2023

Summary of Benefits HAP Medicare Advantage PPO Plans

MEDICARE SOLUTIONS

HAP IS HERE

HAP Senior Plus (PPO)
HAP Medicare Flex (PPO)

See how HAP is here for you.

For more than 35 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're your neighbor. 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.

HAP Senior Plus (PPO) is a health plan with a Medicare contract. Enrollment depends on contract renewal. HAP Senior Plus (PPO) is a product of Alliance Health and Life Insurance Company, a wholly owned subsidiary of HAP.

Here's what you'll find inside:

- *An outline of how Medicare works*
- *Our benefits*
- *Our plans*

HAP Medicare Avantage (PPO) Plans
Summary of Benefits

January 1, 2023 through December 31, 2023

In this booklet, you'll find overviews of HAP Senior Plus (PPO) and HAP Medicare Flex (PPO) plans, including benefits covered by each plan and costs members are responsible for. For a copy of our Evidence of Coverage publication with a complete list of covered services call Customer Service at: (888) 658-2536 (TTY: 711).

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 (PPO) plan or HAP Medicare Flex (PPO) 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**.

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**.

Answers to your questions about Medicare Advantage plans.

How can I contact HAP Medicare Advantage?

CUSTOMER SERVICE

(888) 658-2536 (TTY: 711)

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

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

Or visit us online: **hap.org/medicare**

SALES

(800) 868-3153 (TTY: 711)

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

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

Can anyone join HAP Medicare Advantage (PPO)?

You can join a HAP Medicare Advantage (PPO) plan if you're eligible for Medicare Part A, enrolled in Medicare Part B and you live in our service area.

What does HAP Medicare Advantage (PPO) cover?

We cover everything Original Medicare covers – and more! With HAP, some benefits covered by Original Medicare cost more and some cost less. To see all the extra benefits you get with HAP Medicare Advantage (PPO), please see the section called "Additional Covered Benefits" in this publication.

All HAP Medicare Advantage (PPO) plans also cover Part D drugs, Part B drugs and some drugs administered by providers. View the list of Part D prescription drugs (our drug formulary) at **hap.org/resources**.

As a HAP Medicare Advantage (PPO) plan member, which doctors, hospitals and pharmacies can I use?

With our PPO plans, it's important to see providers in our network, or you risk being responsible for the out-of-network coinsurance. Our network of providers includes the doctors and other health care professionals, hospitals and other health care facilities across our service area. Routine care outside our service area may not be covered.

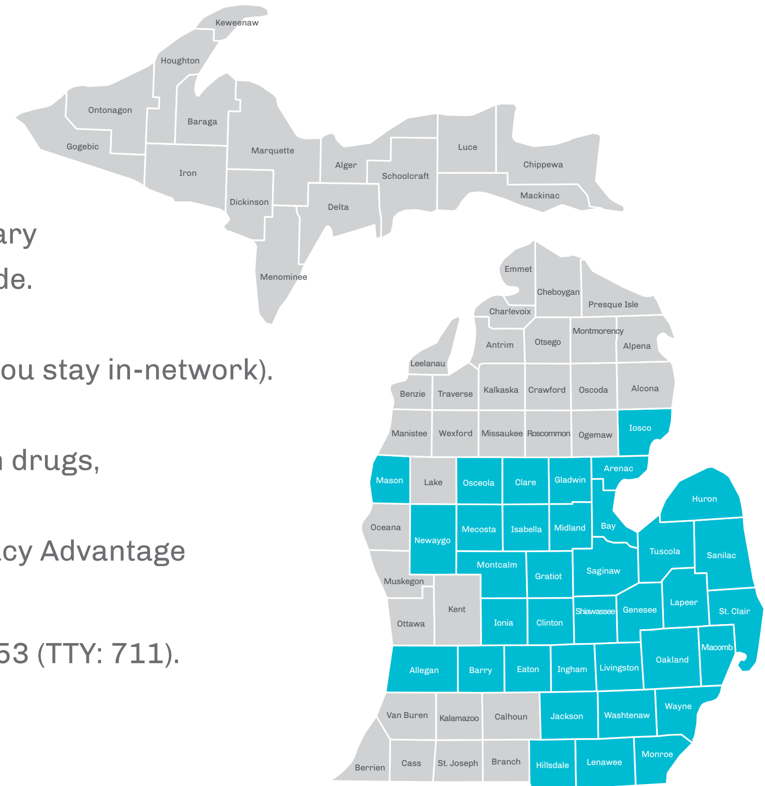
In most cases, drugs should be purchased from pharmacies in our network. There are limited exceptions, but drugs purchased at out-of-network pharmacies may cost you more. Costs may also differ based on pharmacy type (preferred or non-preferred), mail order, long-term care (LTC) or home infusion and 30- or 90-day supply.

Please note 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/resources
- For a paper directory, please call one of these phone numbers:
  Current members: (888) 658-2536 (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.

PPO $0 Premium Plans



Here, with PPO plans

At HAP, PPO plans are available starting at $0*/month. This coverage comes with flexibility, making it a good choice for members who travel frequently. With no primary care physician required, you have the freedom to see Medicare providers nationwide. No referral necessary.

- Seek care in- and out-of-network** (with reduced out-of-pocket costs when you stay in-network).
- $0 copays for in-network, Medicare-approved preventive services.
- Most PPO plans have a $0 deductible for medical and all covered prescription drugs, with the exception of Plan 014, which has a $505 deductible for Tiers 3-5.
- $0 copay for a 90-day supply of Tier 1 and Tier 2 drugs purchased at Pharmacy Advantage our preferred mail order pharmacy.

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

Available in 36 Counties

Allegan, Arenac, Barry, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Newaygo, Oakland, Osceola, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, and Wayne.

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

* You must continue to pay your Medicare Part B premium.

** Out-of-network/non-contracted providers are under no obligation to treat HAP Senior Plus PPO members and HAP Medicare Flex members, except in emergency situations. Please call our customer service number or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 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.

