A photograph of a woman with long brown hair, wearing an orange and white striped long-sleeved shirt and blue denim overalls, smiling warmly as she pets a beagle dog. The background is a softly lit indoor space with a plant and a framed picture. A diagonal orange and purple graphic element runs across the image.

2025 Member Handbook



HAP CareSource[™]

Michigan Marketplace



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Welcome!

Thank you for being a HAP CareSource member! We are glad to have you as a member of our health plan. This handbook will help you learn about your benefits and how to get the most from your plan.



Member Services

Call Member Services when you

- Have questions about your plan
- Want to know your rights
- Need to find a provider
- Have questions about a benefit

Member Services is open Monday through Friday, from 7 a.m. to 7 p.m. Eastern Time (ET) to take your call. We are always happy to help.

Plan Documents

Please look at your Schedule of Benefits (SB) and Evidence of Coverage (EOC). They have more details about your plan, such as your costs and the legal ins and outs of your coverage. The EOC is your legal contract with us and has all the details about your coverage.

If you have any questions about your benefits or what is in this handbook, you can look in your EOC for the details, or you can call Member Services for help.

Help In Other Languages and Formats

If you or someone you're helping has questions about HAP CareSource, you have the right to get help and information in your language at no cost. Please call the Member Services number on your HAP CareSource member ID card for more information.

Spanish

Si usted o alguien a quien ayuda tienen preguntas sobre HAP CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

Arabic

HAP، يتللا ءةلللابو أن اءم تامولعمو ءءءاسم ىلع لوصءلا كل قءيء صوصءب تاراسفءسا ءىأ، ءءءاسء صءش ىأ ىءل وأ، كءىءل ناك اءل ءءءل ءىءرءء ءءاطب ىلع ءوءوءملاء اءءءال ءمءءمقر ىلع لاءءءال الءر، نىءىءرءل نىءمءرءمءل ءءل ءءءءلل. اءب ءءءءء CareSource كء ءءءءل.

Chinese

如果您或者您在帮助的人对 HAP CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

Interpreter Services

If you or a member of your family has a primary language that is not English, call us. We offer interpreters for members who need assistance communicating with us. By calling the Member Services department at **1-833-230-2099** (TTY: 711) you can speak with a Member Services representative through an interpreter.

TTY for the Hearing Impaired

Call 711 if you are hearing impaired and have any questions, whether they are about your plan benefits and services or about your health and care.

Translation and Alternate Format Materials

You can request your plan documents and other print communication to be translated into the language of your choice. You can also request other formats, such as large print, braille or audio formats. Call Member Services to request a translation or alternate format material.



IMPORTANT NEXT STEPS

You've enrolled in your new plan. Now what?

Follow the steps below to get started with your new plan, and to review any changes from last year, if you have re-enrolled with us.



1

Your Member ID Card (See Page 6)

Look for your HAP CareSource member ID card in the mail.

- You will get your member ID card in a separate mailing.
- You can also access your member ID card from your My CareSource® account, or view a digital copy of it on the Mobile App.



2

Create Your Online My CareSource Account or Update Your Existing Account (See Page 9)

Get quick and easy access to your plan and account information, as well as health and wellness information through **MyCareSource.com** and the Mobile App.

- Go to **MyCareSource.com**. Then select **Sign Up** to create an account or **Login** to update your existing account.
- If you have a new member ID number, you will need to update your account with your new plan information.
- Download our Mobile App to stay connected on the go.



3

Learn About Your Benefits and Services (See Page 21)

Read about your covered benefits and services in the Your Benefits section of this handbook. You can also find information about your covered benefits and services online at **HAPCareSource.com** and in your My CareSource account.

**4**

Learn About Special Programs Like Disease Management, Care Management and More (See Page 32)

Found in the *Care Management Services* section of this handbook. You can also call us for more information at **1-833-230-2064** (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m., Eastern Time (ET).

**5**

Choose Your In-Network Primary Care Provider (PCP) (See Page 12)

- **FIND:** Use our *Find a Doctor/Provider* tool to locate the right PCP for you.
- **TELL US** your choice of PCP through your My CareSource account. Use the Choose Provider option and tell us your PCP's name.
- **VISIT:** Make an appointment with your choice of PCP. It's important to have regular checkups, even when you are not sick.

**6**

Complete Your Health Needs Assessment (See Page 45)

In your My CareSource account, select the **Health** tab, then look for your Health Needs Assessment (HNA) under **Assessments**. Complete the survey to get a personal health score and a plan with tips for becoming or staying healthy!

GETTING STARTED: INFORMATION YOU NEED TO KNOW


Member ID Cards

You will receive your HAP CareSource member ID cards in a separate mailing. Your member ID card lists each member of your family who has health insurance coverage under the plan. Show your card each time you go to the doctor, hospital, urgent care center and pharmacy.

Member ID cards show additional important contact information, including our 24-Hour Nurse Advice Line and contact information for your Vision, Hearing and Fitness benefits, as appropriate to your plan.

You also can access your member ID card on your My CareSource account (**MyCareSource.com**) and the Mobile app.

NOTE: Have your member ID ready when you call Member Services or any member number on the back of your card. This will help us serve you faster.



[Low Premium Silver
Adult Vision & Fitness]

<p>Member: [Jeff Doe]</p> <p>Member ID: [14800000000-00]</p> <p>Health Plan: [XXXXXXXXXXXX-XX]</p> <p>Payer ID: [31114]</p>	<p>Dependents: MI 2025</p> <p>[01 Jane Doe] [02 John Doe] [03 Mike Doe] [04 Ron Doe] [05 Susan Doe] [06 Sara Doe] [07 Joe Doe]</p>
---	---

Office: [\$/%*] ER: [\$/%*] Spec: [\$/%*] UrgCare: [\$/%*]

*after Ind.[\$00,000]/Fam. \$00,000 Annual Deductible Ind. [\$00,000]/Fam. \$00,000 Out of Pocket Max
[MISC-MI(2025)]

HAPCareSource.com

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call Member Services.

MEMBER NUMBERS	<p>[Member Services:] [1-833-230-2099]</p> <p>[24-Hour Nurse Advice Line:] [1-833-687-7390]</p> <p>[TTY Service for Hearing Impaired:] [711]</p> <p>[Vision] [Ped Only] [1-XXX-XXX-XXXX]</p> <p>[Hearing] [1-XXX-XXX-XXXX]</p> <p>[Fitness] [1-XXX-XXX-XXXX]</p>	<p>[1-833-230-2099]</p> <p>[1-833-687-7390]</p> <p>[711]</p> <p>[1-XXX-XXX-XXXX]</p> <p>[1-XXX-XXX-XXXX]</p> <p>[1-XXX-XXX-XXXX]</p>
PROVIDER INFO.	<p>[Provider Services:] [1-833-230-2101] [ESI: 1-866-759-1530]</p> <p>[RxBin: 003858 RxPCN: A4 RxGrp: RXINN04]</p> <p>[Medical Claims: P.O. Box 8730, Dayton, OH 45401-8730]</p> <p><small>Coverage [not] provided through the Health Insurance Marketplace, [by HAP CareSource] MI-EXC-M-2906181</small></p>	

Additional/Replacement Member ID Cards

If you need additional member ID cards or you lose your member ID card, you may print it from your My CareSource account (**MyCareSource.com**). You can also view a digital copy on the Mobile App. You can request a replacement member ID card through your My CareSource account (**MyCareSource.com**), or by calling Member Services and telling our automated attendant that you need a replacement member ID card.

When to Update Your Information

Use HAP CareSource's enrollment website **Enroll.CareSource.com** when you need to change or update your household information, such as:

- When you move
- If you or someone in your household has a change in income
- If you adopt or have a child
- To permanently change your address or contact information

Our enrollment website provides an easy, no-hassle way to let the Marketplace know when you have changes to report. You can also call the Marketplace directly at 1-800-318-2596 (TTY: 855-889-4325) or go to [Healthcare.gov](https://www.healthcare.gov)*.

**Healthcare.gov and the Marketplace are products of the Centers for Medicaid and Medicare, and are not related to HAP CareSource.*

Communication from HAP CareSource

HAP CareSource may send you other information to keep you up-to-date on your plan details and benefits.

Some may be about you or your family's health conditions, special programs offered to you, or Care Management. Some to give you the latest information about HAP CareSource and your plan, like our MemberSource newsletters.

Go Green! You can choose to get many communications by email or text. When you choose this, we may send you an email or text to let you know that a document is in your My CareSource account (**MyCareSource.com**) and ready to view.

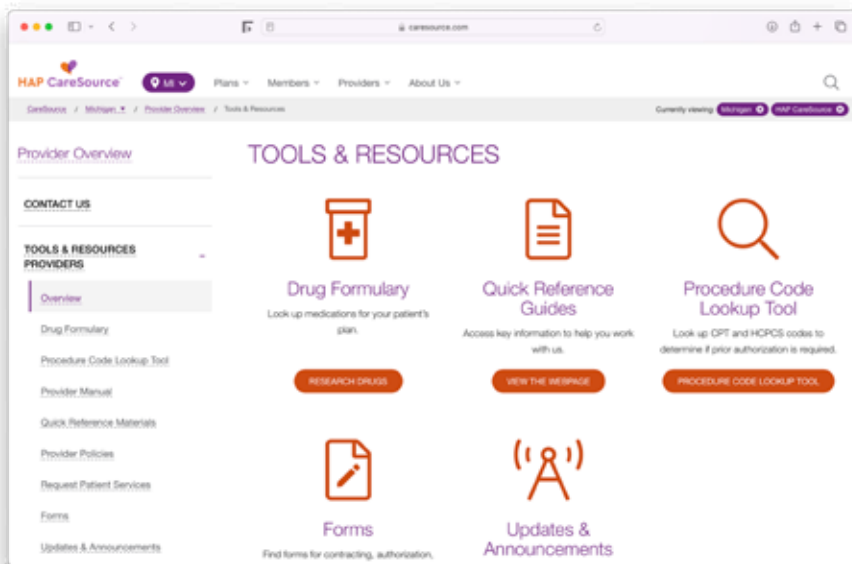
Be sure to tell us your preferred method of contact in your My CareSource account (**MyCareSource.com**) so you get information from us in the format you prefer.

Note: even if you ask us to send you email or text, we are still required by law to mail some things to you.



DIGITAL TOOLS

Our suite of digital tools is designed to make it easy for you to get the information you want, when you want it.



HAP CareSource Website

HAPCareSource.com: Our website gives you general information about plans, your plan documents, pharmacy benefits, member-exclusive programs and how to find network providers. It even has educational materials and videos. Our website is easier and faster than ever to use. We are always updating the information available to you, so visit often when you have questions about your health or your health care plan.

My CareSource Member Portal

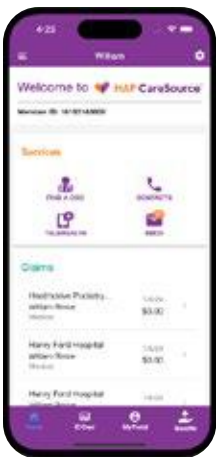
Your My CareSource® Member Portal is your secure, personal HAP CareSource account.

Set up your Member Portal account at **MyCareSource.com**, be sure to update it with your new HAP CareSource member ID number. My CareSource gives you the ability to manage your health and your plan with information that is personalized just for you. You can:

- See your claims.
- Check on your cost shares and how much you've paid toward your annual deductible and out-of-pocket maximum.
- Pay your premium.
- Read or download plan documents.
- Set your preferences for email, text and mail.
- Find a PCP or tell us who you use as your PCP

My CareSource also gives you access to our online tools like **MyHealth®**, **myStrength™** and **MyResources™**, to help you get additional support for your physical and emotional health and find community resources. You can access the MyHealth portal to check the rewards you qualify for and see what rewards you've earned. These tools are discussed in more detail on page 45.

Mobile App



The Mobile App gives you access to HAP CareSource information and services at your fingertips. The new **Message Center** will let you know if you are due for a screening test, a doctor visit, prescription refill, or when documents are available for you to review. Get one-touch access to your digital member ID card, Find a Doctor/Provider and our 24-Hour Nurse Advice Line. Access telehealth 24 hours a day with the Teladoc® link. Our app makes using your HAP CareSource benefits easy and convenient.



Find a Doctor/Provider

Use our Find a Doctor/Provider online tool to search for primary care and specialists of all types. You can search for in-network providers by specialty, within a certain area, by gender, by accessibility and languages spoken. The Find a Doctor/Provider tool and our Provider Directory also list network providers by specialty, as well as hospitals, clinics and outpatient facilities.

You can get a provider's name, address, telephone number, specialty, qualifications, medical school attended, residency completion, board certification status and more.

Visit **HAPCareSource.com**. Under the **Members** tab, click the **Find a Doctor/Provider** tool. Then click on **Get Started** and fill out your location. On the **Choose Plans** page, scroll down to **Michigan** and select **Marketplace**. You can filter provider results further on the **Choose Filters** page or continue to see the full list.

Visits to optometrists, behavioral health counselors, like visits to other specialists, do not require a referral. However, you may want to work with your primary care provider (PCP) in coordinating your care.

