Health Alliance Plan of Michigan
HAP Senior Plus HMO
WAYNE STATE UNIVERSITY - FULL HMO NETWORK (MAPD)

MA000142 / XS000154 QR-35240

Health Care Services	In-Network Coverage	Limitations
Benefit Period, Annual Deductible, and Annual Co-insurance Maximums:		
Benefit Period:	Calendar Year	
Annual Deductible	None	
Co-insurance (amount member pays)	None	
Annual Co-insurance Maximum	None	
Maximum-Out-of-Pocket Cost**	$6,700 Individual	These values do not accumulate: Premiums, balance-billed charges, Part D pharmacy liabilities, and health care this plan doesn't cover. All other cost sharing applies.
Medicare-Covered Preventive Services (partial list):		
Annual Wellness Visit	Covered	
Immunizations	Covered	
Related Laboratory and Radiology Services	Covered	
Pap Smears and Mammograms	Covered	
Outpatient & Physician Services:		
Personal Care Physician Office Visit	$ 10 Copay	
Specialty Physician Office Visit	$ 10 Copay	
Gynecology Office Visit	$ 10 Copay	
Routine Eye Examination Office Visit	$ 10 Copay	Through our contracted provider Eyemed only.
Medical Eye Examination Office Visit	$ 10 Copay	
Audiology Office Visit	$ 10 Copay	
Allergy Treatment and Injections	Covered	
Diagnostic Laboratory & Pathology	Covered	
Radiology (X-ray)	Covered	
Dialysis	Covered	
Chemotherapy	Covered	
Radiation Therapy	Covered	
Outpatient Surgery	Covered	
Chiropractic Services	$ 10 Copay	Manipulation of the spine for subluxation only
Emergency/Urgent Care:		
Emergency Room Services	Covered	
Urgent Care Facility Services	Covered	
Emergency Ambulance Services	Covered	Emergency transport only

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Inpatient Hospital Services: *		
Hospital Inpatient Stay in Semi-Private Room, Specialty Units as medically necessary, Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered	
Mental/Behavioral Health:		
Inpatient Services *	Covered	Unlimited
Outpatient Services	$ 10 Copay	Unlimited
Substance Use Disorder:		
Inpatient Services *	Covered	Unlimited
Outpatient Services	$ 10 Copay	Unlimited
Other Services:		
Home Health Care	Covered	
Hospice Care	You must get care from a Medicare-certified hospice. When you enroll in a Medicare certified hospice program, your hospice services and your Original Medicare services are paid for by Original Medicare, not HAP Senior Plus.	
Skilled Nursing Care	Covered	Up to 730 days per benefit period. Hospital stay not required. Authorization rules apply.
Durable Medical Equipment; Prosthetics & Orthotics	Covered	Coverage provided for approved equipment based on Medicare guidelines
Hearing Aid Exam/ Hearing Aid	$0 Exam / $0 - $1,575 Copay per hearing aid	Exclusive benefit through NationsHearing, L.L.C. See Evidence of Coverage (EOC) for benefits relating to hearing aids.
Vision Hardware	Not Covered	See Evidence of Coverage (EOC) for benefits relating to cataract surgery.
Physical, and Speech Therapy (PT/ST)	Covered	Unlimited
Occupational Therapy (OT)	Covered	Unlimited
Pharmacy:		
Tier 1: Preferred Generic drugs - $5 Copay Tier 2: Non-Preferred Generic drugs - $5 Copay Tier 3: Preferred Brand drugs - $10 Copay Tier 4: Non-Preferred Brand drugs - $10 Copay Tier 5: Specialty Drugs - $10 Copay Tier 6: Select Care Drugs - $0 Copay	Covered	Coverage in Gap Retail/Mail: 90 day supply of Part D drugs for 2 copays for Preferred Generic and Non-Preferred Generic drugs and 2 1/2 times the 30 day copay for Preferred Brand and Non-Preferred Drugs. Tier 5 drugs only available at 30 day supply.

Riders: S000, X401, X417, X448, X455, X461, X574, S662

* Please contact HAP if you are admitted to the hospital.
**Limit on the total of copays or co-insurance you might pay during the benefit year.
The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. In cases of conflict between this summary and your Evidence of Coverage, the terms and conditions of the Evidence of Coverage govern.
Health Alliance Plan is a health plan with a Medicare contract. Enrollment in the plan depends on contract renewal.