HAP CareSource™ | MDHHS Michigan Department of Health & Human Services | MI Coordinated Health

2027

Summary of Benefits

January 1, 2027 - December 31, 2027



HAP CareSource™
MI Coordinated Health
(HMO D-SNP)

H4193_MI-SNP-C-5620050_M

HAP CareSource MI Coordinated Health (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by HAP CareSource™ MI Coordinated Health (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of HAP CareSource MI Coordinated Health. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call HAP CareSource MI Coordinated Health at 1-833-230-2057 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. For more information, visit **HAPCareSource.com/MICH**.

A. Disclaimers



This is a summary of health services covered by HAP CareSource MI Coordinated Health for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the 2027 Member Handbook is available on our website at **HAPCareSource.com/MICH**. You may also call Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711) to ask us to mail you a 2027 Member Handbook. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week.

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at 1-833-230-2057 (TTY: 1-833-711-4711 or 711) during the hours listed above. Someone who speaks your language can help you. This is a free service.
- *ATENCIÓN: Si habla espanol, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-833-230-2057 (TTY: 1-833-711-4711 o 711). La llamada es gratis. El horario de atención es del 1 de octubre al 31 de marzo: de 8 a. m. a 8 p. m., de lunes a domingo; entre el 1 de abril y el 30 de septiembre: de 8 a. m. a 8 p. m., de lunes a viernes.*
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about HAP CareSource MI Coordinated Health, you can check the Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: 1-800-642-3195 or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8 am to 7pm, Monday through Friday (except holidays) or contact the MICH Office of the Ombudsman for free help. The MICH Ombudsman can help you with questions about or problems with the MICH program or our plan. The MICH Ombudsman is an independent program and isn't connected with this plan. The phone number is 1-888-746-6456. You can also visit the MICH Ombudsman's website at www.meji.org/mhlo.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-230-2057 (TTY: 1-833-711-4711 or 711) during the hours listed above. The call is free.**

- To receive this document in a language other than English or in an alternate format, please let our Member Services department know. We will keep a record of that request. For help or if you need to change your request, call Member Services at *1-833-230-2057 (TTY: 1-833-711-4711 or 711) during the hours listed above*. This call is free.
- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.
- HAP CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in HAP CareSource depends on contract renewal.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health (MICH) is a highly integrated dual eligible special needs plan (HIDE SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP 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 your providers and services. They all work together to provide the care you need.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in HAP CareSource MI Coordinated Health that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from HAP CareSource MI Coordinated Health. You'll 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 based on your needs, and your doctors' and care team's assessments. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in HAP CareSource MI Coordinated Health, you and your *care team* will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that HAP CareSource MI Coordinated Health doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for HAP CareSource MI Coordinated Health to cover your drug if medically necessary. For more information, call Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711). If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in HAP CareSource MI Coordinated Health, you and your Care Coordinator will work together to develop a Care Plan to address your health and support needs.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with HAP CareSource MI Coordinated Health and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network". Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in HAP CareSource MI Coordinated Health's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HAP CareSource MI Coordinated Health's plan. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you're currently under treatment with a provider that's out of HAP CareSource MI Coordinated Health's network, or have an established relationship with a provider that's out of HAP CareSource MI Coordinated Health's network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711) or read HAP CareSource MI Coordinated Health's *Provider and Pharmacy Directory* on the plan's website at **HAPCareSource.com/MICH.** If HAP CareSource MI Coordinated Health is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.

Frequently Asked Questions	Answers
What's a HAP CareSource MI Coordinated Health Care Coordinator?	A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You're assigned a Care Coordinator when you enroll with HAP CareSource MI Coordinated Health. Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care Coordinator. **Your Care Coordinator is your "go-to" person** for HAP CareSource MI Coordinated Health. Our goal in HAP CareSource MI Coordinated Health is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that's about your goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, 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. In some cases, a county or other agency may administer these services, and your Care Coordinator or care team will work with that agency.
What happens if I need a service but no one in HAP CareSource MI Coordinated Health's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, HAP CareSource MI Coordinated Health will pay for the cost of an out-of-network provider.

