

! This is a summary of health services covered by HAP Midwest MI Health Link for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits.

- HAP Midwest MI Health Link Medicare Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Under HAP Midwest MI Health Link you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have HAP Midwest MI Health Link pay for your services. For more information, call HAP Midwest MI Health Link Member Services or read the HAP Midwest MI Health Link Member Handbook.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year.
- You can get this information for free in other languages. Call (888) 654-0706. The call is free.

Puedes hablar con alguien acerca de obtener esta información en otros idiomas. Llamar al (888) 654-0706. La llamada es gratuita.. مة كفال م ال الية مجان. ك كن م ي تحدث ال مع شخص ما حول صول ح ال لى ع هذه لومات ع م ال ي ف غات ل أخرى (888) 654-0706

You can also get this information for free in other formats, such as large print, braille, or audio. Call (888) 654-0706 seven days a week, 8 a.m. to 8 p.m. The call is free.

? **If you have questions**, please call HAP Midwest MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit hap.org/midwest.

THE FOLLOWING CHART LISTS FREQUENTLY ASKED QUESTIONS.

Frequently Asked Questions (FAQ)	Answers
<p>What is a Medicare-Medicaid Plan?</p>	<p>A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>
<p>What is a HAP Midwest MI Health Link Care Coordinator?</p>	<p>A HAP Midwest MI Health Link Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.</p>
<p>What are long term supports and services?</p>	<p>Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>
<p>Will you get the same Medicare and Michigan Medicaid benefits in HAP Midwest MI Health Link that you get now?</p>	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from HAP Midwest MI Health Link. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently receiving services for mental health, substance use, or intellectual/developmental disability needs, you will continue to receive these services the same way you do now.</p> <p>When you enroll in HAP Midwest MI Health Link, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep seeing your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that HAP Midwest MI Health Link does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for HAP Midwest MI Health Link to cover your drug, if medically necessary.</p>

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HAP Midwest MI Health Link : Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with HAP Midwest MI Health Link and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in HAP Midwest MI Health Link’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HAP Midwest MI Health Link’s plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read HAP Midwest MI Health Link’s Provider and Pharmacy Directory.</p> <p>If HAP Midwest MI Health Link is new for you, you can continue seeing the doctors you go to now while your IICSP is being developed</p>
<p>What happens if you need a service but no one in HAP Midwest MI Health Link’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, HAP Midwest MI Health Link will pay for the cost of an out-of-network provider.</p>
<p>Where is HAP Midwest MI Health Link available?</p>	<p>The service area for this plan includes: Wayne and Macomb Counties, Michigan. You must live in one of these areas to join the plan.</p>
<p>Do you pay a monthly amount (also called a premium) under HAP Midwest MI Health Link?</p>	<p>You will not pay any monthly premiums to HAP Midwest MI Health Link for your health coverage.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from HAP Midwest MI Health Link before you can get a specific service or drug or see an out-of-network provider. HAP Midwest MI Health Link may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get approval first.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>What is a referral?</p>	<p>A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, HAP Midwest MI Health Link may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.</p>
<p>Whom should you contact if you have questions or need help?</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call HAP Midwest MI Health Link Member Services:</p> <p>CALL (888) 654-0706 Calls to this number are free, seven days a week, 8 a.m. to 8 p.m.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free, seven days a week, 8 a.m. to 8 p.m.</p>

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Frequently Asked Questions (FAQ)	Answers
Whom should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the 24 Hour Nurse Advice line:</p> <p>CALL (855) 894-3798 Calls to this number are free, 24 hours, seven days a week.</p> <p>TTY 711 Calls to this number are free, seven days a week, 8 a.m. to 8 p.m.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local Pre-paid Inpatient Health Plan (PIHP):</p> <p>CALL (800) 241-4949 (Wayne County) (586) 307-9100 (Macomb County, you may call collect)</p> <p>Calls to this number are free, 24 hours, 7 days a week</p> <p>TTY 711 Calls to this number are free, 24 hours, seven days a week.</p>



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THE FOLLOWING CHART IS A QUICK OVERVIEW OF WHAT SERVICES YOU MAY NEED, YOUR COSTS AND RULES ABOUT THE BENEFITS.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor’s office	\$0	Prior authorization rules may apply
	Specialist care	\$0	Referral needed
	Care to keep you from getting sick, such as flu shots	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization rules may apply
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply
	Screening tests, such as tests to check for cancer	\$0	Prior authorization rules may apply
You need drugs to treat your illness or condition	Generic drugs (no brand name)	\$0 copay for a 30 day supply.	There may be limitations on the types of drugs covered. Please see HAP Midwest MI Health Link’s List of Covered Drugs (Drug List) for more information.

