

# ADSA

## 2014/2015 NEW HIRE BENEFIT GUIDE



### Dearborn Schools Employee Healthcare Program (DSEHP)

#### **Medicare Part D—Prescription Drug Information**

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 8 for more details.

# Open Enrollment Process

All benefit eligible employees are required to enroll in coverage by making an election for benefits. Your enrollment for benefits must be made within 30 days of you becoming eligible. Coverage elected will become effective following any benefit waiting period (if applicable). You have three different methods to enroll:

- ☒ **Online**      ☒ **Over the Phone**      ☒ **Onsite Enrollment**

Remember the choices you make now will remain in effect until June 30, 2015 unless you experience a qualified special enrollment event midyear. Open enrollment for insurance changes will be in the Spring with a July 1<sup>st</sup> effective date.

For those waiving coverage, you still need to make a benefit election indicating you are waiving coverage. Failure to make an election waiving coverage will make you ineligible for Cash in Lieu (if applicable).

**To help you when you enroll, please be sure to have the following information available:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Full legal names for you and all of your dependents            | <input checked="" type="checkbox"/> New hire enrollment guide (this document)      |
| <input checked="" type="checkbox"/> Dates of birth for you and all of your dependents              | <input checked="" type="checkbox"/> Benefit enrollment instructions (listed below) |
| <input checked="" type="checkbox"/> Social Security numbers for you and for all of your dependents |  |

Please note, employees will be required to provide proof of dependent eligibility for all dependents added to a DSEHP plan. Employees will be notified following the enrollment process if they are required to submit documentation and what types of documentation is necessary. It is important to note that dependents are not enrolled with the carrier(s) until documentation is received and approval is processed. Failure to provide the required documentation for dependents will result in no coverage for those ineligible dependents.

Should you have any questions, please contact the DESHP (Dearborn Schools Employee Healthcare Program) at 888-222-4309.

## Benefit Enrollment Instructions

### ONLINE ENROLLMENT SYSTEM:

**To access your benefits online, go to:**

[www.nextgenerationenrollment.com/nge/login](http://www.nextgenerationenrollment.com/nge/login) anytime

**Enter your username.** Your username is the first initial of your first name, the first six characters of your last name, and the last four digits of your Social Security number. *For example, if your name is John Williams, and the last four digits of your Social Security number are 1234, your username will look like this: jwillia1234.*

**Enter your password.** Your password is your date of birth in a number format without any punctuation, starting with the year you were born, then the month and then the date (YYYYMMDD). *For example, if your date of birth is January 5, 1970, your password will look like this: 19700105.*

Once you have logged in, you will be prompted to change your password.

### OVER THE PHONE:

If you prefer to speak directly to a representative in the Benefit Center who will assist you in making your elections and with technical support, please call the Benefit Center at (888) 222-4309. Representatives are available between the hours of 8 a.m. and 11 p.m. EST, Monday through Friday.

When you call, the Benefit Center will ask you to verify the last four digits of your Social Security number and your date of birth. From that point, the representative will walk you through your personal information on file to confirm its accuracy. Please be prepared to first provide verbal authorization if you would like your spouse to speak with a representative on your behalf.

### ONSITE ENROLLMENT:

If you prefer to enroll online yourself but would like personal assistance using the new system, please call 888-222-4309 to make an appointment. The office is located at: 15250 Mercantile Dr.; Dearborn, MI 48120

**Please remember you have 30 days from the date of eligibility to enroll in coverage.**

**If you do not take action to enroll in or waive your benefits, no coverage (including cash in lieu) will be available.**

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# Medical & RX



Below is an overview of the medical and prescription drug plan. A full benefit summary is available on page 4 and a detailed Summary of Benefits and Coverage is available starting on page 9.

Benefit	Service Type	Plan Provisions
Medical	PHP/MHSA Visit	\$20
	Specialist	\$30
	Urgent Care	\$40
	Emergency Room	\$200
Prescription	Generic	\$10
	Preferred	\$30
	Non-Preferred	\$50

## Employee Contributions

Below is your employee contribution towards the medical, dental and vision plans. Contributions are based on full time status. Additional cost share will apply for less than full time status.