Frequently Asked Questions	Answers
Where's HAP CareSource MI Coordinated Health available?	The service area for this plan includes Macomb and Wayne Counties in Michigan. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from HAP CareSource MI Coordinated Health to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. HAP CareSource MI Coordinated Health may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. HAP CareSource MI Coordinated Health can provide you or your provider with a list of services or procedures that require you to get prior authorization from HAP CareSource MI Coordinated Health before the service is provided. Refer to **Chapter 3** of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711) for help.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under HAP CareSource MI Coordinated Health?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.
Do I pay a deductible as a member of HAP CareSource MI Coordinated Health?	No. You don't pay deductibles in HAP CareSource MI Coordinated Health.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of HAP CareSource MI Coordinated Health?	There's no cost sharing for medical services in HAP CareSource MI Coordinated Health, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Days 1 through 90; 60 lifetime reserve days Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization is required for some services.
	Outpatient hospital services, including observation	$0	Prior authorization is required for some services.
	Ambulatory surgical center (ASC) services	$0	Prior authorization is required for some services.
	Doctor or surgeon care	$0	Prior authorization is required for some services.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued from the previous page)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Covered Medicare Part B services include: Pneumonia vaccine Flu vaccine Hepatitis B vaccine COVID-19 vaccine Prior authorization may be required for some services
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	
	Services to help manage your disease	$0	Prior authorization is required for some services.

Health need or concern	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	Emergency room services are provided both in and out-of-network. Prior authorization is **NOT** required.
	Urgent care	$0	Urgent care services are provided both in and out-of-network. Prior authorization is **NOT** required.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization is required for some services.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization is required for some services.
	Screening tests, such as tests to check for cancer	$0	
You need hearing/auditory services (continued on the next page)	Hearing screenings	$0	Members receive one hearing exam each year
	Hearing aid evaluation and fitting	$0	Members receive one fitting and evaluation each year

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued from the previous page)	Hearing aids	$0	**Members have the following hearing aid coverage through Medicare:** Two hearing aids every 3 years, one for each ear. **Members also have the following hearing aid coverage through Medicaid:** 1 hearing aid for each ear, every 5 years. See the Healthy Benefits+ benefit for additional hearing coverage. Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)	Dental check-ups and preventive care • Oral exams • Periodontal evaluation • Routine x-rays • Teeth cleaning (prophylaxis) • Dental sealants • Fluoride treatments*	$0	You must use a participating Delta Dental provider To find dental providers in your area, visit http://deltadentalmi.com/members/find-a-dentist ***Note:** Two fluoride treatments and dental implants are subject to a **$3,000 Medicare dental allowance** annual maximum. See the Healthy Benefits+ benefit for additional dental coverage. **Because you have Medicaid**, many dental services including preventive and comprehensive dental services are covered. To view Medicaid dental coverage, visit caresource.com/mi/plans/medicaid/dental-coverage-hmp/ Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from the previous page)	Restorative and emergency dental care • Fillings • Crowns • Root canals • Scaling and root planing • Extractions • Dentures • Dental Implants* • And more	$0	You must use a participating Delta Dental provider To find dental providers in your area, visit http://deltadentalmi.com/members/find-a-dentist ***Note:** Two fluoride treatments and dental implants are subject to a **$3,000 Medicare dental allowance** annual maximum. **Because you have Medicaid**, many dental services including preventive and comprehensive dental services are covered. To view Medicaid dental coverage, visit caresource.com/mi/plans/medicaid/dental-coverage-hmp/ Prior authorization is required for some services.
You need eye care (continued on the next page)	Eye exams	$0	One routine eye exam every two years. You must use a participating EyeMed Vision Care provider. See the Healthy Benefits+ benefit for additional vision coverage.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued from the previous page)	Glasses or contact lenses	$0	You must use a participating EyeMed Vision Care provider. Members receive a **$250 Medicare allowance each year** that covers glasses and contact lenses. Additional benefits may be covered as part of your Medicaid benefit such as medically necessary contacts, repairs and replacements. Prior authorization is required for some services.
	Other vision care (such as an annual glaucoma screening for high-risk patients, and annual exam for diabetic retinopathy)	$0	You must use a participating EyeMed Vision Care provider. Prior authorization is required for some services. Non-routine vision benefits must be provided by a CareSource provider.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued on the next page)	Behavioral health services	$0	Behavioral health services are provided through the plan or by a program other than HAP CareSource MI Coordinated Health. HAP CareSource MI Coordinated Health Care Coordinators can assist you in obtaining those services and coordinate them with the rest of your health care needs. Medicaid Specialty Behavioral Health Services are provided by regional Pre-paid Inpatient Health Plans (PIHPs) or Community Mental Health Services Providers (CMHSPs). This includes outpatient mental health care. Your HAP CareSource MI Coordinated Health Care Coordinator can help you get these services and coordinate them with the rest of your health care needs. Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued from the previous page)	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Specialty behavioral health care services may be provided by a program other HAP CareSource MI Coordinated Health. Your HAP CareSource MI Coordinated Health Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Medicaid Specialty Behavioral Health Services are provided by regional Pre-paid Inpatient Health Plans (PIHPs) or Community Mental Health Services Providers (CMHSPs). This includes outpatient mental health care. If you're in a psychiatric hospital (instead of a general hospital), Medicare covers up to 190 days of inpatient psychiatric hospital services during your lifetime. Your HAP CareSource MI Coordinated Health Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	Substance use disorder services may be provided by a program other than HAP CareSource MI Coordinated Health. Your HAP CareSource MI Coordinated Health Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization is required for some services.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization is required for some services.
	Nursing home care	$0	Prior authorization is required for some services.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization is required for some services.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	$0	Prior authorization is required for some services.
	Emergency transportation	$0	
	Non-Emergency Transportation (NEMT)	$0	Unlimited NEMT transportation for medically necessary Medicaid-covered services, pharmacy services, community/wellness services, and SDOH (Social Determinants of Health)-related services including grocery stores, fitness program participating gyms. Contact Member Services for additional information.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs. Prior authorization is required for some services. We may require you to try a different drug first before we agree to cover the drug you ask for. This is known as Step Therapy.

