

HAP Senior Plus Medical Only (HMO) offered by Health Alliance Plan of Michigan

Annual Notice of Changes for 2020

You are currently enrolled as a member of *HAP Senior Plus Medical Only (HMO)*. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2.1, 2.2 and 2.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 2.3 for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.

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- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** *HAP Senior Plus Medical Only*, you don’t need to do anything. You will stay in *HAP Senior Plus Medical Only*.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2019

- If you don’t join another plan by **December 7, 2019**, you will stay in *HAP Senior Plus Medical Only*.
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

Additional Resources

- Please contact our Customer Service number at (800) 801-1770 for additional information. (TTY users should call 711). Hours of operation: April 1st through September 30th: Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st: Seven days a week, 8 a.m. to 8 p.m. Prescription drug benefit related calls: Available 24 hours a day, seven days a week.
- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 8.1 of this booklet).
- This booklet is available in alternate formats such as large print or audio tapes.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About HAP Senior Plus Medical Only

- *Health Alliance Plan (HAP)* has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Health Alliance Plan of Michigan. When it says “plan” or “our plan,” it means *HAP Senior Plus Medical Only*.

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for *HAP Senior Plus Medical Only (HMO)* in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.hap.org/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$4,000	\$4,000
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$20 Copay per visit	Primary care visits: \$0 Copay per visit Specialist visits: \$20 Copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$200 Copay per day for days 1-7. \$0 Copay per day for days 8-90.	\$200 Copay per day for days 1-7. \$0 Copay per day for days 8-90.

Annual Notice of Changes for 2020

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *HAP Senior Plus Medical Only* in 2020

If you do nothing to change your Medicare coverage by December 7, 2019, we will automatically enroll you in our *HAP Senior Plus Medical Only*. This means starting January 1, 2020, you will be getting your medical coverage through *HAP Senior Plus Medical Only*. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change, you must do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in *HAP Senior Plus Medical Only* and the benefits you will have on January 1, 2020 as a member of *HAP Senior Plus Medical Only*.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional dental plan monthly premium	Delta Dental Plan 1 Member Pays \$22.60 per month	Delta Dental Plan 1 Member Pays \$21.40 per month
	Delta Dental Plan 2 Member Pays \$43.30 per month	Delta Dental Plan 2 Member Pays \$41.30 per month
Medicare Part B Premium	\$50 Medicare Part B premium reduction. This reduction will be reflected in your monthly Social Security check. You must continue paying your Medicare premiums to remain a member of the plan	There is no change for the upcoming year.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
Maximum out-of-pocket amount	\$4,000	There is no change for the upcoming benefit year.
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	Once you have paid \$4,000 out-of-pocket for plan-covered services, you will pay nothing for your plan-covered services for the rest of the calendar year.	
If you choose an optional supplemental dental plan, your plan premium and your costs for services also do not count toward your maximum out-of-pocket amount.		

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.hap.org/medicare. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.

- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Cardiac rehabilitation services	You pay a \$40 copay for cardiac rehabilitation services per visit.	You pay a \$20 copay for cardiac rehabilitation services per visit.
Home-delivered meals To be eligible, you must have one or more of these chronic conditions: congestive heart failure (CHF), diabetes, or hypertension and an inpatient admission to an acute care facility. Two meals per day for a maximum of 14 days per admission will be delivered to your home.	Home-delivered meals are <u>not</u> covered.	You pay nothing for home-delivered meals.
Mental health specialty services	You pay a \$20 copay for mental health specialty services per visit.	You pay nothing for mental health specialty services per visit.
Occupational, physical or speech outpatient rehabilitation services	You pay a \$20 copay for occupational, physical and speech outpatient rehabilitation services per visit.	You pay nothing for occupational, physical and speech outpatient

