2026

Summary of Benefits

January 1, 2026 - December 31, 2026

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

HAP CareSource™
a partner of hap

HAP CareSource MI Coordinated Health (HMO D-SNP) | 2026 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)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **HAPCareSource.com**.

A. Disclaimers

This is a summary of health services covered by HAP CareSource MI Coordinated Health for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the 2026 Member Handbook is available on our website at **HAPCareSource.com**. 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 2026 Member Handbook.

Hours of Operation

We are open 8 a.m. to 8 p.m. 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). 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 8:00 AM to 7:00PM, 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.**

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 is a highly integrated dual eligible (HIDE) special needs plan (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.
Will I get the same Medicare and Medicaid benefits in HAP CareSource MI Coordinated Health that I get now? (continued on the next page)	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.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in HAP CareSource MI Coordinated Health that I get now? (continued from the previous page)	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.
Can I use the same doctors I use now? (continued on the next page)	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

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from the previous page)	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.** 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.
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.

Frequently Asked Questions	Answers
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.
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.

Frequently Asked Questions	Answers
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.
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.

Frequently Asked Questions	Answers
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	

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	
	Wellness visits, such as a physical	$0	This plan covers up to one physical exam every year.
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	
	Services to help manage your disease	$0	
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	

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	Hearing screenings	$0	Prior authorization is required for some services.
	Hearing aid evaluation and fitting	$0	Prior authorization is required for some services.
	Hearing aids	$0	2 hearing aids every 3 years (limit 1 hearing aid per ear every 3 years)
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	To find dental providers in your area, visit providers4you.com/medicaid **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 ***Note:** Fluoride treatments and dental implants are subject to $5,000 dental allowance annual maximum.
	Restorative and emergency dental care • Fillings • Crowns • Root canals • Scaling and root planing • Extractions • Dentures • Dental Implants* • And more	$0	

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)	Dental Allowance		$5,000 maximum plan coverage amount for dental implants and fluoride treatments. Prior authorization is required for some services.
You need eye care	Eye exams	$0	Routine eye examinations are covered once every two years. More frequent exams are subject to the Healthy Benefits+ Allowance.
	Glasses or contact lenses	$0	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	Prior authorization is required for some services.
You need behavioral health services (continued on the next page)	Behavioral health services	$0	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 assist you in obtaining those services and coordinate them with the rest of your health care needs.

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	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 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 substance use disorder services	Substance use disorder services	$0	Provided through the Prepaid Inpatient Health Plan (PIHP). Contact your Care Coordinator or Member Services for more information. 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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization is required for some services.
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. Prior authorization is required for some services.
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. Step therapy and prior authorization are 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 drugs to treat your illness or condition (continued from the previous page)	**Medicare Part D drugs** Generic and Brand Name Drugs	$0 for a 30-day supply.	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. Extended-day supplies are available for most drugs through your retail pharmacy and our mail-order pharmacy option for up to a 102-day supply at no cost to you.
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	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	Members get 6 additional visits per year for routine foot care.
	Orthotic services	$0	Prior authorization is required for some services.
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.
	Home health 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 help living at home	Adult day health, or other support services	$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver. Prior authorization is required for some services.
	Services to help you live on your own (personal care 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)
Additional services (continued on the next page)	Healthy Benefits+	$0	The Healthy Benefits+ debit card provides all members up to $210 per month to purchase the following qualifying items, services and accessories at eligible locations: • Over-the-counter items • Dental • Vision • Hearing Additionally, those with one or more qualifying conditions may use the allowance for additional items and services, such as: • Healthy Food* • Utilities* • Rent & Mortgage Assistance* • Home & Bathroom Safety Items* • Pest Control Retail Items* • Indoor Air Quality Items* • Household Cleaning Supplies* • Personal Care Items* • Pet Care Items (not including veterinary or grooming) * Unused amounts will roll over month-to-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) **(continued on the next page)**	Healthy Benefits+	$0	*The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). Not all members qualify. Members with any of the following qualifying chronic conditions qualify for SSBCI: • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic alcohol use disorder and other substance use disorders (SUDs) • Chronic and disabling mental health conditions • Chronic conditions that impair vision, hearing (deafness) taste, touch, and smell • Chronic gastrointestinal disease • Chronic heart failure • Chronic kidney disease (CKD) • Chronic lung disorders • Conditions associated with cognitive impairment • Conditions that require continued therapy services for individuals to maintain or retain functioning • Conditions with functional challenges • Dementia • Diabetes mellitus • HIV/AIDS

