



# 2021

## Summary of Benefits HAP Senior Plus (HMO-POS)

Here's what  
you'll find inside.

- *A pre-enrollment checklist*
- *An outline of how Medicare works*
- *Our benefits*
- *Our plans*

## See how HAP is here for you.

For more than 25 years, we've been making Medicare as convenient as we can. When you have a question. When you have a problem. When you just need advice, we're here for you. Because as a Michigan-based company, we're not just near you... we know you. Every day, we're collaborating with doctors, hospitals and the community. And as one of the leading integrated health plans in the region, we're constantly finding new ways to coordinate your care and cut your costs.

Need help finding the right Medicare plan for your needs and budget?

We're here to help.

Call a licensed HAP Medicare sales representative at: (800) 868-3153 (TTY: 711).

Or, visit us online at [hap.org/medicare](http://hap.org/medicare).

## Here, offering more meaningful benefits

We make Medicare Advantage affordable... and valuable. Regardless of the plan you choose, you'll enjoy benefits and services beyond what you've come to expect.

### **Giving you dental, vision, hearing aid and over-the-counter allowance benefits.**

#### **DENTAL**

- \$0 copays for preventive care: 2 cleanings, 2 exams and bite-wing x-rays

#### **VISION**

- \$0 copays for routine exams
- \$125 allowance to help you pay for eyeglasses, frames and contact lenses every year  
Additional discounts may be offered on any balance over the allowance and on additional pairs of eyewear.

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

## **HEARING**

- \$0 copays for routine exams
- \$0 copays for evaluations and fittings
- Two hearing aids (one per ear) each year at a copay of \$689 to \$2,039 each depending on hearing aid selected

## **UP TO \$400/YEAR OTC ALLOWANCE**

- An allowance of up to \$300/year for over-the-counter items, depending on which plan you select, helps lower the costs on these items.

## **Putting your health first**

- Telehealth lets you see doctors 24/7 from a computer, tablet or smartphone
- Our preferred pharmacy network gives you the lowest price on prescriptions
- \$0 gym membership. The benefit on this plan provides a membership to Peerfit® Move, a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.
- You have a chance to buy additional dental coverage. See options on page 24.

## **Supporting you along your life journey**

- Coverage at any urgent care/emergency room, anywhere in the world\*
- Emergency travel assistance\*\*
- Identity theft protection, including credit and debit card surveillance and 24/7 fraud support services

\* Copayment is waived if admitted to hospital.

\*\* The Assist America program is valid whenever you travel 100 miles or more away from home or outside the U.S. for no longer than 90 days in a row. Assist America does not replace your HAP coverage. You are covered for urgent and emergency care based on your member contract.



# Pre-Enrollment Checklist HMO-POS

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:

**(800) 801-1770** for HAP Senior Plus HMO-POS plans

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)

## 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/resources](http://hap.org/resources) or call **(800) 801-1770 (TTY: 711)** for HAP Senior Plus HMO-POS.
- 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.

## Understanding Important Rules

- 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, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

## Scope of Sales

# Appointment Confirmation Form (For Agent Use Only)

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please indicate the type of product(s) you want the agent to discuss. (Refer to the following page for product type descriptions.)		
<input type="radio"/> Yes	<input type="radio"/> No	Stand-alone Medicare
<input type="radio"/> Yes	<input type="radio"/> No	Medicare Advantage Plans
<input type="radio"/> Yes	<input type="radio"/> No	Dental/Vision/Hearing Products
<input type="radio"/> Yes	<input type="radio"/> No	Medicare Supplement (Medigap) Products

**By signing the form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. **Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment status or enroll you in a Medicare plan.**

Beneficiary or Authorized Representative Signature and Signature Date	
Signature:	Signature Date:
If you are the Authorized Representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
Representative's Address:	Representative's Phone:
To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact:	
Agent's Signature:	
Plan(s) the agent represented during the meeting:	Date Appointment Completed:

**Scope of Appointment documentation is subject to CMS record retention requirements.**

## Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO)** – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

**Medicare Point of Service (HMO-POS) Plan** – A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals and providers outside of the network for an additional cost.

**Medicare Special Needs Plan (SNP)** – A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

## Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

## Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

# HAP Senior Plus (HMO-POS) Plans Summary of Benefits

**January 1, 2021 through December 31, 2021**

In this booklet, you'll find overviews of HAP Senior Plus (HMO-POS) plans, including benefits covered by each plan and costs members are responsible for. For a complete list of services covered, please call (800) 801-1770 (TTY: 711) and ask for an "Evidence of Coverage" publication.

## **Know your Medicare options and take time to compare plans.**

You have choices about how to receive your Medicare benefits. You can choose to:

1. Enroll in Original Medicare, a fee-for-service plan run by the Federal government. Learn more with the "Medicare & You" handbook. Call 1-800-MEDICARE (1-800-633-4227) or TTY: (877) 486-2048, 24 hours a day, 7 days a week, or visit <https://www.medicare.gov>.
2. Join a private Medicare health plan, such as a HAP Senior Plus (HMO-POS) plan. To learn more about these plans, it's best to gather information and compare benefits. You can start by asking each plan for a "Summary of Benefits" publication or by visiting Medicare Plan Finder at <https://www.medicare.gov>.

## Answers to Your Questions about HAP Senior Plus (HMO-POS)

**How can I contact HAP Senior Plus?**

### **CUSTOMER SERVICE**

(800) 801-1770 (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: [hap.org/medicare](http://hap.org/medicare)

### **SALES**

(800) 868-3153 (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)



### **Can anyone join HAP Senior Plus (HMO-POS)?**

You can join a HAP Senior Plus (HMO-POS) plan if you're eligible for Medicare Part A, enrolled in Medicare Part B and you live in our service area, which includes these Michigan counties: Arenac, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Midland, Monroe, Montcalm, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne.

### **As a HAP Senior Plus (HMO-POS) plan member, which doctors, hospitals and pharmacies can I use?**

With our HMO-POS plans, it's important to see providers in our network, or you risk being responsible for the cost. In most cases, drugs should be purchased from pharmacies in our network. There are limited exceptions, but drugs purchased at out-of-network pharmacies may cost you more.

