per visit, 20 visit limit. $45 copay for acupuncture services for chronic low back pain from a specialist provider per visit, 20 visit limit. Prior authorization rules may apply. **Out-of-Network:** 40% coinsurance for acupuncture services per visit.
Chiropractic Care	**In-Network:** $20 copay for each covered chiropractic services visit. • Manual manipulation of the spine to correct subluxation. • Routine care covered for one office visit per year performed by a chiropractor. $35 copay for one set of chiropractic x-rays every year performed by a chiropractor. **Out-of-Network:** 25% coinsurance for chiropractic care per visit.	**In-Network:** $20 copay for each covered chiropractic services visit. • Manual manipulation of the spine to correct subluxation. • Routine care covered for one office visit per year performed by a chiropractor. $35 copay for one set of chiropractic x-rays every year performed by a chiropractor. **Out-of-Network:** 40% coinsurance for chiropractic care per visit.
Companion Care	Not Covered.	Not Covered.
Diabetes Management	**In-Network:** $0 copay per visit. **Out-of-Network:** 25% coinsurance for diabetes management per visit.	**In-Network:** $0 copay per visit. **Out-of-Network:** 40% coinsurance for diabetes management per visit.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
ADDITIONAL COVERED BENEFITS		
Diabetes Supplies and Services	**In-Network:** $0 copay for diabetes supplies and services per visit. $0 Copay for continuous glucose monitors (CGM) obtained at a pharmacy. **Out-of-Network:** 25% coinsurance for diabetes supplies, CGM, and services per visit.	**In-Network:** $0 copay for diabetes supplies and services per visit. $0 Copay for continuous glucose monitors (CGM) obtained at a pharmacy. **Out-of-Network:** 40% coinsurance for diabetes supplies, CGM, and services per visit.
Dialysis Treatments	**In-Network:** 20% coinsurance for each Medicare-covered outpatient dialysis treatment. **Out-of-Network:** 25% coinsurance for each Medicare-covered outpatient dialysis treatment.	**In-Network:** 20% coinsurance for each Medicare-covered outpatient dialysis treatment. **Out-of-Network:** 40% coinsurance for each Medicare-covered outpatient dialysis treatment.
Durable Medical Equipment ***(continuous glucose monitors (CGM), wheelchairs, oxygen, etc.)***	**In-Network:** 20% coinsurance per item from a DME provider. Prior authorization rules may apply. **Out-of-Network:** 25% coinsurance per item from a DME provider. Prior authorization rules may apply.	**In-Network:** 20% coinsurance per item from a DME provider. Prior authorization rules may apply. **Out-of-Network:** 40% coinsurance per item from a DME provider. Prior authorization rules may apply.
Fitness	$0 copay for the fitness benefit. You must use SilverSneakers.	
Flex Card	$125 allowance per quarter with rollover to next quarter for OTC and healthy food/produce* (for eligible members) from NationsOTC online catalog or from a retail store.	$80 allowance per quarter with rollover to next quarter for OTC and healthy food/produce* (for eligible members) from NationsOTC online catalog or from a retail store.

*****This benefit is a special supplemental benefit for the chronically ill (SSBCI) and is made available to members with one or more qualifying chronic conditions. Not all members will qualify for this benefit. Qualifying chronic conditions include but are not limited to diabetes, cardiovascular disorders, chronic lung disorders, cancer, and dementia. For a complete list of qualifying chronic conditions please see the plan's Evidence of Coverage (EOC).

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
ADDITIONAL COVERED BENEFITS		
Foot Care ***(podiatry services)***	**In-Network:** $0 copay for preventive podiatry services condition specific for diabetes per visit. $25 copay for all other podiatry services per visit. **Out-of-Network:** 25% coinsurance per visit.	**In-Network:** $0 copay for preventive podiatry services condition specific for diabetes per visit. $45 copay for all other podiatry services per visit. **Out-of-Network:** 40% coinsurance per visit.
Home-Delivered Meals	$0 copay for 28 home-delivered meals/14 days upon discharge after a hospital admission. Limited to two discharges.	Not Covered.
Home Health Agency Care	**In-Network:** $0 copay for home health agency care. **Out-of-Network:** 25% coinsurance per visit.	**In-Network:** $0 copay for home health agency care. **Out-of-Network:** 40% coinsurance per visit.
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not HAP (PPO). $0 copay for a one-time only hospice consultation with a primary care physician.	
Memory Fitness	$0 copay for memory fitness provided by BrainHQ®.	
Outpatient Substance Abuse	**In-Network:** $0 copay per visit. **Out-of-Network:** 25% coinsurance per visit.	**In-Network:** $15 copay per visit. **Out-of-Network:** 40% coinsurance per visit.
Over-the-Counter (OTC) Items	Flex Card Benefit available.	
Personal Emergency Response System (PERS)	Not Covered.	Not Covered.