If you would like a printed Provider Directory, please contact Member Services.





WHERE AND HOW TO GET CARE

Where to Get Care

	Primary Care Provider (PCP)	<p>Used for common illnesses and advice. You will get most of your preventive care from your PCP. You should see your PCP the most often!</p>
	Telehealth	<p>Used to visit with a provider via phone or computer wherever you are. Ask your provider if they offer telehealth. Use telehealth for common illnesses such as coughs, sinus problems, rashes, mental health concerns and more. You can also talk to a doctor 24/7 through Teladoc®. Call 1-800-853-2362 or visit Teladoc.com/CareSource to get started.</p>
	Community Behavioral Health Center (CBHC)	<p>Used to provide health and social services for people living with mental health and/or substance use issues.</p>
	Convenience Care Clinic	<p>Used for minor sicknesses and to get shots. You can find them in many local drug and grocery stores.</p>
	Urgent Care	<p>Used to treat non-life-threatening issues. Use when you cannot visit your PCP and your health issue cannot wait.</p>
	Hospital Emergency Room	<p>Used for life-threatening issues or emergencies. Call 911 or go to the nearest ER.</p>



Not sure where to go?

Call the 24-Hour Nurse Advice Line at 1-833-687-7390 (833 NURSE 90). We are here for you 24 hours a day, 7 days a week.



Primary Care Provider

Going to the same primary care provider (PCP) each time you need care will help them get to know you and your needs. The more familiar your PCP is with you and your medical history, the better your PCP will be able to treat you. You can see any in-network PCP or provider that you like.

Telling us who your PCP is in your My CareSource account (**MyCareSource.com**) or the Mobile App will help us know that we are applying the right cost share amount to your claims. It will also allow us to talk more effectively with your PCP about your care and important health alerts.

HAP CareSource requires that you have a designated PCP and will assign one to you in the event you don't. You can change your PCP throughout the year and are able to select any network PCP to be your designated PCP. Children can have a pediatrician and women are able to have a provider who specializes in obstetrical or gynecological care as their designated PCP. HAP CareSource may also re-assign your PCP to one that you are regularly seeing.

NOTE: Network providers, including PCPs, are subject to change. Network PCPs may also limit the number of patients they can accept and have other limitations and restrictions. There is not a guarantee or assurance that you will be able to select any certain PCP.

HAP CareSource does not require a prior authorization or referral to see specialists, nor for a woman or child to access a provider who specializes in obstetrics/gynecology or pediatrics respectively.

If you want to change the PCP you have on record with us, it is easiest to change it through your My CareSource account (**MyCareSource.com**). To find an in-network PCP, specialist or other provider, use our **Find a Doctor/Provider** tool available in your My CareSource account (**MyCareSource.com**), on **HAPCareSource.com** or through the Mobile App. You may also call Member Services and they will help you locate a provider.

Why Do I Need a Primary Care Provider?

Having a good relationship with a primary care provider has lots of benefits for helping you live a longer healthier life.



Better preventive care to help you stay on top of your health.



Higher level of comfort - it is easier to talk with a doctor you are familiar with.



Your health history record will be kept in one place.



Lower overall health care costs.



Routine screenings can find problems earlier.



Fewer visits to the emergency room.

24-Hour Nurse Advice Line

Our free 24-Hour Nurse Advice Line is available 24 hours a day, 365 days a year. If you are injured or sick, a registered nurse will ask you questions and advise you:

- If home care is ok, or if you need to seek expert care.
- What kind of care you need (e.g., emergency, urgent, telehealth*, etc.)
- If you can wait to get care or need to go right away.
- Where you should go for care (e.g., emergency room (ER), urgent care, PCP)

* If the nurse refers you to Teladoc® for a telehealth visit, you can be connected without making another phone call.

When you call our 24-Hour Nurse Advice line, a nurse can help you*:

- Learn about a health condition.
- Decide when to go to your doctor, urgent care, or ER
- Find out more about your medications
- Find out about health tests or surgery
- Learn about healthy eating
- If you have a mental health crisis or concerns and need help
- Discuss care advice for an injury or illness
- Make a list of questions before visiting a provider
- Learn about medication side effects, generic substitutes and drug-to-drug interactions

Call our 24-Hour Nurse Advice Line at **1-833-687-7390 (833 NURSE 90)**. The phone number is also found on the back of your HAP CareSource member ID card.

** The 24-Hour Nurse Advice Line registered nurses cannot diagnose or treat conditions. They can provide care advice and answer your health-related questions. In the case of a true medical emergency, always call 911 first.*



Telehealth

You can access health care virtually with telehealth. Telehealth can be a significant value to you by increasing the speed of scheduling a visit and being seen, reducing time off work, reducing exposure to other patients and more. While not all services are right for telehealth, many are, and more providers are supporting them than ever before.

Your PCP or other local provider may offer telehealth visits. Many reasons for a PCP visit can be taken care of over the phone or computer, such as medication check-ins, rashes, allergies, sinus issues and more. Check with your provider to see if telehealth visits are offered and get the details of how to schedule and have a virtual visit or a visit over the phone.



Teladoc Zero Cost Telehealth Program

If your provider doesn't offer telehealth, or you need to have an appointment after hours or on the weekend, you can use our Zero Cost Telehealth program through Teladoc®. You can speak with a doctor anytime using your phone or computer. Teladoc is not meant to replace your primary care provider, but to be used with the care you get from your PCP. If you need to see a provider soon, but can't get an appointment quickly, or if your need is urgent but not an emergency, consider Teladoc.

Getting care is easy. With one phone call, you can consult with a board-certified physician, receive advice, and if necessary, have a prescription called in to a local pharmacy. Teladoc is available 24 hours a day, 7 days a week.

1. Call 1-800-TELADOC (835-2362)
2. Go online to [Teladoc.com/CareSource](https://www.teladoc.com/CareSource)
3. Use our Mobile App for one-touch access

If it is your first visit, you will need to register using information on your HAP CareSource member ID card. Then enter the reason for your call. A doctor will call you back for your consultation, normally within 30 minutes.

Teladoc also provides counseling services for mental health or substance use disorder. Hours are 7 a.m. to 9 p.m., Eastern Time, seven days a week. Teladoc therapists can help with anxiety, depression, stress, relationship issues and more. Follow the registration guide above to make an appointment.



Convenience Care Clinics

Convenience care clinics offer an easy option when you need care for minor injuries or illness. CareSource members can visit clinics located inside select drug and grocery stores for care. Most clinics are open into the evening and on weekends, and most take walk-ins. You can visit convenience care clinics for the same cost as a PCP visit copay.

You can find convenience care clinics by using our ***Find a Doctor/Provider*** tool on **HAPCareSource.com** or using the Mobile App. Look under ***Clinic*** for ***Type*** and then under ***Urgent Care/After Hours*** for the ***Specialty*** to find one near you.

You can also call Member Services if you do not have internet access or need help finding a clinic near you. If you aren't sure if a convenience care clinic is right for your situation, please call our 24-Hour Nurse Advice Line for help.



Urgent Care Clinics

Urgent care clinics are for situations that require prompt attention, when you cannot get in to see your primary care provider (PCP) quickly enough. Consider going to an urgent care clinic when you require a higher level of care than your PCP or local convenience care clinic can provide. If you aren't sure where to go for care, call our 24-Hour Nurse Advice Line. The number is on the back of your member ID card.

To find the nearest urgent care clinic, use our **Find a Doctor/Provider** online tool and look under **Clinic** for **Type**, then select **Urgent Care/After Hours** for the **Specialty**.*



Hospital Emergency Room

A hospital emergency room (ER) visit should only be for true emergencies. They are typically the most expensive course of action for you. If your issue is not a true emergency, you may have to wait a long time to get treated and your claim may not be covered.

Some examples of when emergency services are needed include:

- Drug overdose
- Loss of consciousness
- Major burns
- Miscarriage/pregnancy with vaginal bleeding
- Psychosis
- Rape
- Severe chest pain
- Severe vomiting
- Seizures/convulsions
- Shortness of breath
- Uncontrolled bleeding

You do not have to contact HAP CareSource for an OK before you get emergency services.

Remember, If You Need Emergency Services*:

- **Call 911 or go to the nearest ER or other appropriate setting.** Be sure to tell them that you are a HAP CareSource member and show your member ID card.
- If you get emergency care, but need more medical care for the problem that caused your emergency, you or a provider must call HAP CareSource.
- If you can, call your PCP right away to report your medical emergency. Let them know about any follow-up services you may need.
- If the hospital has you stay (admits you to a room in the hospital), please make sure that your provider calls HAP CareSource one business day beforehand.

* If you are unsure where to go or if you do not have internet service, you have options. Call Member Services or our 24-Hour Nurse Advice Line and they can help you find one near you.



Use Network Providers

Generally, you must receive care from a HAP CareSource network provider. A network provider is a doctor, pharmacy, hospital, clinic or other health care provider contracted with HAP CareSource to provide health care services to our members.

You can find network providers listed through our Mobile App, on our ***Find a Doctor/Provider*** tool at **HAPCareSource.com** or you can request a printed Provider Directory for a listing of providers near you. You may also call Member Services and they will help find a network provider near you.

In order to have your health care services covered by HAP CareSource, you must get them from a network provider with a few notable exceptions:

- You get emergency health services from a non-network provider.
- You receive emergency or urgent care while you are temporarily outside the service area.
- There is a specific situation involving the continuity of your health care.
- You get health care services from a non-network provider (such as an anesthesiologist or radiologist) while you are in a hospital or other facility that is a network provider; or
- The services you need are covered services under the plan and not available from a network provider or facility. In this case, you, your PCP or other network provider must get our prior authorization.

If you receive emergency care from a non-network provider, you will not be responsible for paying any more than you would have if you received care from a network provider.

These exceptions are related to the new “No Surprises” Act. You can read the full notice of your rights and protections under this act in the Appendix of this handbook.

Please be sure to refer to *Section 3: How the Plan Works* of your Evidence of Coverage (EOC) for details and exceptions to using a network provider.

Current Treatment Plans and Continuity of Care

If you enroll in a HAP CareSource plan and already have treatment or care planned, and the provider is not in our network, please contact us before you get that service. HAP CareSource will be able to confirm if you qualify for a “Continuity of Care” exception to see an out of network provider. Note that these exceptions are limited to specific situations and will only be approved for certain timeframes.

Except for emergencies, services you get from out of network providers without prior approval will not be covered. See the prior authorization explanation in the *Your Benefits* section of this handbook on page 21 for more information about getting approval from us.

When you are Outside of our Service Area

You may get sick or hurt while traveling outside of our service area. Our service area is considered certain counties within the state where you purchased your policy. You can see the service area online at **HAPCareSource.com**. Select **Plans** from the main menu at the top of the page, then **Marketplace**.

If you have an emergency or need attention while traveling in the United States, you can get medically necessary covered services for urgent or emergency care from a provider that is not in our network. They will likely submit a claim to us using the information on your member ID card. However, you may need to send any bills you receive to us with a claim form. We have included a claim form at the back of this handbook. You can also get a member claim form online on the **Forms** page under **Tools and Resources**, or by calling Member Services.





PREVENTIVE CARE

Preventive care means making regular visits to your primary care provider (PCP), even when you do not feel sick. Check-ups, tests and screenings can help your doctor find and treat problems early before they become serious.

Some preventive care you get from in-network providers are free to you, if you qualify for them. These include vision and hearing screenings and behavioral health screenings, like a depression screening. The list shown below will give you an idea of the care you may receive at no cost if your PCP recommends it.

Visit your PCP at least once a year to discuss what preventive screenings and tests are right for you. To learn more about the preventive care that is covered under your plan, visit the Marketplace website at www.healthcare.gov/coverage/preventive-care-benefits/.

You may also qualify for rewards for certain preventive care activities. See page 20 for details.

Screening and Counseling

Everyone 18+

- Blood pressure check
- Weight screening and counseling
- Depression screening and counseling
- Alcohol use screening and counseling
- Tobacco use screening and programs to quit smoking
- Diet counseling (If at a higher risk for chronic disease)
- Sexually transmitted infection (STI) prevention counseling

Age 45+

- Colorectal cancer screening (to age 75)

Age 55+

- Lung cancer screening for smokers or those who quit in the past 15 years (to age 80)

Vaccines

Everyone 18+

- Flu shot
- HPV vaccine (women to age 26, men 22 to 26 if at high risk)*
- Td/Tdap (tetanus) vaccine and boosters
- Chickenpox vaccine (if not immune)*
- MMR vaccine (if born after 1957)*
- Hepatitis A vaccine (if at higher risk)
- Hepatitis B vaccine (if at higher risk)
- Meningococcal vaccine (if at high risk)

Age 60+

- Shingles vaccine

Age 55+

- Pneumococcal vaccine

*Pregnant women should not get the HPV, chickenpox, or MMR vaccines

Lab Tests

Everyone 18+

- HIV screening (to age 65, beyond if high risk)
- Diabetes screening (if high blood pressure)
- Syphilis screening (if at higher risk)
- Hepatitis B screening (if at higher risk)
- Hepatitis C screening (if born 1945-1965 or at higher risk)

Age 35+

- Cholesterol screening for men

Age 45+

- Cholesterol screening for women (if at increased risk of heart disease)

Just for Women

Everyone 18+

- Annual well-woman visit (to age 65)
- Contraception
- Cervical cancer screenings (ages 21 to 65)
- Domestic or interpersonal violence and counseling
- Chlamydia and gonorrhea screening (if at higher risk)
- Breast cancer genetic testing and prevention counseling (if at higher risk)
- Additional preventive care for women who are pregnant or might become pregnant

Age 40+

- Breast cancer screening (mammogram)

Age 60+

- Bone density screening

*Availability of preventive services, including no cost share, depends on plan, state and your health characteristics.