Health need or concern	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 from the previous page)	**Medicare Part D drugs** Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	$0 for a 30-day supply for all tiers.	There may be limitations on the types of drugs covered. Please refer to HAP CareSource MI Coordinated Health's *List of Covered Drugs* (*Drug List*) for more information. To get the most up-to-date information about what drugs are covered, you can visit the plan's website at HAPCareSource.com/MICH. An extended-day supply up to 102-days of some drugs is available through mail order and most retail pharmacies. For more information, please refer to our *List of Covered Drugs* to view those drugs available for an extended-day supply. Certain Medicaid-covered over-the-counter (OTC) drugs are also on the Drug List and covered at no cost to you. Prior authorization is required for some services. Quantity Limits and/or Step Therapy may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization is required for some services.
	Medical equipment for home care	$0	Prior authorization is required for some services.
	Dialysis services	$0	
You need foot care	Podiatry services	$0	We pay for the following services: • diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs) • routine foot care for members with conditions affecting the legs, such as diabetes
	Orthotic services	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*	Wheelchairs, crutches, and walkers	$0	Prior authorization is required for some services.
	Nebulizers	$0	Prior authorization is required for some services.
	Oxygen equipment and supplies	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued on the next page)	Home health services	$0	These services are provided by the plan. Prior authorization is required for some services.
	Activities of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring and Instrumental Activities of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration.	$0	In-home ADL and IADL services requiring hands-on assistance are provided by the plan through the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activities of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915(c) waiver. These services are called Expanded Community Living Supports. Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from the previous page)	1915(c) Waiver Home and Community Based Services: Adaptive Medical Equipment and Supplies Adult Day Program Assistive Technology Chore Services Environmental Modifications Expanded Community Living Supports Fiscal Intermediary Home Delivered Meals Individual Directed Goods and Services Non-Medical Transportation Personal Emergency Response System Preventive Nursing Private Duty Nursing Respite Vehicle Modifications	$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915 (c) waiver. If you would like to see if you're eligible, talk to your care coordinator. Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Healthy Benefits+	$0	Members receive **$205 each month** on the Healthy Benefits+ debit card to purchase the following qualifying items, services, and accessories at eligible locations: • Over the counter (OTC) items • Dental • Vision • Hearing For members approved for Special Supplemental Benefits for the Chronically Ill, members may use the Healthy Benefits+ card for the following qualifying items and services at eligible locations: • Healthy Food* • Utilities* • Rent & Mortgage Assistance* • Household Cleaning Supplies* • Personal Care Items* Unused amounts roll over each month and expire at the end of the year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	Healthy Benefits+ (continued)	$0	Remember to complete your Health Risk Assessment with your Care Coordinator or have your provider complete and submit a provider attestation form validating your condition. *The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, overweight/obesity/metabolic syndrome, chronic and disabling mental health conditions or neurologic disorders. For a full list of qualifying chronic conditions or to learn more about other eligibility requirements for SSBCI, please contact Member Services or your Care Coordinator. You can also refer to your Member Handbook to learn more.
	Chiropractic services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)