Election	Medical	Dental	Vision
Single	\$15.97 Per 20 Pays \$26.62 Per Month	\$0.00	\$0.00
Two Person	\$31.94 Per 20 Pays \$53.23 Per Month	\$0.00	\$0.00
Family	\$43.56 Per 20 Pays \$72.60 Per Month	\$0.00	\$0.00



# Medical & RX Summary



**Health Alliance Plan of Michigan**  
**Health Maintenance Organization (HMO) Plan**  
 Summary of Benefits for  
**DSEHP-DEARBORN FEDERATION OF TEACHERS**

AA000775 / XR000506 / Alt 2

Health Care Services	Coverage	Limitations*
<b>Benefit Period, Annual Deductible, and Annual Co-insurance Maximum:</b>		
Benefit Period:	Calendar Year	
Annual Deductible	None	
Co-insurance (amount member pays)	None	
Annual Co-insurance Maximum	NA	
Annual Out-of-Pocket Maximum	\$6,350 Individual ; \$12,700 Family	These values do not accumulate: Premiums, balance-billed charges, health care this plan doesn't cover, and penalties. All other cost-sharing accumulates.
<b>Preventive Services:</b>		
Preventive Office Visit / Physical Exam	Covered	
Well Baby Office Visit	Covered	Covered up to 24 months
Routine Hearing Exam	Covered	
Routine Eye Exam	Covered	
Immunizations	Covered	
Related Laboratory and Radiology Services	Covered	
Pap Smears and Mammograms	Covered	
<b>Outpatient &amp; Physician Services:</b>		
Personal Care Physician Office Visit	\$20 Copay	
Specialty Physician Office Visit	\$30 Copay	
Gynecology Office Visit	\$30 Copay	
Audiology Office Visit	\$30 Copay	
Eye Exam Office Visit	\$30 Copay	
Allergy Treatment and Injections	Covered	
Laboratory and Radiology Services	Covered	
Dialysis	Covered	
Chemotherapy	Covered	
Radiation Therapy	Covered	
Outpatient Surgery	Covered	
Chiropractic Office Visit and Related Services	\$30 Copay	Up to 35 visits per benefit period
<b>Emergency/Urgent Care:</b>		
Emergency Room Services	\$200 Copay	Copay will be waived if admitted
Urgent Care Facility Services	\$40 Copay	
Emergency Ambulance Services	Covered	Emergency transport only
<b>Inpatient Hospital Services:</b>		
Hospital Inpatient Stay in Semi-Private Room, Specialty Units as medically necessary, Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered	
Bariatric Surgery & Related Services	\$1,000 Copay	One procedure per lifetime
<b>Maternity Services:</b>		
Initial Prenatal Office Visit	Covered	
Subsequent Prenatal Office Visits	Covered	
Postnatal Office Visits	\$30 Copay	
Labor, Delivery and Newborn Care	Covered	
<b>Mental Health:</b>		
Inpatient Services	Covered	
Outpatient Services	\$20 Copay	
<b>Chemical Dependency:</b>		
Inpatient Services	Covered	
Outpatient Services	\$20 Copay	
<b>Other Services:</b>		
Home Health Care	Covered	Unlimited
Hospice Care	Covered	Up to 210 days per lifetime
Skilled Nursing Care	Covered	Covered for authorized services - Up to 100 days per benefit period
Durable Medical Equipment; Prosthetic & Orthotics	Covered	Coverage provided for approved equipment based on HAP's guidelines
Hearing Aid Hardware	Covered	Covered for authorized equipment
Vision Hardware	Not Covered	
Physical, Occupational, and Speech Therapy (PT/OT/ST)	Covered	Up to 60 combined visits per benefit period - May be rendered at home
Voluntary Sterilizations	Covered	
Voluntary Termination of Pregnancy	Not Covered	
Infertility Services	Plan Pays 50%	Services for diagnosis, counseling, and treatment of anatomical disorders causing infertility in accordance with HAP's benefit, referral and practice policies
Assisted Reproductive Technologies	Not Covered	
<b>Pharmacy:</b>		
Generic / Preferred Brand / Non-Preferred Brand	\$10 / \$30 / \$50 Copay	Retail: 30 day supply for non-maintenance drugs at 1 Copay; 90 day supply for eligible maintenance drugs at 2 Copays Mail Order: 90 day supply for both eligible maintenance and non-maintenance drugs at 2 Copays

Rev 08/2012

**Benefit Riders: 599,J05,012,013,073,124,203,272,313,317,449,K20**

\* Hospital admissions require that HAP be notified within 48 hours of admission. Failure to notify HAP within 48 hours could result in a reduction of benefits, or nonpayment.

\* Students away at school are covered for acute illness and injury related services according to HAP criteria. Students away at school are not covered for routine physicals, non-emergency psychiatric care, elective surgeries, obstetrical care, sports medicine and vision care services while at school.

