



Our HMO plans make it easier for you to *get and stay healthy*



What's an HMO plan?



With this plan, your care is coordinated through your primary care physician. Your PCP will provide your preventive care, keep your medical history updated and help you choose a specialist if you need one.

When you need to see a specialist for an initial consultation, you don't need to get a referral from HAP.

Network coverage

For everyday health care services, you must see a doctor in HAP's HMO network. But, if you have an emergency or urgent care need, your services are covered 24/7 at any emergency or urgent care facility nationwide.

The Assist America global emergency services program supports you when you have a medical emergency away from home. Whenever you, your spouse or dependent children travel more than 100 miles away from home (for no longer than 90 days in a row), you can call upon Assist America to help handle any medical emergency.

Visit assistamerica.com/hap for more information.

Leading doctors and hospitals



HMO members are required to choose a PCP. Our HMO network includes thousands of doctors and leading hospitals.

To find doctors within your HMO plan, log in at hap.org and click "Find a Doctor" at the top of the page or visit hap.org/hmodoctors. You can also call the customer service number on the back of your ID card for assistance in making a PCP selection.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.



Coverage away from home for students

Have dependents away at school? Students with HMO coverage have access to covered services across the country. With prior approval, they have expanded coverage. To learn more, visit hap.org/studentsaway.



Prescription coverage

To make sure you receive the appropriate medications, HAP has a list of covered drugs, also called a formulary. These drugs are covered at different copay levels called tiers.

Learn more at hap.org/prescription-drug.



Keeping you healthy

Preventive care is an important part of staying healthy. HAP members are covered for a wide range of routine services including annual wellness checkups, breast cancer screenings, immunizations and more.

For a full list of preventive services, visit hap.org/preventive-services.

We're committed to your health

We want to help you achieve the best health possible. We offer many health and wellness programs:



- Care management programs
- iStrive® for Better Health digital wellness manager
- Behavioral health management
- Weight management programs
- Tobacco cessation program

Learn more at hap.org/health.

When you're a HAP member, you can access:



- Your online member account at hap.org/login
- Telehealth services at hap.org/telehealth
- Health Care Cost Estimator at hap.org/hap-member/costestimator
- HAP Member Discounts at hap.org/member-discounts
- A dedicated team to answer your questions by calling (800) 422-4641 (TTY: 711)

For more information, visit hap.org/through-employer/member-resources.



Benefit Explainer Summaries



Behavioral Health

HAP's Coordinated Behavioral Health Management team can connect members to specialists to help with mental illness and addictions.

 hap.org/cbhm



Diabetes Care

HAP members diagnosed with type 1 and type 2 diabetes can receive disease management support so they may better manage their condition.

 hap.org/diabetescare



Health Care Cost Estimator

Our Health Care Cost Estimator is an online tool designed to provide you with estimated prices for doctor visits, procedures, and treatments.

 hap.org/cost



Member Discounts

Exclusive discounts on a variety of health and wellness-related activities and services, helping HAP members stay healthy while saving money.

 hap.org/discounts



Students Away – Coverage for Dependents

Healthcare coverage for full-time students aged 17 through 25 as part of an employer-provided plan.

 hap.org/students

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Health Programs and Vendor Summaries

Fitness Programs



Active&Fit® Discount Gym Membership and Fitness

The Active&Fit fitness benefit offers HAP commercial members a discount on popular gym memberships in Michigan, including digital workout videos and one-on-one well-being coaching, for a low monthly fee.

 hap.org/fitness



SilverSneakers® Fitness Benefit

The SilverSneakers fitness program is designed to promote an active and healthy lifestyle for Medicare Advantage seniors. SilverSneakers provides local and nationwide access to gyms, 24/7 online classes, and virtual trainers.

 hap.org/fitness

Pharmacy Programs



Prescription Drug Home Delivery

HAP members can have prescription medications mailed right to their door with free home-delivery pharmacy service through Pharmacy Advantage.

 hap.org/delivery

Continued

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Prevention Focused Programs



Assist America – Travel & ID Theft Protection

HAP members receive Emergency Travel Protection assistance when travelling over 100 miles from home, and Identify Theft Protection.