Monthly Premium, Deductibles and Coverage Limits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
Monthly premium (In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)	$0	$0
Yearly medical deductible For some out-of-network hospital and medical services	$0/year	
Yearly deductible for Part D prescription drugs	$0/year	$505/yearly Tier 3-5
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: Costs for services from in-network providers count toward your yearly limit. 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 all PPO plans you are also required to continue paying cost-sharing for Part D prescription drugs.*	$6,000 for services from in-network providers $7,500 for services from any provider. (Fees you pay for in-network service also count toward this total.)	$8,300 for services from in-network providers $12,450 for services from any provider. (Fees you pay for in-network service also count toward this total.)
Coverage limits	There are coverage limits every year for some benefits, regardless of whether you receive care in- or out-of-network. Please contact HAP for details.	

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
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.	**In-network:** Days 1-6: $310 copay/day Days 7-90: $0 copay **Out-of-network:** 40% of cost/stay	**In-network:** Days 1-6: $310 copay/day Days 7-90: $0 copay **Out-of-network:** 40% of cost/stay
Outpatient hospital services Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury.	**In-network:** $245 copay **Out-of-network:** 40% of cost	**In-network:** 20% of cost **Out-of-network:** 40% of cost
Outpatient substance abuse Group or individual therapy visit.	**In-network:** $0 copay **Out-of-network:** 40% of cost	
Outpatient surgery (May require prior authorization and referral from your doctor.)	**In-network:** $245 copay **Out-of-network:** 40% of cost	**In-network:** 20% of cost **Out-of-network:** 40% of cost
Ambulatory surgical center	**In-network:** $175 copay **Out-of-network:** 40% of cost	**In-network:** 20% of cost **Out-of-network:** 40% of cost

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
Primary care physician office visits		
Primary care physician visits	**In-network:** $0 copay **Out-of-network:** 40% of cost	**In-network:** $0 copay **Out-of-network:** 40% of cost
Specialist visits	**In-network:** $45 copay **Out-of-network:** 40% of cost	**In-network:** $40 copay **Out-of-network:** 40% of cost

Medical & Hospital

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
Preventive care		
Preventive care Our plans cover many preventive services, including:	**In-network:** $0 copay **Out-of-network:** 40% of cost	**In-network:** $0 copay **Out-of-network:** 40% of cost

- Abdominal aortic aneurysm ultrasound screening
- Alcohol misuse counseling
- Barium enemas
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular disease screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening (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 screening (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.

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
Worldwide emergency care/Urgently needed services		
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.	$90 **Yearly limit:** no limit	$95 **Yearly limit:** $50,000
Urgently needed services, worldwide coverage	$55 copay	$60 copay

Covered Medical and Hospital Benefits

Costs 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.*

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
Diagnostic tests & radiology (May require prior authorization.)		
Hi-tech diagnostic radiology services, such as CTs and MRIs and peripheral vascular disease ultrasounds	$0 Peripheral vascular disease ultrasounds $200 Hi-tech diagnostic radiology services, such as CTs and MRIs	$0 Peripheral vascular disease ultrasounds $310 Hi-tech diagnostic radiology services, such as CTs and MRIs
Diagnostic tests & procedures Lab services, pacemaker testing, allergy testing, bone density testing, surgical supplies (splints and casts included)	$0 copay	$0 copay
Other diagnostic tests (including genetic testing)	$180 copay	$260 copay
Ultrasounds and Outpatient X-rays (copays for routine X-rays)	**In-network:** $35 copay **Out-of-network:** 40% of cost	**In-network:** $40 copay **Out-of-network:** 40% of cost
Therapeutic radiology services, such as radiation treatment for cancer	**In-network:** $50 copay **Out-of-network:** 40% of cost	**In-network:** $65 copay **Out-of-network:** 40% of cost

Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (PPO)	HAP Medicare Flex (PPO)
	Option 1 (Plan 011)	(Plan 014)
	36 counties	
Hearing services		
Medicare-covered diagnostic hearing and balance evaluation from a PCP/Specialty Care provider	**In-network:** $0/$45 copay **Out-of-network:** 40% of cost	**In-network:** $0/$40 copay **Out-of-network:** 40% of cost
Annual routine hearing exam from a NationsBenefits provider	**In-network:** $0 copay/exam; 1/calendar year **Out-of-network:** Not covered	
Hearing aids Up to two (2) hearing aids per calendar year. Must obtain hearing aids from a NationsBenefits provider.	**Member Cost for One (1) Hearing Aid** Basic-$689 Prime-$989 Advanced-$1,539 Premium-$2,039	This plan offers a flex card allowance that can be used toward this benefit.
Hearing aid evaluation and fitting exam per hearing aid from a NationsBenefits provider	**In-network:** $0 copay/exam; 1/calendar year **Out-of-network:** Not covered	

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
Dental services (For coverage outside of Michigan, Indiana, Ohio, see Visitor/Traveler Benefit)		
Medicare-covered comprehensive dental services from a PCP or specialty care provider	**In-network:** $0/$45 copay **Out-of-network:** 40% of cost	**In-network:** $0/$40 copay **Out-of-network:** 40% of cost
Preventive services	$0 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewings per year and extractions.	$0 2 oral exams, 2 cleanings, 1 set of bitewings per year. One full set of xrays every 5 years.
Comprehensive services: root canals, extractions, fillings, crown repairs	50% coinsurance $3,000 maximum yearly benefit includes comprehensive and preventive services.	This plan offers a flex card allowance that can be used toward this benefit

Optional Dental Plans* (Purchase separately)

These optional dental plans can be purchased with a HAP Medicare Advantage HMO Plan. For plans **Delta 50** and **Delta 70**, services must be provided by a Delta Dental Medicare Advantage PPO™ and Medicare Advantage Premier networks in Michigan, Ohio and Indiana. For **Delta 100** plan, services must be provided by a Medicare Advantage PPO™ network in Michigan, Ohio or Indiana.**

	Monthly Premium* HAP Senior Plus (PPO) plan 011	Monthly premium* HAP Medicare Flex (PPO) plan 014	Yearly deductible	Maximum yearly benefit	Plan coverage
Plan 1 – Delta 50	$20/ month	$25.40/ month	$0/year	$1,000	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
Plan 2 – Delta 70	$39.30/ month	$44.70/ month	$0/year	$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%
Plan 3 – Delta 100	$46.60/ month	$52.00/ month	$0/year	$2,500	Basic services: 100% Diagnostic & preventive services: 100% Major services: 50%

