HAP Senior Plus (hmo), HAP Senior Plus (hmo-pos) and Alliance Medicare PPO are plans with Medicare contracts. Enrollment in the plans depends on contract renewals. Alliance Medicare PPO is a product of Alliance Health and Life Insurance Company, a wholly owned subsidiary of HAP.

©2015 Health Alliance Plan of Michigan, A Nonprofit Company.

HAP is here to help

Prospective members:
If you have questions, or for full information about our benefits, enrollment periods or plan network, call a licensed HAP Medicare sales representative at:

(800) 868-3153 (TTY: 711)

Current members:
If you have any questions, please contact Customer Service at:

HAP Senior Plus (800) 801-1770
Alliance Medicare PPO (888) 658-2536 (TTY: 711)

For your convenience, our office hours are:

April 1 through Sept. 30
Mon. through Fri., 8 a.m. to 8 p.m.

Oct. 1 through Feb. 14
Seven days a week, 8 a.m. to 8 p.m.

Feb. 15 through March 31
Mon. through Fri., 8 a.m. to 8 p.m.;
Sat., 8 a.m. to noon

Outside of those business hours, you may access our Interactive Voice Recording system at the same number and leave your name and phone number. A HAP Medicare customer service representative will return your phone call the next business day.

If you prefer, you can mail your questions to:

HAP Customer Service, Attn.: Medicare
2850 W. Grand Blvd.
Detroit, MI 48202

hap.org/medicare

HAP Senior Plus (hmo), HAP Senior Plus (hmo-pos) and Alliance Medicare PPO are plans with Medicare contracts. Enrollment in the plans depends on contract renewals. Alliance Medicare PPO is a product of Alliance Health and Life Insurance Company, a wholly owned subsidiary of HAP.

©2015 Health Alliance Plan of Michigan, A Nonprofit Company.
Choosing a Medicare plan is one of the most important decisions you will make this year. There’s a lot to research, compare and consider. That’s why HAP provides this booklet to give you details about all of our Medicare plan options in one handy guide.

If you have questions, please call one of our licensed HAP Medicare sales team members at (800) 868-3153 (TTY: 711). It’s all part of helping you make an informed decision.

HAP is here for you.

HAP is a nonprofit Michigan-based company. We have provided Medicare plans for the people of Michigan for more than 25 years. We are always working to improve our health plans for our members.

Many choices. One commitment.

HAP offers a wide variety of Medicare solutions – so that you can find the one that best meets your health care needs, lifestyle and budget. No matter which one you choose, we are committed to providing you with quality health plans and personal support. Because this isn’t just health insurance. This is peace.

Rates and benefit details... p. 6-9
- HAP HMO ................ p. 10
- HAP HMO-POS .......... p. 12
- HAP PPO ................ p. 14
- Dental .................. p. 16

It’s about helping you make the right decision.
Inspired customer service.

Our customer service team is committed to excellence – helping you get the advice, information and support you need. This is what each HAP team member strives for each day. Our dedication starts on day one with every:

- Phone call
- Email
- Meeting or event

When you join HAP, you’ll have your very own personal service coordinator. Through your first two years as a HAP member, your personal service coordinator is ready to assist you with plan details, special programs designed to help you improve and maintain your health, and more.

After your first two years with us, the answers you need are still just a phone call away. You can call our Medicare customer service specialists, experts in Medicare who can help you make the most of your benefits.

As a new HAP member, you have your very own personal service coordinator – a person dedicated to you, just a phone call or email away.

A dedicated team.

As a team, we work together to improve your well-being. We work closely with our provider partners. Our goal is to keep improving your quality of care. This helps you better control any chronic conditions and helps locate other health conditions before they lead to more serious ones.

Flexible Health Options – we pay up to $480 for healthy activities.

All of our Medicare Advantage plan options include HAP’s Flexible Health Options (FHO) benefit of up to $40 monthly ($480 annually).* You can use your FHO benefit for any qualified program or activity you choose – anywhere. You select the programs that fit you best:

- Membership at a gym, health club or fitness facility of your choice**
- Fitness classes, swimming, yoga, aerobics, tai chi and other classes
- Fitness memberships and classes that focus on weight management, such as Weight Watchers®

Let us help with your health and wellness.