 hap.org/assist



Vision Coverage

The HAP vision benefit through EyeMed provides a free annual routine eye exam, plus access to 6,000+ providers in Michigan, and discounts on name brand frames and contact lenses.

 hap.org/myvision



Telehealth Benefits

Licensed and board-certified doctors are available 24/7 for live, online visits via mobile phone, tablet, or computer. Ideal for non-emergency illnesses.

 hap.org/telehealth



Henry Ford Health Virtual Care

HAP members can engage with a Henry Ford doctor any time, any place — via video visits, email, and messaging. Members have 24/7 access to non-emergency medical advice and in-home remote monitoring for chronic conditions.

 hap.org/telehealth

Supportive Care Programs



Maternity Services

Fully integrated program helps HAP members through each step of their pregnancy journey with interventions via mobile app, remote patient monitoring and case management. End to end engagement for all risk levels – fertility, pregnancy, postpartum, parenting, and return to work.

 hap.org/mymaternity

HAP HMO Enrollment Application



To be filled out by employer

Group ID	Sub-Group ID	Class ID	Effective Date of Coverage
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NOTE: Orange shaded areas are required.

To be filled out by the applicant

Enrolling for HMO POS

Last Name	Legal First Name	Middle Initial	Primary Phone	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race/ Ethnicity (see codes below) _/_	Social Security Number
Address	Apt	City	State	Zip	County	Tobacco Use (over last six months)** <input type="checkbox"/> Yes <input type="checkbox"/> No	Email
Name of Employer				Date of Hire (required)	Location Code		Date of Retirement (if applicable)
Primary Care Physician (PCP)				PCP Code/NPI			

IMPORTANT: List family members you are covering. Legal first name and middle initial only. Last name if different from yours.

Name and Middle Initial of Dependents	Social Security Number	Birth Date*	Sex	Race/ Ethnicity (see codes below)	Tobacco Use (over last six months)**	Relation- ship (see codes below)	Primary Care Physician (PCP)	PCP Code
				/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				/	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*A permanently disabled child of the Applicant (or Applicant's Spouse) can be enrolled even if over the age of 26. However, the permanently disabled child over the age of 26 cannot be married, must have been permanently disabled before reaching the age of 26 and must rely upon the Applicant (or Applicant's Spouse) for more than half of their support. We require proof of permanent disability within 31 days of enrollment.

**Applies to any applicant over age 18 who uses tobacco products regularly (four or more times per week), excluding those for religious use.

Race	Ethnicity	Relationship Codes
00 Unknown	00 Unknown	M Subscriber
01 Decline to Report	01 Decline to Report	H Husband/Spouse
02 White	20 Hispanic	W Wife/Spouse
03 Black or African American	21 Not Hispanic	DP Domestic Partner
04 American Indian or Alaska Native	22 Cuban	S Son (Dependent)
05 Asian	23 Mexican, Mexican American, Chicano/a	D Daughter (Dependent)
06 Asian Indian	24 Puerto Rican	OP Other Partner (University Clients Only)
07 Chinese	25 An Ethnicity Not Listed Above	HD Permanently Disabled (Dependent)
08 Filipino		SD Sponsored Dependent (without Medicare)
09 Japanese		SR Senior Rider (with Medicare)
11 Vietnamese		
12 Other Asian		
13 Native Hawaiian or Other Pacific Islander		
14 Native Hawaiian		
15 Guamanian or Chamorro		
16 Samoan		
17 Other Pacific Islander		
18 Middle Eastern or North African		
19 Another Race Not Listed Above		

Continued on back

To be filled out by the applicant

Does anyone listed above have other health care coverage? If yes, complete the following:

Self Spouse Dependent

Type of coverage:

BCBS Other _____

Medicare Number _____

Effective Date for Part A _____

Effective Date for Part B _____

Medicaid Number _____

Have you or any of your dependents previously been a HAP or Alliance member? Yes No

Name _____

Former Number _____

Name/# _____

Name/# _____

Name/# _____

Are you to provide medical coverage for a child(ren) listed above according to a qualified medical child support order (QMSCO)?