Our network of providers includes the doctors and other health care professionals, hospitals and other health care facilities who are part of the Henry Ford Health System. Providers also include doctors and other health care professionals, hospitals and other health care facilities across our 30 counties. Please know that these networks can change at any time, and we'll let you know if the changes are relevant to you.

- View our provider and pharmacy directories at:  
**[hap.org/medicare/member-resources](http://hap.org/medicare/member-resources)**
- For a paper directory, please call one of these phone numbers:  
Current HAP Senior Plus HMO plans: (800) 801-1770 (TTY: 711)  
Prospective members: (800) 868-3153 (TTY: 711)

Out-of-network/noncontracted providers are under no obligation to treat HAP Medicare Advantage members, except in emergency situations. 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.

# Here, simplifying Medicare

We make Medicare easy to understand, so you can make the most of it.

**Parts A and B, or “Original Medicare,” are offered by the government.**

**PART A HELPS COVER:**

- Hospital stays
- Nursing facilities
- Hospice
- Some home health care

**PART B HELPS COVER:**

- Doctor visits
- Preventive care
- Other medical services

**Part C, or “Medicare Advantage,” is provided by health insurance companies (like HAP).**

For your convenience, we offer all the coverage you can expect from Part A and Part B, plus additional benefits.

**Part D provides coverage for prescription drugs. It’s offered by health insurance companies.**

Many Medicare Advantage plans combine Parts A, B and D into one plan.

With Original Medicare, you’ll pay 20% of all covered costs with no out-of-pocket maximum. With Medicare Advantage, you’ll have fixed cost copays with an out-of-pocket maximum. That means once you spend a certain amount of money, your plan will pay 100% of the cost of services it covers... so you could have significant savings.

## Here, with HMO-POS plans

At HAP, HMO-POS plan coverage comes with affordable premiums and copays, so you can easily manage your health care costs. HAP Senior Plus (HMO-POS) offers the option to seek care outside of the plan’s wide network. However, you’ll save money by staying in the network and using any of the doctors, specialists and contracted hospitals within the 30-county Michigan area.

- Low copays for primary care visits with select plans
- \$0 deductibles for all covered prescription drugs
- \$0 copays for Tier 1 preferred generic prescription drugs\*

After enrolling in an HMO-POS plan, you’ll select a primary care physician from our established network of providers. (Chances are, your current doctor and hospital are already part of it.) They’ll partner with you to manage your health and wellness, coordinating all the in-network primary and specialty care you need. Our HAP Senior Plus Provider Directory has more details about which doctors are included in our networks and participate in each plan.\*\*

If you’re interested in an HMO or PPO plan, please contact us at (800) 868-3153 (TTY: 711).

You may be eligible to enroll if you are entitled to Medicare benefits under Part A, enrolled in Part B and reside in the HAP service area.

\* \$0 copay applies for Tier 1 preferred generic prescriptions from preferred pharmacies only. A \$6 copay will apply if a non-preferred pharmacy is used.

Visit [hap.org/Medicare](http://hap.org/Medicare) for a list of our preferred pharmacies.

\*\* The pharmacy network and/or provider networks may change at any time.

You will receive notice when necessary.

## Here are five easy ways to enroll:

**1.** Enroll online at [hap.org/medicare](http://hap.org/medicare).

**2.** Call a licensed HAP Medicare sales representative at (800) 868-3153 (TTY: 711).

Oct. 1 – March 31: 8 a.m. to 8 p.m., seven days a week

April 1 – Sept. 30: 8 a.m. to 8 p.m., Monday through Friday

**3.** Come to a FREE HAP Medicare seminar/webinar where you can talk with other Medicare beneficiaries.

- A licensed HAP Medicare sales team member will be present with information and applications.
- To find dates and locations near you, call us at (800) 449-1515 (TTY: 711)
- For accommodation of persons with special needs, call (800) 449-1515 (TTY: 711)

**4.** Complete and mail your enrollment form to:

Health Alliance Plan  
Attn: Medicare Sales  
2850 West Grand Boulevard  
Detroit, MI 48202

**5.** Enroll online at [Medicare.gov](http://Medicare.gov) (through the Centers for Medicare & Medicaid Services Online Enrollment Center).

# Monthly Premium, Deductibles and Coverage Limits for HAP Senior Plus (HMO-POS) plans

## Monthly premium

(In addition to your Medicare Part B premium)

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## Yearly medical deductible

For some in-network hospital and medical services.

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## Yearly deductible for Part D prescription drugs

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## Maximum, yearly out-of-pocket costs

Like all Medicare plans, our plans limit your total out-of-pocket costs for medical and hospital care each year.

*NOTE: If you reach the limit on out-of-pocket costs, we pay the full cost of your hospital and medical services for the rest of the year. You are required to continue paying your monthly premiums. For plans 021 and 022, you are also required to continue paying cost-sharing for Part D prescription drugs.*

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## Coverage limits

<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
<b>\$85</b>	<b>\$190</b>
<b>\$100 in-network only</b>	<b>\$0 in-network only</b>
<b>\$0/year</b>	<b>\$0/year</b>
<b>\$4,200 for services from any provider</b>	<b>\$4,000 for services from any provider</b>
<p>There are coverage limits every year for some in-network benefits. Please contact HAP for details.</p>	

## **Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans**

### **Hospital services (May require prior authorization.)**

#### **Inpatient hospital care**

Our plans cover an unlimited number of days for an inpatient hospital stay.

There is no cost to you for additional days (after 90 days) not normally covered under Original Medicare.

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#### **Outpatient hospital services**

Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury.

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#### **Ambulatory surgical center**

<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
<p><b>In-network:</b>  Days 1-7: \$160 copay/day  Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b>  20% of cost/stay</p>	<p><b>In-network:</b>  Days 1-7: \$135 copay/day  Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b>  20% of cost/stay</p>
Yearly point-of-service benefit limit:	
\$1,000/year	\$1,000/year
\$160 copay	\$110 copay
<p><b>In-network:</b>  \$75</p>	<p><b>In-network:</b>  \$50</p>

Summary of Benefits January 1, 2021 – December 31, 2021

# Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans

## Doctor's office visits

### Primary care physician visits

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### Specialist visits

May require a referral from your primary care physician.