\* In cases of conflict between this summary and your HMO Subscriber Contract, the terms and conditions of the HMO Subscriber Contract govern.

\* Your employer may have determined that your benefit plan may or may not be grandfathered under health care reform legislation. If you have questions regarding grandfathering, please check with your employer.



# Dental Benefits

The dental plan is through Delta Dental. Please note that your dental enrollment election is separate from your medical enrollment election. Here's a summary of plan provisions:

**Delta Dental of Michigan**  
Dental Benefit Highlights for  
**DSEHP – Dearborn Schools Employee Healthcare Program #2980**



**Delta Dental PPO<sup>SM</sup> (Standard)**  
Coverage effective January 1, 2015

	Delta Dental PPO Dentist	Delta Dental Premier <sup>®</sup> Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays*	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Relines and Repairs</b> - to bridges, dentures, and implants	80%	80%	80%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns, inlays	50%	50%	50%
<b>Prosthodontic Services</b> - bridges, dentures, and implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	Up to age 19		

*\*When services are received from a Premier or Nonparticipating Dentist, the percentages in these columns indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.*

**Maximum Payment** – \$1,000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1,000 per person total per lifetime on Orthodontics.

**Deductible** – \$25 deductible per person total per calendar year limited to a maximum deductible of \$50 per family per calendar year on all services except Orthodontic Services

## Welcome to Michigan's largest dental benefits family!

As a member of Delta Dental of Michigan, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from PPO dentists -- there are no hidden fees.
- Because payment is based on the PPO Dentist Schedule, you may have to pay more for services from our Premier Dentists (up to our Maximum Approved Fee).
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

## Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Certified Center of Excellence call center, as awarded by Benchmark Portal.

## Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

## A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

## Questions?

If you have questions, please call our Customer Service team at (800) 524-0149 or look online at [www.DeltaDentalMI.com](http://www.DeltaDentalMI.com).

*Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*

# Vision Benefits



The vision plan is through Superior Vision. Please note that your vision enrollment election is separate from your medical enrollment election. Below is an overview of the schedule of benefits.

## Vision Plan



Regular eye exams are essential. They can assist in the early detection of glaucoma, diabetes, and cataracts.

You have the option to enroll in the vision plan through Superior Vision. You will receive maximum benefits when you receive care from an In-Network provider. To find an In-Network provider near you, contact Superior Vision. Below is a summary of the plan.



<b>Superior Vision Plan - Summary of Benefits</b> Benefit Year: Rolling 12 Months From Date of Service		
Service	In-Network Provider	Out-of-Network Provider
Eye Exams <i>1 per Benefit Year</i>	Covered in full	Plan pays up to \$37.00 for Ophthalmologist; \$28.00 for Optometrist
Frames <i>1 per Benefit Year</i>	Plan pays up to \$75.00	Plan pays up to \$40.00
Lenses <i>1 pair per Benefit Year</i>		
Single Vision	Covered in full	Plan pays up to \$35.00
Bifocal		Plan pays up to \$50.00
Trifocal		Plan pays up to \$60.00
Tints, solid or gradients		No coverage
Progressive	Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay	Plan pays up to \$60.00
Polycarbonate <i>(for children up to age 18)</i>	Covered in full	No coverage
Contact Lenses <i>1 pair per Benefit Year</i>		
Contact Lenses are in lieu of Lenses and Frames Benefit	Plan pays up to \$100.00	Plan pays up to \$100.00
Refractive Surgery	No coverage, however you will receive the Superior Vision discount.	No coverage

# Your Rights Under Federal Law

## Change in Status or Special Enrollment -

You may qualify for a special enrollment if certain events occur in your life:

- If you decline coverage for yourself and/or your dependents (including your spouse) because you are covered under another health plan, you may be able to enroll yourself and/or your dependents in the plan if you experience an involuntary loss of that coverage (e.g., spouse loses his/her job, divorce).
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the plan.

In either situation, you must request enrollment through the DSEHP Benefit Center within 30 days after the special enrollment event as described above. If you enroll as the result of a special enrollment event, coverage will be made effective on the date of the event.

## Newborn and Mother's Health Protection Act -

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health Cancer Rights Act Notice -

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

### These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis;
- Physical complication during all stages of mastectomy, including lymph edemas.

### The plan may not:

- Interfere with a woman's right under the plan to avoid these requirements;
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and co-insurance requirements consistent with other coverage provided under the plan.

