

**2024**

# Summary of Benefits

**HAP Medicare Advantage | HMO D-SNP Plan**

January 1, 2024 - December 31, 2024



**HAP Medicare  
Complete Duals  
(HMO D-SNP)**



## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “**Evidence of Coverage**.” You can also see the Evidence of Coverage on our website, [www.hap.org/medicare/member-resources/forms](http://www.hap.org/medicare/member-resources/forms).

### You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **HAP Medicare Complete Duals (HMO D-SNP)**).

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **HAP Medicare Complete Duals (HMO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov/medicare-and-you](http://www.medicare.gov/medicare-and-you) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About **HAP Medicare Complete Duals (HMO D-SNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

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

This document may be available in a non-English language. For additional information, call us at 1-888-658-2536 (TTY: 711).

### Things to Know About HAP Medicare Complete Duals (HMO D-SNP)

#### Hours of Operation & Contact Information

- From October 1 to March 31 we’re open 8 a.m. – 8 p.m. Eastern Time, 7 days a week.
- From April 1 to September 30, we’re open 8 a.m. – 8 p.m. Eastern Time, Monday through Friday.
- If you are a member of this plan, call us at 1-800-848-4844, TTY: 711.
- If you are not a member of this plan, call us at 1-844-614-0741, TTY: 711.
- Our website: [www.hap.org/medicare](http://www.hap.org/medicare).

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

### Who can join?

To join **HAP Medicare Complete Duals (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area and also receive certain levels of assistance from the Michigan Department of Health and Human Services (Medicaid). Our service area includes these counties in Michigan: Genesee, Macomb, Oakland and Wayne.

### Which doctors, hospitals, and pharmacies can I use?

**HAP Medicare Complete Duals (HMO D-SNP)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website ([www.hap.providerlookuponlinesearch.com/search](http://www.hap.providerlookuponlinesearch.com/search)).

Or call us and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get *all* of the benefits covered by Original Medicare. For Medicare covered benefits, you will pay less in our plan than you would in Original Medicare.
- Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- HAP Medicare Complete Duals (HMO D-SNP) is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program.

HAP Medicare Complete Duals is designed specifically for people who have Medicare and who are also entitled to assistance from Medicaid.

- When you are covered by both Medicare and Medicaid, Medicare covers health care and prescription drugs. For anyone who receives cost-share assistance from the Michigan Department of Health & Human Services (Medicaid), Medicaid covers your cost-sharing for Medicare services, including plan medical deductibles and cost shares as well as Medicare Part A & B premiums, deductibles and cost-shares. Michigan Department of Health & Human Services (Medicaid) may also cover services Medicare does not cover.
- Be sure to show the Michigan Department of Health and Human Services (Medicaid) ID card in addition to your HAP membership card to make your provider aware that you also have Medicaid coverage.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.hap.org/medicare/member-resources/prescriptions/formulary-drug-list](http://www.hap.org/medicare/member-resources/prescriptions/formulary-drug-list).
- Or call us and we will send you a copy of the formulary.

### **How will I determine my drug costs?**

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, what stage of the benefit you have reached and any "Extra Help" you may receive. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage.

Medicaid also provides other benefits to you by covering health care services and prescription drugs that are not usually covered under Medicare. You will also receive "Extra Help" from Medicare to pay for the costs of your Medicare prescription drugs. HAP Medicare Complete Duals will help manage all of these benefits for you, so that you get the health care services and payment assistance that you are entitled to.

**If you have any questions about this plan's benefits or costs, please contact  
HAP Medicare Complete Duals (HMO D-SNP) (800) 848-4844 (TTY: 711) Plan for details.**

**SECTION II - SUMMARY OF BENEFITS****HAP Medicare Complete Duals (HMO D-SNP)****MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**

<b>Monthly Plan Premium</b>	\$0-\$35.90 per month. In addition, you must keep paying your Medicare Part B premiums. If you get Extra Help from Medicare, your monthly plan premium will be lower, or you might pay nothing.
<b>Deductible</b>	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible. If you are not eligible, you pay the Medicare Part D deductible of \$545.
<b>Maximum Out-of-Pocket Responsibility</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$8,850 for services you receive from in-network providers.</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

**COVERED MEDICAL AND HOSPITAL BENEFITS**

(You will have no copays for the services listed in the Benefits Chart, as long as you continue to be eligible for full Medicaid benefits.)

