



Here, partnering with doctors near you

HAP Choice Medicare - West Michigan (HMO) plans are an affordable option for residents of Kent, Oceana, Ottawa and Muskegon counties.

You can join a HAP Choice Medicare - West Michigan (HMO) plan if you're eligible for Medicare Part A, enrolled in Medicare Part B and you live in our service area counties that seek care through Mercy Health. Highlights of the plan include:

- **\$0 copays for primary care physician (PCP) visits, outpatient diagnostic labs, annual physicals, routine eye exams, preventive dental appointments and hearing exams.**
- **Telehealth lets you see doctors 24/7** - Telehealth visits are an important line of defense during the COVID-19 pandemic. HAP Medicare members can use telehealth services for PCP visits, behavioral health and dermatology.
- **\$0 gym membership** - The benefit on this plan provides a membership to Peerfit® Move, a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.
- **Out-of-State Travel Benefits for Extended Stays** - Enjoy in-network prices for copays when you visit any Medicare-participating provider in Arizona, Florida, Texas and Northern Michigan.

Primary care driven health plan

An in-network primary care physician will provide oversight of your care. When you become a member of this plan, you must choose an in-network provider to be your PCP. Your PCP will provide most of your care and will help you arrange or coordinate the rest of the covered services you get as a member of our plan. You will need a referral from your PCP for specialty visits.

HAP Choice Medicare - West Michigan (HMO) is a health plan with a Medicare contract. Enrollment depends on contract renewal.

2021

HAP Choice Medicare - West Michigan (HMO) Planning Guide

**HAP
IS HERE**

Making it easy
to enroll in Medicare



MEDICARE
SOLUTIONS



New Medicare Advantage options start at \$0/month.
For more information, visit hap.org/choicemedicare
or call (833) 923-1887 (TTY: 711).

HAP Choice Medicare - West Michigan (HMO)

	Option 1 (Plan 026)	Option 2 (Plan 027)
Monthly premium	\$0	\$30
Annual medical deductible	\$0/year	\$0/year
Maximum out-of-pocket	\$4,800 for services from in-network providers	\$3,900 for services from in-network providers
Primary doctor/specialty visits (PCP referral needed for specialty)	\$0/\$40	\$0/\$30
Inpatient hospital	\$235 per day (days 1-7) Unlimited days	\$210 per day (days 1-7) Unlimited days
Emergency (ER)/urgent care (UC)	\$90 [†] /\$65	\$90 [†] /\$65
Physical/occupational/speech therapy visits	\$0	\$0
Labs/outpatient hospital	\$0/\$205	\$0/\$185
Over-the-counter medication	\$75 allowance/quarter	\$100 allowance/quarter
Prescription drug deductible	\$0/year	\$0/year
Prescription copays 30-day supply*	Preferred/non-preferred pharmacy network	Preferred/non-preferred pharmacy network
Tier 1 – preferred generics	\$0/\$6	\$0/\$6
Tier 2 – generics	\$10/\$15	\$10/\$15
Tier 3 – preferred brand	\$42/\$47	\$42/\$47
Tier 4 – non-preferred drugs	48%/50%	48%/50%
Tier 5 – specialty tier	33%/33%	33%/33%
Tier 6 –select care drugs (most preventive vaccines)	\$0	\$0
Preferred mail order – 90-day supply	\$0 copay T1 & T2	\$0 copay T1 & T2
	These plans have copay coverage for Tier 1 and Tier 2 drugs in the coverage gap (donut hole).	
	Initial coverage limit (combined drug costs paid by you and the plan): \$4,130 [‡]	

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

* A 90-day supply at mail order is \$0 for T1 & T2 through a preferred pharmacy; 90-day supply for T3 & T4 is 2.5 times the 30-day copay; a 90-day supply is not available for Tier 5.

† Copayment is waived if admitted to hospital.

‡ Excludes monthly premiums and costs of noncovered drugs, including costs of drugs purchased outside the U.S.

All drugs 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.



Here, with dental, vision, hearing aids, and over-the-counter allowance

Every Medicare Advantage plan includes:



DENTAL COVERAGE

with \$0 copays on preventive care: 2 cleanings, 2 exams and bite-wing x-rays



HEARING EXAM COVERAGE AND HEARING AIDS

with routine hearing exam copays as low as \$0 and special copays on hearing aids



VISION COVERAGE

with \$0 copays on routine exams and \$125 allowance/year for eyewear



UP TO \$400/YEAR OTC ALLOWANCE

for over-the-counter items and medications

Additional Dental Coverage

Additional Dental Coverage for purchase. Must be selected at time of enrollment.

	Optional Dental Coverage [†]		
	Delta Dental 25	Delta Dental 50	Delta Dental 70
Premium	\$19.00	\$21.00	\$40.80
Individual annual maximum coverage	\$2,500	\$800	\$1,500
Diagnostic & preventive services coverage	100%	100%	100%
Basic services coverage	25%	50%	70%
Major services coverage	25%	50%	50%

[†] No wait time on use of dental benefit.

Delta Dental 25 doesn't cover implants, bridges, crowns and dentures.

For dental plan details visit hap.org/medicare-dental