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

** See Visitor/Traveler Benefit for coverage outside of Michigan, Indiana, and Ohio.

Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (PPO)	HAP Medicare Flex (PPO)
	Option 1 (Plan 011)	(Plan 014)
	36 counties	
Vision services		
Medicare-covered preventive/ diagnostic eye exams from a PCP or specialty care provider	**In-network:** $0/$45 copay **Out-of-network:** 40% of cost	**In-network:** $0/$40 copay **Out-of-network:** 40% of cost
Routine eye exam from a EyeMed provider	**In-network:** $0 copay/exam; 1/calendar year **Out-of-network:** Not covered	
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, through an EyeMed provider.	**In-network only:** $130 allowance/calendar year	This plan offers a flex card allowance that can be used toward this benefit
Medicare-covered eyewear Following cataract surgery	**In-network:** $0 copay/1 pair of standard eyeglasses or 1 set of contact lenses **Out-of-network:** 40% of cost	

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
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.	**In-network:** Days 1-6: $310 copay/day Days 7-90: $0 copay **Out-of-network:** 40% of cost/stay	**In-network:** Days 1-6: $310 copay/day Days 7-90: $0 copay **Out-of-network:** 40% of cost/stay
	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.	
Outpatient mental health services Provided by a state-licensed provider or other Medicare qualified mental health care professional as allowed under applicable state laws. Medicare covered individual or group therapy office visit.	$0 copay If you receive additional services, cost sharing for those services may apply. See Evidence of Coverage for more details.	

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO) Option 1 (Plan 011)	HAP Medicare Flex (PPO) (Plan 014)
	36 counties	
Skilled nursing facility (SNF) care (May require prior authorization.)		
SNF care Our plan covers up to 100 days per benefit period.	**In-network:** Days 1-20: $0 copay/day Days 21-100: $196 copay/day	**In-network:** Days 1-20: $0 copay/day Days 21-100: $196 copay/day
	Out-of-network: 40% of cost/stay	
Outpatient rehabilitation (May require prior authorization.)		
Cardiac rehabilitation	**In-network:** $0 copay **Out-of-network:** 40% of cost	
Pulmonary rehabilitation	**In-network:** $0 copay **Out-of-network:** 40% of cost	
Occupational therapy, physical therapy and language and speech therapy	**In-network:** $25 copay **Out-of-network:** 40% of cost	**In-network:** $40 copay **Out-of-network:** 40% of cost

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)	HAP Medicare Flex (PPO)
	Option 1 (Plan 011)	(Plan 014)
	36 counties	
Ambulance (Prior authorization required for non-emergencies.)		
Ambulance Includes ground, air and worldwide	**In-network:** $300 copay/transport **Out-of-network:** 40% of cost	
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. For insulin delivered through a pump, *see Durable Medical Equipment*	**In-network:** 20% of cost **Out-of-network:** 40% of cost	

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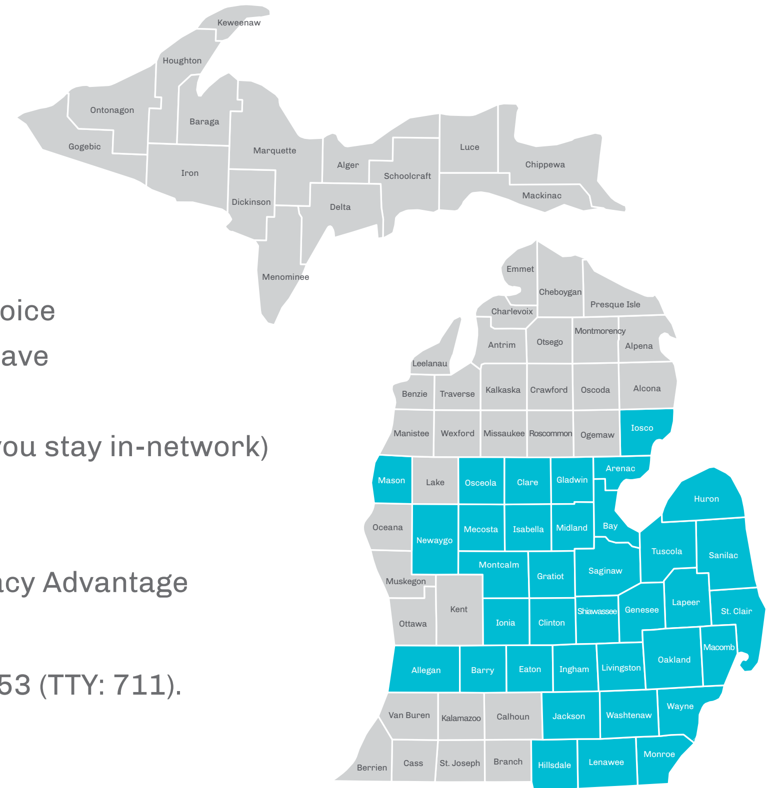
Mid to High Level Plans
012, 008 & 004



Here, with PPO plans

These plans start at $70/month and offer lower maximum out of pocket and lower out-of-network cost share. This coverage comes with flexibility, making it a good choice for members who travel frequently. With no primary care physician required, you have the freedom to see Medicare providers nationwide. No referral necessary.

- Seek care in- and out-of-network** (with reduced out-of-pocket costs when you stay in-network)
- $0 copays for in-network, Medicare-approved preventive services
- $0 deductibles for medical and all covered prescription drugs
- $0 copay for a 90-day supply of Tier 1 and Tier 2 drugs purchased at Pharmacy Advantage our preferred mail order pharmacy.

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

Available in 36 Counties

Allegan, Arenac, Barry, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Newaygo, Oakland, Osceola, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, and Wayne.

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

* You must continue to pay your Medicare Part B premium.

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

Monthly Premium, Deductibles and Coverage Limits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Monthly premium (In addition to your Medicare Part B premium and any late enrollment penalty you may owe. See the Evidence of Coverage for more details.)	$70	$165	$180
Yearly medical deductible For some out-of-network hospital and medical services	$0/year		
Yearly deductible for Part D prescription drugs	$0/year		
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: Costs for services from in-network providers count toward your yearly limit. 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 all PPO plans you are also required to continue paying cost-sharing for Part D prescription drugs.*	$5,500 for services from in-network providers $7,500 for services from any provider. (Fees you pay for in-network service also count toward this total.)	$5,000 for services from in-network providers $7,000 for services from any provider. (Fees you pay for in-network service also count toward this total.)	$4,000 for services from in-network providers $6,100 for services from any provider. (Fees you pay for in-network service also count toward this total.)
Coverage limits	There are coverage limits every year for some benefits, regardless of whether you receive care in- or out-of-network. Please contact HAP for details.		