MyHealth Rewards

Make Life More Rewarding!

As a HAP CareSource member, you are automatically enrolled in the MyHealth Rewards program. Below is the list of activities you can earn rewards for completing. When you complete an activity, your doctor will file a claim for the service. After we receive the claim, we will add your reward in your MyHealth account.

You can open MyHealth from the **Health** tab in **MyCareSource.com**. Your rewards can be traded for a gift card from one of many retailers.

The MyHealth Rewards program lets you earn up to **\$200**. The table below shows the rewards available to you.

Reward Activity	Frequency	Amount	Who is Eligible
A1C Test	1x/calendar year	\$25	All Adults (18+) Diagnosis for diabetes required
Retinal Eye Exam with Eye Care Provider for Patients with Diabetes	1x/calendar year	\$25	All Adults (18+) Diagnosis for diabetes required
Kidney Health Evaluation for Patients with Diabetes	1x/calendar year	\$25	All Adults (18+) Diagnosis for diabetes required
Breast Cancer Screening	1x/calendar year	\$25	Females age 50 through 74 years
Colorectal Cancer Screening	1x/calendar year	\$25	Adults ages 45-75
Chlamydia Screening	1x/calendar year	\$25	Females age 18 through 24 years

Please note that rewards are subject to change. If you are no longer a HAP CareSource member, your access to the Rewards Portal will be deactivated and any unused Rewards may be no longer available. Rewards may vary by age, gender and health needs. Rewards earned in the current year will expire in mid-December of the following year. You may be responsible for the cost if you do not check with HAP CareSource or your primary care provider (PCP) before receiving services.



YOUR BENEFITS

Covered Benefits At A Glance

This is an overview of your benefits as a HAP CareSource member. Put them to work for you! You can learn more about how to use these benefits in this handbook, at [HAPCareSource.com](https://www.hapcaresource.com) or by calling Member Services.

If an item on this list has an asterisk (*) after it, it means that a prior authorization (PA) may be needed before you can use this benefit. Your provider will work with HAP CareSource to request this. You can see or download the Prior Authorization List on [HAPCareSource.com](https://www.hapcaresource.com).

Not all these benefits will be covered benefits for you. It will depend on your plan and medical necessity. We have tried to organize this list by those benefits and services that you can access yourself and those that you should discuss with your provider or that should be ordered by a provider and approved by us before you get them. This list is not intended to be fully comprehensive but to give you an overview of the variety and breadth of benefits your plan offers.

Health Care Visits

- Birthing Centers
- Community Behavioral Health Centers
- Convenience Care Clinics *inside of stores like CVS® and Walmart®*
- Emergency Rooms
- Federally Qualified Health Centers and Rural Health Clinics
- Hospitals, both Inpatient* and Outpatient*
- Telehealth: *visits by phone or computer, including Teladoc®*
- Primary Care Providers (PCPs), *like Doctors, OB/GYNs, Physician Assistants and Nurse Practitioners*
- Skilled Nursing Facilities*
- Specialists, *such as Podiatrist, Neurologist and Oncologist*
- Urgent Care Center



Preventive and Early Detection Testing and Care

- Annual Well Visit Physical Exam
- Autism Spectrum Disorder Screening
- Blood Pressure Screening for Adults
- Breast Cancer Screening: Mammogram
- Cervical and Vaginal Cancer Screening: Pap Smear
- Cholesterol Screening for Adults
- Colorectal Cancer Screening
- Developmental Screening Under Age 3
- Diabetes Screening
- Disease Screenings and Treatments, *like Hepatitis, HIV and STI/STD*
- Domestic/Interpersonal Violence Screening
- Glaucoma Screening
- Immunizations, *such as Flu, Pertussis and Hep B*
- Lung Cancer Screening
- Prostate Cancer Screening
- Sports Physical

Health Condition Management

- Chemotherapy and Radiation*
- Diabetes Education
- Diabetes Screening
- Diabetic Services and Supplies
- Dialysis Treatment
- Kidney Disease Services and Supplies
- Pulmonary (Lung) Rehabilitation Services

Diagnostics

- Blood Work/Lab Testing*
- Scans, like CT, MRI and PET*
- X-Rays

Heart

- Abdominal Aortic Aneurysm Screening
- Cardiac Heart Rehabilitation Services
- Electrocardiogram ECG/EKG
- Heart Disease Risk Reduction Visit: *Therapy for Heart Disease*
- Heart Disease Testing

Mental Health/Substance Use

- All Inpatient Services*
- Applied Behavioral Analysis*
- Electroconvulsive Therapy (ECT)
- Family Therapy
- Group Therapy
- Individual Therapy
- Intensive Outpatient Program (IOP) Services*
- Medication Assisted Treatment (MAT)
- Partial Hospitalization Program (PHP) Services*
- Pharmacological Management
- Psychiatric Diagnostic Evaluation
- Psychiatric Residential Treatment* (PRTF)
- Psychological Testing
- Substance Use Disorder (SUD) Residential*
- Transcranial Magnetic Stimulation* (TMS)

Transportation Services

- Emergency, *like Ambulance, Air Flights**, etc.
- Non-Emergency Transfers*, *like Non-Network to Network Facility, Hospital to Skilled Nursing Facility, etc.*

Pharmacy and Medications

- Brand, Generic and Specialty* Drugs in Multiple Tiers
- Mail Order Drugs*

Family Planning and Maternity Services

- Birth Control and Contraceptive Supplies
- Breastfeeding Support, Supplies and Counseling
- Breast Pumps
- Folic Acid Supplements
- Infertility Services: Diagnosis and Treatment
- Lactation Classes
- Maternal Depression Screening
- Newborn Screenings for *Sickle Cell, PKU, etc.*
- Parent Education
- Prenatal and Postpartum Doctor and Home Visits
- STD/STI Screenings and Treatment
- Sterilization*

Home Health Care*

- Durable Medical Equipment* (DME) – See *Medical Supplies*
- Home Infusion Therapy*
- Home Nursing Services*, *like Skilled Nursing*
- Physical, Occupational and Speech Therapy*

Vision/Eye Care

All pediatric members and adults with optional Vision and Fitness plans.

- Eye Exams: *one comprehensive exam per year*
- Glasses or Contacts: *one per year; selection criteria apply.*
- Low Vision Aids: *one per year*
- Low Vision Evaluation for members under 18 years and limited to every five years.
- Replacement Glasses or Contacts *one per year for damage only.*



Other Care

- Allergy Testing and Treatment
- Bereavement Services
- Bone Mass Measurements
- Chiropractic Services
- Hearing Exam
- Hospice Care*
- Inhalation Therapy* *for Asthma, Breathing, etc.*
- Medical Nutrition Therapy*
- Nutritional Counseling
- Obesity/BMI Screening and Dietary Counseling
- Occupational Therapy*
- Pain Management*
- Physical Therapy*
- Podiatry (Foot) Services
- Smoking/Tobacco Cessation: *Counseling to quit smoking/tobacco use.*
- Speech Therapy*
- Surgeries* like General, Reconstructive, etc.
- TMJ Services* *for jaw pain or problems with jaw movement.*
- Transplant Services*

Medical Supplies

- Cochlear Implants*
- Diabetic Supplies: *Lancets, Test Strips and Monitors*
- Durable Medical Equipment (DME) and Related Supplies* *like an Oxygen Tank, Wheelchair, Wound Care.*
- Nutritional Supplies*
- Prosthetic Devices and Related Supplies*

Additional Programs and Services

- Active&Fit® Program *for adults with optional Vision and Fitness plans.*
- Care Management
- CareSource Mobile App
- 24-Hour Nurse Advice Line
- Disease Management
- Health and Wellness Education Programs
- Medication Therapy Management
- MyHealth® Online Tool
- MyHealth Rewards
- myStrength™ Online Mental Health tool

*Prior authorization may be required.

Talk to your provider for more details about when a prior authorization (PA) is required. You can also review our Prior Authorization List at [HAPCareSource.com](https://www.hapcare.com). Please refer to your Evidence of Coverage (EOC) for more details and limits that may apply.

Benefit Limitations

Some covered services have limits to the number of times that you can get the service. These are stated as visits or days. These limits can be found in your Schedule of Benefits and your Evidence of Coverage. Once these limits are reached, more services will not be covered for the rest of the plan year, and you will be responsible for the full cost of the service.



ADDITIONAL BENEFIT DETAIL

Pediatric Vision Benefits with EyeMed

All children age 18 and under on HAP CareSource plans have pediatric vision services through our EyeMed® partnership. Working with EyeMed allows us to offer you one of the largest nationwide networks of providers. Benefits cover annual eye exams, glasses, contact lenses and more. To find a provider, you can use our **Find a Doctor/Provider** tool or call EyeMed directly at the phone number on the back of your HAP CareSource member ID card. When you schedule an appointment with a provider, tell them you have EyeMed insurance with HAP CareSource Marketplace and they will confirm your plan and benefits.

Learn more at www.eyemed.com/csmp.



Your pediatric vision benefits include:

Vision Care Services	In-Network Member Cost
Exam with Dilation and Retinal Imaging as necessary	\$0 Copay, including no cost retinal imaging.
Frames Any available at provider location.	100% coverage for provider designated frames.
Standard Plastic Lenses Single vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay See fixed premium progressive price list
Lens Options UV Treatment Tint (solid and gradient) Standard plastic scratch coating Standard polycarbonate - kids under 19 Standard anti-reflective coating Polarized Oversized Photochromatic/Transitions Plastic Premium anti-reflective coating Other add-ons	\$0 copay \$0 copay \$0 copay \$0 copay \$45 20% off retail price \$0 copay \$0 copay See fixed premium anti-reflective coating price list 20% off retail price
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price
Frequency Examination Frame & Lenses or contact lenses	Once every calendar year Once every calendar year

Optional Adult Vision and Fitness Benefits

When you enroll, you can choose an optional plan with adult Vision and Fitness benefits*. These plans have *Vision and Fitness* in the plan name. You can find your plan name on your HAP CareSource member ID card. These plans include all the same great essential health benefits as our standard plans, but provide additional vision and fitness benefits for adults, to cover your overall health.

Note: Your HAP CareSource member ID card does **not** show your cost information for copays or coinsurance for your optional benefits. It does outline the contact information for your vision and fitness customer service contact phone numbers. Make sure to review your EOC and Rider for additional detail on what is covered and your Schedule of Benefits for your cost sharing amounts.

** These additional benefits are available for adults only. Pediatric vision benefits are available to children until they reach the age of 19.*

Adult Vision Care with EyeMed

All adult vision care services are provided through the EyeMed® network. EyeMed is one of the largest vision networks in the country, and their providers can be found inside Lens Crafters®, Pearle Vision®, Target Optical® and hundreds of independent providers.

To find a provider, you can use our **Find a Doctor/Provider** tool, or call EyeMed directly at the telephone number on the back of your HAP CareSource member ID card.

When you schedule an appointment with a vision care provider, tell them you have EyeMed insurance with a HAP CareSource Marketplace plan and they will confirm your plan and benefits.





A retinal imaging exam is included as one of your vision benefits. It helps your optometrist or ophthalmologist check for diseases of the eye.

You also get easy scheduling and extended hours, including evenings and weekends. Many providers also offer online tools that you can use to shop and buy glasses, contacts and prescription sunglasses online, just like you would in the store.

The table below shows your costs for services using your Adult Vision Care plan.

Note: Your optional benefits cost shares are not included in your plan’s annual deductible and out of pocket maximum. The copays and coinsurance shown on your HAP CareSource member ID card do not reflect your optional benefit costs.

Vision Care Services	In-Network Member Cost
Exam with Dilation and Retinal Imaging as necessary	\$0-\$65 Copay or 40% coinsurance, including no cost retinal imaging
Frames, Lens & Options Package Any frame, lens and lens options available at provider location.	\$250 allowance for frame, lens and lens options, 20% off balance over \$250
Contact Lenses <i>(includes materials only)</i> Conventional Disposable Medically necessary	\$0 copay; \$250 allowance, 15% off balance over \$250 \$0 copay; \$250 allowance, plus balance over \$250 \$0 copay, Paid-in-Full
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price
Frequency Examination Frame & Lenses or contact lenses	Once every calendar year Once every calendar year

You also get additional discounts, offered at in-network EyeMed providers only:

- 40% off additional pair discount*
- 20% off non-prescription sunglasses
- 40% off any remaining frame balance*

To learn more about your EyeMed Vision benefits (Pediatric and Adult), visit www.EyeMed.com/csmp, or call EyeMed at the telephone number on the back of your HAP CareSource member ID card.



