



2023

Summary of Benefits
HAP MSU Health Care
Medicare (HMO)

HAP MSU Health Care Medicare (HMO)

January 1, 2023 - December 31, 2023.

In this booklet, you'll find an overview of HAP MSU Health Care Medicare (HMO), including benefits covered by the 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: (800) 801-1770.

To join HAP MSU Health Care Medicare (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area is listed at the back of this Summary of Benefits. This plan is open to anyone who lives within the HAP service area. You do not need to be associated with MSU to become a member of this plan.

It is important to see providers in our network, or you risk being responsible for the cost. Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

View our provider and pharmacy directories at: hap.org/resources

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

For more information or a paper directory, please call us at:

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 - Friday (April 1 – Sept. 30)

Or visit us online: 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 - Friday (April 1 – Sept. 30)

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

HAP MSU Health Care Medicare (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

Monthly Premium, Deductibles and Coverage Limits

HAP MSU Health Care Medicare (HMO)

<p>Monthly premium (includes both medical and drugs)</p>	<p>\$0 You must continue to pay your Medicare Part B premium.</p>
<p>Deductible</p>	<p>No deductible for medical or prescription drugs.</p>
<p>Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)</p>	<p>You pay no more than \$5,000 annually. Includes copays and other costs for medical services for the year.</p>
<p>Inpatient Hospital</p>	<p>You pay \$310 per day for days 1 -6 You pay nothing per day for days 7-90</p>
<p>Outpatient Hospital</p>	<p>You pay \$270</p>
<p>Ambulatory Surgical Center (ASC)</p>	<p>You pay \$185</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care provider 	<p>You pay \$0</p>
<p>• Specialists</p>	<p>You pay \$30 Prior authorization maybe required for specialist visits.</p>
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing Additional preventive services approved by Medicare during the contract year will be covered. If you receive services beyond this, cost-sharing will apply.</p>
<p>Worldwide Emergency Care Urgently Care needed services</p>	<p>You pay \$90 Emergency per visit You pay \$55 Urgently needed services per visit If you are admitted to the hospital, you do not have to pay your share of the cost for emergency care.</p>

Monthly Premium, Deductibles and Coverage Limits

HAP MSU Health Care Medicare (HMO)

Diagnostic Services/ Labs/Imaging

- **Hi-tech diagnostic radiology Services**, such as CTs and MRIs and peripheral vascular disease

You pay \$0 for peripheral vascular disease ultrasounds
You pay \$250 for high tech diagnostic tests

- **Diagnostic tests & procedures** Lab services, pacemaker testing, allergy testing, bone density testing, surgical supplies (splints)

You pay \$0

- **Other diagnostic tests**

You pay \$200

- **Ultrasounds and outpatient X-rays** Copays for routine X-rays

You pay \$35

- Therapeutic radiology services, such as radiation treatment for cancer

You pay \$60

Prior authorization is required for some services.

Hearing Services

- Routine hearing exam

You pay \$0, one routine hearing exam allowed annually

- Hearing aid
This plan offers a flex card that can be used toward this benefit. See Flex Card benefit on page 9. More information can be found in Evidence of Coverage

You pay for one (1) Hearing Aid

Basic-\$689, Prime-\$989, Advanced-\$1,539, Premium -\$2,039

You pay for two (2) Hearing Aids

Basic-\$1,378, Prime-\$1,978, Advanced-\$3,078, Premium -\$4,078

Dental Services

- **Preventive services:** 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewings per year and extractions.

You pay \$0

- **Comprehensive services:** root canals, fillings, extractions, crown repairs

You pay a 50% coinsurance

- **Comprehensive & preventive max**

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

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

You pay \$0/\$30

See additional Supplemental Dental options offered below.

Monthly Premium, Deductibles and Coverage Limits

HAP MSU Health Care Medicare (HMO)

<p>Vision Services</p> <ul style="list-style-type: none"> • Routine Eye Exams 	<p>\$0</p>
<ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance evaluation from a PCP or specialty care provider through an EyeMed provider 	<p>You pay \$0 for a PCP You pay \$30 for a specialty provider</p>
<ul style="list-style-type: none"> • Medicare-covered eyewear Following cataract surgery through an EyeMed provider 	<p>\$0 copay/1 pair of standard eyeglasses or 1 set of contact lenses</p> <p>See additional Supplemental Vision eyewear on page 7.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Outpatient group therapy/individual therapy visit 	<p>You pay \$0</p>
<p>Skilled Nursing Facility</p>	<p>You pay nothing for days 1 through 20 You pay \$196 per day for days 21 through 100</p>
<p>Occupational therapy, physical therapy and language and speech therapy</p>	<p>You pay \$30</p>
<p>Ambulance</p>	<p>You pay \$300</p>
<p>Transportation</p>	<p>This plan offers a flex card that can be used toward this benefit. See Flex Card benefit on page 9. More information can be found in Evidence of Coverage</p>
<p>Medicare Part B Drugs</p>	<p>20% of the cost depending on the drugs Part B drugs may be subject to step therapy requirements. For Insulin delivered through a pump, see <i>Durable Medical Equipment</i>.</p>

Outpatient Prescription Drugs

Cost-Sharing may change depending on the pharmacy you choose.