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
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.	**In-network:** Days 1-7: $245 copay/day Days 8-90: $0 copay **Out-of-network:** 25% of cost/stay	**In-network:** Days 1-7: $225 copay/day Days 8-90: $0 copay **Out-of-network:** 25% of cost/stay	**In-network:** Days 1-7: $145 copay/day Days 8-90: $0 copay **Out-of-network:** 20% of cost/stay
Outpatient hospital services Our plans cover medically necessary services you get in a hospital outpatient department for diagnosis or treatment of an injury.	**In-network:** $230 copay **Out-of-network:** 25% of cost	**In-network:** $205 copay **Out-of-network:** 25% of cost	**In-network:** $155 copay **Out-of-network:** 20% of cost
Outpatient substance abuse Group or individual therapy visit.	**In-network:** $15 copay **Out-of-network:** 25% of cost	**In-network:** $10 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost
Outpatient surgery (May require prior authorization and referral from your doctor.)	**In-network:** $230 copay **Out-of-network:** 25% of cost	**In-network:** $205 copay **Out-of-network:** 25% of cost	**In-network:** $155 copay **Out-of-network:** 20% of cost
Ambulatory surgical center	**In-network:** $140 copay **Out-of-network:** 25% of cost	**In-network:** $130 copay **Out-of-network:** 25% of cost	**In-network:** $95 copay **Out-of-network:** 20% of cost

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Primary care physician office visits			
Primary care physician visits	**In-network:** $15 copay **Out-of-network:** 25% of cost	**In-network:** $10 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost
Specialist visits	**In-network:** $40 copay **Out-of-network:** 25% of cost	**In-network:** $35 copay **Out-of-network:** 25% of cost	**In-network:** $25 copay **Out-of-network:** 20% of cost

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Preventive care			
Preventive care Our plans cover many preventive services, including:	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost

- Alcohol misuse counseling
- Barium enemas
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular disease screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening (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 screening (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.

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Worldwide emergency care/Urgently needed services			
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.	$90 copay		
Urgently needed services, worldwide coverage	$55 copay		

Covered Medical and Hospital Benefits

Costs 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.*

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	**Option 3 (Plan 008)**	**Option 4 (Plan 004)**
	36 counties		
Diagnostic tests & radiology (May require prior authorization.)			
Hi-tech diagnostic radiology services, such as CTs and MRIs and peripheral vascular disease ultrasounds	$0 peripheral vascular disease ultrasounds **In-network:** $175 copay **Out-of-network:** 25% of cost	$0 peripheral vascular disease ultrasounds **In-network:** $150 copay **Out-of-network:** 25% of cost	$0 peripheral vascular disease ultrasounds **In-network:** $125 copay **Out-of-network:** 20% of cost
Diagnostic tests & procedures Lab services, pacemaker testing, allergy testing, bone density testing, surgical supplies (splints and casts included)	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost
Other diagnostic tests (including genetic testing)	**In-network:** $175 copay **Out-of-network:** 25% of cost	**In-network:** $150 copay **Out-of-network:** 25% of cost	**In-network:** $100 copay **Out-of-network:** 20% of cost
Ultrasounds and Outpatient X-rays (copays for routine X-rays)	**In-network:** $35 copay **Out-of-network:** 25% of cost	**In-network:** $35 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost
Therapeutic radiology services, such as radiation treatment for cancer	**In-network:** $40 copay **Out-of-network:** 25% of cost	**In-network:** $40 copay **Out-of-network:** 25% of cost	**In-network:** $30 copay **Out-of-network:** 20% of cost

Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Hearing services			
Medicare-covered diagnostic hearing and balance evaluation from a PCP or specialty care provider	**In-network:** $15/$40 copay **Out-of-network:** 25% of cost	**In-network:** $10/$35 copay **Out-of-network:** 25% of cost	**In-network:** $0/$25 copay **Out-of-network:** 20% of cost
Annual routine hearing exam from a NationsBenefits provider	**In-network:** $0 copay/exam; 1/calendar year **Out-of-network:** Not covered		
Hearing aids Must obtain hearing aids from a NationsBenefits provider.	**Member Cost for One (1) Hearing Aid** Basic-$689 Prime-$989 Advanced-$1,539 Premium-$2,039 **Member Cost for Two (2) Hearing Aids** Basic-$1,378 Prime-$1,978 Advanced-$3,078 Premium-$4,078		
Hearing aid evaluation and fitting exam per hearing aid from a NationsBenefits provider	**In-network:** $0 copay/exam; 1/calendar year **Out-of-network:** Not covered		

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Dental services (For coverage outside of Michigan, Indiana, Ohio, see Visitor Traveler Benefit)			
Medicare-covered comprehensive dental services from a PCP or specialty care provider	**In-network:** $15/$40 copay **Out-of-network:** 25% of cost	**In-network:** $10/$35 copay **Out-of-network:** 25% of cost	**In-network:** $0/$25 copay **Out-of-network:** 20% of cost
Preventive services: 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewings per year and extractions.	$0 copay		
Comprehensive services: root canals, extractions, fillings, crown repairs	50% coinsurance		

$3,000 Maximum yearly benefit includes comprehensive and preventive services.

Optional Dental Plans* (Purchase separately)

These optional dental plans can be purchased with a HAP Medicare Advantage HMO Plan. For plans **Delta 50** and **Delta 70**, services must be provided by a Delta Dental Medicare Advantage PPO™ and Medicare Advantage Premier networks in Michigan, Ohio and Indiana. For **Delta 100** plan, services must be provided by a Medicare Advantage PPO™ network in Michigan, Ohio or Indiana.**

	Monthly premium*	Yearly deductible	Maximum yearly benefit	Plan coverage
Plan 1 – Delta 50	$20/ month	$0/year	$1,000	Basic services: 50% Diagnostic & preventive services: 100% Major services: 50%
Plan 2 – Delta 70	$39.30/ month	$0/year	$1,500	Basic services: 70% Diagnostic & preventive services: 100% Major services: 50%
Plan 3 – Delta 100	$46.60/ month	$0/year	$2,500	Basic services: 100% Diagnostic & preventive services: 100% Major services: 50%

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

** See Visitor/Traveler Benefit for coverage outside of Michigan, Indiana, and Ohio.

Covered Medical and Hospital Benefits

No prior authorization or referrals needed.