## Patient Protection Notice -

HAP generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in HAP's network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of participating primary care providers, contact HAP at 877-427-3678. For children you may designate a pediatrician as the primary care provider.

You do not need prior authorization from HAP or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact HAP at 877-427-3678.



# Medicare Part D

## Important Notice from Dearborn Schools Employee Healthcare Program (DSEHP) About Your CREDITABLE Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DSEHP and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. DSEHP has determined that the prescription drug coverage offered by the HAP is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected.

### Summary of Options for Medicare Eligible Employees (and/or Dependents):

- Continue medical and prescription drug coverage and do not elect Medicare D coverage. **Impact** – your claims continue to be paid by DSEHP health plan.
- Continue medical and prescription drug coverage and elect Medicare D coverage. **Impact** - As an active employee (or dependent of an active employee) the DSEHP health plan continues to pay primary on your claims (pays before Medicare D).
- Drop the coverage and elect Medicare Part D coverage. **Impact** – Medicare is your primary coverage. You will not be able to rejoin the DSEHP health plan unless you experience a family circumstance change or until the next open enrollment period.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a family status change or until the next open enrollment period.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with HAP and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information [or call Office Manager, NGE at [888-222-4309]. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through DSEHP changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: July 1, 2014

Name of Entity/Sender: DSEHP

Contact--Position/Office: Office Manager, NGE

Address: 15250 Mercantile Dr., Dearborn MI 48120

Phone Number: 888-222-4309

### CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

# Appendix - SBC




## Health Alliance Plan

Coverage Period: 07/01/2014 - 06/30/2015

### Summary of Benefits and Coverage: What this Plan Covers & What it Costs

**Coverage for:** Individual+Family | **Plan Type:** HMO

 <b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <a href="http://www.hap.org">www.hap.org</a> or by calling 1-800-422-4641.		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services your plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$6350 person / \$12700 family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, Balance Billed Charges, and Health Care this plan does not cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="http://www.hap.org">www.hap.org</a> or call 1-800-422-4641 for a list of preferred providers.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a specialist?	Yes.	Written referrals are not required for specialist visits within the member's assigned network for selected services. Referrals or oral approvals are required in other instances. Further information on the referral process can be found at <a href="http://www.hap.org">www.hap.org</a> .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

**Questions:** Call 1-800-422-4641 or visit us at [www.hap.org](http://www.hap.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-800-422-4641 to request a copy.

# Appendix - SBC



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an In-Network Provider	Your cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay per visit	Not Covered	None
	Specialist visit	\$30 copay per visit	Not Covered	None
	Other practitioner office visit	\$20 PCP Other Practitioner copay per visit/ \$30 Specialist Other Practitioner copay per visit	Not Covered	Chiropractic manipulation of the spine for subluxation only - 35 visits per benefit year Acupuncture Not Covered
If you have a test	Preventive care/screening/immunization	No Charge	Not Covered	Coverage information available at <a href="http://www.hap.org">www.hap.org</a> .
	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Some services require prior authorization.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Some services require prior authorization.
If you need drugs to treat your illness or condition More information about <b>prescription drug coverage</b> is available at <a href="http://www.hap.org">www.hap.org</a> .	Generic Drugs	\$10 copay/prescription (retail).	Not Covered	Applies to all categories below. Retail: 30 day supply for non-maintenance drugs at 1 copay; 90 day supply for eligible maintenance drugs at 2 copays; Mail Order: 90 day supply for both eligible maintenance and non-maintenance drugs at 2 copays
	Preferred brand drugs	\$30 copay/prescription (retail).	Not Covered	
	Non-preferred brand drugs	\$50 copay/prescription (retail).	Not Covered	
	Specialty drugs	\$50 copay/prescription (retail).	Not Covered	



# Appendix - SBC

Common Medical Event	Services You May Need	Your cost if you use an In-Network Provider	Your cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Some services require prior authorization.
	Physician/surgeon fees	No Charge	Not Covered	-----None-----
If you need immediate medical attention	Emergency room services	\$200 copay per visit	\$200 copay per visit	Copay will be waived if admitted
	Emergency medical transportation	No Charge	No Charge	Emergency Transport Only
	Urgent care	\$40 copay per visit	\$40 copay per visit	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	Some services require prior authorization.
	Physician/surgeon fee	No Charge	Not Covered	-----None-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 copay per visit	Not Covered	Services require prior authorization. Services can be accessed by calling 1-800-444-5755
	Mental/Behavioral health inpatient services	No Charge	Not Covered	Some services require prior authorization. Services can be accessed by calling 1-800-444-5755
	Substance use disorder outpatient services	\$20 copay per visit	Not Covered	Some services require prior authorization. Services can be accessed by calling 1-800-444-5755
	Substance use disorder inpatient services	No Charge	Not Covered	Services require prior authorization. Services can be accessed by calling 1-800-444-5755
	Prenatal and postnatal care	\$30 copay per visit	Not Covered	No Charge for Prenatal care
If you are pregnant	Delivery and all inpatient services	No Charge	Not Covered	Some services require prior authorization.