	HAP Senior Plus (PPO)	HAP Medicare Explore (PPO)
ADDITIONAL COVERED BENEFITS		
Prosthetic Devices ***(braces, artificial limbs, etc.)***	**In-Network:** 20% coinsurance per item. Prior authorization rules may apply. **Out-of-Network:** 25% coinsurance per item. Prior authorization rules may apply.	**In-Network:** 20% coinsurance per item. Prior authorization rules may apply. **Out-of-Network:** 40% coinsurance per item. Prior authorization rules may apply.
Telemedicine	$0 copay per visit. You must use Amwell.	
Visitor/Traveler Benefit	Enjoy in-network cost-sharing on plan-covered benefits when you visit any Medicare-participating provider in any of the 49 states outside of Michigan for up to 12 months.	

DISCLAIMERS

You can get this document for free in other formats, such as large print. Call 1-888-658-2536 TTY 711. The call is free. 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.

HAP Senior Plus (PPO) and **HAP Medicare Explore (PPO)** is a Local PPO plan with a Medicare contract. Enrollment in **HAP Senior Plus (PPO)** and **HAP Medicare Explore (PPO)** depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

Health coverage is offered by Alliance Health and Life Insurance Company.

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 (TTY: 711) **Medicare -** (800) 801-1770 (TTY: 711)

Hours are 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and
8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30)

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 Appeal & Grievance team. Use the information below:

- **Mail:** 1414 E. Maple Rd., Troy, Michigan 48083
- **Phone:** **General -** (800) 422-4641 (TTY: 711)
  Medicare - (800) 801-1770 (TTY: 711)
- **Fax:** (313) 664-5866

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**
- **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/**

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-801-1770 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete gratis para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para hablar con un intérprete, llame al 1-800-801-1770 (TTY: 711). Alguien que hable español lo podrá ayudar. Este es un servicio gratis.

Chinese Mandarin: 我们提供免费的口译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要这项口译服务，请致电 1-800-801-1770 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存在疑問，為此我們提供免費的傳譯服務。如需傳譯服務，請致電 1-800-801-1770 (TTY: 711)。我們講中文的人員將樂意為您提供協助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o gamutan. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-801-1770 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay isang libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime d'assurance maladie ou d'assurance médicaments. Pour accéder au service d'interprétation, vous pouvez nous appeler au 1-800-801-1770 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương trình sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên, xin gọi 1-800-801-1770 (TTY: 711), sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihnen gerne Fragen zu unseren Gesundheits- und Arzneimittelprogrammen. Unsere Dolmetscher erreichen Sie unter 1-800-801-1770 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-801-1770 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или плана предоставления медикаментов, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-801-1770 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **(TTY: 711) 1-800-801-1770**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-801-1770 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी भाषा बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-801-1770 (TTY: 711). Un nostro incaricato che parla italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que você tenha quanto ao nosso plano de saúde ou de medicação. Para obter um intérprete, entre em contato conosco pelo número 1-800-801-1770 (TTY: 711). Você encontrará alguém que fale o idioma Português para ajudá-lo. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèpretasyon gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa plan medikaman nou an. Pou w jwenn yon entèprèt, jis rele nou nan 1-800-801-1770 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza, który pomoże w uzyskaniu odpowiedzi na temat ubezpieczenia zdrowotnego lub refundacji leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-801-1770 (TTY: 711). Usługa jest bezpłatna.

Japanese: 当社の医療保険や医薬品に関する質問にお答えするため、無料の通訳サービスをご用意しております。通訳サービスをご希望の方は、1-800-801-1770 (TTY: 711)までお電話ください。日本語を話せるスタッフがご対応いたします。こちらは無料のサービスです。

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

HAP
Alliance Health and Life Insurance Company®
HAP Empowered Health Plan, Inc.
Effective August 8, 2023

Your protected health information

PHI stands for protected health information. PHI can be used to identify you. It includes information such as your name, age, sex, address and member ID number, as well as your:

- Physical or mental health
- Health care services
- Payment for care

You can ask HAP to give your PHI to people you choose. To do this, fill out our release form. You can find it at **hap.org/privacy.**

Your privacy

Keeping your PHI safe is important to HAP. We're required by law to keep your PHI private. We must also tell you about our legal duties and privacy practices. This notice explains:

- How we use information about you
- When we can share it with others
- Your rights related to your PHI
- 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. These include Alliance Health and Life Insurance Company and HAP Empowered Health Plan, Inc.

