

# 2025 \$0<sup>1</sup> PPO 016 Plan Summary

HAP MSU-HC Medicare Prime (PPO)

For more information,  
visit [hap.org/medicare](http://hap.org/medicare) or call



## HAP MSU-HC Medicare Prime (PPO) (016)

### 48 counties (see back for service areas)

Monthly premium <sup>1</sup>	\$0
Annual medical deductible	\$0
Out-of-network <sup>2</sup>	35%
Maximum out-of-pocket	\$5,300 both in and out-of-network combined
Doctor/specialty visits	PCP \$0 in-network; \$20 out-of-network; Specialty \$35 in-network; \$45 out-of-network
Telehealth services	\$0 PCP / \$35 SPC / \$45 UC
Mental health services	\$15 in-network / 35% out-of-network
Inpatient hospital	\$350 per day (days 1-5); 35% per day out-of-network Unlimited days
Emergency (ER)/urgent care (UC)	\$125 <sup>3</sup> / \$45
Labs/outpatient hospital	\$0 / \$325 in-network; 35% out-of-network
Ambulatory surgical center (ASC) services	\$275 in-network/35% out-of-network
Physical/occupational/speech therapy visits	\$20 in-network / 35% out-of-network
Flex Card	\$105 per qtr with rollover per quarter for dental, vision, hearing, OTC, transportation and healthy food/produce*, includes retail
Prescription drug deductible	\$200 for Tiers 3-5
Prescription drug copays 30-day supply <sup>4</sup>	Preferred pharmacy network
T1/T2/T3/T4/T5	\$0 / \$11 / 18% / 48% / 30%
Preferred mail order 90-day supply	\$0 copay for T1 & T2

**Initial coverage limit (combined drug costs paid by you and the plan): \$2,000<sup>5</sup>**

### See back for service areas

\*This benefit is a special supplemental benefit for the chronically ill (SSBCI) and is made available to members with one or more qualifying chronic conditions. Not all members will qualify for this benefit. Qualifying chronic conditions include but are not limited to diabetes, cardiovascular disorders, chronic lung disorders, cancer, and dementia. For a complete list of qualifying chronic conditions please see the plan's Evidence of Coverage (EOC).

Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.

<sup>1</sup> You must continue to pay your Medicare Part B premium, plus any late enrollment penalties you may owe. See Evidence of Coverage for more details.

<sup>2</sup> Out-of-network cost applies to maximum out-of-pocket. Out-of-network (OON) benefits of PPO plans have 35% coinsurance in all services other than: PCP Visits, Specialist Visits, Emergency Care, Urgent Care, Ambulance Services, Assist America, Fitness Benefit through SilverSneakers®, and Telehealth Services through AmWell.

<sup>3</sup> Copayment is waived if admitted to hospital.

<sup>4</sup> A 90-day supply mail order is \$0 for T1 & T2 initial phase of coverage through a preferred pharmacy. A 90-day supply is not available for Tier 5 and opioids.

<sup>5</sup> Excludes monthly premiums, costs of noncovered drugs and costs of drugs purchased outside the U.S. All drugs on our Formulary (drug list) are covered at the HAP-negotiated price. You pay the lower of your copay or the actual cost of a covered drug.

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## Service area

**HAP MSU-HC Medicare Prime** Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw and Wayne.