

HAP CareSource  
Marketplace

# 2025 Evidence of Coverage

## Vision and Fitness Rider

MICHIGAN

 HAP CareSource™





**HAP CareSource**  
3031 West Grand Blvd  
Detroit, MI 48202

## **ADULT VISION AND FITNESS RIDER**

This Rider is a part of the Evidence of Coverage (EOC) to which it is attached. It is subject to all of the terms, conditions, exclusions, and limitations of the EOC which are not in conflict with the terms, benefits, exclusions and limitations of this Rider.

HAP CareSource Adult Vision and Fitness Rider includes the Benefits and services described in this Rider. They are offered at an extra cost to you, as further described in the Schedule of Benefits and may be referred to as “Adult Vision Benefits” and “Adult Fitness Programs”. These Benefits are not Essential Health Benefits.

Note: Vision Benefits for pediatric Members are available in Section 5: *Your Covered Services* of your EOC.

### **Network of Providers**

HAP CareSource utilizes a Network for the provision of covered adult vision Benefits and fitness programs. We will only provide coverage for adult vision and fitness program Benefits when you use an optometrist, ophthalmologist, fitness center or other appropriate Provider within our Network. We do not cover vision and fitness program services provided by Non-Network Providers.

## **1. VISION BENEFITS**

### **Network of Providers**

Vision Benefits under this section are available to covered adults aged 19 and older. These Benefits are administered by EyeMed®. The management and other services that EyeMed provides include, among others, maintaining and managing the Network Providers who will provide Covered Services to you under this section. You must use an EyeMed Network Provider in order to receive Benefits under this section. If you do not use an EyeMed Network Provider to receive Health Care Services under this section, you will be responsible for all costs, and such Health Care Services will be considered Non-Covered Services. Please call 1-833-337-3129 for help locating an EyeMed Network Provider and for additional information and details.

**IMPORTANT:** IF YOU OPT TO RECEIVE VISION CARE SERVICES OR VISION MATERIALS THAT ARE NOT COVERED SERVICES UNDER THIS PLAN, A PARTICIPATING NETWORK PROVIDER MAY CHARGE YOU HIS OR HER NORMAL FEE FOR SUCH SERVICES OR MATERIALS. PRIOR TO PROVIDING YOU WITH VISION CARE SERVICES OR VISION CARE MATERIALS THAT ARE NOT COVERED BENEFITS, THE VISION CARE PROVIDER WILL PROVIDE YOU WITH AN ESTIMATED COST FOR EACH SERVICE OR MATERIAL UPON REQUEST.

## Covered Services

- **Comprehensive Eye Exam with Dilation, if Medically Necessary.** Limited to one (1) per Benefit Year. Cost share applies.
- **Eyewear:** Covered in Full up to a \$250 allowance per Benefit Year, limited to one (1) eyewear allowance per Benefit Year. Allowance may be used for glasses (frame, lenses, and lens options package) or contact lenses once per Benefit Year.
  - Eyeglasses (includes frames, lens, and lens options).
    - Frames, lens and options: 20% discount on the balance after \$250 allowance.
  - Contact lenses (includes materials only).
    - Conventional - 15% discount on the balance after \$250 allowance.
    - Disposable - no discount after \$250 allowance.
- **Low-Vision:** Low vision is a significant loss of vision but not total blindness.
  - **Supplemental Testing:** Diagnostic evaluation beyond a comprehensive eye examination, including an ocular function assessment, measurements, visual field evaluations. Limited to one (1) per Benefit Year.
  - **Low Vision Aids:** Includes, but is not limited to spectacle-mounted magnifiers, hand-held or spectacle-mounted telescopes, hand-held and stand magnifiers, and video magnification. Limited to one (1) per Benefit Year.
- **Retinal Imaging Benefit:** Covered at no member cost share. Limited to one (1) per Benefit Year.
- **Medically Necessary Contact Lenses:** In general, contact lenses may be Medically Necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression. Contact lenses may be determined to be Medically Necessary in the treatment of the following conditions: keratoconus, pathological myopia, aphakia, anisometropia, aniseikonia, aniridia, corneal disorders, post-traumatic disorders, irregular astigmatism. Medically Necessary contact lenses are dispensed in lieu of other eyewear.

In the event that contact lenses are determined to be Medically Necessary, the contact lenses and associated services, including fit and follow-ups, will be Covered in Full with no limitation on the number of follow-ups required.

## Additional Services

The following are services you have access to as a Covered Person, but shall not be considered a Benefit under the Plan:

- **Laser Vision Correction (Lasik or PRK from U.S. Laser Network):** The Plan will not provide Benefits for laser vision correction services. However, Members may receive 15% off retail price or 5% off promotional price of the cost of laser vision correction services.
- **Additional Pairs Discount:** The Plan will only provide Benefits for one eyewear allowance for eyeglasses or contact lenses. You may purchase additional eyewear at your own cost, and you may receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses upon exhaustion of the Benefits above at the point of sale with a Network Provider. Not all Providers honor discounts on Non-Covered Services.