<b>Inpatient Hospital Care</b>	\$0 Copay per day. May require prior authorization.
<b>Outpatient Hospital Services</b>	\$0 Copay per visit. May require prior authorization.
<b>Ambulatory Surgical Center</b>	\$0 Copay per visit. May require prior authorization.
<b>Doctor's Office Visits</b>	Primary care physician visit: \$0 Copay. Specialist visit: \$0 Copay.
<b>Preventive Care</b>	\$0 Copay per visit.

**SECTION II - SUMMARY OF BENEFITS****HAP Medicare Complete Duals (HMO D-SNP)**

<b>Emergency Care</b>	\$0 Copay per visit.
<b>Urgently Needed Services</b>	\$0 Copay per visit.
<b>Diagnostic Services/Labs/Imaging (include diagnostic tests and procedures, labs, diagnostic radiology, and X-rays) <i>Costs for these services may be different if received in an outpatient surgery setting.</i></b>	<p>\$0 Copay for diagnostic radiology services (such as MRIs, CT scans). \$0 Copay for other diagnostic tests and procedures. \$0 Copay for lab services. \$0 Copay for therapeutic radiology services (such as radiation treatment for cancer). \$0 Copay for outpatient x-rays.</p> <p>Some of the above services may require prior authorization.</p>
<b>Hearing Services</b>	<p>\$0 Copay per Medicare-covered hearing exam from a primary care provider. \$0 Copay per Medicare-covered hearing exam from a specialty care provider.</p> <p><u>You must use NationsHearing for the following services:</u> \$0 Copay per routine hearing exam (up to 1 every year). \$1,000 allowance toward the purchase of two hearing aids per calendar year.</p>
<b>Dental Services</b>	<p>There is no coinsurance, copayment, or deductible for Medicare-covered dental services.</p> <p>Your plan does not provide coverage for dental services. However, your plan does include a flex card allowance that may be used toward this benefit.</p>

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<b>Vision Services</b>	<p>\$0 Copay for Medicare covered eye exams from a PCP.</p> <p>\$0 Copay for Medicare covered eye exams from a Specialist.</p> <p><u>You must use EyeMed Insight Network for the following services:</u></p> <p>\$0 Copay for routine eye exams (up to 1 visit every year).</p> <p>The plan has a \$300 allowance every calendar year for contact lenses and eyeglasses (lenses and frames). A 20% discount applies for any balance over the \$300 allowance.</p>
<b>Mental Health Services</b>	<p>\$0 Copay per visit.</p>
<b>Skilled Nursing Facility (SNF)</b>	<p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-100: \$0 Copay per day.</p> <p>May require prior authorization.</p>
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	<p>\$0 Copay for therapy services per visit.</p> <p>May require prior authorization.</p>
<b>Ambulance</b>	<p>\$0 Copay for Medicare-covered ambulance services.</p> <p>Must have prior authorization for non-emergency ambulance services.</p>
<b>Medicare Part B Drugs</b>	<p>\$0 Copay for Part B drugs, including chemotherapy drugs. Step therapy requirements may apply to certain Part B drugs. Insulins covered under Medicare Part B are subject to a coinsurance cap of \$35 for one month's supply of insulin with no deductible.</p> <p>May require prior authorization.</p>

**PRESCRIPTION DRUG BENEFITS**

**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 Customer Service for more information.

**Deductible**

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible. If you are not eligible, you pay the Medicare Part D deductible of \$545.

**Initial Coverage**

After you pay your yearly deductible, you will pay a 25% coinsurance for both Generic and Brand Name drugs until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Value Based Insurance Design (VBID) eliminates drug cost shares for LIS eligible enrollees during the Initial Coverage Stage.

**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.

After you enter the coverage gap, 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 stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Value Based Insurance Design (VBID) eliminates drug cost shares for LIS eligible enrollees during the Coverage Gap Stage.

**Catastrophic Amount**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000:

- During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

**ADDITIONAL COVERED BENEFITS****Acupuncture**

\$0 Copay for acupuncture services for chronic low back pain from a primary care physician per visit, 20 visit limit.

\$0 Copay for acupuncture services for chronic low back pain from a specialist provider per visit, 20 visit limit.

May require prior authorization.

**Chiropractic Care**

\$0 Copay for each covered chiropractic services visit.

- Manual manipulation of the spine to correct subluxation.
- Routine care covered for one office visit per year performed by a chiropractor.

\$0 Copay for one set of chiropractic x-rays (up to 3 views) every year performed by a chiropractor.

**Companion Care**

\$0 Copay for up to 8 hours a month of companion care for eligible members. You must use Papa.

**Diabetes Management**

\$0 Copay per visit.

