Senior Plus (hmo)

Health Alliance Plan of Michigan
HAP Senior Plus HMO
Benefit Summary
CITY OF DETROIT- 22 COUNTY MEDICARE ADVANTAGE (MAPD)

MA000101 / XS000065

Health Care Services	In-Network Coverage	Limitations
Benefit Period, Annual Deductible, and Annual Co-insurance Maximums:		
Benefit Period:	Calendar Year	
Annual Deductible	$500 Individual	Emergency and Urgent Care copays apply to the deductible.
Co-insurance (amount member pays)	10%	
Annual Co-insurance Maximum	$2,700 Individual	
Maximum-Out-of-Pocket Cost**	$3,200 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):		
Preventive Office Visit	Covered	
Immunizations	Covered	
Related Laboratory and Radiology Services	Covered	
Pap Smears and Mammograms	Covered	
Outpatient & Physician Services:		**Plan Pays 80% for Part B Drugs**
Personal Care Physician Office Visit	$20 Copay	
Specialty Physician Office Visit	$40 Copay	
Gynecology Office Visit	$40 Copay	
Audiology Office Visit	$40 Copay	
Eye Examination Office Visit	$40 Copay	
Allergy Treatment and Injections	Plan Pays 90% after Deductible	
Laboratory and Radiology Services	Plan Pays 90% after Deductible	
Dialysis	Plan Pays 90% after Deductible	
Chemotherapy	Plan Pays 90% after Deductible	
Radiation Therapy	Plan Pays 90% after Deductible	
Outpatient Surgery	Plan Pays 90% after Deductible	
Chiropractic Services	$20 Copay	Manipulation of the spine for subluxation only

Senior Plus (hmo)

Health Alliance Plan of Michigan
HAP Senior Plus HMO
Benefit Summary
CITY OF DETROIT- 22 COUNTY MEDICARE ADVANTAGE (MAPD)

MA000101 / XS000065

Health Care Services	In-Network Coverage	Limitations
Emergency/Urgent Care:		
Emergency Room Services	$65 Copay-Applies to the Deductible	Copay will be waived if admitted
Urgent Care Facility Services	$40 Copay-Applies to the Deductible	
Emergency Ambulance Services	Plan Pays 90% after Deductible	Medicare guidelines apply
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	Plan Pays 90% after Deductible	
Bariatric Surgery & Related Services	Plan Pays 90% after Deductible	
Mental Health:		
Inpatient Services *	Plan Pays 90% after Deductible	Medicare guidelines and lifetime limit
Outpatient Services	$20 Copay	
Chemical Dependency:		
Inpatient Services *	Plan Pays 90% after Deductible	
Outpatient Services	$20 Copay	
Other Services:		
Home Health Care	Plan Pays 90% after Deductible	
Hospice Care	Care must be rendered by a Medicare-certified hospice. When enrolled in a Medicare certified hospice program, hospice services and Original Medicare services are paid for by Original Medicare, not HAP Senior Plus.	
Skilled Nursing Care	Plan Pays 90% after Deductible	Up to 730 days per benefit period. Hospital stay not required. Authorization rules apply.
Durable Medical Equipment; Prosthetics & Orthotics	Plan Pays 90% after Deductible	Medicare guidelines. Some services require Prior Authorization.
Hearing Aid Hardware	Plan Pays 90% after Deductible	Covered for authorized conventional hearing aids

Senior Plus (hmo)

Health Alliance Plan of Michigan
HAP Senior Plus HMO
Benefit Summary
CITY OF DETROIT- 22 COUNTY MEDICARE ADVANTAGE (MAPD)

MA000101 / XS000065

Health Care Services	In-Network Coverage	Limitations
Vision Hardware	Not Covered	See Evidence of Coverage (EOC) for benefits relating to cataract surgery.
Physical, and Speech Therapy (PT/ST)	Plan Pays 90% after Deductible	Medicare guidelines and authorization rules apply.
Occupational Therapy (OT)	Plan Pays 90% after Deductible	Medicare guidelines and authorization rules apply.
Pharmacy:		
Preferred Generic - $3 Copay Non-Preferred Generic -$15 Copay Preferred Brand - $45 Copay Non-Preferred Brand -30% Specialty Tier Drugs -30%	$0 Generic Deductible plus Generic drug coverage through the Coverage Gap. $100 Brand / Specialty Tier Deductible Applies. Brand and Specialty drugs do not receive additional coverage above the CMS defined plan through the Coverage Gap. Castastrophic Drug coverage will be administred in accordance with the CMS defined benefit, currently the greater of 5% of the drug cost or the CMS established copay.	30 day supply of Part D drugs available at retail and mail-order for 1 copay. 90 day supply of Part D drugs available at both retail and mail order for 2 times the applicable copay.

S000, S013, X401, X413, X414, X415, X418, X423, X448, X553, X556, XMHP, XMHE, S417

* 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 period.
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.