HAP MSU Health Care Medicare (HMO)

Deductible	You pay \$0		
	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Preferred Mail Order 90-day supply
Initial Coverage			
Tier 1: Preferred Generic	You pay \$0	You pay \$7	You pay \$0
Tier 2: Generic	You pay \$10	You pay \$16	You pay \$0
Tier 3: Preferred Brand	You pay \$42	You pay \$47	You pay \$105
Tier 4: Non-Preferred Brand	48% of cost	50% of cost	48% of cost
Tier 5: Specialty Tier	33% of cost	33% of cost	33% of cost
Tier 6: Select Care Drugs	You pay \$0		
Coverage Gap	<p>Tiers 1-5 During this phase you will pay 25% for generic or brand-name drugs.</p> <p>Tier 6 Select Care drugs, you will continue to pay your Initial Coverage Stage copayment of \$0.</p>		
Catastrophic Coverage (after you or others on your behalf pay \$7,400)			
Generic Drugs	You pay \$4.15 or 5% (whichever costs more)		
Brand-Name Drugs	You pay \$10.35 or 5% (whichever costs more)		

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Client Service for more information.

Optional Supplemental Benefits

Dental Services*

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 dentist in the 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.

HAP MSU Health Care Medicare (HMO)				
	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%

Vision Services*

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.

HAP MSU Health Care Medicare (HMO)
\$130 allowance per calendar year.

*This plan offers a flex card that can be used toward these benefits. See Flex Card benefit on page 9. More information can be found in Evidence of Coverage

Additional Covered Benefits

HAP offers a variety of supplemental benefits to help meet your needs. The chart below is 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 9-11 following the chart.

	028
Chiropractic care	✓
Companion care	Flex
Diabetes monitoring supplies & therapeutic shoes or inserts	✓
Diabetes self-management training	✓
Digital diabetes management	✓
Durable medical equipment	✓
Emergency travel protection	✓
Flex card	✓
Gym membership	✓
Home health care	✓
Hospice	✓
Over-the-counter items	Flex
Personal Emergency Response System (PERS)	Flex
Podiatry (foot care) exams 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 Flex Card Benefit on page 9.

Additional Benefits

Additional Covered Benefits

Chiropractic care (May require a referral from your doctor.)	
Chiropractic care Covers only manipulation of spine to move bones back into position	\$20 copay
Companion care	
Companion care NationsBenefits Optimized Companion Care benefit provides up to 8 hours a month of companion care for eligible members. This plan offers a flex card that can be used toward this benefit. See Flex Card benefit on page 9. More information can be found in Evidence of Coverage	Members who are at risk for social isolation are matched with a compatible companion who makes periodic visits to the home and communicate 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	\$0 copay
Self-management training	\$0 copay
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.	20% of cost. See Evidence of Coverage for details and limitations.
Emergency travel protection	
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*
Flex Card Benefit	
Flex Card Benefit	\$500 allowance per year; no annual rollover (Allowance 1 = \$200/yr for dental, vision, hearing. Allowance 2 = \$300/yr for OTC, transportation, PERS, companion care)

Additional Covered Benefits

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.

\$0 copay

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

\$0 copay

Hospice

Hospice

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

Over-the-counter items

Over-the-counter items with rollover to next qtr.

This plan offers a flex card that can be used toward this benefit. See Flex Card benefit on page 9. More information can be found in Evidence of Coverage.

Personal Emergency Response System (PERS)

Personal Emergency Response System (PERS)

This plan offers a flex card that can be used toward this benefit. See Flex Card benefit on page 9. More information can be found in Evidence of Coverage.

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 services (May require a referral from your doctor.)

Foot exams and treatment for diabetes-related services

\$0 for diabetic condition specific podiatry services, up to \$30 specialist copay. See Evidence of Coverage for details and limitations.

Additional Covered Benefits

Prosthetic devices and related medical supplies	
Prosthetic devices and related medical supplies , such as braces, artificial limbs, etc.	20% coinsurance See Evidence of Coverage for details and limitations.
Renal dialysis (May require prior authorization and referral from your doctor.)	
Renal dialysis and self-dialysis and dialysis at a treatment network facility	20% coinsurance
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
Visitor/Traveler benefit	
Visitor/Traveler benefit Extends coverage to members during visits to Arizona, Florida, Michigan (out-of-area) and Texas for up to 12 months.	Covered
Wellness program	
Unlimited nutritional counseling Unlimited individual medical nutritional counseling is a service provided by a clinician for the prevention and treatment of a medical illness.	\$0 copay

Additional Benefits

*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.



**HAP
IS HERE**

(800) 868-3153 (TTY: 711)

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

- Access to doctors and specialists in your area
- \$500 Flex Card per year. See Evidence of Coverage for details.
- \$0 deductibles for medical and covered prescriptions
- Telehealth services let you see doctors 24/7
- Dental, vision and hearing coverage