To help you be healthy and active, we make sure you have the latest health-related updates. You also have access to HAP’s health and wellness programs to help you:

- Learn the fundamentals of good health
- Eat healthier
- Quit smoking
- Prevent disease

Special programs and services such as HAP’s Restore CareTrack® are available to help people with chronic disease stick with their prescribed treatment plan.

*Unused amounts cannot be carried over month to month. The Flexible Health Options benefit may be available in some of our group-purchased plans.

**Facilities must meet Medicare guidelines and provide each member with an orientation to the facility and equipment.
We can help you choose a plan.
Just call one of our licensed HAP Medicare sales team members and we’ll gladly walk you through your options – and help you find the right plan for your health care needs.

Call (800) 868-3153 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

You may be eligible for additional savings on your prescriptions.
If you have limited income and resources, you may qualify for Extra Help, which can reduce or eliminate your drug costs through the Medicare Part D subsidy, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the Coverage Gap or a late enrollment penalty.

To apply, visit your local Social Security office, apply online at www.socialsecurity.gov or call (800) 772-1213, 7 a.m. to 7 p.m., Monday through Friday.

Which HAP plan is right for you?
On the following pages, you’ll see details about HAP’s Medicare plans. You can use the included info (and our helpful Medicare Comparison Chart) to determine what type of coverage best fits your health and lifestyle.

Key questions to ask yourself:
• Do I need access to doctors and hospitals nationwide or just local/regional choices?
• What premium would I be comfortable paying each month?
• Am I willing to pay a higher premium each month in order to have lower out-of-pocket costs for doctor visits, prescriptions, etc.?
• What coverage will I need in the next year, and which plan will give me the lowest total cost?

HAP Senior Plus (hmo) – Henry Ford
serves people with Medicare who reside within Wayne, Oakland or Macomb County and prefer to use the doctors and hospitals of the Henry Ford Health System.

HAP Senior Plus (hmo-pos) – Expanded Network
serves people with Medicare who reside in Wayne, Oakland, Macomb, Genesee, Lapeer, Livingston, Monroe, St. Clair, Shiawassee or Washtenaw County.

Alliance Medicare PPO
serves people with Medicare who live in Wayne, Oakland, Macomb, Genesee, Lapeer, Livingston, Monroe, St. Clair or Washtenaw County.

Look inside for the HAP 2016 Medicare Plan Comparison Chart
# HAP 2016 Medicare Plan Comparison Chart

## Monthly premium

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part B</td>
<td>Medicare Part B</td>
<td>Medicare Part B</td>
</tr>
<tr>
<td>$66</td>
<td>$79</td>
<td>$89</td>
</tr>
</tbody>
</table>

## Annual Medicare deductible**

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,850</td>
<td>$4,850</td>
<td>$6,350</td>
</tr>
</tbody>
</table>

## Medicare preventive services†

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

## Outpatient hospital 0-20% $0/$75 $0/$100 $0/$100 $0/$100 $0/$75 $0/$100

## Eye wear†† or contacts

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>One pair/2 years</td>
<td>One pair/2 years</td>
</tr>
</tbody>
</table>

## Prescription copays

### Tier 1, 2

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2 preferred generic</td>
<td>$2 preferred generic</td>
</tr>
</tbody>
</table>

### Tier 3, 4, 5

<table>
<thead>
<tr>
<th>Tier 3, 4, 5</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$45 preferred brand</td>
<td>$45 preferred brand</td>
</tr>
</tbody>
</table>

## Disease management programs

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2.95 or 5%, whichever is greater</td>
<td>$2.95 or 5%, whichever is greater</td>
</tr>
</tbody>
</table>

## Policy maximums

### In-network

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,260 deductible per benefit period</td>
<td>$1,260 deductible per benefit period</td>
<td>$1,260 deductible per benefit period</td>
</tr>
</tbody>
</table>

### Uninsured (after deductible)

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7.40 or 5%, whichever is greater</td>
<td>$7.40 or 5%, whichever is greater</td>
</tr>
</tbody>
</table>

