Senior Plus (hmo)

Health Alliance Plan of Michigan

HAP Senior Plus HMO

BORG-WARNER AUTOMOTIVE, INC. - FULL HMO NETWORK (MA)

MA000143

Health Care Services	In-Network Coverage	Limitations
Benefit Period, Annual Deductible, and Annual Co-insurance Maximums:		
Benefit Period:	Calendar Year	
Annual Deductible	None	
Co-insurance (amount member pays)	None	
Annual Co-insurance Maximum	None	
Maximum-Out-of-Pocket Cost**	$6,700 Individual	These values do not accumulate: Premiums, balance-billed charges, pharmacy liabilities, and health care this plan doesn't cover. All other cost sharing applies.
Preventive Services:		
Preventive Office Visit	Covered	
Immunizations	Covered	
Related Laboratory and Radiology Services	Covered	
Pap Smears and Mammograms	Covered	
Outpatient & Physician Services:		
Personal Care Physician Office Visit	Covered	
Specialty Physician Office Visit	Covered	
Gynecology Office Visit	Covered	
Audiology Office Visit	Covered	
Eye Examination Office Visit	Covered	
Allergy Treatment and Injections	Covered	
Laboratory and Radiology Services	Covered	
Dialysis	Covered	
Chemotherapy	Covered	
Radiation Therapy	Covered	
Outpatient Surgery	Covered	
Chiropractic Office Visit and Related Services	Covered	Manipulation of the spine for subluxation only

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Emergency/Urgent Care:		
Emergency Room Services	Covered	
Urgent Care Facility Services	Covered	
Emergency Ambulance Services	Covered	
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	
Bariatric Surgery & Related Services	Covered	
Mental/Behavioral Health:		
Inpatient Services *	Covered	Unlimited
Outpatient Services	Covered	Unlimited
Substance Use Disorder:		
Inpatient Services *	Covered	Unlimited
Outpatient Services	Covered	Unlimited
Other Services:		
Home Health Care	Covered	
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	Up to 730 days per benefit period
Durable Medical Equipment; Prosthetics & Orthotics	Covered	Coverage provided for approved equipment based on Medicare guidelines
Hearing Aid Hardware	Covered	Covered for authorized conventional hearing aids

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Vision Hardware	Not Covered	See Evidence of Coverage (EOC) for benefits related to cataract surgery.
Physical, and Speech Therapy (PT/ST)	Covered	May be rendered at home-Medicare Limitations Apply
Occupational Therapy (OT)	Covered	May be rendered at home-Medicare Limitations Apply
Assisted Reproductive Technologies	Covered	One attempt of artificial insemination per lifetime
Pharmacy: Not Covered		

Riders: S000, S013, S057, X401, X417, X448, X573, X558

* 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.