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<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
<p><b>In-network:</b> \$15 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$10 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>
<p><b>In-network:</b> \$35 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$30 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>
<p>Yearly point-of-service benefit limit for all primary and specialist visits:</p>	
\$1,000/year	\$1,000/year

## Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans

### Preventive care

#### Preventive care

Our plans cover many preventive services, including:

- Abdominal aortic aneurysm ultrasound screening
- Alcohol misuse counseling
- Barium enemas
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screening tests
- Diabetes self-management training
- Digital rectal exams
- EKG following welcome visit
- Hepatitis C virus screening
- HIV screening
- Lung cancer screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Smoking cessation services
- Vaccines, including flu, Hepatitis B and pneumococcal shots
- One Welcome to Medicare preventive visit
- Yearly wellness visit

Additional preventive services approved by Medicare during the contract year will be covered.

If you receive services beyond this, cost-sharing will apply.

## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)

Option 2 (Plan 022)

30 counties

30 counties

**In-network:**  
\$0 copay for services  
fully covered by Medicare

**Point-of-service:**  
20% of cost

**In-network:**  
\$0 copay for services  
fully covered by Medicare

**Point-of-service:**  
20% of cost

Yearly point-of-service benefit limit:

\$1,000/year

\$1,000/year

## **Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans**

In addition to Medicare-covered services received within the United States, we cover emergency/urgent care services outside the United States.

### **Worldwide emergency care**

#### **Worldwide emergency care**

If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section for other costs.

### **Urgently needed services**

#### **Urgently needed services, worldwide coverage**

## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)

Option 2 (Plan 022)

30 counties

30 counties

\$90 copay

\$90 copay

\$65 copay

\$65 copay

Medical & Hospital

Summary of Benefits January 1, 2021 – December 31, 2021

## **Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans**

Cost may vary based on place of service.

*NOTE: An additional cost for physician or professional services may apply if you receive services that have a cost-sharing amount during the same visit.*

**Diagnostic tests & radiology** (May require prior authorization and a referral from

**Hi-tech diagnostic radiology services**, such as CTs and MRIs

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**Diagnostic tests & procedures**

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**Lab services**

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**Outpatient X-rays**

(copays for routine X-rays)

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**Therapeutic radiology services**, such as radiation treatment for cancer

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## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)

Option 2 (Plan 022)

30 counties

30 counties

your doctor.)

**In-network:**  
\$0-\$200 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$0-\$150 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$0-\$150 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$0-\$100 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$0 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$0 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$35 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$0 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$35 copay  
**Point-of-service:**  
20% of cost

**In-network:**  
\$30 copay  
**Point-of-service:**  
20% of cost

Yearly point-of-service benefit limit for all diagnostic tests & radiology services:

\$1,000/year

\$1,000/year

# Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans

No prior authorization or referrals needed.

## Hearing services

**Medicare-covered diagnostic hearing and balance evaluation  
from a PCP or specialty care provider**

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**Annual routine hearing exam from a NationsHearing provider**

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## Hearing aids

Must obtain hearing aids from a NationsHearing provider

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**Hearing aid evaluation and fitting exam per hearing aid from  
a NationsHearing provider**



<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
<b>\$15/\$35 copay</b>	<b>\$10/\$30 copay</b>
<b>\$0 copay/exam; 1/calendar year</b>	<b>\$0 copay/exam; 1/calendar year</b>
<b>\$689 to \$2,039 copay per hearing aid depending on hearing aid selected; 1 hearing aid per ear/calendar year</b>	<b>\$689 to \$2,039 copay per hearing aid depending on hearing aid selected; 1 hearing aid per ear/calendar year</b>
<b>\$0 copay/exam; 1/calendar year</b>	<b>\$0 copay/exam; 1/calendar year</b>

# Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans

No prior authorization or referrals needed.

## Dental services

**Preventive services: 2 oral exams, 2 prophylaxis (cleanings),  
1 set of bitewing X-rays/calendar year**

**Medicare-covered comprehensive dental services from a  
PCP or specialty care provider**

## Optional Dental Plans (Can be purchased separately)

These optional dental plans can be purchased\* with any HAP Medicare Advantage (HMO-POS) plan. Services must be provided by a Delta Dental Medicare Advantage Premier participating provider in Michigan, Indiana or Ohio.

**Plan 1 – Delta 25**

**Monthly premium\***  
\$19/month

**Plan 2 – Delta 50**

\$21/month

**Plan 3 – Delta 70**

\$40.80/month

\* In addition to your Medicare Part B and monthly premium.

<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
\$0 copay, no benefit max	\$0 copay, no benefit max
\$15/\$35 copay	\$10/\$30 copay

<b>Yearly deductible</b>	<b>Maximum yearly benefit</b>	<b>Plan coverage</b>
\$0/year	\$2,500	Basic services: 25% Diagnostic & preventive services: 100% Major services: 25%
\$0/year	\$800	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
\$0/year	\$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%

## **Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans**

No prior authorization or referrals needed.

### **Vision services**

#### **Medicare-covered preventive/diagnostic eye exams from a PCP or specialty care provider**

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##### **Routine eye exam**

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##### **Supplemental eyewear**

Includes contact lenses, eyeglasses (lenses and frames) and individual eyeglass lenses and frames. Additional discounts may be offered on any balance over the allowance and on additional pairs of eyewear.

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##### **Medicare-covered eyewear**

Following cataract surgery

<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
\$15/\$35 copay	\$10/\$30 copay
\$0 copay/exam; 1/calendar year	\$0 copay/exam; 1/calendar year
\$125/calendar year	\$125/calendar year
\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses	\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses

## Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans

### Mental health services (May require prior authorization.)

#### Inpatient visits (to psychiatric hospitals)

Please note:

- Members pay inpatient copays each benefit period.
  - A **benefit period** begins the day you go into a psychiatric hospital. The benefit period ends when you haven't received any inpatient services in a psychiatric hospital for 60 days in a row.
  - There is a **lifetime limit of 190 days** for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.
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<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
<p><b>In-network:</b>  Days 1-7: \$160 copay/day  Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b>  20% of cost/stay</p>	<p><b>In-network:</b>  Days 1-7: \$135 copay/day  Days 8-90: \$0 copay</p> <p><b>Point-of-service:</b>  20% of cost/stay</p>
<b>Yearly point-of-service benefit limit for all mental health services:</b>	
<b>\$1,000/year</b>	<b>\$1,000/year</b>

## **Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans**

### **Skilled nursing facility (SNF) care (May require prior authorization.)**

#### **SNF care**

Our plan covers up to 100 days per benefit period.