The Active&Fit Program

You are automatically enrolled in Active&Fit® with your Vision and Fitness plan! You can join a network of fitness centers* and if you like, you can change centers monthly to explore different centers that may meet your needs.

In addition to a FREE fitness center membership, you also get:

- A home fitness kit. Choose from over 30 kits, including tai chi, boot camp, Pilates and more!
- Get Started! program: By answering a few online questions about your areas of interest, you will receive a customized program for your exercise of choice, including instructions on how to get started and suggested online workout videos.
- 8,000+ on-demand workout videos in the website digital library, for all fitness levels.
- The Active&Fit Connected™ tool for tracking your exercise and activity.
- With your fitness center membership, you also have access to the Premium fitness network, which includes an additional 7,000+ fitness center and studio choices, offering unique experiences like rock climbing gyms and rowing centers, each with a buy-up member price.
- Healthy Living Coaching: Receive over-the-phone lifestyle coaching with a trained health coach in areas such as fitness, nutrition, stress and sleep.
- Online quarterly newsletter.

Getting active just got easier™ with the Active&Fit program.

**Non-standard services at the fitness center that call for an added fee are not part of the Active&Fit program.*

The Active&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit, Active&Fit Connected!, and Getting active just got easier are trademarks of ASH. Fitness center participation varies by location and is subject to change. Home Fitness Kits are subject to change.



Hearing Benefits with TruHearing

All HAP CareSource members have access to hearing benefits and a hearing aid discount program. through our partnership with TruHearing®. Members can have a routine hearing test at no charge, then select from a variety of hearing aid devices at varying price points, if needed. Get a hearing test and pick your hearing aid (if needed) in 4 easy steps:

1. Call TruHearing for an appointment.

The TruHearing telephone number is on the back of your HAP CareSource member ID card. When you call TruHearing, you'll be connected with a Hearing Consultant who can answer your questions about hearing aid options, programs, products and pricing. Your Hearing Consultant will also locate TruHearing provider near you and will set up your hearing exam appointment.

2. Have a hearing test with your provider.

Your office visit will be much like the visits you have with other health care providers and specialists. In about 45 minutes, your provider will conduct a complete hearing exam and then go over the results with you.

3. Select a hearing aid right for your needs and your budget.

If your exam shows you need hearing aids, your provider will tell you about your options, including technology levels, costs and styles. Your provider will take care of ordering your hearing aids. The TruHearing Choice program lets you choose from a range hearing aids that have a discounted cost from \$695 and up.

4. Pick up your hearing aids.

When you pick up your hearing aids, they will be custom programmed and adjusted to match your hearing loss. You will need two more follow up visits for adjustments to make sure the hearing aids are performing at their best for you.

TruHearing gives you ongoing support after you receive your hearing aids. You have a 45-day trial period, a 3-year warranty and low-cost batteries available for you to order and have delivered directly to your home.

Call TruHearing at the telephone number on the back of your HAP CareSource member ID card if you have any questions or want to make an appointment. You can also visit [TruHearing.com](https://www.truhearing.com) to get started.

Services that Need a Prior Authorization

What is a prior authorization?

When we approve care or services before you get them, it is called a prior authorization (PA). This kind of care or service is defined by us as out of the ordinary. We need to review it to make sure it is medically necessary and right for you.

Who is responsible for requesting a prior authorization?

Your doctor will ask for a prior authorization (PA) from us for services that need one. For example, some procedures and all inpatient hospital stays need a PA.

If your provider is in the HAP CareSource network, it is their responsibility to get a PA from us for your care when needed. If your provider does not get the PA, you will not be held responsible for more than the cost of care you would normally pay.

If your provider is NOT in the HAP CareSource network, your care may be covered under specific circumstances (like continuing care when you first enroll), but if your provider does not get a PA from us, you may be responsible for the total cost of your care.

What care and services require a prior authorization?

A list of the services that require prior authorization (PA) is available on **HAPCareSource.com**. You may also call Member Services and request a printed copy of the Prior Authorization List.

Most of your covered services do not need a PA. As long as you use network providers, your providers will get those authorizations when they are needed.

Explanation of Benefits

When you visit the doctor or have other health care services, we will prepare an Explanation of Benefits (EOB) for you. These EOBs will be mailed, or they are always stored in your My CareSource account (**MyCareSource.com**) under the **Documents** menu. The EOB is not a bill, it is a summary of the claim for services that your provider submitted and what HAP CareSource paid to the provider. Your EOB will tell you:

- The member who got the service
- The provider who billed for the service
- The date the service was received
- A description of the service
- The discount HAP CareSource negotiated
- The amount HAP CareSource paid for the service
- How much you are responsible for paying

If you owe for a service, you will get a bill from the provider. You should pay only the amount shown on the EOB as your responsibility.

It is important that you review your EOBs to be sure that you are being charged for the right services and the right amounts. Your review can help us and your provider prevent fraud.

If you get a bill from a provider for more than the amount the EOB shows as your responsibility, or for services you did not get, call your provider first to make sure there hasn't been a billing error. If you cannot fix the issue with your provider, call Member Services.



CARE MANAGEMENT SERVICES

Care Management and Outreach Services

We offer personal care and education to our members. Our team of nurses, community health workers and social workers are here to help you. We want to work with you, your family and your providers to make sure you have all you need to manage your health and maintain your lifestyle.

A nurse or social worker can be your single point of contact at HAP CareSource. They can make things a little easier for you. You will be given their direct phone line, so you can call with questions or concerns. Our team can help you:

- Find more affordable options for medications and supplies
- Provide education about long-term chronic and sudden, acute illness
- Connect you to community resources
- Explain benefits and services available to you
- Help you understand your plan's coverage
- Make sure you have after hours support

A Care Manager may contact you if you or your doctor requests it, or if we feel our services might be helpful to you or your family.

HAP CareSource offers Care Management for conditions that include, but are not limited to:

- Asthma
- Bipolar disease
- Chronic obstructive pulmonary disease, heart failure, coronary artery disease
- Diabetes
- Depression
- Emergency department management
- High blood pressure
- High-risk pregnancy
- Pain management

A Care Manager may ask you questions to learn more about your health. We will give you information to help you understand how to care for yourself and access services and local resources.

We can talk to your PCP and other providers to make sure you receive coordinated care. Our Care Managers can help you with other health conditions too.



Help Getting Home from the Hospital

When you are discharged from the hospital, information comes at you fast. Our Care Managers can help you and/or your family members to:

- Answer any questions you may have related to discharge
- Ensure that you and/or your family members understand your medications and answer any questions related to your medications
- Help coordinate your PCP and/or specialist appointments
- Help coordinate your or your family's needs when you get home

Disease Management

We have free Disease Management programs that can help you learn more about your health and better manage your health conditions. We want you to have the right tools to stay as healthy as possible.

The disease management program includes:

- The MyHealth online tool for members 18+, which lets you participate in 'Journeys' to improve your health.
- Tips to improve your skills to manage your health.
- One-to-one Care Management.

Your doctor, pharmacy or other health care source may let us know that you could benefit from a program. We will send you materials about your health condition, along with tips and resources to help you manage your condition. Adults, teens and children can participate in a program. You can call to join or be referred into a Disease Management program.

If you have questions about Care Management services, our Disease Management program or need help when discharged from a hospital, we are happy to help you. Call **1-833-230-2064** (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time (ET).



MENTAL HEALTH AND WELLNESS

Good health means more than just taking care of your physical needs. It means addressing the health of your mind, body and spirit. Behavioral health encompasses mental health, substance use disorders and intellectual developmental disorders like Autism Spectrum Disorder. It is an important part of your overall health. You can get mental health counseling or substance use help (for things like alcohol, illegal drugs, tobacco and prescription abuse) and your benefits are the same as for physical health services.

You have treatment and counseling options to help you through difficult times in your life. It's ok to ask for help. Behavioral health services can help you cope with all kinds of issues. We can connect you to mental health or addiction services and help you find an experienced network provider.

Finding Help

It can be difficult to understand your options for getting the care you need. The Where and How to Get Care section on page 11 of this handbook provides more information. You'll find care options like:

- Our 24-Hour Nurse Advice Line, a registered nurse will ask you questions and help you decide what level of care you need.
- Counseling services through Teladoc®, at no cost to you.
- And much more.

Use myStrength

You can use our online tool, myStrength™, to help you learn about ways to lower your stress, deal with difficult situations and deal with grief. To learn more about myStrength, go to page 46 in this handbook.

Explore Care Management

Let Care Management help you coordinate your physical, mental or emotional care and help you manage your condition better. See Care Management Services on page 32 to learn more.

Crisis and Support Numbers

- 24/7 National Suicide and Crisis Lifeline for Mental Health/Addiction Crisis: **9-8-8**
- Crisis Text Line: Text 'HELLO' to 741741
- National Domestic Violence Hotline: 1-800-799-SAFE (7233) or text 'START' to 88788
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Treatment Service Locator: 1-800-662-HELP (4357)
- If you have an emergency situation, call **9-1-1** or go to the nearest emergency room.

National Resources

- Substance Abuse and Mental Health Services Administration: www.samhsa.gov/
- National Alliance on Mental Illness: www.nami.org/
- National Institute of Mental Health: www.nimh.nih.gov/
- Mental Health.gov: www.mentalhealth.gov/
- Mental Health America: www.mhanational.org/
- Centers for Disease Control and Prevention: www.cdc.gov/mentalhealth/
- National Institute on Drug Abuse: www.drugabuse.gov/

Addiction and Substance Use Disorder

Almost everyone has been affected by our growing national substance abuse problem. Either someone in our family or one of our friends has been affected. You may even wonder if you have a substance use disorder. Substance use disorders include the misuse of alcohol, tobacco, prescribed medication (like opioids or anxiety medication) or illegal drugs.

We believe in recovery. We believe that treatment works. And we can help you find treatment with an experienced provider. It's ok to ask for help, and you don't have to face it alone. Whether it is you or someone you are close to, substance use disorders can have a devastating effect on your family and friends.

What To Expect

Recognizing you need treatment takes courage and strength. And it's important that you don't try to do it alone. Treatment is more than addressing your addiction. It includes addressing your day-to-day challenges, such as medical needs, mental and social challenges, family history and more.

Treatment is different for everyone. It's not a one-size-fits all solution. A health care professional can help you determine which combination of support services will work best for you.



What Do Treatment Programs Do?



Detoxification

Detoxification, or detox, is when your body physically withdraws from alcohol and/or drugs. It's good to go through this process at an inpatient treatment facility or through an outpatient program so you can be monitored by a health care professional.



Counseling and Behavioral Therapy

Therapy is a critical part to recovery. Recovery will be hard physically, mentally and emotionally, so having a professional support you through this journey is important. They will give you tools and techniques to help you stick to your treatment.



Medication

Your doctor may prescribe medications that help you with withdrawal symptoms. Some common examples include buprenorphine/naloxone, Vivitrol, or methadone. Taking medication AND therapy can be a highly effective way to treat addiction.



Support Groups

Addiction can make you feel like you are alone. But many people battle addiction. Support groups allow you to connect with people who are on the same recovery journey. And more often than not, these people become your trusted friends for the long-haul.

Where Do I Start?

When you are ready for treatment it's important to start right away.

- Call our Care Advocates through our dedicated addiction treatment phone number at **1-833-674-6437**.
- Contact HAP CareSource Member Services for assistance with finding a provider and scheduling an appointment.
- Talk with your provider about addiction.
- Contact your HAP CareSource Care Manager.
- Access **Find a Doctor/Provider** on our website to find doctors who treat addiction in your area.

Mental Health Treatment Directive

You can tell us about your preferences for the mental health treatment that you may or may not wish to receive if you become unable to make your own decisions. For example, you may only want to be treated at a certain facility or only be given certain medications.

For more information on how you can set up a mental health treatment directive, contact your attorney or local legal aid service for more information.*

 <p>What medications are or aren't helpful?</p>	 <p>What treatments or treatment location you prefer?</p>	 <p>Whom should be contacted in case of a mental health crisis?</p>	 <p>What causes or helps prevent a crisis for you?</p>
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** Please note: This is not legal advice and is provided for general information purposes only.*



PHARMACY BENEFITS AND INFORMATION

Pharmacy Information

HAP CareSource Marketplace has partnered with Express Scripts to help you manage your prescriptions and save money.

Prescription drugs and some prescription medical supplies from the pharmacy are covered by your plan. You can get your prescriptions at any HAP CareSource network pharmacy. Go to [HAPCareSource.com](https://www.hapcaresource.com) and use the **Find a Pharmacy** Quick Link on the left side of the page to find a pharmacy near you.

Here are some more important facts about HAP CareSource prescription drug coverage:

- For your medication to be covered, it should be listed on our HAP CareSource Marketplace Formulary. Ask your provider or check our **Find My Prescriptions** online tool.
- You have to go to a pharmacy that accepts HAP CareSource Marketplace plans to get your prescriptions filled.
- When you pick up your prescriptions, let the pharmacy know you are a HAP CareSource Marketplace member. Show them your HAP CareSource member ID card.
- You may have a copayment, a deductible and/or coinsurance for your prescription, depending on your plan.