How we protect your PHI

We protect your PHI in written, spoken and electronic form. Our employees and others who handle your information must follow our policies on privacy and technology use. Anyone who starts working for HAP must state that they have read these policies. And they must state that they will protect your PHI even after they leave HAP. Our employees and contractors can only use the PHI necessary to do their jobs. And they may not use or share your information except in the ways outlined in this notice.

Our use and disclosure of your PHI must comply with both Michigan and federal privacy laws regulations. There are also Michigan and federal laws and regulations that place additional restrictions on the use and disclosure of certain types of PHI, including PHI about mental health, substance abuse, HIV/AIDS conditions, and certain genetic information.

Notice of Privacy Practices

For example, in most cases your written consent is needed before using or disclosing psychotherapy notes (if recorded or maintained by us), documents related to your use of Suboxone, sending you marketing information about 3rd party products or services for which we are receiving direct or indirect payment, or the sale of medical information about you, unless it is otherwise allowed by law. Your consent can always be revoked in writing, but it will not apply to any uses or disclosures that were made before you revoked your consent.

How we use or share your PHI

We only share your information with those who must know for:

- Treatment
- Payments
- Business tasks

Treatment

We may share your PHI with your doctors, hospitals or other providers to help them:

- Provide treatment. For example, if you're in the hospital, we may let them see records from your doctor.
- Manage your health care. For example, we might talk to your doctor to suggest a HAP program that could help improve your health.

Payment

We may use or share your PHI to help us figure out who must pay for your medical bills. We may also use or share your PHI to:

- Collect premiums
- Determine which benefits you can get
- Figure out who pays when you have other insurance

Business tasks

As allowed by law, we may share your PHI with:

- Companies affiliated with HAP
- Other companies that help with HAP's everyday work
- Others who help provide or pay for your health care

We may share your information with others who help us do business. If we do, they must keep your information private and secure. And they must return or destroy it when they no longer need it for our business.

It may be used to:

- Evaluate how good care is and how much it improves. This may include provider peer review.
- Make sure health care providers are qualified and have the right credentials.
- Review medical outcomes.
- Review health claims.
- Prevent, find and investigate fraud and abuse.
- Decide what is covered by your policy and how much it will cost. But, we are not allowed to use or share genetic information to do that.
- Do pricing and insurance tasks.
- Help members manage their health care and get help managing their care.
- Communicate with you about treatment options or other health-related benefits and services.
- Do general business tasks, such as quality reviews and customer service.

Notice of Privacy Practices

Other permitted uses
We may also be permitted or required to share your PHI:

With you
- To tell you about medical treatments and programs or health-related products and services that may interest you. For example, we might send you information on how to stop smoking or lose weight.
- For health reminders, such as refilling a prescription or scheduling tests to keep you healthy or find diseases early.
- To contact you, by phone or mail, for surveys. For example, each year we ask our members about their experience with HAP.

With a friend or family member
- With a friend, family member or other person who, by law, may act on your behalf. For example, parents can get information about their children covered by HAP.
- With a friend or family member in an unusual situation, such as a medical emergency, if we think it's in your best interests. For example, if you have an emergency in a foreign country and can't contact us directly. In that case, we may speak with a friend or family member who is acting on your behalf.
- With 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.

With the government
- For public health needs in the case of a health or safety threat such as disease or a disaster.
- For U.S. Food and Drug Administration investigations. These might include probes into harmful events, product defects or product recalls.
- For health oversight activities authorized by law.
- For court proceedings and law enforcement uses.
- With the police or other authority in case of abuse, neglect or domestic violence.
- With a coroner or medical examiner to identify a body, find out a cause of death or as authorized by law. We may also share member information with funeral directors.
- To comply with workers' compensation laws.
- To report to state and federal agencies that regulate HAP and its subsidiaries. These may include the:
    - U.S. Department of Health and Human Services
    - Michigan Department of Insurance and Financial Services
    - Michigan Department of Health and Human Services
    - Federal Centers for Medicare and Medicaid Services
- To protect the U.S. president.

For research or transplants
- For research purposes that meet privacy standards. For example, researchers want to compare outcomes for patients who took a certain drug and must review a series of medical records.
- To receive, bank or transplant organs, eyes or tissue.

With your employer or plan sponsor
We may use or share your PHI with an employee benefit plan through which you get health benefits. It is only shared when the employer or plan sponsor needs it to manage your health plan.

Except for enrollment information or summary health information and as otherwise required by law, we only share your PHI with an employer or plan sponsor if they have guaranteed in writing that it will be kept private and won't be used improperly.

Notice of Privacy Practices

To use or share your PHI for any other reason, we must get your written permission. If you give us permission, you may change your mind and cancel it. But it will not apply to information we've already shared.

Treatment Alternatives, Health Benefits, Fundraising, and Marketing
We may use and disclose your PHI to contact you about treatment alternatives, health-related benefits, products or services or to provide gifts of nominal value to you or your family. We may also contact you to raise funds for Health Alliance Plan or any of its subsidiaries or affiliates.