Members pay a daily copay each benefit period. A benefit period begins the day you enter an SNF and ends when you haven't received care in a SNF nursing facility for 60 consecutive days.

### **Outpatient rehabilitation (May require prior authorization.)**

#### **Cardiac rehabilitation**

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#### **Pulmonary rehabilitation**

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#### **Occupational therapy, physical therapy, and language and speech therapy**



<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
<p><b>In-network:</b> Days 1-20: \$0 copay</p> <p>Days 21-100: \$184 copay/day</p> <p><b>Point-of-service:</b> 20% of cost/stay</p>	<p><b>In-network:</b> Days 1-20: \$0 copay</p> <p>Days 21-100: \$184 copay/day</p> <p><b>Point-of-service:</b> 20% of cost/stay</p>
Yearly point-of-service benefit limit:	
\$1,000/year	\$1,000/year
<p><b>In-network:</b> \$25 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$20 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>
<p><b>In-network:</b> \$15 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$10 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>
<p><b>In-network:</b> \$15 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$10 copay</p> <p><b>Point-of-service:</b> 20% of cost</p>
Yearly point-of-service benefit limit for all outpatient rehabilitation services:	
\$1,000/year	\$1,000/year

# Covered Medical and Hospital Benefits for HAP Senior Plus (HMO-POS) plans

## Ambulance (Prior authorization required for non-emergencies.)

### **Ambulance**

Includes ground, air and worldwide

## Transportation

### **Transportation**

## Drugs covered under Medicare Part B (May require prior authorization.)

### **Medicare Part B prescription drugs**

Part B drugs may be subject to step therapy requirements.

<b>HAP Senior Plus (HMO-POS)</b>	
<b>Option 1 (Plan 021)</b>	<b>Option 2 (Plan 022)</b>
<b>30 counties</b>	<b>30 counties</b>
<p><b>In-network:</b> \$225 copay/transport</p> <p><b>Point-of-service:</b> 20% of cost</p>	<p><b>In-network:</b> \$200 copay/transport</p> <p><b>Point-of-service:</b> 20% of cost</p>
Yearly point-of-service benefit limit:	
\$1,000/year	\$1,000/year
Not covered	Not covered
<p><b>In-network (depending on drug) and point-of-service:</b> 20% of cost</p> <p>You may use your point-of-service benefit to purchase Part B drugs out-of-network.</p>	<p><b>In-network (depending on drug) and point-of-service:</b> 20% of cost</p> <p>You may use your point-of-service benefit to purchase Part B drugs out-of-network.</p>
Yearly point-of-service benefit limit:	
\$1,000/year	\$1,000/year

# Save on Your Prescriptions

## Medicare Advantage Part D prescription drug coverage

With HAP prescription drug coverage, our goal is to make sure you get the highest quality medications at the lowest possible cost. We help make it easy with services like home delivery, medication management and easy online access to prescription information.

## Savings at preferred pharmacies

During the initial coverage phase of your Part D benefit, HAP's preferred pharmacies offer lower copays. Prescriptions must be filled at HAP-contracted pharmacies. We have many preferred pharmacies in our network, including large national chains. Pharmacies will be listed as either "preferred" or "standard" in HAP's pharmacy directory. To find a pharmacy, go to [hap.org/pharmacy](http://hap.org/pharmacy). Or call the Customer Service number on your member ID card.

## Part D coverage stages

Each year, you have four stages of coverage under Medicare Part D. These stages are set by Medicare. Which stage you are in depends on how much you have paid for your prescriptions.

Stage	Begins	Your drug costs	Ends
<b>Stage 1 Yearly deductible</b>	HAP Medicare Advantage plans have no deductible, so you won't begin in this stage.		
<b>Stage 2 Initial coverage</b>	When you fill your first prescription of the year	You pay a copay or coinsurance depending on the drug tier and the pharmacy.	You are in this stage until your year-to-date total drug costs (your payments plus any Part D plan's payments) total \$4,130.
<b>Stage 3 Coverage gap or "donut hole"</b>	After you reach total drug costs of \$4,130	During this stage, you pay 25% of the price for brand-name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.	You are in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$6,550.
<b>Stage 4 Catastrophic coverage</b>	After your year-to-date out-of-pocket costs reach \$6,550	You are responsible for 5% of the total cost of prescriptions.	Until the end of the year.

## Coverage in the “donut hole”

HAP Medicare Advantage offers plans with a range of choices to help you through the stage 3 coverage gap, also known as the “donut hole.”

## Copay tiers

Copay tiers determine how much you’ll pay out-of-pocket for your medication.

Tier	Drug type	Description	Copay level
<b>Tier 1</b>	Preferred generic	Generic drugs with the same active ingredients and strength as brand-name drugs	Lowest cost-sharing tier
<b>Tier 2</b>	Generic	Generic drugs not in the preferred generics tier and some brand drugs	Higher copay than preferred generic
<b>Tier 3</b>	Preferred brand	Brand-name drugs that meet HAP’s quality, safety and cost standards; are consistent with our benefit, referral and practice policies	Lowest cost nongeneric tier
<b>Tier 4</b>	Nonpreferred drugs	Brand-name drugs not in the preferred brand tier and some generic drugs	Higher copay than preferred brand
<b>Tier 5</b>	Specialty	Used to treat complex and chronic illnesses. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP.	These drugs are high cost and unique. They exceed a monthly cost established by the Centers for Medicare & Medicaid Services.
<b>Tier 6</b>	Select Care Drugs	Most preventive vaccines	These vaccines are at a \$0 cost share.

## Coverage requirements and limits

HAP has a list of covered drugs, also known as a formulary. You can find the Medicare formulary at [hap.org/prescriptions](http://hap.org/prescriptions).

Some covered drugs have requirements or limits. These requirements are listed on the formulary and may include:

- **Prior authorization:** For some drugs, you’ll need to get approval from HAP before your prescription is filled.
- **Step therapy:** In some cases, HAP may require you to first try a certain drug to treat your condition before another drug is covered.
- **Quantity limits:** Certain drugs have quantity limits.