## Out-of-pocket costs ‡

### Outpatient Substance Abuse, DME, Prosthetics, Eyewear

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,260 deductible per benefit period</td>
<td>$1,260 deductible per benefit period</td>
</tr>
</tbody>
</table>

### 30-day supply****

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2 preferred generic</td>
<td>$2 preferred generic</td>
</tr>
</tbody>
</table>

### 90-day supply

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2.95 or 5%, whichever is greater</td>
<td>$2.95 or 5%, whichever is greater</td>
</tr>
</tbody>
</table>

## Out-of-network (OON) Varies None None 20% up to $800 20% up to $1,000 20% up to $1,000 25% or 50%** 20% or 50%**

## Medicare preventive services†

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

## Preventative care

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

## Standard X-rays/

### Outpatient hospital

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,260 deductible per benefit period</td>
<td>$1,260 deductible per benefit period</td>
</tr>
</tbody>
</table>

## Initial coverage limit: $3,310

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage gap (Donut hole)</td>
<td>Coverage gap (Donut hole)</td>
</tr>
</tbody>
</table>

## 30-day supply****

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2 preferred generic</td>
<td>$2 preferred generic</td>
</tr>
</tbody>
</table>

## Catastrophic coverage

<table>
<thead>
<tr>
<th>Tier 1, 2</th>
<th>Tier 3, 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7.48 or 5%, whichever is greater</td>
<td>$7.48 or 5%, whichever is greater</td>
</tr>
</tbody>
</table>

Any questions? **We’re here to help!**

Call (800) 868-3153 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

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* Medical definitions do not apply to all services. Refer to our detailed materials for more information.

** Out-of-network (OON) benefits of PPO plans have 50 percent coinsurance in the following services: Preventive care, inpatient hospital, inpatient hospital excluding observation care, Outpatient Subacute, Home, Hospice, Eye wear.

† Brand deductible only applies to Tier 1, 2 and 3.

**** A 30-Day supply is available in most exceptions for 2-3 times the 30-day cost.

†† There is no office visit copay in-network when only Medicare preventive services are rendered.

††† The Flexible Health Options benefit may be available in some of our group-purchased plans. Unused amounts cannot be carried over month to month.

†‡ Excludes monthly premiums and costs of non-covered drugs, including costs of drugs purchased outside the U.S.

For all plans, you must continue to pay your Medicare Part B premium. Your plan premium may be reduced if you qualify for extra financial assistance. All drug costs on our Formulary (drug list) are covered at the HAP negotiated price. You pay the lower of your copay or the actual cost of a covered drug.

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**The Flexible Health Options benefit may be available in some of our group-purchased plans. Unused amounts cannot be carried over month to month.**

**Exclude monthly premiums and costs of non-covered drugs, including costs of drugs purchased outside the U.S.**

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**Any questions? We’re here to help!**

Call (800) 868-3153 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.
HMO
HAP Senior Plus – Henry Ford.

Quality, coordinated benefits – across Henry Ford Health System.

When you enroll in HAP Senior Plus – Henry Ford, you have access to Henry Ford’s health system. This includes an impressive roster of more than 1,400 doctors and specialists. You can access the Henry Ford Health System (HFHS) hospitals as well as dozens of its conveniently located health care facilities. This plan serves people with Medicare who reside in Wayne, Oakland or Macomb counties and prefer to use doctors/hospitals in the HFHS.

Your primary care physician. Your most valuable partner.

When you join HAP Senior Plus – Henry Ford, the first thing you’ll do is choose your primary care physician (PCP) from our network of qualified doctors. Your PCP is your primary partner for good health.

Your PCP is a doctor who:

- Knows your medical history
- Works with HAP Senior Plus to coordinate your care
- Guides you to specialists when you need them
- Coordinates all primary and specialty care through the Henry Ford Health System
- Makes sure you get the care you need – at the right time and in the right setting

You choose a PCP from the doctors of the Henry Ford Health System who practice in Wayne, Oakland and Macomb counties. If the PCP you select belongs to the Henry Ford Medical Group, he/she will also refer you to specialists when you need them within the Henry Ford Medical Group.