# Appendix - SBC

Common Medical Event	Services You May Need	Your cost if you use an In-Network Provider	Your cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	None-----
	Rehabilitation services	No Charge	Not Covered	Up to 60 combined visits per benefit period - May be rendered at home
	Habilitation services	Not Covered	Not Covered	None-----
	Skilled nursing care	No Charge	Not Covered	Covered for authorized services - Up to 100 days per benefit period
	Durable medical equipment	No Charge	Not Covered	Coverage provided for approved equipment based on HAP's guidelines.
If your child needs dental or eye care	Hospice service	No Charge	Not Covered	Up to 210 days per lifetime
	Eye exam	\$30 copay per visit	Not Covered	No Charge for preventive eye exam
	Glasses	Not Covered	Not Covered	None-----
	Dental check up	Not Covered	Not Covered	None-----

## Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)	
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic Surgery</li> <li>Dental Care (Adult)</li> <li>Habilitation Services</li> </ul>	<ul style="list-style-type: none"> <li>Private-Duty Nursing</li> <li>Routine Foot Care (Only when meets Plan guidelines)</li> <li>Vision Hardware (Unless additional rider purchased)</li> </ul>
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)	
<ul style="list-style-type: none"> <li>Bariatric Surgery</li> <li>Chiropractic Care</li> </ul>	<ul style="list-style-type: none"> <li>Hearing Aids</li> <li>Weight Loss Programs</li> <li>Routine Eye Care (Adult)</li> </ul>

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-422-4641. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.ccoio.cms.gov](http://www.ccoio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact HAP at 1-800-422-4641 or visit us at [www.hap.org](http://www.hap.org)

For more information regarding grievance and appeals, contact the plan at 1-800-422-4641. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.ccoio.cms.gov](http://www.ccoio.cms.gov). Additionally, a consumer assistance program can help you file your appeal. Contact Michigan Health Insurance Consumer Assistance Program (HICAP), Michigan Office of Financial and Insurance Regulation, P.O.Box 30220, Lansing, MI 48909, phone 1-877-999-6442, website: <http://michigan.gov/ofir>, e-mail [ofir-hicap@michigan.gov](mailto:ofir-hicap@michigan.gov).

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----



About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)	
■ Amount owed to providers: <b>\$7,540</b>	
■ Plan pays <b>\$7340</b>	
■ Patient pays <b>\$200</b>	
Sample care costs:	
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductibles	\$0
Co-pays	\$50
Co-insurance	\$0
Limits or exclusions	\$150
Total	\$200

Managing type 2 diabetes (routine maintenance of a well-controlled condition)	
■ Amount owed to providers: <b>\$5,400</b>	
■ Plan pays <b>\$4720</b>	
■ Patient pays <b>\$680</b>	
Sample care costs:	
Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400
Patient pays:	
Deductibles	\$0
Co-pays	\$600
Co-insurance	\$0
Limits or exclusions	\$80
Total	\$680



## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-800-422-4641 or visit us at [www.hap.org](http://www.hap.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-800-422-4641 to request a copy.

# Your Benefit Resources



<b>Medical &amp; Prescription Drug</b>	<b>HAP</b>	<b>877-427-3678</b> <b><a href="http://www.hap.org">www.hap.org</a></b>
<b>Dental</b>	<b>Delta Dental</b>	<b>800-524-0149</b> <b><a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></b>
<b>Vision</b>	<b>Superior Vision</b>	<b>800-507-3800</b> <b><a href="http://www.superiorvision.com">www.superiorvision.com</a></b>

## Other Questions or Changes In Eligibility

DSEHP  
Benefit Center

888-222-4309



The contents of this booklet is intended for use as an easy to read summary only. It does not constitute a contract. Additional limitations and exclusions may apply. For an official description of benefits, please refer to each carrier's official certificate/benefit guide.