- Some medications may have limits on how much can be given to you at one time. This is called quantity limits (QL).
- Sometimes, you must try other medications before you can get a certain medication. This is called step therapy (ST).
- Some medications need a prior authorization (PA) before they are covered. Your provider should ask for the prior authorization. The prior authorization requirements for your medications may change.

Network Pharmacies

You must get your prescriptions filled at a pharmacy in our network for them to be covered. Our network includes most major and many smaller pharmacies. We also have a mail-order pharmacy. Some of our larger network pharmacies include CVS® and Walmart®.

You can get 90-day prescriptions for generic maintenance medications at your local pharmacy. Although it is the same cost as your monthly prescriptions, it may be a more convenient option for you.

To see a full list of network pharmacies, go to our **Find a Pharmacy** tool on **HAPCareSource.com**.



Mail Order Prescriptions

If you are taking maintenance drugs for an ongoing (chronic) condition, you can get 90-day supplies sent to directly to you. Be sure to tell your provider you want to use the Express Scripts mail order service. Express Scripts can save you money, too. You can get your prescription at 2.5 times the monthly cost if you use mail order. It's like getting your third month at half price.

You can register for an account at: express-scripts.com/rx to manage your prescriptions. To get a new prescription filled through Express Scripts, ask your provider to “e-prescribe” a 3-month supply to:

Express Scripts Home Delivery
4600 North Hanley Rd., St. Louis, MO 63134
Fax: (800) 837-0959

If you have questions, you can contact Express Scripts at 1-800-221-1456.



Specialty Pharmacy

HAP CareSource works with Accredo Specialty Pharmacy to supply specialty medications that your doctor may prescribe. Specialty drugs might be ordered when you have a chronic or difficult health condition. They may need special handling or monitoring, like compounded drugs, or need special administration. If you have been prescribed specialty drugs, Accredo can:

- Help you get your prescription filled or moved from your current pharmacy
- Deliver your specialty medications to your home, workplace or doctor's office
- Help you learn about your medication and give you support from specially-trained health care professionals

For more information, call Accredo at 1-866-501-2009, Monday through Friday from 7:30 a.m. to 9 p.m. Eastern Time (ET).

Visit the Accredo website at [Accredo.com](https://www.accredo.com) in order to manage prescription refills for existing specialty mail order medications and check coverage information.

Prescription Drugs

We use a Marketplace Drug Formulary, also known as a Formulary, to list our covered medications. The Formulary can be found on the **Find My Prescriptions** pages of our website. If you don't have access to the Internet, Member Services can assist you or send you a printed copy of the Formulary.

Drugs are broken down into tiers that represent different cost-sharing amounts. To learn more about how to use our Formulary, look in the front of the Formulary.

Some drugs have requirements before you can get them:

- Some drugs may have limits on how much can be dispensed to you at one time, called quantity limits. These are shown in the Formulary with a **(QL)** after the name of the medication.
- You may need to try one drug before taking another, called step therapy. These are shown in the Formulary with a **(ST)** after the name of the medication.
- Some drugs may need a prior authorization from us before they can be given to you. Those drugs are shown in the Formulary with a **(PA)** after the name of the medication.

The Formulary front matter also tells you how to request a drug that is not on our Formulary. You can find an exception form to request approval for a medication that is not on our Formulary on the website at **HAPCareSource.com**, on the **Forms** page. You can call Member Services and ask us to mail you this form also.

Covered Prescriptions

Using our **Find My Prescriptions** tool is a quick way to confirm that your prescriptions are covered and estimate their costs. Drugs on the HAP CareSource Formulary are placed in five different levels or tiers. Each tier has a different cost-sharing amount. When you use **Find My Prescriptions**, your costs are estimated using your specific plans costs.

Find My Prescriptions can be found on **HAPCareSource.com** under the **Tools and Resources** menu. After you select your plan, you can search by drug name (generic or brand). This tool will confirm coverage, if prior approval is needed and your cost. The costs you'll see assume that you **have not met** your deductible or maximum out-of-pocket (MOOP) costs that are required by your plan.

You can also access the tool through your **MyCareSource.com** account, the cost you'll see is based more accurately on your current deductible and MOOP status. The cost shown in your My CareSource account may be lower than that shown on **HAPCareSource.com**, if you have met your deductible.

It is important to note that because of frequent changes in the price of medications, your prescription costs may not be exactly the same as shown in the *Find My Prescriptions* tool.

Some out-of-state pharmacies do not accept HAP CareSource Marketplace insurance, but most chain drug stores across the country do. If you think you will travel out of our service area, it's best to fill your prescriptions before you leave.

Call Member Services if you have questions, need help finding the cost of a drug or a nearby pharmacy, or want a printed copy of the Formulary.

Prior Authorization for Prescriptions

We may ask your provider to send us clinical information to explain why a specific drug is being used. This is called a clinical prior authorization (PA), or sometimes a Utilization Management review. We must approve the request before you can get the drug. This helps to limit misuse and abuse, and ensures you get the most appropriate drugs for your condition.

Opioid drugs must meet the following PA requirements:

Less than 90 days of therapy in the last 365 days.

- No simultaneous therapy with benzodiazepines like Valium[®], Ativan[®] or Xanax[®].
- All extended-release opioids require a PA.

We may not approve a PA request for a drug. If we don't, we will send you information about how you can appeal our decision.

Some medications billed on your medical benefit may also require PA. Please check the *Authorization Requirements for Medications on the Medical Benefit*.

Drugs not listed on the Formulary are generally not covered without submitting and getting approval of an exception request.

Drug Safety Recalls

The federal government issues drug recalls sometimes. To find out if a drug you take is being recalled, please check the listings on the U.S. Food & Drug Administration website at <https://www.fda.gov/Safety/Recalls/>.

Medication Therapy Management

Your health can depend on taking your medications the right way. Some drugs need to be taken at a certain time, with or without food, and more. That's why we offer a Medication Therapy Management (MTM) program for our members. It can help you learn about your medications, stick to your treatment plan, prevent medication-related problems and decrease your costs.



The MTM program is given by your local pharmacist. You can ask your pharmacist for help with your medications. A pharmacist may reach out to you and ask if you are interested in learning more about your medications. They ask because they want to help you.

Your pharmacist gets alerts and information about your medications and may decide you can benefit from this program. They offer ways to help you with your medications and can tell you how to take them the right way. They will also work with your provider to help meet your needs and improve how you use

your medications. The pharmacist may ask to schedule time with you to go over all of your medications, including any pills, creams, eye drops, herbals or over-the-counter items.

This service and the pharmacist's help and information are all part of being a HAP CareSource member and are available at no cost to you.

MTM Benefits to Members and Health Partners

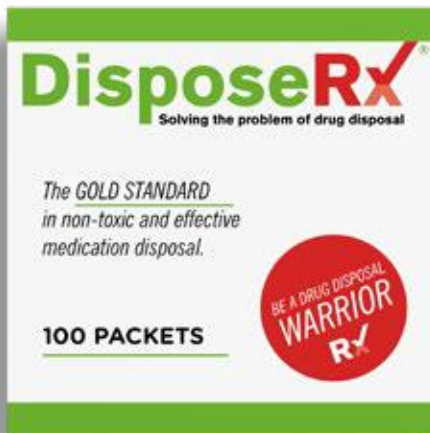
- Improves safe use of medications
- Coordinates with all your doctors and other caregivers
- Helps you learn more about your medications and how to use them correctly
- Adds another person to your care network help with your overall health care

Disposing of Medications Safely

If you have old or unused medications in your home, don't just throw them away or flush them down the toilet. There are ways to get rid of unused drugs safely.

Expired or unused drugs can be a health risk for toddlers, teens, and family pets. About 50,000 children visit the emergency room each year from taking medications that were within their reach. Over 30,000 overdose deaths each year are due to prescription drugs.

There are ways to get rid of old or unused drugs safely:



DisposeRx® Packets

You can get free DisposeRx packets to help you get rid of expired drugs or medications you no longer use. These packets are safe for the environment, easy to use, and can help stop drug misuse. Please visit <https://secureforms.caresource.com/en/DisposeRx/> and complete the form to get your free DisposeRx packet.

Drug Take Back Day

The U.S. Drug Enforcement Administration (DEA) sponsors the National Prescription Drug Take Back Day each year. Go to takebackday.dea.gov to learn more.

Year-Round Drug Disposal

Some places are open all year and take medications and prescription drugs you no longer use. Go to deadiversion.usdoj.gov/drug_disposal for more information and to find a disposal location near you.



EXTRA BENEFITS

HAP CareSource Life Services

Go from where you are to where you want to be, with HAP CareSource Life Services. Good health requires more than just quality health care. Having a job, community support, access to education, food and housing can affect your overall health and well-being.

Taking the first step isn't always easy. We will work with you, building a path to help you meet your goals. Our Life Coaches can help you get the tools to balance work and life, while helping to remove barriers that stand in your way.

Plan for the Future

HAP CareSource Life Services offers one-on-one coaching for up to 24 months and can connect you to services and resources such as:

- Transportation
- Access to food
- Budgeting and financial assistance
- Legal aid
- Housing
- Childcare
- Employment opportunities (HAP CareSource JobConnect)

This is all provided at no cost to you.

Get Started Today!

To connect with HAP CareSource Life Services, call **1-855-491-8350** or email MichiganLifeServices@CareSource.com. You can also visit the Life Services page on [HAPCareSource.com](https://www.HAPCareSource.com).

HAP CareSource JobConnect

HAP CareSource JobConnect was developed with one goal in mind – to support members who want help achieving their education and/or employment goals

- Are you interested in a job where you can advance and grow?
- Are you working several jobs or working a job with no benefits?
- Are you ready to finish your GED, or pursue a college education?

If you answered yes to any of those questions, you may be ready to take the next step. You can enroll to work with a life coach. A life coach will give you one-on-one coaching sessions over the phone or in person and has access to a wide network of employer partners. You can get help with:

- Resume building
- Job Searches
- Interview techniques

We have partnered with area companies working in exciting industries like:

- Customer Service • Distribution • Education • Food Production • Health Care
- HVAC • Manufacturing • Professional Services • Retail • Warehouse and more

To find out more about HAP CareSource JobConnect, contact us:

- Phone: **1-855-491-8350**
- Email: MichiganLifeServices@CareSource.com

MyHealth

All HAP CareSource members over the age of 18 can use our *MyHealth* tool on **MyCareSource.com** to explore healthy living tips and suggestions.

What does good health mean to you? Have you ever asked yourself “How healthy am I?” HAP CareSource may have the answers to your questions.

You can take a FREE online Health Needs Assessment (HNA) that will help you understand how you can be healthier. It's easy to take. Sign in to your My CareSource account (**MyCareSource.com**) and click the **Health** tab at the top of the screen. Then click **Start** next to the Health Needs Assessment under **Assessments**.

When you finish, you'll get your personal health score and a plan to help you live a healthier life. You can also set up your own account page, build a profile and set goals.

myStrength

Take charge of your mental health and try our wellness tool called myStrength™. This program is made just for you. It gives you tools and tips to help improve your mood, mind, body and spirit. You can use it online or on your mobile device at no cost to you. The myStrength program offers online learning, self-help tools, wellness resources and inspirational quotes and articles.

Sign in to your My CareSource account (**MyCareSource.com**) and select **myStrength**. Complete the sign-up process and personal profile to get started.

You can also download the myStrength app for iOS and Android devices at www.mystrength.com/mobile and sign in using your existing myStrength login email and password.

While myStrength is helpful, and gives you tools you can use to improve your outlook, it cannot replace professional medical advice, diagnosis or treatment. Please do not delay getting care or disregard professional advice because of information you have read on myStrength or received from HAP CareSource.

MyResources

Do you want help finding community resources? Use our MyResources tool to connect with local low-cost and no-cost community programs and services. You can find it on your personal **MyCareSource.com** account page.

Find resources for help with:

- Food
- Shelter
- Health care
- Work
- Financial assistance
- And more



<https://www.cdc.gov/publichealthgateway/sdoh/index.html>

We have programs serving every zip code in the U.S., from small towns to large cities, with more being added each day.

You can also call HAP CareSource Member Services to help you locate resources near you.