Or you may select a PCP from those who are part of Henry Ford Health System but not part of the Henry Ford Medical Group. This PCP will still coordinate your care, but you may see specialists within the entire HAP Senior Plus – Henry Ford network. Our HAP Senior Plus – Henry Ford Provider Directory has more details. You’ll see which Henry Ford Health System doctors participate in this plan.

This is a great, affordable choice for people who live in Wayne, Oakland or Macomb counties.

Exceptional care at every turn.

Choosing a Henry Ford Health System doctor brings care at a great value. Here are just a few examples of how Henry Ford Health System makes health care easier for you:

- Get same-day care with convenient early and late hours
- Make same-day appointments with your primary care physician (PCP)

Taking care of you wherever you go.

You are covered for emergencies and urgent care at home, as well as when you travel anywhere in the world. Your copay is the same no matter where you are. With Hap Senior Plus – Henry Ford Option 2 you have access to prescriptions from network pharmacies across the United States.

- Access walk-in care at select Henry Ford Medical Centers with convenient early and late hours
- Send a message to your doctor online, or have an eVisit
- View lab or test results online – often within 48 hours
- Get answers to health questions after hours with a Henry Ford Nurse On-Call
HMO-POS
HAP Senior Plus – Expanded Network

A great value. Great service and out-of-network options.

HAP Senior Plus – Expanded Network offers the option to seek out-of-network care. You’ll save money when using any of the 9,500 doctors and specialists and contracted hospitals within the 10-county Michigan area. You’ll have the same in-network copay for routine and specialty services. This plan serves people with Medicare who reside in Wayne, Oakland, Macomb, Genesee, Lapeer, Livingston, Monroe, St. Clair, Shiawasee or Washentaw County.

Your primary care physician. Your most valuable partner.

When you join HAP Senior Plus – Expanded Network, the first thing you’ll do is choose your primary care physician (PCP). Choose one from our vast network of qualified doctors. The choice is yours. It’s likely that your current doctor and hospital are already part of HAP. If not, let us know. We can talk with your doctor about joining us!

Your PCP is your partner for good health. A doctor who:

- Knows your medical history
- Works with HAP Senior Plus to coordinate in-network care
- Guides you to specialists when you need one
- Coordinates all in-network primary and specialty care
- Makes sure you get the care you need – at the right time and in the right setting

If you have more than one chronic condition, your PCP helps coordinate your care with your specialists. Your PCP may refer you for specialty services from a specialist or facility within his/her network, but you can choose to get care from any HAP Senior Plus – Expanded Network specialist. You may also use any HAP Senior Plus – Expanded Network contracted hospital for in-patient care.

Exceptional care at every turn.

Choosing a Henry Ford Health System* doctor brings care at a great value. Here are just a few examples of how Henry Ford Health System makes health care easier for you:

- Make same-day appointments with your primary care physician (PCP)
- Access walk-in care at select Henry Ford Medical Centers with convenient early and late hours
- Send a message to your doctor online, or have an eVisit
- View lab or test results online – often within 48 hours
- Get answers to health questions after hours with a Henry Ford Nurse On-Call

*Other providers are available in our network.

Taking care of you wherever you go.

You are covered for emergencies and urgent care at home as well as anywhere in the world. Your copay is the same no matter where you are. You also have the option to seek some routine care from any Medicare participating doctor, specialist or hospital with the Point of Service plan benefit. You have drug coverage from our network of pharmacies across the United States.
The benefits you need + national provider network.

Alliance Medicare PPO provides more health care coverage than Original Medicare – including drug benefits. It also lets you see Medicare providers nationwide.

Serving Medicare beneficiaries in nine counties.

Alliance Medicare PPO serves people with Medicare who live in Wayne, Oakland, Macomb, Genesee, Lapeer, Livingston, Monroe, St. Clair or Washtenaw county.

Your choice of doctors.

As an Alliance Medicare PPO member, you can choose:

- Medicare doctors and hospitals in our comprehensive approved network within the nine counties of Michigan.
- Any Medicare doctor or hospital in the U.S.