# Prescription Drug Benefits

## for HAP Senior Plus (HMO-POS) plans

**Preferred retail network, standard retail and cost-sharing for Medicare Part D prescription drugs**

### Stage 1: Initial coverage

	1-month supply
<b>Tier 1: Preferred generics</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 2: Generics</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 3: Preferred brand</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 4: Non-preferred drugs</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 5: Specialty drugs</b>	1-month supply
<b>Tier 6: Select Care Drugs (Most preventive vaccines)</b>	1-month supply

<b>HAP Senior Plus (HMO-POS)</b>				
<b>Option 1 (Plan 021)</b>			<b>Option 2 (Plan 022)</b>	
<b>30 counties</b>			<b>30 counties</b>	
	<b>Preferred network</b>	<b>Standard network</b>	<b>Preferred network</b>	<b>Standard network</b>
	\$0 copay	\$6 copay	\$0 copay	\$6 copay
	\$0 copay	\$12 copay	\$0 copay	\$12 copay
	\$0 copay	\$15 copay	\$0 copay	\$15 copay
	\$10 copay	\$15 copay	\$10 copay	\$15 copay
	\$20 copay	\$30 copay	\$20 copay	\$30 copay
	\$25 copay	\$37.50 copay	\$25 copay	\$37.50 copay
	\$42 copay	\$47 copay	\$42 copay	\$47 copay
	\$84 copay	\$94 copay	\$84 copay	\$94 copay
	\$105 copay	\$117.50 copay	\$105 copay	\$117.50 copay
	48% of cost	50% of cost	48% of cost	50% of cost
	48% of cost	50% of cost	48% of cost	50% of cost
	48% of cost	50% of cost	48% of cost	50% of cost
	33% of cost	33% of cost	33% of cost	33% of cost
	\$0 copay	\$0 copay	\$0 copay	\$0 copay

# Prescription Drug Benefits

## for HAP Senior Plus (HMO-POS) plans

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug

### Stage 1: Initial coverage

<b>Cost-Sharing</b> Tier 1: Preferred generics	1-month supply
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<b>Cost-Sharing</b> Tier 2: Generics	1-month supply
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<b>Cost-Sharing</b> Tier 3: Preferred brand	1-month supply
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<b>Cost-Sharing</b> Tier 4: Non-preferred drugs	1-month supply
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<b>Cost-Sharing</b> Tier 5: Specialty drugs	1-month supply
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<b>Cost-Sharing</b> Tier 6: Select Care Drugs (Most preventive vaccines)	1-month supply
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<b>HAP Senior Plus (HMO-POS)</b>			
<b>Option 1 (Plan 021)</b>		<b>Option 2 (Plan 022)</b>	
<b>30 counties</b>		<b>30 counties</b>	
<b>Preferred network</b>	<b>Standard network</b>	<b>Preferred network</b>	<b>Standard network</b>
\$0 copay	\$6 copay	\$0 copay	\$6 copay
\$10 copay	\$15 copay	\$10 copay	\$15 copay
\$42 copay	\$47 copay	\$42 copay	\$47 copay
48% of cost	50% of cost	48% of cost	50% of cost
33% of cost	33% of cost	33% of cost	33% of cost
\$0 copay	\$0 copay	\$0 copay	\$0 copay

# Prescription Drug Benefits

## for HAP Senior Plus (HMO-POS) plans

Your share of the cost when you get a long-term supply of a covered Part D prescription drug through mail order

### Stage 1: Initial coverage

	1-month supply
<b>Tier 1: Preferred generics</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 2: Generics</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 3: Preferred brand</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 4: Non-preferred drugs</b>	2-month supply
	3-month supply
	1-month supply
<b>Tier 5: Specialty drugs</b>	1-month supply
<b>Tier 6: Select Care Drugs (Most preventive vaccines)</b>	1-month supply

<b>HAP Senior Plus (HMO-POS)</b>				
<b>Option 1 (Plan 021)</b>			<b>Option 2 (Plan 022)</b>	
<b>30 counties</b>			<b>30 counties</b>	
	<b>Preferred network</b>	<b>Standard network</b>	<b>Preferred network</b>	<b>Standard network</b>
	\$0 copay	\$6 copay	\$0 copay	\$6 copay
	\$0 copay	\$12 copay	\$0 copay	\$12 copay
	\$0 copay	\$15 copay	\$0 copay	\$15 copay
	\$10 copay	\$15 copay	\$10 copay	\$15 copay
	\$20 copay	\$30 copay	\$20 copay	\$30 copay
	\$0 copay	\$37.50 copay	\$0 copay	\$37.50 copay
	\$42 copay	\$47 copay	\$42 copay	\$47 copay
	\$84 copay	\$94 copay	\$84 copay	\$94 copay
	\$105 copay	\$117.50 copay	\$105 copay	\$117.50 copay
	48% of cost	50% of cost	48% of cost	50% of cost
	48% of cost	50% of cost	48% of cost	50% of cost
	48% of cost	50% of cost	48% of cost	50% of cost
	33% of cost	33% of cost	33% of cost	33% of cost
	\$0 copay	\$0 copay	\$0 copay	\$0 copay

## **Prescription Drug Benefits for HAP Senior Plus (HMO-POS) plans**

### **Stage 2: Coverage gap**

Begins after yearly drug cost (including what our plan and you have paid) reaches \$4,130 and ends when your out-of-pocket cost reaches \$6,550

### **Stage 3: Catastrophic coverage**

Applies after your yearly out-of-pocket drug costs (including those purchased via retail and mail order) reach \$6,550

## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)

Option 2 (Plan 022)

30 counties

30 counties

**Covered brand-name drugs:**

25% of plan cost

**Covered generic drugs:**

25% of plan cost

**Covered brand-name drugs:**

25% of plan cost

**Covered generic drugs:**

25% of plan cost

\$3.70 copay for generic drugs (including brand-name drugs treated as a generic) and a \$9.20 copay for all other drugs, or 5% of the cost, whichever is greater

## **Additional Covered Benefits for HAP Senior Plus (HMO-POS) plans**

### **Acupuncture**

#### **Acupuncture**

**Chiropractic care** (May require a referral from your doctor.)

#### **Chiropractic care**

Covers only manipulation of spine to move bones back into position

### **Diabetes management**

#### **Monitoring supplies & therapeutic shoes or inserts**

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#### **Self-management training**