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+	$0	• Immunodeficiency and Immunosuppressive disorders • Neurologic disorders • Overweight, obesity, and metabolic syndrome • Post-organ transplantation • Severe hematologic disorders • Stroke
Additional services	Augment Therapy	$0	Augment Therapy provides members with one of the qualifying conditions (stroke, cerebrovascular accident, risk of fall, total joint replacements and joint pain) with remote therapy to improve activities of daily living. To learn more, talk to your Care Coordinator.
	Chiropractic services	$0	

	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	Includes membership at participating fitness centers and home fitness kit, as well as online features (on-demand workout videos, virtual events, and specialized coaching sessions)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services	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 HAP CareSource MI Coordinated Health member ID card 24 hours a day, 7 days a week, 365 days a year. 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. 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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services	CareBridge	$0	CareBridge cellular enabled tablet for access 24/7 365 to a trained medical team for members meeting certain attribution requirements. To learn more, talk to your Care Coordinator.
	Caregiving.com	$0	Family caregiver education and support platform
	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.
	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.
	myStrength	$0	myStrength℠ has personalized support to better your mood, mind, body and spirit. To get started, log in to CareSource MyLife and click on the myStrength tab.
	Prosthetic 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)
Additional 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.
	Remote Patient Monitoring	$0	Remote patient monitoring such as pulse oximeters and glucometers for members who meet certain conditions such as COPD, heart failure, hypertension or diabetes. To learn more, talk to your Care Coordinator.
	Service Animal Stipend		$20 per month for the maintenance of a service animal. To see if you qualify, contact your care coordinator. Prior authorization required.
	Services to help manage your disease	$0	
	Teladoc	$0	24/7/365 telehealth access for IDD (Intellectual and Developmental Disorders) members.
	Worldwide Emergency Services, Urgently Needed Services, and Transportation		Maximum amount of $10,000

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

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.**

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). These include but aren't limited to inpatient behavioral health care, outpatient substance use disorder services and partial hospitalization services.	$0
Community Transition Services (CTS) are provided through MDHHS.	$0 Prior authorization for CTS. Contact your care coordinator to obtain services.
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 (including sex stereotypes and gender identity) 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)**

8 a.m. – 8 p.m., 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:
8 a.m. – 8 p.m., 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.

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/**

Y0076_ All 2024 HAP NDN_C HAP478001 8/2024

Notice of Availability of Language Assistance Services and Auxiliary Aids

ENGLISH:
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-801-1770 (TTY:711) or speak to your provider.

SPANISH:
ATENCIÓN: Si habla español, los servicios de asistencia con el idioma están disponibles para usted sin cargo. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-801-1770 (TTY: 711) o hable con su proveedor.

ARABIC:
انتباه: إذا كنت تتحدَّث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تتوفّر أيضًا المساعدات وخدمات المساعدة مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم الآتي: 1-800-801-1770 (الهاتف النصي: 711) أو تحدَّث إلى مقدِّم الخدمة.

CHINESE TRADITIONAL:
請注意：如果您說中文，您可以免費獲得語言協助服務。另免費提供適當的輔助工具和服務並以無障礙格式提供資訊。請致電 1-800-801-1770 (TTY: 711)或聯絡您的提供者。

CHINESE SIMPLIFIED:
请注意：如果您说中文，您可以免费获得语言协助服务。另免费提供适当的辅助工具和服务并以无障碍格式提供信息。请致电 1-800-801-1770 (TTY: 711)或联系您的提供者。