<b>Diabetes Supplies and Services</b>	\$0 Copay for diabetic supplies and services.
<b>Durable Medical Equipment</b> <i>(wheelchairs, oxygen, etc.)</i>	\$0 Copay per item.
<b>Fitness</b>	\$0 Copay for the fitness benefit. You must use SilverSneakers.
<b>Flex Card</b>	You have a Prepaid Benefits Mastercard with a combined annual limit of \$1,300 a year to be used to reduce your out-of-pocket expenses to purchase dental services, healthy food items, home modifications, pest control, or utilities.
<b>Foot Care (podiatry services)</b>	\$0 Copay for preventive podiatry services condition specific for diabetes per visit. \$0 Copay for all other podiatry services per visit.
<b>Home-Delivered Meals</b>	\$0 Copay for 28 home-delivered meals/14 days upon discharge after a hospital admission. Limited to two discharges.
<b>Home Health Agency Care</b>	\$0 Copay for home health agency care.
<b>Hospice</b>	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not HAP Medicare Complete Duals. \$0 Copay for a one-time only hospice consultation with a primary care physician.
<b>Outpatient Substance Abuse</b>	\$0 Copay for each Medicare-covered individual or group therapy visit.
<b>Over-the-Counter Items</b>	\$200 allowance per quarter through your medical benefit. Unused quarterly benefits will roll over to the next quarter and must be used by the end of the plan year. You must use NationsOTC.
<b>PERS (Personal Emergency Response System)</b>	\$0 Copay for personal emergency response system for those who qualify. You must use NationsResponse.
<b>Prosthetic Devices</b> <i>(braces, artificial limbs, etc.)</i>	\$0 Copay of the cost for each Medicare-covered prosthetic device and related supply. May require prior authorization.
<b>Renal Dialysis</b>	\$0 Copay for each Medicare-covered outpatient dialysis treatment.
<b>Telehealth</b>	\$0 Copay for telehealth. You must use Amwell.
<b>Transportation</b>	\$0 Copay/12 one-way trips. Please contact Customer Service for information on how to arrange transportation.
<b>Visitor/Traveler</b>	Not Covered.
<b>Worldwide Travel Assistance</b>	\$0 Copay for worldwide travel assistance. You must use Assist America.

## MEDICAID BENEFITS

Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what the Michigan Department of Health and Human Services covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Michigan Department of Health and Human Services, 1-800-642-3195.

	HAP Medicare Complete Duals (HMO D-SNP)	Medicaid state plan
<b>OUTPATIENT CARE SERVICES</b>		
Routine acupuncture	Covered	Not Covered
Ambulance	Covered	Covered
Chiropractic care	Covered	Covered
Dental services	Covered	Covered
Diabetes management	Covered	Covered
Diagnostic tests, X-Rays, Lab Services and Radiology Services	Covered	Covered
Doctor visits	Covered	Covered
Durable medical equipment (wheelchairs, oxygen, etc.)	Covered	Covered
Emergency care	Covered	Covered
Hearing services	Covered	Covered
Home health care	Covered	Covered
Mental health	Covered	Covered
Outpatient hospital	Covered	Covered
Outpatient substance abuse	Covered	Covered through Community Mental Health Services program
Preventative care	Covered	Covered
Podiatry services	Covered	Covered
Prosthetic devices (braces, artificial limbs)	Covered	Covered
Urgently needed services	Covered	Covered
Transportation (Non-Emergency Medical Transportation Services)	Covered	Covered
Vision services	Covered	Covered
<b>INPATIENT CARE SERVICES</b>		
Inpatient hospital care	Covered	Covered
Inpatient mental health	Covered	Covered through Community Mental Health Services program
Skilled nursing facility (SNF)	Covered	Covered
<b>PRESCRIPTION DRUG BENEFITS</b>		
Prescription drugs	Covered	Covered

## DISCLAIMERS

You can get this document for free in other formats, such as large print or audio. Call 1-800-848-4844 TTY 711. The call is free. April 1 through Sept. 30: Monday - Friday, 8 a.m. to 8 p.m, Oct. 1 through March 31: seven days a week, 8 a.m. to 8 p.m.

HAP Medicare Complete Duals (HMO D-SNP) is a Medicare health plan with a Medicare contract with the Michigan Medicaid Program. Enrollment depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat HAP Medicare Advantage members, except in emergency situations. 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. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

At HAP, we're committed to helping you choose the right option for you

**We're excited to show you our plan options for 2024.  
Call today!**

**HAP Sales Agent**

(844) 614-0741 (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)

**Current Members Call HAP Customer Service**

(800) 848-4844 (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 at [hap.org/2024options](https://hap.org/2024options).