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HAP Midwest MI Health Link : **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Brand name drugs	\$0 copay for a 30 day supply.	There may be limitations on the types of drugs covered. Please see HAP Midwest MI Health Link’s List of Covered Drugs (Drug List) for more information.
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see HAP Midwest MI Health Link’s List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization rules may apply



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HAP Midwest MI Health Link : **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	The plan covers emergency care or urgently needed care that you get from an out-of-network provider. No referral or prior authorization is required.
	Ambulance services	\$0	
	Urgent care	\$0	The plan covers emergency care or urgently needed care that you get from an out-of-network provider. No referral or prior authorization is required.
You need hospital care	Hospital stay	\$0	Prior authorization needed unless your stay is an emergency
	Doctor or surgeon care	\$0	
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization rules may apply
	Medical equipment for home care	\$0	Prior authorization rules may apply
	Skilled nursing care	\$0	Prior authorization rules may apply
You need eye care	Eye exams	\$0	
	Glasses	\$0	

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HAP Midwest MI Health Link : **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures	\$0	Root canals and crowns are not covered.
You need hearing/auditory services	Hearing screenings	\$0	
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	
You have a mental health condition	Behavioral health services	\$0	Provided through the Pre-paid Inpatient Health Plan (PIHP). Prior authorization rules may apply
You have concerns related to substance use	Substance use services	\$0	Provided through the Pre-paid Inpatient Health Plan (PIHP)
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization rules may apply
	Canes	\$0	Prior authorization rules may apply
	Crutches	\$0	Prior authorization rules may apply
	Walkers	\$0	Prior authorization rules may apply
	Oxygen	\$0	Prior authorization rules may apply



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HAP Midwest MI Health Link : **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Home services, such as cleaning or housekeeping	\$0	Referral needed
	Changes to your home, such as ramps and wheelchair access	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Personal care services (You may be able to employ your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization rules may apply
	Home health care services	\$0	Prior authorization rules may apply
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
You need a place to live with people available to help you	Nursing home care	A patient pay amount may be required for non-skilled days of service.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Prior authorization rules may apply.
Your caregiver needs some time off	Respite care	\$0	Prior authorization rules may apply

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Other services that HAP Midwest MI Health Link covers.

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by HAP Midwest MI Health Link	Your costs for IN-NETWORK providers
Family Planning Services	\$0
Personal Emergency Response System	\$0
Podiatry Visits	\$0

Benefits covered outside of HAP Midwest MI Health Link

This is not a complete list. Call Member Services to find out about other services not covered by HAP Midwest MI Health Link but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services	

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Services that HAP Midwest MI Health Link, Medicare, and Michigan Medicaid do NOT cover.

This is not a complete list. Call Member Services to find out about other excluded services.

Services NOT covered by HAP Midwest MI Health Link, Medicare, or Michigan Medicaid	
Services for treatment of infertility.	Acupuncture
Hospice Services	Naturopath Services
Elective Cosmetic Services	Reversal of sterilization procedures and/or sex change operations
Experimental treatments (unless covered by Medicare or under a Medicare approved clinical research study)	Elective abortions and related services

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Your rights as a member of the plan

As a member of HAP Midwest MI Health Link, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook. Your rights include, but are not limited to, the following:

You have a right to respect, fairness and dignity.

This includes the right:

- o To get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
- o To get information in other formats (e.g., large print, braille, audio)
- o To be free from any form of restraint or seclusion
- o To not be billed by network providers

You have the right to get information about your health care.

This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:

- o Description of the services we cover
- o How to get services
- o How much services will cost you
- o Names of health care providers and care managers

You have the right to make decisions about your care, including refusing treatment.

This includes the right:

- o To choose a Primary Care Provider (PCP) and you can change your PCP at any time
- o To see a women's health care provider without a referral
- o To get your covered services and drugs quickly
- o To know about all treatment options, no matter what they cost or whether they are covered
- o To refuse treatment, even if your doctor advises against it
- o To stop taking medicine
- o To ask for a second opinion. HAP Midwest MI Health Link will pay for the cost of your second opinion visit.



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Your rights as a member of the plan (continued)

You have the right to timely access to care that does not have any communication or physical access barriers.

This includes the right:

- o To get medical care timely
- o To get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
- o To have interpreters to help with communication with your doctors and your health plan.

You have the right to seek emergency and urgent care when you need it.

This means you have the right:

- o To get emergency services without prior approval in an emergency
- o To see an out of network urgent or emergency care provider, when necessary

You have a right to confidentiality and privacy.

This includes the right:

- o To ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
- o To have your personal health information kept private.


You have the right to make complaints about your covered services or care.

This includes the right:

- o To file a complaint or grievance against us or our providers
- o To ask for a state fair hearing
- o To get a detailed reason for why services were denied

For more information about your rights, you can read the HAP Midwest MI Health Link Member Handbook.

If you have questions, you can also call HAP Midwest MI Health Link Member Services.

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If you have a complaint or think we should cover something we denied

If you have a complaint or think HAP Midwest MI Health Link should cover something we denied, call HAP Midwest MI Health Link at (888) 654-0706. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the HAP Midwest MI Health Link Member Handbook. You can also call HAP Midwest MI Health Link Member Services.

Complaints, grievances and appeals are all accepted either verbally through Member Services or in a written format. You can bring your written information to us personally or send it to us in the mail. The address for the plan is:
HAP Midwest MI Health Link | 4700 Schaefer Rd Suite 340 | Dearborn, MI 48126

If you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at HAP Midwest MI Health Link Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at <http://www.michigan.gov/ag/0,1607,7-164-17331-46928--,00.html> .



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