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Vision services			
Medicare-covered preventive/ diagnostic eye exams from a PCP or specialty care provider	**In-network:** $15/$40 copay **Out-of-network:** 25% of cost	**In-network:** $10/$35 copay **Out-of-network:** 25% of cost	**In-network:** $0/$25 copay **Out-of-network:** 20% of cost
Routine eye exam from a EyeMed provider	**In-network:** $0 copay/exam; 1/calendar year **Out-of-network:** Not covered		
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, through an EyeMed provider.	**In-network only:** $130 allowance/calendar year		
Medicare-covered eyewear Following cataract surgery	**In-network:** $0 copay/1 pair of standard eyeglasses or 1 set of contact lenses **Out-of-network:** 25% of cost	**In-network:** $0 copay/1 pair of standard eyeglasses or 1 set of contact lenses **Out-of-network:** 25% of cost	**In-network:** $0 copay/1 pair of standard eyeglasses or 1 set of contact lenses **Out-of-network:** 20% of cost

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
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.	**In-network:** Days 1-7: $245 copay/day Days 8-90: $0 copay **Out-of-network:** 25% of cost/stay	**In-network:** Days 1-7: $225 copay/day Days 8-90: $0 copay **Out-of-network:** 25% of cost/stay	**In-network:** Days 1-7: $145 copay/day Days 8-90: $0 copay **Out-of-network:** 20% of cost/stay
	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.		
Outpatient mental health services Provided by a state-licensed provider or other Medicare qualified mental health care professional as allowed under applicable state laws. Medicare covered individual or group therapy office visit.	$15 copay	$10 copay	$0 copay
	If you receive additional services, cost sharing for those services may apply. See Evidence of Coverage for more details.		

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	**Option 3 (Plan 008)**	**Option 4 (Plan 004)**
	36 counties		
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 a SNF and ends when you haven't received care in a SNF for 60 consecutive days.	**In-network:** Days 1-20: $0 copay/day Days 21-100: $196 copay/day **Out-of-network:** 25% of cost/stay	**In-network:** Days 1-20: $0 copay/day Days 21-100: $196 copay/day **Out-of-network:** 25% of cost/stay	**In-network:** Days 1-20: $0 copay/day Days 21-100: $196 copay/day **Out-of-network:** 20% of cost/stay
Outpatient rehabilitation (May require prior authorization.)			
Cardiac rehabilitation	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost
Pulmonary rehabilitation	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost
Occupational therapy, physical therapy and language and speech therapy	**In-network:** $20 copay **Out-of-network:** 25% of cost	**In-network:** $20 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost

Covered Medical and Hospital Benefits

	HAP Senior Plus (PPO)		
	Option 2 (Plan 012)	Option 3 (Plan 008)	Option 4 (Plan 004)
	36 counties		
Ambulance (Prior authorization required for non-emergencies.)			
Ambulance Includes ground, air and worldwide	**In-network:** $250 copay/transport **Out-of-network:** 25% of cost	**In-network:** $225 copay/transport **Out-of-network:** 25% of cost	**In-network:** $175 copay/transport **Out-of-network:** 20% of cost
Transportation			
Transportation	Not covered	$0 12 one-way trips	
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. Insulin delivered through a pump, *see Durable Medical Equipment*	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 20% of cost

Save on Prescription Drugs in all our PPO plans.

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. The following plans are covered:

HAP Senior Plus (PPO) - Plans 011, 012, 008, 004
HAP Medicare Flex (PPO) - Plan 014

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** or call the customer service number on your member ID card.

Save on Prescription Drugs in all our PPO plans.

Part D Coverage Stages

Each year, you have four stages of coverage under Medicare Part D and described below.

Stage	Begins	Your drug costs	Ends
Stage 1 Yearly deductible	**Plans 011, 012, 008, 004** do not have a deductible, begin at Stage 2 Initial Coverage. **Plan 014**, a $505 deductible applies for Tiers 3-5.	Plan 014 Tiers 1, 2 and 6 you pay Initial Coverage copays Tiers 3-5 you pay the full cost of the medication until the deductible is met.	Plan 014 Tiers 3-5 you are in the Deductible stage until you've met the $505 deductible.
Stage 2 Initial coverage	**Plans 011, 012, 008 and 004**: When you fill your first prescription of the year. **Plan 014**: When you fill your first Tier 1, 2, or 6 prescription. Your Tier 3-5 drugs begin in the Initial Phase after your deductible has been met.	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 $4,660.
Stage 3 Coverage gap or "donut hole"	After you reach total drug costs of $4,660	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 $7,400.
Stage 4 Catastrophic coverage	After your year-to-date out-of-pocket costs reach $7,400	You are responsible for $4.15 copay for generic (including brand drugs treated as generic) and a $10.35 copayment for all other drugs, or 5% of the cost whichever is greater.	Until the end of the year

Drug Tiers

The tier placement of the drug determines how much you'll pay out-of-pocket for your medication.

Part D Senior Savings Model

Plans 011, 012, 008 and 004: You can identify Select Insulins by the symbol "SSM" on the drug formulary. You can find the drug formulary in the drop down accordion at **hap.org/pharmacy**. Select Insulins copays apply in the Initial Coverage, and Coverage Gap phases of the Part D benefit. In Catastrophic phase you pay 5% of the cost of Select Insulins.

Plan 014: You are not eligible for the Part D Senior Savings Model. **Important Message for plan 014 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, even if you haven't paid your deductible.

Tier	Drug type	Description	Copay level
Tier 1	Preferred generic	Generic drugs with the same active ingredients and strength as brand-name drugs	This is the lowest cost sharing tier except for Select Care Drugs in Tier 6
Tier 2	Generic	Generic drugs not in the preferred generics tier and some brand-name drugs	Higher copay than preferred generic
Tier 3	Preferred brand	This tier contains mostly brand-name drugs and includes some high-cost generic drugs, and also Select Insulins	Preferred drugs with lower copays
Tier 4	Non-Preferred Drugs	Brand-name drugs not in the preferred brand tier and some generic drugs	Higher cost-sharing than preferred drugs
Tier 5	Specialty tier	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.
Tier 6	Select Care Drugs	See page 40-41.	Preventive vaccines and some common generic drugs for blood pressure, cholesterol, and diabetes at $0 cost share until the Catastrophic Phase is reached.