ARAMAIC:
ܐܬܘܼܗܳܝ: ܐܶܢ ܐܢܬ ܡܶܡܠܶܠ ܐܳܪܡܝܳܐ ܐܶܢ ܒܥܝܬ ܠܟ ܫܘܼܪܝܳܬ ܕܥܶܙܪܳܐ ܕܠܫܳܢܳܐ ܒܠܳܫܳܐ ܕܝܠܟ ܒܠܚܳܕ. ܐܦ ܫܘܼܪܝܳܬ ܕܥܶܙܪܳܐ ܘܡܫܬܘܼܬܦܳܐ ܕܡܬܐܡܪ ܒܦܘܼܪܡܛܳܐ ܕܡܬܚܙܝܳܐ ܠܟ ܒܠܚܳܕ. ܩܪܳܐ ܠ: 1-800-801-1770 (TTY:711) ܐܘ ܡܶܡܠܶܠ ܥܡ ܡܶܫܬܡܫܳܢܟ ܕܫܘܼܪܝܳܬ ܕܥܶܙܪܳܐ.

VIETNAMESE:
CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Các dịch vụ và sự hỗ trợ bổ sung thích hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi 1-800-801-1770 (TTY:711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

ALBANIAN:
VËMENDJE: Nëse flisni shqip, ju ofrohen shërbime falas për ndihmë gjuhësore. Gjithashtu, ofrohen falas ndihma dhe shërbimet ndihmëse përkatëse për të ofruar informacione në formate të aksesueshme. Telefononi në numrin 1-800-801-1770 (TTY:711) ose flisni me ofruesin tuaj të shërbimit.

KOREAN:
주의 사항: 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 액세스 가능한 형식으로 정보를 제공하기 위해 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-800-801-1770 (TTY: 711)으로 전화하거나 서비스 제공자에게 문의하십시오.

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 Sprachassistenzdienste 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.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

HAP
Alliance Health and Life Insurance Company®
Effective October 21, 2024

Your protected health information

PHI stands for protected health information. PHI can be used to identify you. It includes information such as your name, age, sex, address and member ID number, as well as your:

- Physical or mental health
- Health care services
- Payment for care

You can ask HAP to give your PHI to people you choose. To do this, fill out our release form. You can find it at **hap.org/privacy.**

Your privacy

Keeping your PHI safe is important to HAP. We're required by law to keep your PHI private. We must also tell you about our legal duties and privacy practices. This notice explains:

- How we use information about you
- When we can share it with others
- Your rights related to your PHI
- How you can use your rights

When we use the term "HAP," "we" or "us" in this notice, we're referring to HAP and its subsidiaries. This includes Alliance Health and Life Insurance Company.

How we protect your PHI

We protect your PHI in written, spoken and electronic form. Our employees and others who handle your information must follow our policies on privacy and technology use. Anyone who starts working for HAP must state that they have read these policies. And they must state that they will protect your PHI even after they leave HAP. Our employees and contractors can only use the PHI necessary to do their jobs. And they may not use or share your information except in the ways outlined in this notice.

Our use and disclosure of your PHI must comply with both Michigan and federal privacy laws regulations. There are also Michigan and federal laws and regulations that place additional restrictions on the use and disclosure of certain types of PHI, including PHI about mental health, substance abuse, HIV/AIDS conditions, and certain genetic information.

Notice of Privacy Practices

For example, in most cases your written consent is needed before using or disclosing psychotherapy notes (if recorded or maintained by us), documents related to your use of Suboxone, sending you marketing information about 3rd party products or services for which we are receiving direct or indirect payment, or the sale of medical information about you, unless it is otherwise allowed by law. Your consent can always be revoked in writing, but it will not apply to any uses or disclosures that were made before you revoked your consent.

How we use or share your PHI

We only share your information with those who must know for:

- Treatment
- Payments
- Business tasks

Treatment

We may share your PHI with your doctors, hospitals or other providers to help them:

- Provide treatment. For example, if you're in the hospital, we may let them see records from your doctor.
- Manage your health care. For example, we might talk to your doctor to suggest a HAP program that could help improve your health.

Payment

We may use or share your PHI to help us figure out who must pay for your medical bills. We may also use or share your PHI to:

- Collect premiums
- Determine which benefits you can get
- Figure out who pays when you have other insurance

Business tasks

As allowed by law, we may share your PHI with:

- Companies affiliated with HAP
- Other companies that help with HAP's everyday work
- Others who help provide or pay for your health care

We may share your information with others who help us do business. If we do, they must keep your information private and secure. And they must return or destroy it when they no longer need it for our business.

