



UAW-GM hourly active employee FAQs

1. Why should I choose HAP?

- Preventive care services
- No deductible or coinsurance
- Simplified access to specialty care, reducing the need for most referrals
- A network of leading doctors and hospitals
- Award-winning customer service
- Worldwide emergency and urgent care coverage
- Peace of mind traveling thanks to Assist America's global emergency travel services
- Free identity theft protection for eligible members from Assist America
- Weight management programs, including many hospital-based, doctor-led programs, as well as nutrition counseling
- Member discounts
- Many options to help members quit tobacco

2. How large is HAP's network of doctors?

Our network of leading doctors and hospitals includes:

- Ascension
- Corewell Health
- Detroit Medical Center
- Henry Ford Health
- McLaren Healthcare
- ProMedica
- Trinity Health (Mercy Health)
- University of Michigan Health System

Find a complete list of HAP's hospital network affiliates at hap.org under Doctors, click on *Hospital*.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

3. How do I check to see if my doctor or hospital is in the HAP network?

We have thousands of doctors – including specialists – in our network. Visit hap.org/hmodoctors and search for your doctor. View the details by clicking More About this Provider to be sure your doctor accepts the HAP HMO plan. You can also call **(800) 422-4641 (TTY: 711)** and speak with a Customer Service specialist.

4. Do I need to choose a primary care physician (PCP) under the HAP plan?

Yes. Your PCP is central to your care and will direct you to a specialist or other services when needed.

5. Do I need a referral to see a specialist?

Most services do not require a referral, such as routine OB/GYN care, podiatry (foot doctor), dermatology, allergy and pediatrics for your children. For these services, you can contact any HAP-affiliated doctor for care. As a plus, your PCP knows your medical history and can be a great resource to get you to the specialist you need. Your PCP can also provide paperless referrals, reducing the need to carry documents to your next appointment.

6. Am I eligible for prescription coverage?

Yes. You can find out more about your prescription coverage by checking your Summary of Benefits or going to hap.org/gm-hourly/hmo-plan-basics

7. How do I transfer my prescription to my HAP coverage?

To fill a prescription using your HAP prescription benefit, you should first finish your existing prescription as directed by your doctor. When you're ready for a refill or need to start a new prescription, contact your HAP doctor. Be sure to provide your HAP ID card at the pharmacy.

8. Where can I get my prescriptions filled?

HAP is affiliated with many local and national pharmacies. To find a HAP-affiliated pharmacy near you, visit hap.org/prescription-drug and click the Browse pharmacies button.

9. Do I have emergency or urgent coverage when I go out of the area?

Yes. Emergency and urgent care are covered worldwide. HAP also partners with Assist America, which provides global travel emergency services for members traveling more than 100 miles from home or to another country. To contact Assist America, go to hap.org/hap-member/assist-america and follow the instructions.

10. My child is away at school – are they covered?

Students on your health plan are covered through HAP's Students Away at School. They can also use Assist America's global travel emergency services when they're more than 100 miles away from home or in another country for less than 90 consecutive days. As always, emergency and urgent care service are covered worldwide. For more information on this program, visit hap.org/studentsaway.

11. Are services covered outside of the HAP physician network?

Urgent and emergency care services are covered worldwide. For routine care, you must use your primary care physician and the health care providers in your PCP's network. Care received from doctors and other health care providers outside of your network will not be covered.

12. What happens if I change to HAP from another health care plan while I'm in an active treatment plan?

HAP's Continuity of Care program allows you to continue to receive medical care from your current doctor if you're currently involved in an active, covered treatment plan that, if interrupted, could seriously affect your health.

New members should contact HAP's Customer Service department to begin the Continuity of Care program at **(800) 422-4641 (TTY: 711)**. When possible, HAP will transfer you to an affiliated doctor without disturbing the care provided through your current treatment plan.

13. Where do I find information on my benefits?

UAW-GM Hourly Active employees can view their benefits at hap.org/gm-hourly or through GM's intranet site at gmbenefits.com.

14. What if I need another HAP ID card?

You can log in at hap.org 24/7 and select My ID Card on the My Plan tab. You can also call HAP Customer Service at **(800) 422-4641 (TTY: 711)** to request a new ID card. In addition, HAP offers a digital ID card, **myHAP Card**. From your mobile device, you can view your ID card.

15. What else can I do with myHAP Card?

Our digital ID card, **myHAP Card**, can be downloaded from the App Store or Google Play.

Using the app, you can:

- **View your health plan ID card:** View ID cards for anyone on your health plan in real time.
- **Share your ID card:** Via email or fax

16. How can I check the status of my claims?

To check the status of your medical claims, log in at hap.org and select the My Claims tab. To view your pharmacy claims, log in and click on the My Benefits tab and link to My Prescription Coverage. You'll be taken to Express Scripts, our secure pharmacy benefit partner. View your pharmacy claims from the last two years, 24 hours a day. HAP can help. Give us a call at **(800) 422-4641 (TTY: 711)** and we'll figure things out together.

17. What does the out-of-pocket limit on the benefit summary mean?

It means that there is a limit to the amount that you will have to pay out of your pocket for medical expenses such as your copays. The Affordable Care Act requires us to inform you about your annual limit on cost-sharing. Your out-of-pocket limit is included in your HAP plan benefits.

18. Do I have access to Telehealth care?

Getting health care online has never been easier. Through HAP Telehealth services, powered by Amwell®, you have access to licensed and board-certified doctors that are available 24/7 for live, online visits via mobile phone, tablet or computer to treat nonemergency illnesses, such as colds, flu, headache, rashes, sinus infections and pinkeye. Visit hap.org/telehealth for more information.

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