Coverage Requirements and Limits

HAP has a list of covered drugs, also known as a formulary. 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 all HAP PPO 36 counties

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

Stage 1: Initial coverage		Preferred network Plans 011, 012, 008, 004	Standard network Plans 011, 012, 008, 004	Preferred network Plan 014	Standard network Plan 014
Tier 1: Preferred Generics	**1-month supply**	$0 copay	$9 copay	$0 copay	$12 copay
	2-month supply	$0 copay	$18 copay	$0 copay	$24 copay
	3-month supply	$0 copay	$27 copay	$0 copay	$36 copay
Tier 2: Generics	**1-month supply**	$12 copay	$17 copay	$15 copay	$20 copay
	2-month supply	$24 copay	$34 copay	$30 copay	$40 copay
	3-month supply	$36 copay	$51 copay	$45 copay	$60 copay
Tier 3: Preferred Brand	**1-month supply**	$42 copay Select Insulin $10	$47 copay Select Insulin $25	$42 copay	$47 copay
	2-month supply	$84 copay Select Insulin $20	$94 copay Select Insulin $50	$84 copay	$94 copay
	3-month supply	$126 copay Select Insulin $30	$141 copay Select Insulin $75	$126 copay	$141 copay
Tier 4: Non-Preferred Drugs	**1-month supply**	48% coinsurance	50% coinsurance	48% coinsurance	50% coinsurance
	2-month supply	48% coinsurance	50% coinsurance	48% coinsurance	50% coinsurance
	3-month supply	48% coinsurance	50% coinsurance	48% coinsurance	50% coinsurance
Tier 5: Specialty Tier	**1-month supply**	33% coinsurance	33% coinsurance	25% coinsurance	25% coinsurance
Tier 6: Select Care Drugs	**1-month supply**	$0 copay	$0 copay	$0 copay	$0 copay

Prescription Drug Benefits

for all HAP PPO 36 counties

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

Stage 1: Initial coverage		Preferred network Plans 011, 012, 008, 004	Standard network Plans 011, 012, 008, 004	Preferred network Plan 014	Standard network Plan 014
Tier 1: Preferred Generics	**1-month supply**	$0 copay	$9 copay	$0 copay	$12 copay
Tier 2: Generics	**1-month supply**	$12 copay	$17 copay	$15 copay	$20 copay
Tier 3: Preferred Brand	**1-month supply**	$42 copay Select Insulins $20	$47 copay Select Insulins $25	$42 copay	$47 copay
Tier 4: Non-Preferred Drugs	**1-month supply**	48% coinsurance	50% coinsurance	48% coinsurance	50% coinsurance
Tier 5: Specialty Tier	**1-month supply**	33% coinsurance	33% coinsurance	25% coinsurance	25% coinsurance
Tier 6: Select Care Drugs	**1-month supply**	$0 copay	$0 copay	$0 copay	$0 copay

Prescription Drug Benefits

for all HAP PPO 36 counties

Long-term supply through mail order cost-sharing of covered Part D prescription drugs

Stage 1: Initial coverage		Preferred network Plans 011, 012, 008, 004	Standard network Plans 011, 012, 008, 004	Preferred network Plan 014	Standard network Plan 014
Tier 1: Preferred Generics	1-month supply	$0 copay	$9 copay	$0 copay	$12 copay
	2-month supply	$0 copay	$18 copay	$0 copay	$24 copay
	3-month supply	$0 copay	$27 copay	$0 copay	$36 copay
Tier 2: Generics	1-month supply	$12 copay	$17 copay	$15 copay	$20 copay
	2-month supply	$24 copay	$34 copay	$30 copay	$40 copay
	3-month supply	$0 copay	$51 copay	$0 copay	$60 copay
Tier 3: Preferred Brand	1-month supply	$42 copay Select Insulin $10	$47 copay Select Insulin $25	$42 copay	$47 copay
	2-month supply	$84 copay Select Insulin $20	$94 copay Select Insulin $50	$84 copay	$94 copay
	3-month supply	$105 copay Select Insulin $0	$141 copay Select Insulin $75	$105 copay	$141 copay
Tier 4: Non-Preferred Drugs	1-month supply	48% of cost	50% of cost	48% of cost	50% of cost
	2-month supply	48% of cost	50% of cost	48% of cost	50% of cost
	3-month supply	48% of cost	50% of cost	48% of cost	50% of cost
Tier 5: Specialty Tier	1-month supply	33% of cost	33% of cost	25% of cost	25% of cost
Tier 6: Select Care Drugs	1-month supply	$0 copay	$0 copay	$0 copay	$0 copay

Prescription Drug Benefits

for all HAP PPO 36 counties

Stage 2: Coverage gap	Plans 011, 012, 008, 004	Plan 014
Begins after yearly drug cost (including what our plan and you have paid) reaches $4,660 and ends when your out-of-pocket cost reaches $7,400	**Covered brand-name drugs:** 25% of plan cost **Covered generic drugs:** 25% of plan cost During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be $10-25 per month.	**Covered brand-name drugs:** 25% of plan cost **Covered generic drugs:** 25% of plan cost
	For Select Care drugs (Tier 6), you will continue to pay your Initial Coverage Stage copayment of $0.	
Stage 3: Catastrophic coverage		
Applies after your yearly out-of-pocket drug costs (including those purchased via retail and mail order) reach $7,400	$4.10 copay for generic drugs (including brand-name drugs treated as a generic) and a $10.35 copay for all other drugs, or 5% of the cost, whichever is greater	

NEW! Medicare Tier 6 Drugs and Copay Reductions

The HAP Medicare Formulary includes 6 tiers of coverage. Tier 6 includes vaccines and Select Care drugs. Covered vaccines in Tier 6 have $0 cost share. Drugs in Tier 6 have a $0 copay for up to a 90-day supply in the initial coverage phase and through the gap. Drugs in this tier include commonly prescribed generic drugs used to treat high blood pressure, diabetes, and high cholesterol. See the list below that highlights drugs new to Tier 6 for 2023.