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## HAP Senior Plus (HMO-POS)

### Option 1 (Plan 021)

### Option 2 (Plan 022)

30 counties

30 counties

\$15-\$35

\$10-\$30

**In-network:**

\$20 copay

**Point-of-service:**

20% of cost

**In-network:**

\$20 copay

**Point-of-service:**

20% of cost

Yearly point-of-service benefit limit:

\$1,000/year

\$1,000/year

**In-network:**

\$0-20% copay

**Point-of-service:**

20% of cost

**In-network:**

\$0-20%

**Point-of-service:**

20% of cost

**In-network:**

\$0 copay

**Point-of-service:**

20% of cost

**In-network:**

\$0 copay

**Point-of-service:**

20% of cost

Yearly point-of-service benefit limit for all diabetes management services:

\$1,000/year

\$1,000/year

## **Additional Covered Benefits for HAP Senior Plus (HMO-POS) plans**

### **Durable medical equipment**

**Durable medical equipment**, such as wheelchairs, oxygen, etc.

### **Foot care/podiatry services (May require a referral from your doctor.)**

**Foot exams and treatment for diabetes-related services**

### **Home health care**

**Home health care**



## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)	Option 2 (Plan 022)
<b>30 counties</b>	<b>30 counties</b>
<b>In-network:</b> 20% of cost  <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> 20% of cost  <b>Point-of-service:</b> 20% of cost
Yearly point-of-service benefit limit:	
\$1,000/year	\$1,000/year
<b>In-network:</b> \$0-\$35 copay (\$0 condition specific for Diabetes)  <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$0-\$30 copay (\$0 condition specific for Diabetes)  <b>Point-of-service:</b> 20% of cost
Yearly point-of-service benefit limit for foot care/podiatry services:	
\$1,000/year	\$1,000/year
<b>In-network:</b> \$0 copay  <b>Point-of-service:</b> 20% of cost	<b>In-network:</b> \$0 copay  <b>Point-of-service:</b> 20% of cost
Yearly point-of-service benefit limit:	
\$1,000/year	\$1,000/year

## **Additional Covered Benefits for HAP Senior Plus (HMO-POS) plans**

### **Hospice**

### **Hospice**

**Inpatient mental health care** (See “Mental health services” on page 30.)

**Outpatient substance abuse** (May require prior authorization.)

### **Outpatient substance abuse**

Group or individual therapy visit

**Outpatient surgery** (May require prior authorization and referral from your doctor.)

### **Outpatient hospital**

## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)

Option 2 (Plan 022)

30 counties

30 counties

Medicare-certified hospice is paid for by Original Medicare, with the exception of some drugs. Please contact HAP for details.

**In-network:**

\$15 copay

**Point-of-service:**

20% of cost

**In-network:**

\$10 copay

**Point-of-service:**

20% of cost

Yearly point-of-service benefit limit:

\$1,000/year

\$1,000/year

**In-network:**

\$160 copay

**Point-of-service:**

20% of cost

**In-network:**

\$110 copay

**Point-of-service:**

20% of cost

Yearly point-of-service benefit limit for all outpatient surgery services:

\$1,000/year

\$1,000/year

## **Additional Covered Benefits for HAP Senior Plus (HMO-POS) plans**

### **Over-the-counter items**

#### **Over-the-counter items**

**Prosthetic devices and related medical supplies** (May require prior authorization.)

**Prosthetic devices and related medical supplies,**  
such as braces, artificial limbs, etc.

**Renal dialysis** (May require prior authorization and referral from your doctor.)

#### **Renal dialysis**

Renal dialysis and self-dialysis, and dialysis at a treatment network facility

## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)

Option 2 (Plan 022)

30 counties

30 counties

\$75 allowance/quarter

\$75 allowance/quarter

**In-network:**  
20% coinsurance  
**Point-of-service:**  
20% of cost

**In-network:**  
20% coinsurance  
**Point-of-service:**  
20% of cost

Yearly point-of-service benefit limit:

\$1,000/year

\$1,000/year

**In-network:**  
20% coinsurance  
**Point-of-service:**  
20% of cost

**In-network:**  
20% coinsurance  
**Point-of-service:**  
20% of cost

Yearly point-of-service benefit limit for all renal and dialysis services:

\$1,000/year

\$1,000/year

## **Additional Covered Benefits for HAP Senior Plus (HMO-POS) plans**

### **Telemedicine**

#### **Telehealth services**

Via computer, tablet or smartphone provided through a HAP network provider or urgent care center

### **Wellness & fitness programs**

#### **\$0 gym membership at participating fitness facilities**

The benefit on this plan provides a membership to Peerfit® Move, a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.

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#### **Nutritional counseling with a registered dietitian**

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#### **Select doctor-supervised weight-loss programs**

(when specific criteria are met)

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#### **Health risk assessment, and healthy recipes and tips for healthy eating**

## HAP Senior Plus (HMO-POS)

Option 1 (Plan 021)

Option 2 (Plan 022)

30 counties

30 counties

\$0-\$65  
(\$0 condition specific for diabetes by podiatrist)

\$0-\$65  
(\$0 condition specific for diabetes by podiatrist)

\$0/year

\$0/year

\$0 copay

\$0 copay

\$0 copay

\$0 copay

All free at [hap.org](http://hap.org)

Additional Benefits

# Notice of Privacy Practices

This notice describes how protected health information that is about you may be used and disclosed and how you gain access to this information.

## HAP

**Alliance Health and Life Insurance Company®**

**HAP Empowered Health Plan, Inc.**

Effective Oct. 1, 2018

## Your protected health information

PHI stands for protected health information. PHI is information that can be used to identify you—such as your name, demographic data and member ID number. This information can relate to your past, present or future:

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

Our privacy policies cover protection of your PHI whether it's oral, written or electronic.

To give HAP permission to release personal health information those you approve, complete our authorization form. The form is available online at [hap.org/privacy](http://hap.org/privacy).

## Important information about privacy

Safeguarding the privacy of your protected health information is important to HAP. We're required by law to protect the privacy of your PHI and to provide you with notice of our legal duties and privacy practices. This notice does that. It explains how we use information about you and when we can share that information with others. It also tells you about your rights related to your PHI and 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, including Alliance Health and Life Insurance Company and HAP Empowered Health Plan, Inc.