How to Pay Your Premium

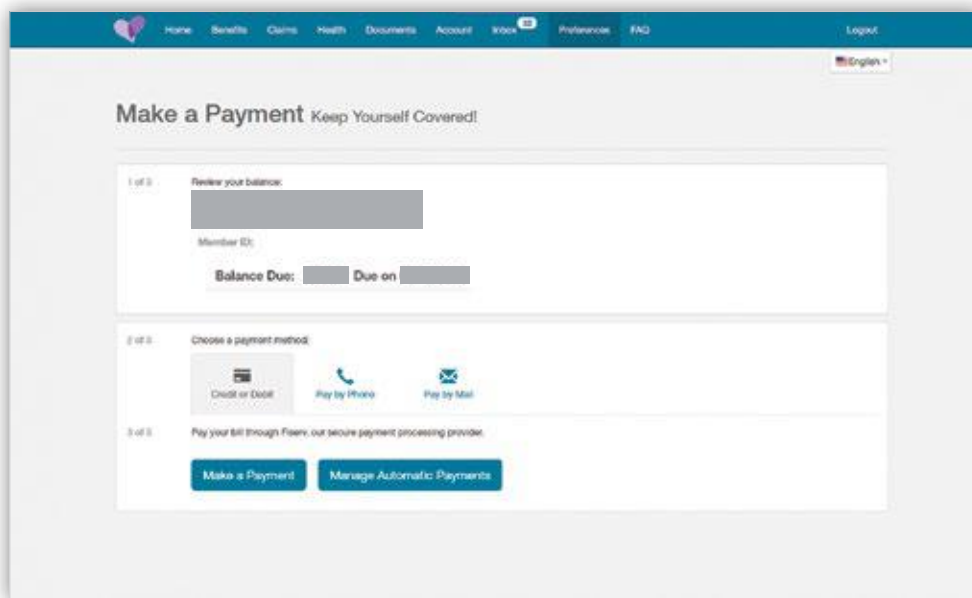
To pay your monthly premium to HAP CareSource, you may:

Make an Express Payment online

- Go to **CareSource.com/MPpay** and enter your member information to be taken directly to the payment screen.

Pay online through your My CareSource account

- Go to your My CareSource account (**MyCareSource.com**) and select **Pay Bill**. You can choose **Make a Payment** for a one-time payment or **Manage Automatic Payments** to set up automatic monthly payments. Either option will take you to our secure, online payment processing vendor. Enter the requested information to make your payment or set up your automatic payment.



Use Google Pay or Apple Pay

- You can use your mobile phone to pay your premium!

Pay by phone

- Call Member Services and tell our automated attendant that you would like to make a payment.
- Phone payments can be made through credit card, debit card or checking account.

Pay by mail

- Detach the bottom portion of your invoice and write in the amount of your check or money order.
- Include the bottom portion (remittance slip) of your invoice and your check or money order. Make sure that our address shows through the window of the envelope.
- Please include your member ID number on the memo portion of the check or money order.

Paying Your Premium on Time is Important

It is important to pay the total premium amount due by the due date! If we do not receive your premium payment by the due date on the invoice, then your account is considered past due and your medical and pharmacy benefits are at risk.

If you receive an Advance Premium Tax Credit (APTC) to lower your payment:

Your grace period will be the three consecutive months after your missed premium payment. During this period, we will:

- Continue to pay for covered services during the first month of the grace period.
- Hold on processing claims for covered services provided during the second and third months of the grace period. We may choose to pay these while reserving the right to recover any amounts paid during this period.
- Reject prescription drug claims during the second and third months of grace period.
- Notify network providers of the possibility for denied claims during the second and third months of the grace period.

Your grace period can come to an end in two ways:

1. You can pay the total premium amount due before the end of the grace period. We will then process all held claims. Contact your pharmacy to reprocess prescription claims.
2. You can let the policy lapse and we will terminate your coverage back to the end of the first month of the grace period.

If you do NOT receive APTC, or you purchased your policy off the exchange:

Your grace period will be thirty-one (31) consecutive calendar days following the due date of your unpaid premium. During this period, we will:

- Hold processing of claims for covered services provided during the grace period or reserve the right to recover any amounts we may pay during this period.
- Reject prescription drug claims during the grace period.
- Notify network providers of the possibility for denied claims during the grace period.



Your grace period can come to an end in two ways.

1. You can pay the total premium amount due before the end of the grace period. We will then process all held claims. Contact your pharmacy to reprocess any held prescription claims.
2. You can let the policy lapse and we will terminate your coverage back to the end of the last month paid.

For more information on what will happen if you do not pay your premium payments on time, please refer to *Section 3: How the Plan Works* in your Evidence of Coverage (EOC).

Check your Payments and Balance

You can see when your last payment was posted by selecting **Account** at the top of your My CareSource account (**MyCareSource.com**) landing page. This will show your total amount due. Click the link on the right side of the screen that says **View Account Activity**, and you will be able to see each payment and when it was received. You can also view and print invoices or request a copy of an invoice.



UNDERSTANDING YOUR COSTS

Understanding your costs doesn't have to be hard. We are here to help if you have questions. Below is a short explanation some terms we use when talking about your costs, and how to get information you need about your costs for care. You can learn about your costs on our website also, at [CareSource.com/mi/members/tools-resources/understanding-your-costs/marketplace/](https://www.caresource.com/mi/members/tools-resources/understanding-your-costs/marketplace/).

The first thing to know is that a covered service or benefit is not usually free to you. There are costs for most care, except for some preventive care. Helping you understand what you might pay for your care is what this section aims to do.

Cost Shares

This is how you and HAP CareSource share the cost of your care. Cost shares are set as either a copay or coinsurance, depending on the plan and the service. A PCP office visit might be a flat \$20 dollar copay, while an Emergency Room visit might be a 20% copay, after you've met your deductible.

Within your plan, your costs can change based on where you get care, or the type of provider you use. Like if you see a specialist or go to the emergency room at a hospital, it is going to cost more than if you see your PCP at their office.

Some preventive care services and tests are provided to you at no charge. That means that HAP CareSource pays the full cost of these services. But the preventive care must be indicated for your age and condition and be provided by an in-network provider at an in-network facility.

Billed Amount

This is the amount that your provider charges for services. HAP CareSource and our network providers agree to certain rates. We do this to make sure we get lower rates while you get high quality care and respect for your rights as a member.

NOTE: If you use an out of network provider, it can result in services not being covered because we don't have a contract with them.






Accumulated Amounts



Certain services are charged against your deductible before we contribute to your care, and the majority of services accumulate toward your deductible and Maximum Out-of-pocket (MOOP) expenses. As you satisfy your deductible and maximum out of pocket amounts, your cost for services may change, generally going down. The amounts you accumulate toward your deductible and MOOP reflect your out-of-pocket costs.

One thing to remember is that you always benefit from the lower costs that we negotiate with our network providers, facilities and pharmacies, even if we are not contributing directly to the cost of your care. And your deductible and out of pocket amounts are also going down.

Cost Examples:

Below are some illustrations of how your costs are figured.

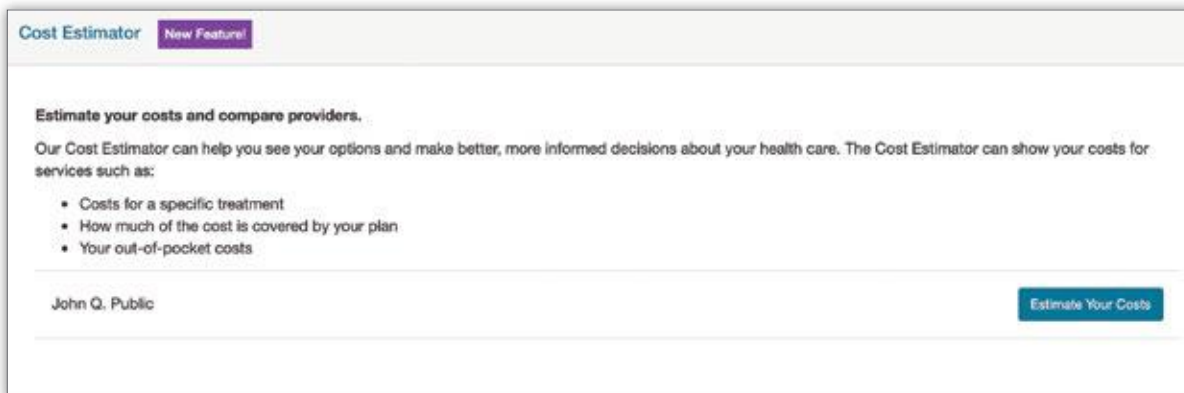
Example	Cost Breakdown			
	PCP Visit	X-Rays	Physical Therapy	Brace
Carol gets "tennis elbow" 	 \$40 copay	 \$300 (2 at \$150 each)	 \$315 (\$40 copay per visit @9 visits)	 \$50 50% coinsurance
Carol gets 'tennis elbow' and goes to see her PCP. He sends her for x-rays and then to physical therapy for 9 weeks. The physical therapist gives her a special brace to wear. Carol is on a Silver 1 plan and has not met any of her deductible.				Total Cost = \$750

Example	Cost Breakdown	Behavioral Health Visits
<p>Charles is feeling anxious</p> 	<p>Charles is feeling anxious and depressed. He decides to get counseling twice a month from a psychiatrist. After 9 months, Charles is feeling much better! He and his psychiatrist agree that they can continue to work together on an as-needed basis. Charles is on a Bronze First plan and has not met any of his deductible. For this example, Charles would pay the same whether or not he had met his deductible.</p>	 <p>\$900 (\$50 copay per visit, 18 visits)</p> <p>Total Cost = \$900</p>

Cost Estimator Tool

Now you can get an estimate for the cost of many procedures and services BEFORE you receive them! Get your out-of-pocket costs and even shop for a facility or provider for the service. HAP CareSource is pleased to give you more control and information about your costs using the Cost Estimator.

To get started, log in to your My CareSource account ([MyCareSource.com](https://www.mycaresource.com)), and click the **Benefits** tab. Follow the prompts for the **Cost Estimator**.





Follow the prompts to select the member and get started with the Cost Estimator. Enter the type of treatment or service needed and your location. If available, you can compare in-network providers for location and cost. You will see estimates for the cost of the service or procedure, how much your plan will pay, and what your out-of-pocket costs may be. If a prior authorization (PA) is needed, it will be highlighted at the top of the screen.

If you need help or have questions, please call Member Services.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be allowed to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from surprise billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You **can’t** be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is HAP CareSource’s in-

network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **cannot** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, the out-of-network providers cannot balance bill you unless you give written consent and give up your protections.

You're never required to give up your protections from surprise billing. You also aren't required to get care out-of-network. You can choose a provider or facility in the HAP CareSource network.

When surprise billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). We will pay out-of-network providers and facilities directly.
- HAP CareSource generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services from out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, please call Member Services and we can help you resolve the issue. If you don't think the billing issue has been taken care of, Member Services can tell you how to contact the state department of insurance to find out more about your rights.

Visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) for more information about your rights under federal law.



Tips to Lower Your Cost For Care

We want you to get the most out of your health care coverage. Here are a few easy ways to get the best use of your health care dollars:

Know Where to Get Care. We want to ensure you are going to the right place for care, such as seeing your PCP instead of going to the emergency room (ER). Not only are your plan's cost shares higher in the ER, but the amount billed by the provider will also be higher. HAP CareSource highlights several options you can choose from based on your specific needs. Get more information in the next section.

Make sure you are using in-network providers. Use the *Find a Doctor/Provider* tool to locate a provider near you. Go to **FindADoctor.CareSource.com**. Your costs will always be lower when using in-network providers and facilities.

Shop around for specialty services. When you have the opportunity to plan ahead for your health care needs, you can shop to find the best provider at the best price for you. Before you receive a service, many providers can give you an idea of their cost and what you would pay.

Ask your provider to prescribe the most cost-effective drug for your condition. We realize many factors go into a provider's decision to prescribe a medication. We do not recommend considering only cost, but there are often more than a few choices of medications for a condition. Here are a few questions you can ask:

1. Is the medication on the HAP CareSource formulary?
2. Is there a comparable drug that may work as well, that might save you money?
3. Are there any step therapy or prior authorization requirements for this medication?

Most of the time, medications are routine and have generic alternatives that can save you money and work just as well as the brand name versions. But sometimes, medications are newer or a specialty drug that can be very expensive. This is when an open talk with your provider can save you money.

You can find these and more cost saving ideas on our website at **CareSource.com/mi/members/tools-resources/tips-to-lower-your-cost-for-care/marketplace/**.



ENSURING YOUR QUALITY OF CARE

We Want You To Be Satisfied With Your Coverage

We hope you will be happy with HAP CareSource and the service we provide. If you are unhappy with anything about HAP CareSource or our providers, let us know right away. Even if you don't agree with a decision we have made, contact Member Services. You or your authorized representative can contact us with a complaint.

For HAP CareSource to talk to your authorized representative about your complaint, you and your authorized representative must complete the Appointment of Authorized Representative form or the HIPAA Authorization form included in the appendix of this handbook in page 74.

The form is also available online on the **Forms** page under **Tools and Resources**. Return the completed form to us by mail or fax. We can mail you a form if you need one. Give Member Services a call.

Grievances and Appeals

If you are not satisfied, you have the right to:

- File a complaint (also called a grievance)
- File an appeal
- Ask for an external review

To start this process, you can call Member Services, or go to your My CareSource account (**MyCareSource.com**) and click the **File An Appeal** button on the **My Help** menu.

Any time we make a benefit decision that is not in your favor, we will send you a notice called an Adverse Benefit Determination that explains why the decision was made and your rights to file a grievance or appeal.



What is a Grievance?