Additional services (continued from the previous page)	Diabetes supplies and services	$0	Diabetic supplies and services are limited to specified manufacturers:
			• Blood glucose test strips and meters:
			  ○ Abbott Diabetes & Trividia products
			• Continuous glucose monitors (CGMs):
			  ○ Abbott FreeStyle & Dexcom
			Prior authorization is required for some services.

	Fitness, health, and wellness education programs	$0	**This benefit includes:**
			• Access to a network of participating fitness centers.
			• One home fitness kit each year (choose from options like: strength, toning, yoga, self-care, or walking kits; options may vary based on availability).
			• Online fitness and wellness resources through the Well-Being Club, including:
			  ○ On-demand workout videos
			  ○ Live virtual classes and events
			  ○ Health and wellness coaching sessions

	Companion Care	$0	Waiver members receive up to 4 hours each month.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	Findhelp.org	$0	Members have direct access to Findhelp.org through the CareSource MyLife member portal to locate social resources by entering their zip code, generating geo-location, and results map to the closest needed resource.
	CareSource MyLife℠App	$0	Members have a personalized digital experience to access their health plan and benefit information, connect with their Care Coordinator and other resources from their phone.
	Health & Wellness Online Tool	$0	Online resource to help deliver personalized wellness, mental health, and self-management tools that can help you better understand your health, take action, and more easily access the support and care you need.
	Prosthetic services	$0	Prior authorization is required for some services.
	Pulsewrx – cellular phone		We can connect you to a program that can help you get access to a free or low-cost smartphone. If you qualify, you can get a phone with unlimited talk, text and data.
	Radiation therapy	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	Service Animal Stipend		$20 each month for the maintenance of a service animal. To see if you qualify, contact your Care Coordinator. Prior authorization required.
	Telehealth	$0	Additional telehealth is offered through Teladoc® for urgent general medical services to treat everyday conditions like flu, allergies, sinus infection, rash, sore throat, backache, arthritis and more. Members can continue to have telehealth appointments via their providers, if their providers offer that option. See the Physician/Provider services, including doctor's office visits section for additional Telehealth coverage details. Teladoc also has mental health providers available seven days a week from 7 a.m. to 9 p.m. They can help with anxiety, depression, stress, substance use, trauma and more. Visits for mental health must be scheduled ahead of time.
	Worldwide Emergency Services, Urgently Needed Services, and Transportation		Maximum amount of $10,000 each year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	HAP CareSource LifeServices	$0	**HAP CareSource LifeServices®** is available to both members and their caregivers. These resources are available to you: **HAP CareSource FoodConnect®** helps ensure that members have access to culturally and medically appropriate meals in a timely manner. **HAP CareSource HousingConnect®** connects members to housing supports, including resources to facilitate repairs meant to make existing housing safe. **HAP CareSource PeerConnect®** connects members with certified peer supporters who have similar lived experience and who can provide emotional support through life's challenges. **This benefit is continued on the next page**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	HAP CareSource LifeServices® (Continued)	$0	**HAP CareSource CaregiverConnect®** is designed specifically to support the caregivers who support our members through educational resources and social support. **HAP CareSource JobConnect** supports members and their key supporters in their path toward educational attainment and job (re-) training.
	24-Hour Nurse Advice Line	$0	24-Hour Nurse Advice Line provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the 24-Hour Nurse Advice Line toll-free number located on your CareSource MyCare Ohio member ID card 24 hours a day, 7 days a week. The 24-Hour Nurse Advice Line services can be used at no cost to you. This provides you with an easy way to receive trusted health information and advice from the comfort of your home. **This benefit is continued on the next page**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	24-Hour Nurse Advice Line (Continued)	$0	Speaking directly with professional registered nurses can help you: – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter (OTC) items – Learn about healthy eating and staying well
	Home-Delivered Meals	$0	2 meals per day for 14 days following an inpatient or skilled nursing facility stay. Number of events is unlimited. Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	Personal Emergency Response (PERS)	$0	PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency. Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the HAP CareSource MI Coordinated Health *Member Handbook*. If you don't have an *Member Handbook*, call HAP CareSource MI Coordinated Health Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711) to get one. If you have questions, you can also call Member Services or visit **HAPCareSource.com/MICH.**