## How we protect your PHI

We protect your PHI – whether it's written, spoken or in electronic form. We require employees and others who handle your information to follow specific confidentiality and technology usage policies. When they begin working for HAP, all employees and contractors must acknowledge that they have reviewed HAP's policies and that they will protect your PHI even after they leave HAP. An employee or contractor's use of protected health information is limited to the minimum amount of information necessary to perform a legitimate job function. Employees and contractors are also required to comply with this privacy notice and may not use or disclose your information except as described in this notice.



## Using and disclosing PHI

These next sections describe how HAP uses and shares your health information. Keep in mind that we share your information only with those who have a “need to know” in order to perform these tasks.

### **Treatment**

We may share your PHI with your doctors, hospitals or other providers to help them provide medical care to you. For example, if you're in the hospital, we may give them access to any medical records sent to us by your doctor.

We may use or share your PHI with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.

### **Payment**

We may use or share your PHI to help us determine who is financially responsible for your medical bills. We may also use or share your PHI to conduct other payment activities, such as:

- Obtaining premium payments
- Determining eligibility for benefits
- Coordinating benefits with other insurance you may have

### **Operations**

As permitted by law, we share your PHI with:

- Affiliated companies as permitted by law
- Nonaffiliated third parties with whom we contract to help us operate HAP
- Others who are involved in providing or paying for your health care services

We may also share your information with others who help us conduct our business operations. If we do, we will require these individuals or entities to protect the privacy and security of your information and to return or destroy the information when it's no longer needed for our business operations.

Related HAP business activities include:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation.
- Performing outcome assessments and analysis of health claims.
- Preventing, detecting and investigating fraud and abuse.
- Underwriting, rating and reinsurance activities. But, we are prohibited from using or disclosing any genetic information for underwriting purposes.
- Coordinating case and disease management activities.
- Communicating with you about treatment alternatives or other health-related benefits and services.
- Performing business management and other general administrative activities, including systems management and customer service.

We may also disclose your PHI to other providers and health plans that have a relationship with you for certain health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

Other operational uses and disclosures that are permitted or required:

- For certain types of public health or disaster relief efforts.
- To give you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about smoking cessation or weight-loss programs.
- To give you reminders relating to your health, such as a reminder to refill a prescription or to schedule recommended health screenings.
- For research purposes. For example, a research organization that wishes to compare outcomes of all patients who receive a particular drug and must review a series of medical records. In all cases in which your specific authorization hasn't been obtained, your privacy will be protected by strict confidentiality requirements applied by an institutional review board or a privacy board that oversees the research or by representations of the researchers that limit their use and disclosure.
- To report information to state and federal agencies that regulate HAP and its subsidiaries, such as the U.S. Department of Health and Human Services, the Michigan Department of Insurance and Financial Services, the Michigan Department of Health and Human Services and the federal Centers for Medicare and Medicaid Services.
- When needed by the employer or plan sponsor to administer your health benefit plan.
- For certain Food and Drug Administration investigations, such as investigations of harmful events, product defects or for product recalls.
- For public health activities if we believe there is a serious health or safety threat.
- For health oversight activities authorized by law.
- For court proceedings and law enforcement purposes.
- To a government authority regarding abuse, neglect or domestic violence.
- To a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also share member information with funeral directors to carry out their duties, as necessary.
- To comply with workers' compensation laws.
- For procurement, banking or transplantation of organs, eyes or tissue.
- When permitted, to be released to government agencies for protection of the U.S. president.

We must obtain your written permission to use or disclose your PHI if one of these reasons doesn't apply. If you give us written permission, then change your mind, you may cancel your written permission anytime. Cancellation of your permission will not apply to any information we've already disclosed.

We may ask you to complete a form when you make a request.

## **Other uses and disclosures of PHI**

- We may release your PHI to a friend, family member or other individual who is authorized by law to act on your behalf. For example, parents may obtain information about their children covered by HAP, even if the parent isn't covered by HAP.
- We may use or share your PHI with an employee benefit plan through which you receive health benefits. Generally, information will only be shared when it's needed by the employer or plan sponsor to administer your health benefit plan. Except for enrollment information or summary health information and as otherwise required by law, we will not share your PHI with an employer or plan sponsor unless the employer or plan sponsor has provided us with written assurances that the information will be kept confidential and won't be used for an improper purpose.
- We may give a limited amount of PHI to 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.
- We may use your PHI so that we can contact you, either by phone or by U.S. mail, to conduct surveys, such as our annual member satisfaction survey.
- In certain extraordinary circumstances, such as a medical emergency, we may release your PHI as necessary to a friend or family member who is involved in your care if we determine that the release of information is in your best interest. For example, if you have a medical emergency in a foreign country and are unable to contact us directly, we may speak with a friend or family member who is acting on your behalf.

## **Organized health care arrangement**

HAP and its affiliates covered by this Notice of Privacy Practices participate together with Henry Ford Health System and its listed affiliates in an organized health care arrangement. The goal is to improve the quality and efficient delivery of your health care and to participate in applicable quality measure programs, such as HEDIS.

The entities that comprise the HFHS organized health arrangement are:

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

The Henry Ford organized health care arrangement permits these separate legal entities, including HAP and its affiliates, to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the organized health care arrangement – unless otherwise limited by law, rule or regulation.

This list of entities may be updated to apply to new entities. You can access the most current list at [hap.org/privacy](http://hap.org/privacy) or call us at (800) 422-4641. When required, we will provide you with appropriate notice of purchase or affiliation in a revised Notice of Privacy Practices.

## Your rights

These are your rights with respect to your member information. If you would like to exercise any of these rights, contact us as described in the "Who to Contact" section at the end of this document.