A grievance is an official complaint. This is the first step of the review process if you are unhappy with your benefits and services or if you do not agree with a decision that was made regarding your medical care.

Examples of why you might file a grievance include, but are not limited to:

- You cannot get a timely appointment with a provider.
- You think the provider's office staff did not treat you fairly.
- You are unhappy with the quality of care you received.

We will send you a letter letting you know the decision we make after we review your grievance.

What is an Appeal?

If you do not agree with a decision we made, you have the right to appeal. An appeal is a request to reconsider and change the decision we made or the action that was taken.

Examples of why you might file an appeal include, but are not limited to:

- HAP CareSource denies a service.
- HAP CareSource gives partial approval to cover a service.
- HAP CareSource denies payment of a service.

What is an External Review?

External reviews are conducted by Independent Review Organizations. If you are unhappy with a decision HAP CareSource made in response to an internal appeal that you filed about a denial to cover or pay for a service, you may request an external review. In most cases, you must go through all of the steps in the internal appeal process before you can ask for an external review.

Need Additional Help?

If you have questions about your rights or need help, please refer to your Evidence of Coverage (EOC). The EOC can be found online on the Plan Documents page of [HAPCareSource.com](https://www.hapcare.com). You can also call Member Services to request a copy.

You may also write to us at:

HAP CareSource
Attention: Michigan Member Appeals
P.O. Box 1947
Dayton, OH 45401

Clinical Practice and Preventive Guidelines

Your health is important. Clinical and preventive guidelines can help you and your providers understand the latest research and guidance about managing and treating of specific health conditions. They can help your provider give you the best possible care.

These guidelines are given to you in the MemberSource Newsletters and on **HAPCareSource.com**. Preventive guidelines and health links are available on the website or in print. You can call Member Services to get a printed copy of these guidelines.

We review our guidelines at least every two years, and they are updated as needed. After we update our guidelines, we present them to the HAP CareSource Quality Enterprise Committee for adoption.

We look at member data to get the topics for our guidelines. The topics may include:

- Behavioral Health (e.g., depression or anxiety)
- Adult Health (e.g., hypertension or diabetes)
- Child/Adolescent Health (e.g., immunizations or well care)
- Population Health (e.g., obesity or tobacco cessation)

If you have any questions or would like to see a copy of our clinical guidelines, please call Member Services.



UTILIZATION MANAGEMENT

A Utilization Management (UM) review happens when HAP CareSource reviews a request for health care services before, during or after service. We review the request for medical necessity, efficiency or appropriateness of the health care services and treatment that our members receive. We use our clinical guidelines and current accepted practices to review your care.

Access to Utilization Management Staff

You can contact us anytime about UM issues or prior authorization (PA) requests.

- Our staff is available from 8 a.m. to 5 p.m. Eastern Time (ET). Call Member Services and ask for the Utilization Management department.
- If you do not speak English, Member Services can also get interpreter services for you.
- For help with UM issues outside of normal business hours, you may leave us a voicemail message.
- You can also contact us through our website. Visit the **HAPCareSource.com** homepage and click **About Us**, then **Contact Us**, and use the **Tell Us** form to send us a message. These messages are checked daily during the week.
- Voicemails and emails received after 5 p.m. Eastern Time (ET) are returned the next business day and communications received after midnight on Monday through Friday are answered the same business day.
- Staff are identified by name, title and organization name when making or returning calls about UM issues.

We use current clinical information and generally accepted guidelines to guide our clinical decision making. We do not reward health partners or employees for not providing services to you, and we do not encourage or reward health care decisions that could reduce services to members.

Review of New Technology

We depend on research and progress in science to give you evidence-based, high-quality care. Our New Technology Committee is made up of physicians across HAP CareSource. They judge medical advances to decide their quality and safety. Network providers can request an evaluation of new technology by our committee. By regularly reviewing medical technologies and our benefits, we try to provide up-to-date, effective and affordable medical care.

We will review any requests for new technology or services that are not currently covered by HAP CareSource. This includes new:

- Health care services
- Medical devices
- Therapies
- Treatment options

Coverage will be based on one or more of the following:

- Health Insurance Marketplace rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations



FRAUD, WASTE AND ABUSE

HAP CareSource has a program designed to handle cases of health care fraud. Providers or members can commit fraud. We monitor and take action on any member or provider fraud, waste and abuse. Some examples are:

Provider Fraud, Waste and Abuse

- Prescribing drugs, equipment or services that are not medically necessary
- Scheduling more frequent return visits than are medically necessary
- Billing for tests or services not provided to you
- Billing for more expensive services than provided

Member Fraud, Waste and Abuse

- Sharing or misusing your HAP CareSource member ID card with another person
- Selling prescribed drugs or other medical equipment paid for by HAP CareSource to others
- Submitting false information
- Forging a doctor's signature on prescriptions, etc.
- Providing inaccurate symptoms and other information to providers to get treatment, drugs, etc.

Pharmacy Fraud, Waste and Abuse

- Providing drugs that are not according to the prescription
- Giving you a generic drug and send in a claim for a more expensive brand-name drug
- Giving you less than the prescribed drug amount without telling you and without giving you the rest of the amount

If You Suspect Fraud, Waste or Abuse

If you think a provider or a HAP CareSource member is committing fraud, waste or abuse, you can report your concerns to us by:

- Call our Fraud, Waste and Abuse hotline at 1-844-415-1272. Our Fraud, Waste and Abuse hotline is available 24 hours a day.
- Visiting our website at **HAPCareSource.com** and completing the *Fraud, Waste and Abuse Reporting Form* and mailing it to the address shown
- Sending us a letter addressed to:

HAP CareSource
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, then you may also use one of the following means to contact us:

- Fraud email: **fraud@CareSource.com**
- Fraud fax: **1-800-418-0248**

When you report fraud, waste or abuse, please give us as many details as you can, including names and phone numbers. You may remain anonymous, but if you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.



QUALITY IMPROVEMENT PROGRAM

Program Purpose

Your care means a lot to us. We regularly review the quality of care and service given to our members. We put programs in place to improve your health care services and your health outcomes. These programs are ones like our Disease Management program, Care Management services and the processes that control how we work internally.

Our Quality Improvement Program receives a written evaluation each year. This helps us determine how well our improvement activities are working. A cross-functional team participates in the evaluation process.

Program Contents

We support an active, ongoing, and comprehensive Quality Improvement Program.

The Quality Improvement Program will:

- Advocate for members
- Meet member access and availability needs for physical and mental health care
- Demonstrate enhanced care coordination and continuity for members
- Meet members' cultural and language needs
- Monitor important aspects of care to ensure the safety of members across health care settings
- Determine provider adherence to clinical practice guidelines
- Support member self-management efforts
- Work collaboratively with network partners, practitioners, regulatory agencies and community agencies
- Develop interventions that improve and support members' acute and chronic health conditions and complex needs
- Develop interventions that enrich member and health partner experiences and overall satisfaction
- Ensure regulatory and accrediting agency compliance

Quality Measures

HAP CareSource uses an annual member survey for our marketplace members, *Qualified Health Plan Enrollee Experience (QHPEE)* to get member opinions on health care quality. You might get a request to take this survey. Your experiences and opinions are important to us. Please complete the survey promptly


This is a quality program overseen by the United States Department of Health and Human Services – Agency for Healthcare Research and Quality (AHRQ). Possible quality measures for the Health Insurance Marketplace include:



We continually assess the quality of care and services offered to you. We use an objective monitoring and evaluation system to create programs that will improve your health outcomes.


HAP CareSource uses the Healthcare Effectiveness Data and Information Set (HEDIS®) to measure the quality of care delivered to members. HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS is developed and maintained by The National Committee for Quality Assurance (NCQA).

The HEDIS tool is used by America’s health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS benchmarks. HEDIS measures evidence-based care and addresses the most pressing areas of care. Potential quality measures for the Health Insurance Marketplace include:



Wellness and Prevention

- Preventive Screenings (breast cancer, cervical cancer, colorectal cancer, etc.)
- Well-Child Care



Chronic Disease Management

- Comprehensive Diabetes Care
- Controlling High Blood Pressure



Behavioral Health

- Follow-up After Hospitalization for Mental Illness
- Antidepressant Medication Management



Safety

- Use of Imaging Studies for Low Back Pain

HEDIS® and NCQA® are registered trademarks of the National Committee for Quality Assurance.

CMS evaluates qualified health plans (QHPs) offered through the Marketplace using QHPEE survey response data. QHP issuers contract with HHS-approved survey vendors that independently conduct the survey each year. QHPEE survey results may change from one year to the next. For more information, please see CMS’ Health Insurance Marketplace Quality Initiatives website at: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html

MEMBER RIGHTS AND RESPONSIBILITIES

You have the right to:

- Receive information about HAP CareSource, our services, our network providers, and member rights and responsibilities.
- Be treated with respect and dignity by HAP CareSource personnel, network providers and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- Participate with your provider in making decisions about your health care.
- Candidly discuss with your provider the appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the plan or the care it provides.
- Make recommendations regarding the plan's Member Rights and Responsibilities policy.
- Choose an Advance Directive to designate the kind of care you wish to receive should you be unable to express your wishes.
- Be able to get a second opinion from a qualified network provider. If a qualified network provider is not able to see you, then HAP CareSource will set up a visit with a provider not in our network.

You have the responsibility to:

- Provide information needed, to the extent possible, in order to receive care.
- Follow the plans and instructions for care that you have agreed to with your providers.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Be enrolled and pay any required premiums.
- Report any suspicion of fraud, waste and abuse using the reporting mechanisms located in this handbook.
- Pay an annual deductible, copayments and coinsurance.
- Pay the cost of limited and excluded services.
- Choose network providers and network pharmacies.
- Show your member ID card to make sure you receive full benefits under the plan.



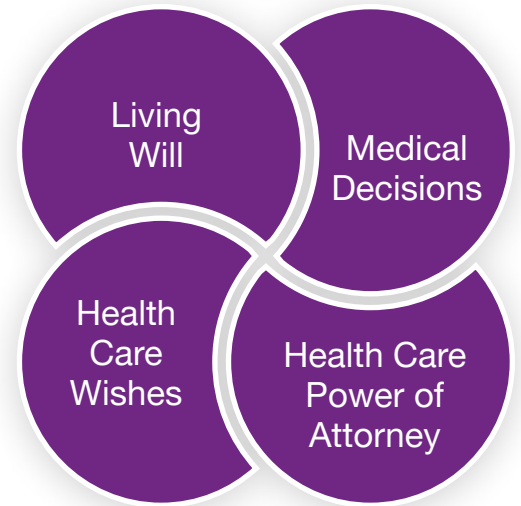
ADVANCE DIRECTIVES

You have the right to make Advance Directives. You sign these documents now in case you are not able to make your own health care decisions in the future. You can visit an attorney or your local legal aid office to have these papers drawn up for you*.

Advance Directives are used if you become unable to talk or communicate because of an illness or injury. They let your doctor and others know your wishes about future medical care. You can also use them to give someone you trust the right to make decisions for you if you are not able. You sign them while you are still healthy and able to make such decisions.

We do not put any limits on your right to have an Advance Directive.

** Please note: This is not legal advice and is provided for general information purposes only.*



Guardianship

What is a Guardian?

A guardian is a person appointed by a court to be legally responsible for another person.

When Will a Guardian be Appointed?

A court will usually appoint a guardian to manage the personal affairs of an adult who can no longer make safe and sound decisions by themselves because of a legal or mental incapacity. A minor may also have a guardian appointed by a court in certain situations.

How Do I Get a Guardianship?

Only a court may appoint a guardian. The court that normally appoints a guardian is your local probate court, although this may be different depending on where you live. Contact your local court, a local attorney or local legal aid service for more information on guardianship*.

If you obtain a guardianship for a HAP CareSource member, please send a copy of the court documents to the HAP CareSource Privacy Office so that it may be added to the member's record. See the Privacy Notice Statement in this Appendix for the address and contact information for the Privacy Office.

** Please note: This is not legal advice and is provided for general information purposes only.*



PRIVACY NOTICE STATEMENT

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.

We will refer to ourselves simply as “HAP CareSource” in this notice.

Your Rights

When it comes to health information, you have the right to:

Get a copy of your health and claims records. You can ask for a copy of your health and claims records. We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

Ask us to fix health and claims records. You can ask us to fix health and claims records if you think they are wrong or not complete. We may say “no” to requests. If we do, we will tell you why in writing within 60 days.

Ask for private communications. You can ask us to reach you in a specific way, such as home or office phone. You can ask us to send mail to a different address. We will think about all fair requests. We must say “yes” if you tell us you would be in danger if we do not.



Ask us to limit what we use or share. You can ask us not to use or share certain health information for care, payment, or our operations. We do not have to agree to these requests. We may say “no” if it would change your care or for certain other reasons.

Get a list of who we have shared information with. You can ask how many times we’ve shared your health information. This is only up to six years before the date you asked. You can ask who we shared it with and why. We will include all the disclosures except for those about:

- Care;
- Amount paid;
- Health care operations, and;
- Other disclosures that you asked us to make.