D. Benefits covered outside of HAP CareSource MI Coordinated Health

There are some services that you can get that aren't covered by HAP CareSource MI Coordinated Health but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711) to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Macomb-Oakland Regional Center (MORC) provides coordination of long-term supports for individuals with physical and developmental disabilities and the elderly in Southeast Michigan, servicing Macomb and Wayne Counties.	$0
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	$0
Community Transition Services (CTS) are provided through MDHHS.	$0
Certain hospice care services covered outside of HAP CareSource MI Coordinated Health.	$0

E. Services that HAP CareSource MI Coordinated Health, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711) to find out about other excluded services.

Services HAP CareSource MI Coordinated Health, Medicare, and Medicaid don't cover	
Services considered not "reasonable and medically necessary", according Medicare and Michigan Medicaid standards, unless we list these as covered services.	Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them.	Chiropractic care, other than manual manipulation of the spine consistent with coverage guidelines.
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.

F. Your rights as a member of the plan

As a member of HAP CareSource MI Coordinated Health, 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'll 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 aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance

- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion

- **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 language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. HAP CareSource MI Coordinated Health will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - 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

- Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right 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
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for an Independent Medical Review of Medicaid services or items that are medical in nature
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call HAP CareSource MI Coordinated Health Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711).

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-888-746-6456 (TTY: 711), Monday through Friday, 8 A.M. to 5 P.M. You can also visit the MICH Ombudsman's website at www.meji.org/mhlo.

G. How to file a complaint or appeal a denied service

If you have a complaint or think HAP CareSource MI Coordinated Health should cover something we denied, call Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call HAP CareSource MI Coordinated Health Member Services at 1-833-230-2057 (TTY: 1-833-711-4711 or 711).

For complaints, grievances, and appeals:

Call: 1-833-230-2057 (TTY: 1-833-711-4711 or 711)
Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

Write: HAP CareSource MI Coordinated Health
Attn: Grievance & Appeals
P.O. Box 1025
Dayton, OH 45401

Or call the Michigan Medicaid Customer Service Center at **1-800-642-3195**. TTY users may call **711**.

H. What to do 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 CareSource MI Coordinated Health Member Services. Phone numbers are **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**.
- Or, call the Medicaid Customer Service Center at **1-800-642-3195**. TTY users may call **711**.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- 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 secure.ag.state.mi.us/complaints/medicaid.aspx.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call HAP CareSource MI Coordinated Health Member Services: 1-833-230-2057. Calls to this number are free.

Our hours of operation are:
Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 1-833-711-4711 or 711. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free.

