



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

MA000150 / XS000120

QR-34891

Table with 3 columns: Health Care Services, In-Network Coverage, and Limitations. Rows include Benefit Period, Annual Deductible, Co-insurance, Maximum-Out-of-Pocket Cost, Medicare-Covered Preventive Services, and Outpatient & Physician Services.



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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	\$20 Copay - Applies to the deductible	
Emergency Ambulance Services	Covered after deductible	
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 after deductible	
Bariatric Surgery & Related Services	Covered after deductible	
Mental/Behavioral Health:		
Inpatient Services *	Covered after deductible	Unlimited
Outpatient Services	\$20 Copay	Unlimited
Substance Use Disorder:		
Inpatient Services *	Covered after deductible	Unlimited
Outpatient Services	\$20 Copay	Unlimited
Other Services:		
Home Health Care	Covered after deductible	
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 after deductible	Up to 120 days per confinement. Hospital stay not required. Authorization rules apply.
Private Duty Nursing	Covered	
Durable Medical Equipment; Prosthetics & Orthotics	Covered	Coverage provided for approved equipment based on Medicare guidelines - with Wigs
Hearing Aid Exam / Hearing Aids	\$0 Exam / Up to \$2,000 per year	Exclusive benefit through NationsHearing, L.L.C. See Evidence of Coverage (EOC) for benefits relating to hearing aids.



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Table with 3 columns: Health Care Services, In-Network Coverage, and Limitations. Rows include Vision Hardware, Physical and Speech Therapy, Occupational Therapy, Assisted Reproductive Technologies, and Pharmacy (Tier 1-5).

Riders: S000,S014,S057,S134,X401,X423,X462,X496,X498,X499,X540,X593,X579,X558,X575,S419

* 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.