Organized health care arrangement

HAP and HAP affiliates covered by this Notice of Privacy Practices and Henry Ford Health and its affiliates are part of an organized health care arrangement. Its goal is to deliver higher quality health care more efficiently and to take part in quality measure programs, such as the Healthcare Effectiveness Data and Information Set. HEDIS is a set of standards used to measure the performance of a health plan. In other words, HEDIS is a report card for managed care plans.

The Henry Ford Health organized health care arrangement includes:

- HAP
- Alliance Health and Life Insurance Company
- HAP Empowered Health Plan, Inc.
- Henry Ford Health

Henry Ford's organized health care arrangement lets these organizations share PHI. This is only done if allowed by law and when needed for treatment, payment or business tasks relating to the organized health care arrangement.

This list of organizations may be updated. You can access the current list at **hap.org/privacy** or call us at **(800) 422-4641 (TTY: 711).** When required, we will tell you about any changes in a revised Notice of Privacy Practices.

Your rights

These are your rights with respect to your information. If you would like to exercise any of these rights, please contact us. The contact information is in the "Who to contact" section at the end of this document. You may have to make your requests in writing.

You have the following rights:

Right to see your PHI and get a copy
With some exceptions, you have the right to see or get a copy of PHI in records we use to make decisions about your health coverage. This includes our enrollment, payment, claims resolutions and case or medical management notes. If we deny your request, we'll tell you why and whether you have a right to further review.

You may have to fill out a form to get PHI and pay a fee for copies. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

Right to ask us to change your PHI
If we deny your request for changes in PHI, we'll explain why in writing. If you disagree, you may have your disagreement noted in our records. If we accept your request to change the information, we'll make reasonable efforts to tell others of the change, including people you name. In this case, the information you give us must be correct. And we cannot delete any part of a legal record, such as a claim submitted by your doctor.

Notice of Privacy Practices

Right to know about disclosures
You have the right to know about certain disclosures of your PHI. HAP does not have to inform you of all PHI we release. We are not required to tell you about PHI shared or used for treatment, payment and business tasks. And we do not have to tell you about information we shared with you or based on your authorization. But you may request a list of other disclosures made during the six years prior to your request.

Your first list in any 12-month period is free. However, if you ask for another list within 12 months of receiving your free list, we may charge you a fee. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

Right to know about data breaches that compromise your PHI
If there is a breach of your unsecured PHI, we'll tell you about it as required by law or in cases when we deem it appropriate.

Right to ask us to limit how we use or share your PHI
You may ask us to limit how we use or share your PHI for treatment, payment or business tasks. You also have the right to ask us to limit PHI shared with family members or others involved in your health care or payment for it. We do not have to agree to these limits. But if we do, we'll follow them – unless needed for emergency treatment or the law requires us to share your PHI. In that case, we will tell you that we must end our agreement.

Right to request private communications
If you believe that you would be harmed if we send your PHI to your current mailing address (for example, in a case of domestic dispute or violence), you can ask us to send it another way. We can send it by fax or to another address. We will try to meet any fair requests.

You have a right to get a paper copy of this notice.

Opt-Out Options
We may use and disclose your medical information in a Health Information Exchange (HIE), when raising funds or conducting marketing campaigns as described in the sections above. In regard to fundraising, Health Alliance Plan or our OHCA Members may participate in these activities and we ask that you aid us in our efforts, while being confident that we are protecting your medical information. If you wish to opt-out of any of these activities, you have the right to request to do so in writing. If after choosing to opt-out you wish to opt-back-in, you may also do so in writing.

Changes to the privacy statement

We have the right to make changes to this notice. If we make changes, the new notice will be effective for all the PHI we have. Once we make changes, we'll send you the new notice by U.S. mail and post it on our website.

Notice of Privacy Practices

Who to contact
To exercise any of the rights listed above, contact Customer Service at **(800) 422-4641 (TTY:711)**

To opt out, opt back in or object to a specific use or disclosure, or if you have any questions about this notice or about how we use or share member information, please send a written request to:

Mail: HAP and HAP Empowered Information Privacy & Security Office
One Ford Place
Detroit, MI 48202

Email: IPSO@hfhs.org

Complaints
If you believe your privacy rights have been violated, you may file a complaint with us. Contact the Information Privacy & Security Office above or HAP's Compliance Hotline at **(877) 746-2501 (TTY: 711).** You can stay 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, August 2023
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At HAP, we're committed to helping you choose the right option for you

Call today!

HAP Sales Agent

(833) 923-1632 (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)

Current Members Call HAP Customer Service

(888) 658-2536 (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)

Or visit us online at **hap.org/2025choices.**

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