Alliance Medicare PPO covers your care, whether it is in- or out-of-network, with no referrals.

Your costs may be higher when using out-of-network providers. You also have coverage anywhere in the world for urgent and emergency care. The copay is the same each visit.

Exceptional care at every turn.

Choosing a Henry Ford Health System* doctor brings the best care at a great value. Here are just a few:

- Make same-day appointments with your primary care physician (PCP)
- Access walk-in care at select Henry Ford Medical Centers with convenient early and late hours
- Send a message to your doctor online, or have an eVisit
- View lab or test results online – often within 48 hours
- Get answers to health questions after hours with a Henry Ford Nurse On-Call

Taking care of you wherever you go.

You are covered for emergencies and urgent care at home as well as when you travel anywhere in the world. Your copay is the same no matter where you are. You also have access to prescriptions from our network of pharmacies across the United States.

As a member of Alliance Medicare PPO, you can use any Medicare participating doctor or hospital in the United States. Out-of-network benefits may apply.

A significant value.

When you choose Alliance Medicare PPO, you are choosing coverage that focuses on your overall health and well-being, such as:

- Control over which doctors and specialists you see
- Access to the health care you need whenever and wherever you need it

*Other providers are available in our network.
Good dental health is important to your overall well-being.

To make it easier to manage the costs of dental care, our Medicare Advantage plans offer an optional benefit – dental coverage through Delta Dental PPO network, which can be combined with any of our Medicare Advantage plans.

The chart below summarizes the plan benefits you can receive when you pay the additional dental premium.

### Delta Dental PPO

<table>
<thead>
<tr>
<th>Plan 2</th>
<th>Plan 1 Pays*</th>
<th>Plan 2 Member Pays*</th>
<th>Plan 1 Pays</th>
<th>Plan 2 Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$23.35/month</td>
<td>$44.92/month</td>
<td>$800</td>
<td>$1,500</td>
</tr>
<tr>
<td>Deductible</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Diagnostic and preventive services</td>
<td>50%</td>
<td>0%</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Emergency pain treatment</td>
<td>50%</td>
<td>0%</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>X-rays</td>
<td>50%</td>
<td>30%</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Oral surgery services</td>
<td>50%</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Fillings and other restorative services</td>
<td>50%</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns and other major restorative services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*The dental plan premium is paid in addition to your HAP plan premium. Dental benefits are paid based on Delta Dental PPO negotiated in-network fee schedule. You pay the difference if any. The dental plan premium and services do not count toward your annual Maximum Out-of-Pocket cost. Delta Dental is a registered trademark of the Delta Dental Plans Association. If you choose to add the optional dental coverage, the dental premium will be included on your monthly billing statement.

### Important plan information

You may be eligible to enroll if you are entitled to Medicare benefits under Part A and enrolled in Part B and reside within Wayne, Oakland, Macomb, Genesee, Lapeer, Livingston, Monroe, Sanilac, Shiawassee, St. Clair or Washtenaw county. Medicare beneficiaries may enroll in a Medicare Advantage plan only during specific times of the year. For more information about enrollment rules, contact a licensed HAP Medicare sales representative.

This information is not a complete description of benefits. Contact HAP for more information. Limitations, copayment and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on Jan. 1 of each year. The Formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Medicare Advantage plan members must receive prescription drug coverage through their plan.

You can call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### Five easy ways to enroll now.

To enroll in one of our Medicare plans, use one of these five options:

1. Enroll online at hap.org/medicare
2. Call a licensed HAP Medicare sales representative at: (800) 868-3153 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.
3. Come to a free HAP Medicare workshop where you can talk with other Medicare beneficiaries.
   - A licensed HAP Medicare sales team member will be present with information and applications.
   - Call us at (800) 449-1515 or go online for dates and locations near you.
   - For accommodation of persons with special needs at sales meetings, call (800) 449-1515 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m.
4. Complete and mail your enrollment form to:
   HAP Medicare Division
   2850 W. Grand Blvd.
   Detroit, MI 48202
5. Enroll online through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov