

## Frequently Asked Questions

- Q:** Will the Healthy Michigan Plan cover family planning services?
- A:** Yes, the Healthy Michigan Plan will cover family planning services with no out-of-pocket cost to patients.
- Q:** How will adults receive their dental benefits through the Healthy Michigan Plan?
- A:** Dental services will be provided by the beneficiary's health plan.
- Q:** Will I be able to get health coverage through the Healthy Michigan Plan if I have a pre-existing condition?
- A:** Yes. The Healthy Michigan Plan will not deny coverage to individuals due to pre-existing conditions.
- Q:** Will the Healthy Michigan Plan allow me to stay with my current doctor?
- A:** Healthy Michigan Plan participants, with some limited exceptions, must enroll in a Medicaid Health Plan that will pay your doctor for your care. Check with your doctor to find out whether they participate with one of these plans.
- Q:** How will my doctor know that I have Healthy Michigan Plan coverage?
- A:** When you have the Healthy Michigan Plan, a health care ID card will be mailed to you (if you do not have one already).

## Cost Sharing

The Healthy Michigan Plan has co-pays, most of which will be paid to a MI Health Account (MIHA).

The Healthy Michigan Plan requires those with annual incomes between 100 percent and 133 percent of the federal poverty level to pay 2 percent of annual income for cost sharing purposes. Total cost sharing (including co-pays) cannot exceed 5 percent of the total household income.

Annual MIHA fees and co-pays can be reduced by participating in healthy behavior activities which include completing an annual health risk assessment, and changing unhealthy activities.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-642-3195 (TTY 866-501-5656).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-642-3195 (رقم هاتف الصمم والبكم: 866-501-5656).



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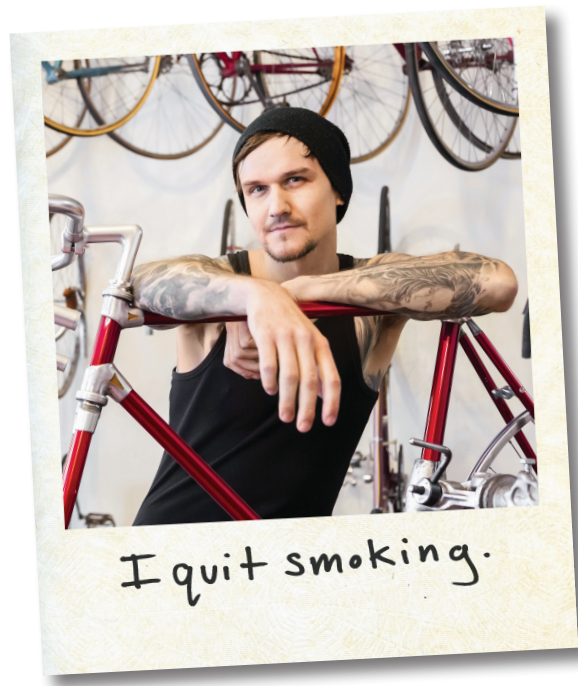
## What is the Healthy Michigan Plan?

The Healthy Michigan Plan provides health care coverage to low-income Michigan residents.

Michigan Public Act 107 of 2013 made health care benefits available to Michigan residents through the Healthy Michigan Plan beginning in April of 2014.

Healthy Michigan Plan beneficiaries must enroll into a health plan and take steps to improve their health, including:

- Schedule a visit with their primary care provider
- Complete a Health Risk Assessment
- Participate in healthy behavior activities



## What does the Healthy Michigan Plan cover?

The Healthy Michigan Plan covers the federal essential health benefits as well as other services and benefits.

These include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity care
- Mental health and substance use disorder treatment services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and x-ray services
- Preventive and wellness services and chronic disease management
- Dental services
- Family planning
- Other services

## How do you apply?

Michigan residents may apply online at [www.healthymichiganplan.org](http://www.healthymichiganplan.org), by phone at 1-855-789-5610, or in person at their local Michigan Department of Human Services Office.

Most people who have the Healthy Michigan Plan must enroll in a health plan. MI Enrolls will send an enrollment packet about health plan choices after an individual applies for coverage.



## Who is eligible for the Healthy Michigan Plan?

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have a Modified Adjusted Gross Income at or below 133 percent of the federal poverty level
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Eligibility for the Healthy Michigan Plan will be determined using the Modified Adjusted Gross Income methodology and all criteria must be met to be eligible for this program.