## Exclusions

The Plan does not cover the following:

- Services and materials not meeting accepted standards of optometric practice.
- State or territorial taxes on vision services performed.
- Visual therapy.
- Replacement of lost/stolen eyewear.
- Non-prescription (Plano) lenses.
- Two pairs of eyeglasses in lieu of bifocals.
- Insurance of contact lenses.

## 2. THE ACTIVE & FIT FITNESS PROGRAM

The Plan provides covered adults aged 18 and older with the ability to enroll in select fitness centers for the Benefit Year while enrolled in the Plan. Using the Active & Fit fitness program is voluntary and is provided at no cost to you. Enrollment may give you access to cardiovascular equipment, strength training equipment, certain fitness classes, and other amenities, such as saunas, locker rooms, and pools, where available.

The Active & Fit program also offers digital fitness choices with home fitness tools, including:

- Home Fitness Kits: You are eligible to receive one home fitness kit per Benefit Year from a variety of fitness categories, with some kits including a wearable device (e.g., Fitbit or Garmin).
- On-Demand Workouts: View a variety of workout videos for all fitness levels.
- Healthy Living Coaching: Coaches help you meet your fitness, nutrition, and lifestyle goals during scheduled phone sessions.
- Workout Plans: Receive a personalized workout plan to help you build a safe and healthy routine.

For more information on this program, how to enroll, available services in your area, and exclusions and limitations, please call Active & Fit member services at the number found on the back of your ID card, or at [ActiveandFit.com](http://ActiveandFit.com).

## Limitations

- Fees paid under this program, if required, do not count towards your Annual Out-of-Pocket Maximum, are non-refundable, are not prorated, and may be required to be paid to a third party and not HAP CareSource.
- Available fitness or exercise centers may vary and change at any time. Enrolled adults may not have access to all services offered by the fitness center and some services may require the purchase of upgraded memberships.
- Prior to enrollment, please verify with the fitness center what services are included as part of this program and what services (if any) would require additional fees.
- Not all Covered Persons may be eligible to participate in this program. Available fitness centers may have certain restrictions for enrollment, such as age requirements.
- Enrollment in this program is limited to the current Benefit Year and while Covered Persons are enrolled in the Plan. If you disenroll or are terminated from the Plan during the Benefit Year, then you will no longer be able to access fitness centers.
- Home kits are subject to change.

This Rider amends and is incorporated into the EOC between you and HAP CareSource. This Rider takes the place of any other issued to you by HAP CareSource on a prior date. All coverage under this Rider shall begin at 12:00 midnight and shall end at 11:59:59 Eastern Standard Time.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2099** (TTY: 711).



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame al: **1-833-230-2099** (TTY: 711).

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2099** (TTY: 711).

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-833-230-2099** (TTY "الهاتف النصي للصم وضعاف السمع": 711).

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可以获得免费的辅助设备和支持。请致电：**1-833-230-2099**（听语障人士专用电话：711）。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-833-230-2099** (TTY: 711).

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-833-230-2099** (ATS : 711).

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2099** (TTY: 711).

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-833-230-2099** (TTY: 711).

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-833-230-2099** (TTY: 711).

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2099**(TTY: 711)로 문의하세요.

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Gba irànlówó òfẹ ní èdè rẹ pèlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn irànlówó àti àtiléyìn òfẹ bí o bá ní àìlera kan. Pe **1-833-230-2099** (TTY: 711).

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2099** (TTY: 711).

په خپله ژبه کې د ژباړونکو او نورو لیکلي شویو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلولیت لری نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمېرې ته زنگ ووهئ **1-833-230-2099** (TTY: 711).



వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్‌తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-833-230-2099** (TTY: 711).

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-833-230-2099** (TTY: 711) मा कल गर्नुहोस्।  
သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် -  
**1-833-230-2099** (TTY: 711)

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejın utamwe. Kalle **1-833-230-2099** (TTY: 711).

MI-EXC-M-3283767

We follow all state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin, disability, age, religion, sex (which includes pregnancy, gender, gender identity, sexual preference, and sexual orientation), or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you. Call **1-833-230-2099** (TTY: 711) if you need any of this help. We are open Monday through Friday, 7 a.m. to 7 p.m. ET. We are here for you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.

**Mail:** HAP CareSource, Attn: Civil Rights Coordinator  
P.O. Box 1947  
Dayton, OH 45401  
**Phone:** 1-844-539-1732 (TTY: 711) | **Fax:** 1-844-417-6254  
**Email:** [CivilRightsCoordinator@CareSource.com](mailto:CivilRightsCoordinator@CareSource.com)

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

**Mail:** U.S. Department of Health and Human Services  
200 Independence Ave., S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
Mail the complaint form found at  
[www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](http://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf).  
**Phone:** 1-800-368-1019 (TTY: 1-800-537-7697)  
**Online:** [www.ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://www.ocrportal.hhs.gov/ocr/portal/lobby.jsf)

You can find this notice at **HAPCareSource.com**.

MI-EXC-M-3296952