Yes No

If yes, please attach document.

Does a qualified medical child support order (QMSCO) exist for any dependent child(ren) listed on this application?

Yes No

If yes, please attach document.

Must be signed below by person applying for coverage.

I am applying for the group health benefits that I am eligible for with my employer. All of the information I have given in this application is true and complete.

I know that if I give any false or misleading information on purpose my enrollment may be rejected or my enrollment may be terminated back to the date of the application. I know that if I leave out important information on this form my enrollment may be rejected or my enrollment may be terminated back to the date of the application. I know that I must also give true and complete information for my dependents (such as children, spouse or partner) or their enrollment may be rejected or terminated back to the date of the application.

Applicant Signature

Date MM/DD/YY

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Nondiscrimination Notice

Health Alliance Plan of Michigan (HAP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. HAP does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HAP provides:

- **Free aids and services to help people communicate effectively with us**
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, others)
- **Free language services to people whose primary language is not English**
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact HAP's customer service manager:

General - (800) 422-4641 (TTY: 711) **Medicare** - (800) 801-1770 (TTY: 711)

Hours are 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and 8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30)

If you believe that HAP has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability or sex, you can file a grievance with HAP's Appeal & Grievance team. Use the information below:

- **Mail:** 1414 E. Maple Rd., Troy, Michigan 48083
- **Phone:** **General** - (800) 422-4641 (TTY: 711)
 Medicare - (800) 801-1770 (TTY: 711)
- **Fax:** (313) 664-5866

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights' Complaint Portal Assistant at: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.
- **Phone:** (800) 368-1019 or TTY: (800) 537-7697.

Complaint forms are also available at www.hhs.gov/ocr/filing-with-ocr/



BENGALI:

মনোযোগ: আপনি যদি বাংলা ভাষায় কথা বলেন তবে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সাহায্য এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-800-801-1770 (TTY:711) নম্বরে কল করুন বা আপনার প্রদানকারীর সাথে কথা বলুন।

POLISH:

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie materiały pomocnicze i usługi zapewniające informacje w dostosowanych formatach są również dostępne bezpłatnie. Należy zadzwonić pod numer 1-800-801-1770 (TTY: 711) lub porozmawiać z lekarzem prowadzącym.

GERMAN:

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie unter 1-800-801-1770 (TTY:711) an oder sprechen Sie mit Ihrem Dienstleister.

ITALIAN:

ATTENZIONE: Se parli italiano, sono a tua disposizione servizi gratuiti di assistenza linguistica. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-801-1770 (TTY:711) o parla con il tuo fornitore.

JAPANESE:

ご案内: 日本語を話される方の場合、無料で言語支援サービスをご利用いただけます。また、情報をわかりやすい形式でご提供するための補助機器やサービスも無料でご利用いただけます。詳しくは、1-800-801-1770 (TTY: 711) までお電話いただくか、担当の医療提供者にご相談ください。

RUSSIAN:

ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также можно получить бесплатно. Позвоните по номеру 1-800-801-1770 (TTY:711) или обратитесь к своему врачу.

SERBIAN:

PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima takođe su dostupni besplatno. Pozovite 1-800-801-1770 (TTY:711) ili se obratite pružaocu usluga.

TAGALOG:

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Makukuha rin nang libre ang mga naaangkop na pantulong na suporta at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-801-1770 (TTY: 711) o makipag-usap sa iyong provider.

Employee Waiver of Coverage



Group ID _____

Employer _____

Employer Phone _____

I have been given the opportunity to apply for health care coverage in the Health Alliance Plan program offered to me by my employer. After serious consideration, I have decided not to apply for health care coverage in this program for the following reason:

- I have coverage through a spouse/parent
- I have coverage from a previous employer as a Retiree
- I am not choosing coverage due to affordability
- I have coverage through Exchange
- I have coverage through Medicare

Employee Signature

Date

Employee Name (please print)

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HAP2763560 - 8/2023