It may be used to:

- Evaluate how good care is and how much it improves. This may include provider peer review.
- Make sure health care providers are qualified and have the right credentials.
- Review medical outcomes.
- Review health claims.
- Prevent, find and investigate fraud and abuse.
- Decide what is covered by your policy and how much it will cost. But, we are not allowed to use or share genetic information to do that.
- Do pricing and insurance tasks.
- Help members manage their health care and get help managing their care.
- Communicate with you about treatment options or other health-related benefits and services.
- Do general business tasks, such as quality reviews and customer service.

Notice of Privacy Practices

Other permitted uses
We may also be permitted or required to share your PHI:

With you
- To tell you about medical treatments and programs or health-related products and services that may interest you. For example, we might send you information on how to stop smoking or lose weight.
- For health reminders, such as refilling a prescription or scheduling tests to keep you healthy or find diseases early.
- To contact you, by phone or mail, for surveys. For example, each year we ask our members about their experience with HAP.

With a friend or family member
- With a friend, family member or other person who, by law, may act on your behalf. For example, parents can get information about their children covered by HAP.
- With a friend or family member in an unusual situation, such as a medical emergency, if we think it's in your best interests. For example, if you have an emergency in a foreign country and can't contact us directly. In that case, we may speak with a friend or family member who is acting on your behalf.
- With someone who helps pay for your care. For example, if your spouse contacts us about a claim, we may tell him or her whether the claim has been paid.

With the government
- For public health needs in the case of a health or safety threat such as disease or a disaster.
- For U.S. Food and Drug Administration investigations. These might include probes into harmful events, product defects or product recalls.
- For health oversight activities authorized by law.
- For court proceedings and law enforcement uses.
- With the police or other authority in case of abuse, neglect or domestic violence.
- With a coroner or medical examiner to identify a body, find out a cause of death or as authorized by law. We may also share member information with funeral directors.
- To comply with workers' compensation laws.
- To report to state and federal agencies that regulate HAP and its subsidiaries. These may include the:
    - U.S. Department of Health and Human Services
    - Michigan Department of Insurance and Financial Services
    - Michigan Department of Health and Human Services
    - Federal Centers for Medicare and Medicaid Services
- To protect the U.S. president.

For research or transplants
- For research purposes that meet privacy standards. For example, researchers want to compare outcomes for patients who took a certain drug and must review a series of medical records.
- To receive, bank or transplant organs, eyes or tissue.

With your employer or plan sponsor
We may use or share your PHI with an employee benefit plan through which you get health benefits. It is only shared when the employer or plan sponsor needs it to manage your health plan.

Except for enrollment information or summary health information and as otherwise required by law, we only share your PHI with an employer or plan sponsor if they have guaranteed in writing that it will be kept private and won't be used improperly.

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To use or share your PHI for any other reason, we must get your written permission. If you give us permission, you may change your mind and cancel it. But it will not apply to information we've already shared.

Treatment Alternatives, Health Benefits, Fundraising, and Marketing
We may use and disclose your PHI to contact you about treatment alternatives, health-related benefits, products or services or to provide gifts of nominal value to you or your family. We may also contact you to raise funds for Health Alliance Plan or any of its subsidiaries or affiliates.

Organized health care arrangement

HAP and HAP affiliates covered by this Notice of Privacy Practices and Henry Ford Health and its affiliates are part of an organized health care arrangement. Its goal is to deliver higher quality health care more efficiently and to take part in quality measure programs, such as the Healthcare Effectiveness Data and Information Set. HEDIS is a set of standards used to measure the performance of a health plan. In other words, HEDIS is a report card for managed care plans.

The Henry Ford Health organized health care arrangement includes:

- HAP
- Alliance Health and Life Insurance Company
- Henry Ford Health

Henry Ford's organized health care arrangement lets these organizations share PHI. This is only done if allowed by law and when needed for treatment, payment or business tasks relating to the organized health care arrangement.