- **You have the right to ask us to restrict how we use or disclose your PHI for treatment, payment or health care operations.** You also have the right to ask us to restrict PHI that we've been asked to give to family members or to others who are involved in your health care or payment for your health care. We are not required to agree to these additional restrictions. But if we do, we'll abide by them – except as needed for emergency treatment or as required by law – unless we notify you that we are terminating our agreement.
- **You have the right to ask that we send communications with PHI confidentially.** If you believe that you would be harmed if we send your PHI to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternate means. We can send it by fax or to an alternate address. We will try to accommodate reasonable requests.
- **You have the right to inspect and obtain a copy of PHI that we maintain about you.** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records used by or for us to make decisions about you. This includes our enrollment, payment, claims adjudication and case or medical management notes. If we deny your request for access, we'll tell you the basis for our decision and whether you have a right to further review. We may require you to complete a form to obtain this information and may charge you a fee for copies. We'll inform you in advance of any fee and provide you with an opportunity to withdraw or modify your request.
- **If you request and are given access to a set of records with PHI, you have the right to ask us to amend the PHI.** If we deny your request to amend them, we'll provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we'll make reasonable efforts to inform others of the amendment, including individuals you name. We require that the information you provide is accurate. We are unable to delete any part of a legal record, such as a claim submitted by your doctor.
- **You have the right to receive an accounting of certain disclosures of your PHI made by us during the six years prior to your request.** HAP is not required to provide you with an accounting of all disclosures we make. For example, we are not required to provide you with an accounting of PHI disclosed or used for treatment, payment and health care operations purposes – or information disclosed to you or pursuant to your authorization.
- **Your first accounting in any 12-month period is free.** However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We'll inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.
- **You have the right to be informed of any data breaches that compromise your PHI.** In the event of a breach of your unsecured PHI, we'll provide you with notification of such a breach as required by law or in cases in which we deem it appropriate.
- **You have a right to receive a paper copy of this notice upon request at any time.**

Your request to exercise these member rights may require a written request.

## Changes to the privacy statement

We reserve the right to make periodic changes to the contents of this notice. If we do make changes, the new notice will be effective for all PHI maintained by us. Once we make our revisions, we'll provide the new notice to you by U.S. mail and post it on our website.

## Who to contact

If you have any questions about this notice or about how we use or share member information, mail a written request to:

HAP and HAP Empowered Plan Information Privacy & Security Office  
One Ford Place, 2A  
Detroit, MI 48202

You may also call us at (800) 422-4641 (TTY: 711).

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Information Privacy & Security Office above or HAP's Compliance Hotline at (877) 746-2501. You can remain 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

Reviewed: November 2008, November 2009, October 2011

## 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

**Medicare** - (800) 801-1770

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 Associate Vice President Performance Improvement & Management. Use the information below:

- **Mail:** 2850 West Grand Boulevard, Detroit, Michigan 48202
- **Phone:** **General** - (800) 422-4641      **Medicare** - (800) 801-1770  
TTY: 711
- **Fax:** (313) 664-5866
- **Email:** [msweb1@hap.org](mailto:msweb1@hap.org)

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](http://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/](http://www.hhs.gov/ocr/filing-with-ocr/)

VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Për ndihmë të përgjithshme, telefononi numrin (800) 422-4641 (TTY: 711). Për ndihmë nga "Medicare", telefononi numrin (800) 801-1770 (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية مجانًا. للحصول على المساعدة العامة اتصل بالرقم 422-4641 (800) (خدمة الهاتف النصي: 711). للحصول على المساعدة المتعلقة بتغطية Medicare، اتصل بالرقم 801-1770 (800) (خدمة الهاتف النصي: 711).

নজর দিন: আপনি বাংলা ভাষায় কথা বললে, ভাষা সহায়তার পরিষেবা বিনামূল্যে আপনার জন্য উপলব্ধ। সধারণ সহায়তার জন্য (800) 422-4641(TTY: 711) নম্বরে ফোন করুন। Medicare সহায়তার জন্য (800) 801-1770 (TTY: 711) নম্বরে ফোন করুন।

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。如需一般援助，請致電 (800) 422-4641 或 TTY 用戶請致電 711。如需 Medicare 援助，請致電 (800) 801-1770 或 TTY 用戶請致電 711。

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Allgemeine Hilfe erhalten Sie unter der Rufnummer (800) 422-4641 (TTY: 711). Für Medicare-Unterstützung wenden Sie sich bitte an folgende Rufnummer: (800) 801-1770 (TTY : 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Per assistenza generica, chiamare il numero (800) 422-4641 (TTY: 711). Per assistenza Medicare, chiamare il numero (800) 801-1770 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。一般支援については、(800) 422-4641 まで (TTY ユーザーは 711 まで)、お電話にてご連絡ください。Medicare 支援については、(800) 801-1770 まで (TTY ユーザーは 711 まで)、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 일반 지원은 (800) 422-4641(TTY: 711)번으로 전화해 주십시오. Medicare 지원은 (800) 801-1770(TTY: 711)번으로 전화해 주십시오.

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (800) 422-4641 (TTY: 711) w celu uzyskania pomocy w sprawach ogólnych. W celu uzyskania wsparcia Medicare zadzwoń pod nr (800) 801-1770 (TTY: 711).

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. По вопросам получения общей помощи обращайтесь по номеру (800) 422-4641 (телетайп: 711). Обращайтесь в Medicare по номеру (800) 801-1770 (телетайп: 711).

NAPOMENA: Ako govorite hrvatski/srpski, dostupna Vam je besplatna podrška na Vašem jeziku. Za opću podršku nazovite na broj (800) 422-4641 (tekstualni telefon za osobe oštećena sluha: 711). Za podršku vezano za program Medicare nazovite na broj (800) 801-1770 (tekstualni telefon za osobe oštećena sluha: 711).

ATENCIÓN: si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Para obtener ayuda general, llame al (800) 422-4641 (los usuarios TTY deben llamar al 711). Para obtener ayuda de Medicare, llame al (800) 801-1770 (los usuarios TTY deben llamar al 711).

تذكير: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية مجانًا. للحصول على المساعدة العامة اتصل بالرقم 422-4641 (800) (خدمة الهاتف النصي: 711). للحصول على المساعدة المتعلقة بتغطية Medicare، اتصل بالرقم 801-1770 (800) (خدمة الهاتف النصي: 711).

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Para sa pangkalahatang tulong, tumawag sa (800) 422-4641 (TTY: 711). Para sa tulong sa Medicare, tumawag sa (800) 801-1770 (TTY: 711).

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Để được trợ giúp chung, hãy gọi (800) 422-4641 (TTY: 711). Để được trợ giúp về y tế (Medicare), hãy gọi (800) 801-1770 (TTY: 711).



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