If you have questions about your health:
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call the 24-Hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care or emergency room). The numbers for the 24-Hour Nurse Advice Line are: 1-833-687-7360 (TTY: 1-833-711-4711). Calls to this number are free. This hotline is available 24 hours a day, seven days a week.
HAP CareSource MI Coordinated Health also has free language interpreter services available for non-English speakers.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:
Dial **988** or **(800) 273-8255** (Suicide Prevention hotline) or the 24-Hour Nurse Advice Line at: 1-833-687-7360 (TTY: 1-833-711-4711)
Calls to these numbers are free 24 hours a day, seven days a week.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2057 (TTY: 1-833-711-4711 or 711).**

Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame al **1-833-230-2057 (TTY: 1-833-711-4711 o 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-833-230-2057** (TTY: **"الهاتف النصيّ للصم وضعاف السمع :"1-833-711-4711 أو 711)**.

通过口译员和其他书面材料，获得您所使用语言的免费帮助。 **如果您有残疾，可以**获得免费的辅助设备和支持。 请致电 **1-833-230-2057（TTY 专线：1-833-711-4711 或 711）。**

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an **1-833-230-2057 (TTY: 1-833-711-4711 oder 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites.
Appelez le **1-833-230-2057 (TTY: 1-833-711-4711 ou le 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2057 (TTY: 1-833-711-4711 hoặc 711)**.

Grick Helfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Helfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-833-230-2057 (TTY: 1-833-711-4711 odder 711)**.

If you have questions, please call HAP CareSource MI Coordinated Health at 1-833-230-2057 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. For more information, visit **HAPCareSource.com/MICH**.

आपकी भाषा केइंटरप्रेटर तथा आपकी भाषा में अन्य िलिखत सामिग्रयों संबंधी फ्री मदद पाएं। यिद आपको कोई िडसएिबिलटी हो, तो मुफ्त सहायता और सपोटर् प्राप्त करें। कॉल करें **1-833-230-2057 (TTY: 1-833-711-4711 या 711)**.

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2057 (TTY: 1-833-711-4711 또는 711)**. 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-833-230-2057 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba ìrànlọ́wọ́ ọ̀fẹ́ ní èdè rẹ pẹ̀lú àwọn ògbifọ̀ àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànlọ́wọ́ àti àtìlẹ́yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2057 (TTY: 1-833-711-4711 tàbí 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka.
Tumawag sa **1-833-230-2057 (TTY: 1-833-711-4711 o 711)**.

په خپله ژبه کې د شفاهي ژباړونکو او نورو لیکل شویو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلولیت لرئ نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمیرې ته زنګ ووهئ **1-833-230-2057(TTY: 1-833-711-4711 یا 711)**.

दोभाषे र अन्य िलिखत सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा िनःशुल्क मद्दत प्राप्त गनुर्होस्। तपाईंलाई अशक्तता छ भने िनःशुल्क सहायता र समथर्न प्राप्त गनुर्होस्। **1-833-230-2057 (TTY: 1-833-711-4711 वा 711)** मा फोन गनुर्होस्।

သင့်ဘာသာစကားအတွက် စကားြပန်များနှင့် အြခားပံ့နိုပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးြဖစ်ပါက အခမဲ့အကူအညီများနှင့် အေထာက်အပံ့များ ရယူပါ။ ဖုန်းေခါ်ရန် **1-833-230-2057 (TTY: 1-833-711-4711 သို့မဟုတ် 711)** သို့ ဖုန်းေခါ်ဆိုပါ။

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2057 (TTY: 1-833-711-4711 oubyen 711)**.

If you have questions, please call HAP CareSource MI Coordinated Health at 1-833-230-2057 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. For more information, visit **HAPCareSource.com/MICH**.

Bōk jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bōk jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kall e **1-833-230-2057 (TTY: 1-833-711-4711 ak 711)**.

If you have questions, please call HAP CareSource MI Coordinated Health at 1-833-230-2057 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. For more information, visit **HAPCareSource.com/MICH**.

At HAP CareSource, we're committed to helping you choose the right option for you. *Call today!*

HAP CareSource Sales Agent

(833) 923-1621 (TTY: 711)

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 – Sept. 30)

Current Members Call HAP CareSource Customer Service

(833) 230-2057 (TTY: 711)

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 – Sept. 30)

Or visit us online at **hapcaresource.com**



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Michigan Department of Health & Human Services