This list of organizations may be updated. You can access the current list at **hap.org/privacy** or call us at **(800) 422-4641 (TTY: 711).** When required, we will tell you about any changes in a revised Notice of Privacy Practices.

Your rights

These are your rights with respect to your information. If you would like to exercise any of these rights, please contact us. The contact information is in the "Who to contact" section at the end of this document. You may have to make your requests in writing.

You have the following rights:

Right to see your PHI and get a copy
With some exceptions, you have the right to see or get a copy of PHI in records we use to make decisions about your health coverage. This includes our enrollment, payment, claims resolutions and case or medical management notes. If we deny your request, we'll tell you why and whether you have a right to further review.

You may have to fill out a form to get PHI and pay a fee for copies. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

Right to ask us to change your PHI
If we deny your request for changes in PHI, we'll explain why in writing. If you disagree, you may have your disagreement noted in our records. If we accept your request to change the information, we'll make reasonable efforts to tell others of the change, including people you name. In this case, the information you give us must be correct. And we cannot delete any part of a legal record, such as a claim submitted by your doctor.

Notice of Privacy Practices

Right to know about disclosures
You have the right to know about certain disclosures of your PHI. HAP does not have to inform you of all PHI we release. We are not required to tell you about PHI shared or used for treatment, payment and business tasks. And we do not have to tell you about information we shared with you or based on your authorization. But you may request a list of other disclosures made during the six years prior to your request.

Your first list in any 12-month period is free. However, if you ask for another list within 12 months of receiving your free list, we may charge you a fee. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

Right to know about data breaches that compromise your PHI
If there is a breach of your unsecured PHI, we'll tell you about it as required by law or in cases when we deem it appropriate.

Right to ask us to limit how we use or share your PHI
You may ask us to limit how we use or share your PHI for treatment, payment or business tasks. You also have the right to ask us to limit PHI shared with family members or others involved in your health care or payment for it. We do not have to agree to these limits. But if we do, we'll follow them – unless needed for emergency treatment or the law requires us to share your PHI. In that case, we will tell you that we must end our agreement.

Right to request private communications
If you believe that you would be harmed if we send your PHI to your current mailing address (for example, in a case of domestic dispute or violence), you can ask us to send it another way. We can send it by fax or to another address. We will try to meet any fair requests.

You have a right to get a paper copy of this notice.

Opt-Out Options
We may use and disclose your medical information in a Health Information Exchange (HIE), when raising funds or conducting marketing campaigns as described in the sections above. In regard to fundraising, Health Alliance Plan or our OHCA Members may participate in these activities and we ask that you aid us in our efforts, while being confident that we are protecting your medical information. If you wish to opt-out of any of these activities, you have the right to request to do so in writing. If after choosing to opt-out you wish to opt-back-in, you may also do so in writing.

Changes to the privacy statement

We have the right to make changes to this notice. If we make changes, the new notice will be effective for all the PHI we have. Once we make changes, we'll send you the new notice by U.S. mail and post it on our website.

Notice of Privacy Practices

Who to contact
To exercise any of the rights listed above, contact Customer Service at **(800) 422-4641 (TTY:711)**

To opt out, opt back in or object to a specific use or disclosure, or if you have any questions about this notice or about how we use or share member information, please send a written request to:

Mail: HAP Information Privacy & Security Office
One Ford Place
Detroit, MI 48202

Email: IPSO@hfhs.org

Complaints
If you believe your privacy rights have been violated, you may file a complaint with us. Contact the Information Privacy & Security Office above or HAP's Compliance Hotline at **(877) 746-2501 (TTY: 711).** You can stay anonymous. You may also notify the secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Original effective date: April 13, 2003
Revisions: February 2005, November 2007, September 2013, September 2014, March 2015, October 2015, October 2018, August 2023, September 2024
Reviewed: November 2008, November 2009, October 2011, January 2019, August 2020, September 2021, October 2022, August 2023, September 2024

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We'll help you choose the right option for you

Call today!

HAP 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)

Members call HAP CareSource Customer Service

(833) 230-2057 (TTY: 711)

8 a.m. to 8 p.m., Monday through Friday

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

HAP CareSource™

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