HAP has also lowered the Tier and cost share for other common drugs, including some brand-named prescriptions for diabetes.

Always refer to your formulary to get the most up-to-date drug information.

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 Client Service for more information

New Tier 6 Medications

High Blood Pressure Medications		
Amlodipine	**Hydralazine**	**Quinapril-Hydrochlorothiazide**
Amlodipine-Benazepril	**Lisinopril**	**Ramipril**
Benazepril	**Lisinopril-Hydrochlorothiazide**	**Telmisartan**
Benazepril-Hydrochlorothiazide	**Losartan**	**Trandolapril**
Cartia XT	**Losartan-Hydrochlorothiazide**	**Valsartan**
Diltiazem 24HR ER	**Moexipril**	**Verapamil**
Diltiazem	**Olmesartan**	**Verapamil ER**
Enalapril	**Perindopril**	
Felodipine	**Quinapril**	

High Cholesterol Medications		
Atorvastatin	**Pravastatin**	**Simvastatin**
Lovastatin	**Rosuvastatin**	

Diabetes Medications		
Metformin	**Metformin ER**	**Repaglinide**

Drugs with Reduced Cost Share for 2023

Drug Class	Drug	Tier Placement
Antidiabetic	Farxiga	2
Antidiabetic	Xigduo XR	2
Antidiabetic	Trulicity	2
Antidiabetic	Jardiance	2
Antidiabetic	Synjardy	2
Antidiabetic	Synjardy XR	2
Antidiabetic	Victoza	2
Antidiabetic	Ozempic	2
Antidiabetic	Rybelsus	2
Migraine	Sumatriptan Nasal Spray	2
Antiarrhythmic (heart rhythm)	Dofetilide	2
Diuretic	Bumetanide	1
Anti-Parkinson	Pramipexole ER	1
Prostatic-Hypertrophy (enlarged agent)	Tamsulosin	1
Platelet Inhibitor	Clopidogrel	1
Bone Loss Treatment	Alendronate	1
Antidepressant	Sertraline	1

Additional Covered Benefits

HAP offers a variety of supplemental benefits to help meet your needs. The pages below are an overview of these benefits available by plan. These supplemental benefits are offered above and beyond Original Medicare. For more details of each benefit review pages following this chart.

	011	012	008	004	014
Chiropractic care	✔	✔	✔	✔	✔
Companion care	NC	NC	✔	✔	Flex
Diabetes monitoring supplies & therapeutic shoes or inserts	✔	✔	✔	✔	✔
Diabetes self-management training	✔	✔	✔	✔	✔
Digital diabetes management	✔	✔	✔	✔	✔
Durable medical equipment	✔	✔	✔	✔	✔
Emergency travel protection	✔	✔	✔	✔	✔
Flexible Benefit Card	NC	NC	NC	NC	✔
Gym membership	✔	✔	✔	✔	✔
Home health care	✔	✔	✔	✔	✔
Hospice	✔	✔	✔	✔	✔
Meal Benefit	✔	✔	✔	✔	NC
Over-the-counter items	✔	✔	✔	✔	Flex
Personal emergency devices	NC	NC	✔	✔	Flex
Podiatry (Foot care) and treatment for diabetes-related services	✔	✔	✔	✔	✔
Prosthetic devices and related medical supplies	✔	✔	✔	✔	✔
Renal dialysis, self-dialysis, dialysis at a treatment network facility	✔	✔	✔	✔	✔
Telehealth services	✔	✔	✔	✔	✔
Unlimited nutritional counseling	✔	✔	✔	✔	✔
Visitor/Traveler benefit	✔	✔	✔	✔	✔

✔ - covered NC - not covered Flex - Flexible Benefit Card option. See Flexible Benefit Card under Additional Covered Benefits.

Additional Covered Benefits

	HAP Senior Plus (PPO)				HAP Medicare Flex (PPO)
	Plan 011	Plan 012	Plan 008	Plan 004	Plan 014
	36 counties				
Chiropractic care					
Chiropractic care Covers only manipulation of spine to move bones back into position	**In-network:** $20 copay **Out-of-network:** 40% of cost	**In-network:** $20 copay **Out-of-network:** 25% of cost	**In-network:** $20 copay **Out-of-network:** 25% of cost	**In-network:** $20 copay **Out-of-network:** 20% of cost	**In-network:** $20 copay **Out-of-network:** 40% of cost
Companion Care					
Companion care NationsBenefits Optimized Companion Care benefit provides up to 8 hours a month of companion care for eligible members. 011 and 012 not covered 014 offers a flex card allowance that can be used toward this benefit.	$0 Members who are at risk for social isolation are matched with a compatible companion who makes periodic visits to the home and communicates regularly via phone. The NationsBenefits companion provides emotional support and socialization by helping with a variety of tasks, such as running errands, household chores, social activities, transportation, meal preparation and setting up technology.				
Diabetes management (May require prior authorization.)					
Monitoring supplies & therapeutic shoes or inserts Insulin pump and insulin used for the pump, pump needles and CGM are covered under Durable Medical Equipment. Refer to Evidence of Coverage for more details.	**In-network:** $0 copay **Out-of-network:** 40% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost	**In-network:** $0 copay **Out-of-network:** 40% of cost
Self-management training	**In-network:** $0 copay **Out-of-network:** 40% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost	**In-network:** $0 copay **Out-of-network:** 40% of cost

Prescription Drugs

Additional Covered Benefits

	HAP Senior Plus (PPO)				HAP Medicare Flex (PPO)
	Plan 011	Plan 012	Plan 008	Plan 004	Plan 014
	36 counties				
Diabetes management (May require prior authorization.)					
Digital diabetes management	HAP's Digital Diabetes program offers additional tools to manage dual-diagnose of Type 1 or Type 2 diabetes and hypertension, including assistance with weight and access to the myStrength digital wellbeing application. See Evidence of Coverage for details and limitations.				
Durable medical equipment					
Durable medical equipment, such as wheelchairs, insulin and insulin pumps, oxygen, etc.	**In-network:** 20% of cost **Out-of-network:** 40% of cost	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 20% of cost	**In-network:** 20% of cost **Out-of-network:** 40% of cost
Emergency Travel Plan					
HAP's Emergency Travel Protection powered by Assist America†	$0; Travel worry-free with global travel emergency services from Assist America®, including identity theft protection, 24/7 professional fraud support and help with unexpected medical expenses.*				
Flexible Benefit Card					
Flexible Benefit Card NationsBenefits offers a pre-paid Mastercard with a combined annual limit of $1,200 to help reduce your out-of-pocket expenses for dental, vision, hearing, over-the-counter (OTC), personal emergency response system (PERS), companion care and transportation services.	Not offered	Not offered	Not offered	Not offered	$1,200 allowance per year. See Evidence of Coverage for details and limitations.