Cost	2019 (this year)	2020 (next year)
		rehabilitation services per visit.
<p>Opioid treatment services</p> <p>This benefit was previously combined with substance abuse treatment in the EOC.</p>	<p>You pay a \$20 copay for opioid treatment services per visit.</p>	<p>You pay nothing for opioid treatment services per visit.</p>
<p>Outpatient diagnostic tests and therapeutic services and supplies</p> <p>Pacemaker testing services</p>	<p>You pay a \$150 copay for pacemaker testing services per visit.</p>	<p>You pay nothing for pacemaker testing services per visit.</p>
<p>Outpatient substance abuse services</p>	<p>You pay a \$20 copay for outpatient substance abuse services per visit.</p>	<p>You pay nothing for this benefit.</p>
<p>Physician/Practitioner services</p> <p>Additional telehealth services</p>	<p>Additional telehealth services are <u>not</u> covered.</p>	<p>You pay nothing for additional telehealth services from a primary care provider per visit.</p> <p>You pay a \$20 copay for additional telehealth services from a specialist provider per visit.</p> <p>You pay a \$60 copay for additional telehealth services from an urgent care facility per visit.</p>
<p>Post discharge in-home medication reconciliation</p> <p>If you have any of the following chronic conditions: hypertension,</p>	<p>Post discharge in-home medication reconciliation is <u>not</u> covered.</p>	<p>You pay nothing for post discharge in-home medication reconciliation.</p>

Cost	2019 (this year)	2020 (next year)
congestive heart failure (CHF) or diabetes, have had a hospital admission, and are on 15 or more medications, you are eligible for this benefit by our HAP Pharmacy team.		
Psychiatric services	You pay a \$20 copay for psychiatric services per visit.	You pay nothing for psychiatric services per visit.
Pulmonary rehabilitation services	You pay a \$30 copay for pulmonary rehabilitation services per visit.	You nothing for pulmonary rehabilitation services per visit.
Skilled nursing facility (SNF) care	You pay a: \$0 copay for days 1-20 \$170.50 copay for days 21-100	You pay a: \$0 copay for days 1-20 \$178 copay for days 21-100
Supervised exercise therapy (SET) services	You pay a \$30 copay for supervised exercise therapy (SET) services per visit.	You pay nothing for supervised exercise therapy (SET) services per visit.
Visitor/Traveler benefit	In-network cost share applies for all plan covered services up to 6 months while visiting Florida.	In-network cost share applies for all plan covered services up to 6 months while visiting Florida, Arizona, Texas or out of the service area while in Michigan.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in *HAP Senior Plus Medical Only*

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Review and Compare Your Coverage Options.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, *Health Alliance Plan of Michigan* offers other Medicare health plans *and* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *HAP Senior Plus Medical Only*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *HAP Senior Plus*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program.

Michigan Medicare/Medicaid Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Michigan Medicare/Medicaid Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Michigan Medicare/Medicaid Assistance Program at (800) 803-7174. You can learn more about Michigan Medicare/Medicaid Assistance Program by visiting their website (<http://www.mmapinc.org>).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or

- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. The Michigan Drug Assistance Program, HIV Care Section, can be reached toll free at 888-826-6565.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call The Michigan Drug Assistance Program, HIV Care Section, can be reached toll free at 888-826-6565.

SECTION 7 Questions?

Section 7.1 – Getting Help from *HAP Senior Plus Medical Only*

Questions? We're here to help. Please call Customer Service at (800) 801-1770 for additional information. (TTY users should call 711). We are available for phone calls April 1st through September 30th: Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st: Seven days a week, 8 a.m. to 8 p.m. Calls to these numbers are free

Read your 2020 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for *HAP Senior Plus Medical Only (HMO)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.hap.org/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.hap.org/medicare. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2020*

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.



HAP Senior Plus Medical Only Customer Service

Method	Customer Service – Contact Information
CALL	(800) 801-1770. Calls to this number are free. Our normal business hours are: April 1 st through September 30 th Monday through Friday, 8 a.m. to 8 p.m.; October 1 st through March 31 st Seven days a week, 8 a.m. to 8 p.m.
TTY	711. Calls to this number are free. Our normal business hours are: April 1 st through September 30 th Monday through Friday, 8 a.m. to 8 p.m.; October 1 st through March 31 st Seven days a week, 8 a.m. to 8 p.m.
FAX	(313) 664-8400
WRITE	HAP Medicare Solutions, ATTN: Customer Service, 2850 West Grand Blvd, Detroit, MI 48202
WEBSITE	https://www.hap.org/medicare

Michigan Medicare/Medicaid Assistance Program

Michigan Medicare/Medicaid Assistance Program is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Method	Contact Information
CALL	(800) 803-7174
TTY	711. Calls to this number are free. Our normal business hours are: April 1 st through September 30 th Monday through Friday, 8 a.m. to 8 p.m.; October 1 st through March 31 st Seven days a week, 8 a.m. to 8 p.m.
WRITE	6105 West St. Joseph, Suite 204, Lansing, MI 48917-4850
WEBSITE	https://www.mmapinc.org

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