† Our services are a supplement to your existing health insurance. Assist America does not charge members for any of its services, but once you are safely in the care of a qualified physician, your health insurance should cover the costs of your actual treatment and hospitalization.

* Excludes routine vision, hearing, dental and fitness services. Members in need of these services have access to national networks with providers in all 50 states.

Additional Covered Benefits

	HAP Senior Plus (PPO)				HAP Medicare Flex (PPO)
	Plan 011	Plan 012	Plan 008	Plan 004	Plan 014
	36 counties				
Gym and fitness program					
$0 gym membership at participating fitness facilities	The Peerfit® Move program provides members, at no cost, access to memberships at participating fitness centers/YMCAs or independent classes (such as yoga, Pilates, HIIT, Barre,etc.). As well as access to FitOn Streaming Fitness and At-Home FitKits for members who are unable to participate at a fitness center or prefer to workout at home. **NEW IN 2023**. The Peerfit® Move **Out-of-Network Benefit** is designed to minimize member disruption as the member moves from one fitness program to another. For any gyms or studios not yet contracted with the Peerfit® Move program, Peerfit® Move will provide reimbursement for the gym/studio membership for up to six months (limited to one monthly membership per member per month, not to exceed the total cost of an in-network location) Members are not eligible to use in-network and out-of-network benefits within the same month.				
Home health care					
Home health care	**In-network:** $0 copay **Out-of-network:** 40% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost	**In-network:** $0 copay **Out-of-network:** 40% of cost
Hospice					
Hospice	Medicare-certified hospice is paid for by Original Medicare, with the exception of some drugs. Please contact HAP for details.				
Meal Benefits					
Meal benefit **Not offered on plan 014**	$0 Members that have congestive heart failure, hypertension or diabetes, can receive 28 meals over 14 days of fresh, nutritious, ready-to-heat meals delivered to their home after discharge from the hospital for one of these conditions.				Not covered

Additional Covered Benefits

	HAP Senior Plus (PPO)				HAP Medicare Flex (PPO)
	Plan 011	Plan 012	Plan 008	Plan 004	Plan 014
	36 counties				
Over-the-counter items					
Over-the-counter items with rollover to next qtr.	$50 allowance/ quarter	$65 allowance/ quarter	$75 allowance/ quarter	$100 allowance/ quarter	This plan offers a flex card that can be used toward this benefit.
Personal emergency devices					
Personal emergency devices NationsBenefits Personal Emergency Response System (PERS) Benefit provides eligible members PERS devices. 011 and 012 not covered 014 offers a flex card allowance that can be used toward this benefit.	$0 The NationsBenefits technology based solution provides HAP Medicare members at risk for falls with great independence, safety and security, while keeping them connected with caregivers, loved ones and their support networks. With push button technology and GPS tracking, emergency response systems are critical safety solutions to help address falls, accidents and even feelings of loneliness and social isolation. All PERS devices include two-way communication to ADT monitoring centers, water resistant wristband and pendant options, 24/7/365 monitoring services and home temperature monitoring.				
Podiatry (Foot care) services					
Foot exams and treatment for diabetes-related services	**In-network:** $0-$45 copay **Out-of-network:** 40% of cost	**In-network:** $0-$40 copay **Out-of-network:** 25% of cost	**In-network:** $0-$35 copay **Out-of-network:** 25% of cost	**In-network:** $0-$25 copay **Out-of-network:** 20% of cost	**In-network:** $0-$40 copay **Out-of-network:** 40% of cost
Prosthetic devices and related medical supplies					
Prosthetic devices and related medical supplies, such asbraces, artificial limbs, etc.	**In-network:** 20% of cost **Out-of-network:** 40% of cost	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 20% of cost	**In-network:** 20% of cost **Out-of-network:** 40% of cost

Additional Covered Benefits

	HAP Senior Plus (PPO)				HAP Medicare Flex (PPO)
	Plan 011	Plan 012	Plan 008	Plan 004	Plan 014
	36 counties				
Renal dialysis (May require prior authorization.)					
Renal dialysis and self-dialysis and dialysis at a treatment network facility	**In-network:** 20% of cost **Out-of-network:** 40% of cost	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 25% of cost	**In-network:** 20% of cost **Out-of-network:** 20% of cost	**In-network:** 20% of cost **Out-of-network:** 40% of cost
Telemedicine					
Telehealth services Services using remote access technology, such as a smartphone, laptop or tablet provided through a HAP network provider or urgent care center.	$0/PCP $55/Urgent Care Center	$15/PCP $55/Urgent Care Center	$10/PCP $55/Urgent Care Center	$0/PCP $55/Urgent Care Center	$0/PCP $60/Urgent Care Center
Wellness Program					
Unlimited individual medical nutritional counseling is a service provided by a clinician for the prevention and treatment of a medical illness.	**In-network:** $0 copay **Out-of-Network:** 40% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 25% of cost	**In-network:** $0 copay **Out-of-network:** 20% of cost	**In-network:** 20% copay **Out-of-Network:** 40% of cost
Visitor/Traveler benefit					
Visitor traveler	Travel confidently with HAP Medicare PPO. When you travel out of state your coverage travels with you. Pay in-network prices for copays when you visit any Medicare-participating provider in the U.S.*				

* Outside of the 36-county service area in MI could result in out-of-network costs.

MEDICARE SOLUTIONS

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We'll help you pick the right plan with benefits that work harder for you.

- Up to $400/year for over-the-counter items, depending on the plan you select.
- New drugs added to Tier 6 at $0 cost. See formulary to get the most up-to-date drug information.
- $3,000 maximum yearly benefit includes comprehensive and preventive dental services.
- $130 allowance for supplemental eyewear.