We will give you one list each year for free. We will charge a fair, cost-based fee if one is asked for within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time. You can ask even if you agreed to get the notice electronically. We will give you a paper copy as soon as possible.

Allow HAP CareSource to speak to someone on your behalf. You can allow HAP CareSource to talk about your health information with someone else on your behalf. Legal guardians can make choices about your health information. HAP CareSource will give health information to the legal guardian. We will make sure a legal guardian has this right and can act for you before we take any action.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting the HAP CareSource Privacy Office at the information provided at the end of this notice or the HAP CareSource Compliance Hotline at 1-844-784-9583 (TTY: 711). When calling the hotline, you have the option to stay anonymous.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
- Calling 1-877-696-6775, or
- Visiting <https://www.hhs.gov/ocr/complaints/index.html>

We will not take action against you for filing a complaint. We cannot ask you to give up your right to file a complaint as a condition of:

- Care
- Payment
- Enrolling in a health plan
- Eligibility for benefits

Your Choices

For certain health information, you can choose what we share. You should tell HAP CareSource how you want this information shared. We will follow these orders. In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends, or others who pay for your care.
- Share information in a disaster relief situation.

If you can't tell us your choice, such as if you are unconscious, we may share your information if we believe it is in your best interest. We may also share if we need to reduce a serious and close threat to health or safety. We cannot share your information unless you have given us written consent for:

- Marketing uses
- Sale of your information
- Sharing your therapy notes

Consent to Share Health Information

HAP CareSource shares your health information, including Sensitive Health Information (SHI). SHI can be information related to drug and/or alcohol treatment, genetic testing results, HIV/AIDS, mental health, sexually transmitted diseases (STD), or communicable/other diseases that are a danger to your health. This information is shared to handle your care and treatment or to help with benefits. This information is shared with your past, current, and future treating providers. It is also shared with Health Information Exchanges (HIE). An HIE lets providers view information that HAP CareSource has about members. You have the right to tell CareSource you do not want your health information (including SHI) shared. If you do not agree to share your health information, it will not be shared with providers to handle your care and treatment or to help with benefits. It will be shared with the provider who treats you for the specific SHI. If you do not approve sharing, all providers helping care for you may not be able to manage your care as well as they could if you did approve sharing.

Other Uses and Disclosures

We use or share your health information in these ways:

- **Help you get health care.** We can use your health information and share it with experts who are treating you. Example: A doctor sends us your diagnosis and care plan so we can arrange more care.
- **Pay for your health care.** We can use and give out health information when we pay for health care. Example: We share information about your vision plan to pay for vision services.
- **Operate the plan.** We may use or share your health information to run our health plan. *Example: We may use your information to make the quality of health care better. We may give your health information to outside groups so they can help us run the health plan. Outside groups are lawyers, accountants, consultants, and others. They keep your health information private, too.*



How else can we use or share your health information?

We are allowed or required to share your information in other ways. This is often for the public good, such as public health and research. We have to meet many rules in the law before we can share your information for these reasons. To learn more, see <https://www.hhs.gov/hipaa/index.html>.

- To help with public health and safety issues. This is to:
 - Prevent disease
 - Help with product recalls
 - Report harmful reactions to drugs
 - Report suspected abuse, neglect, or domestic violence
 - Prevent or reduce a serious threat to anyone's health or safety
- To do research. We can use or share your information for health research. We can do this as long as certain privacy rules are met.
- To obey the law. We will share information if state or federal laws call for it. This involves the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.
- To react to organ and tissue donation requests and work with a medical examiner or funeral director. We can share health information with organ donation organizations. We can also share with a coroner, medical examiner, or funeral director if you die.
- To address workers' compensation, law enforcement, and other government orders. We can use or share health information for:
 - Workers' compensation claims
 - Law enforcement purposes or with a police official
 - Health oversight offices for actions allowed by law
 - Special roles such as military, national safety, and presidential protective services
- To react to lawsuits and legal actions. We can share health information due to a court or legal order. We may also make a group of "de-identified" information that cannot be traced back you.

Our Responsibilities

- We protect your health information in many ways. This includes information that is written, spoken, or available online using a computer.
 - HAP CareSource employees are trained on how to protect member information.
 - Member information is spoken in a way so that it is not inappropriately overheard.
 - HAP CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
 - HAP CareSource limits who can access member health information. We make sure that only those employees with a business reason to access information use and share that information.

- We are required by law to keep the privacy and security of your protected health information. We are required to give you a copy of this notice.
- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective date and changes to the terms of this notice

This privacy notice is effective October 1, 2023. We must follow the terms of this notice as long as it is in effect. If we change the notice, the new one would apply to all health information we keep. If this happens, HAP CareSource will put the new notice on our web site. You can also ask our HAP CareSource Privacy Officer for it by:

- Mail:** HAP CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738
- Email:** HIPAAPrivacyOfficer@CareSource.com
- Phone:** 1-833-230-2091 (TTY: 711)

MI-EXC-M-3260852



Member Consent/HIPAA Authorization Form

This form lets HAP CareSource share your health care information as described below. All of this form must be filled out. Mail or fax it to the address listed at the end of this form. You may also fill out this form online at HAPCareSource.com.

Section 1: Your Information

Last Name	MI	First Name	Date of Birth
Street Address	City		State Zip Code
Phone Number		HAP CareSource Member ID Number	

By giving your cell phone number, you are saying that HAP CareSource may use it to reach you.

Section 2: Consent

This form gives your consent to share your health care information with others or on your own health care apps. It may be shared with your past, current, or future providers. It also may be shared with Health Information Exchanges (HIE). An HIE lets providers view the health care information that HAP CareSource has about you. You can ask for a list of people who were given your health care information by HAP CareSource.

- Check this box if you **want** your health care information shared with your past, current, or future providers or on health care apps. It will be shared for treatment, to manage your care, and to help with benefits. It includes sensitive health information. This includes treatment for substance use and HIV/AIDS. You have more control over what is shared on health care apps.

Or –

- Check this box if you **do not want*** your health care information shared with your past, current, or future providers. It will not be shared with your providers except:
- Your provider may see the physical and behavioral health treatment you have received. Treatment for substance use or HIV/AIDS will not be shared.
 - Your health care information may be shared with a HIE. Treatment for substance use or HIV/AIDS will not be shared.

**Your providers may not be able to care for you as well as they could if you do not approve sharing.*

MI-EXC-M-3262700

Section 3: Representative Designation

Fill out the lines below to name someone that HAP CareSource can speak to on your behalf. Your health care information will also be shared with this person.

Your Representative

Last Name	MI	First Name	
Entity Name (if law firm or other)			
Street Address	City	State	Zip Code
Phone Number			

Section 4: Review and Approval

By signing my name, I agree: To let HAP CareSource share my health care information as marked in Sections 2 and/or 3. The person or entity receiving the health care information could share it again. Federal privacy laws may no longer protect it. Treatment for substance use under 42 CFR Part 2 is private and cannot be shared again without my permission.

Signing this form is my choice. I may cancel this consent at any time. I must send a written letter to HAP CareSource to cancel. I may mail or fax the letter to the address at the bottom of this form. I may also cancel on **HAPCareSource.com**. Cancelling this consent will not change the actions HAP CareSource took before I cancelled. My treatment, payment, enrollment or benefits do not depend on whether I sign this form. **Please sign below.**

Your Signature (Parent/Guardian for Minors or Legal Representative*)	Date:
Date this Consent Ends:	
<i>Consent ends on the date above or when a minor turns 18 years old. It does not end if no date is given.</i>	

**You must have a copy of the Power of Attorney or court papers if this is signed by a legal representative. The lines below must also be filled out.*

Legal Representative

First and Last Name	Choose one: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Court-Appointed Guardian or Custodian <input type="checkbox"/> Other:		
Street Address	City	State	Zip Code

Please send this form to:

Mail: HAP CareSource
Attn: Privacy Office
P.O. Box 8738
Dayton, OH 45401-8738

Fax: 1-833-334-4722 (TTY: 711)

Online: HAPCareSource.com



DEFINITIONS

Annual Deductible: the amount you must pay for covered services in a benefit year before we will begin paying for certain benefits. Copayments do not count toward the annual deductible. Network benefits for defined preventive health care services are never subject to payment of the annual deductible. Your Schedule of Benefits will show you which benefits must meet the deductible.

Annual Out-of-Pocket Maximum: the maximum amount you pay in a benefit year related to benefits. When you reach the annual out-of-pocket maximum, benefits for covered services that apply to the annual out-of-pocket maximum are paid at 100% of eligible expenses during the rest of the benefit year. Payments toward the annual deductible, copayments and coinsurance for covered services will apply to your annual out-of-pocket maximum, unless otherwise noted below.

The following costs will never apply to the annual out-of-pocket maximum:

- Any charges for non-covered services.
- Copayments and coinsurance for adult vision and fitness benefits or any other optional rider/enhancement.

Even when the annual out-of-pocket maximum has been reached, you will still be required to pay:

- Charges for non-covered services.
- Charges that exceed the amount of our contracted fee.
- Copayments and coinsurance amounts for covered services provided through the optional vision and fitness rider/enhancement, and
- The amount of any benefits if you or your provider do not get prior authorization (PA) from us when required to do so under the terms of the plan.

Coinsurance: the charge, stated as a percentage, that you are required to pay for certain covered services after the annual deductible is satisfied and until you reach your annual out-of-pocket maximum

Copayment: the charge, stated as a flat dollar amount, that you are required to pay for certain covered services.

Covered Services means those health care services that are (1) covered by a specific benefit provision of the plan; (2) not excluded under the plan; and (3) determined to be medically necessary per the plan's medical policies and nationally recognized guidelines; and (4) that we determine to be all of the following: provided for the purpose of preventing, diagnosing, or treating a sickness, injury, behavioral health disorder, substance use disorder, or their symptoms; consistent with nationally recognized scientific evidence, as available, and prevailing medical standards and clinical guidelines, as described below; and not provided for the convenience of you, a Provider, or any other person.

In applying the above definition, “scientific evidence” and “prevailing medical standards and clinical guidelines” have the following meanings: “Scientific evidence” means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community. “Prevailing medical standards and clinical guidelines” means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

A Covered Service or Benefit does not mean that it is free to the member. A cost share and deductible will still apply unless it is fully covered, such as when it is a preventive service fully covered by a provision by the Affordable Care Act.

Evidence of Coverage (EOC): The EOC is an important legal document that describes the relationship between you and HAP CareSource. It serves as your contract with HAP CareSource, and it describes your rights, responsibilities and obligations as a covered person under the plan. The EOC, including the Schedule of Benefits (SB), also tells you how the plan works and describes the covered services you and your dependents are entitled to, any conditions and limits related to covered services, the health care services that are not covered by the plan and the annual deductible, copayments, and coinsurance you must pay when you receive covered services.

Explanation of Benefits (EOB): A statement you may receive from HAP CareSource that shows what health care services were billed to HAP CareSource and how they were paid. An EOB is not a bill.

Marketplace Drug Formulary: a list that sorts medications and products that have been approved by the U.S. Food and Drug Administration into price tiers. This list is subject to periodic review and modification. You can find out the tier a medication is assigned to by looking in the formulary. You can get the formulary in print by calling member services or view it online at **HAPCareSource.com**.

Member: has the same meaning as covered person; a person, including you, who is properly enrolled under the plan.

Network Provider: a provider who has contracted with us or is being used by us, or another organization that has an agreement with us, to provide certain covered services or certain administration functions for the network associated with the EOC. A network provider may also be a non-network provider for other services or products that are not covered by the contractual arrangement with us as covered services. In order for a pharmacy to be a network provider, it must have entered into an agreement with the pharmacy benefit manager (PBM) to dispense prescription drugs to covered persons, agreed to accept specified reimbursement rates for prescription drugs, and been designated by the PBM as a network pharmacy.

Plan: HAP CareSource.



Premium: the monthly fee required from the plan subscriber (or owner), in accordance with the terms of the plan.

Prior Authorization: any practice implemented by the plan in which benefits for a health care service is dependent upon a covered person or a provider obtaining approval from the plan before the health care service is performed, received, or prescribed, as applicable. This includes prospective or utilization review procedures conducted before providing a health care service.

Schedule of Benefits (SB): the written description of the benefits that are available as covered services. The SB is provided to you with your annual enrollment materials, along with the EOC. The SB shows covered services and their costs.

Subscriber: The person who enrolled in the plan and is responsible for paying the monthly premium.

Summary of Benefits and Coverage (SBC): the summary of benefits and costs for covered services that is provided to you when your enrollment is received by HAP CareSource. The SBC includes examples of the coverage you will have for certain health events, such as a broken bone or pregnancy.

Note: Your EOC has more details about these terms and many more. Read the EOC and keep it in a safe place for future reference.



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 مجاناً. 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.

በአስተርጓፊዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-833-230-2099** (TTY 711) ይደውሉ።

Gba irànlòwọ ọfẹ ní èdè rẹ pèlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn irànlòwọ àti àtílẹ̀yìn ọfẹ 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 شوو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلولیت لرئ نو وړیا ملاتړ او مرستی ترلاسه کړئ. دې شمېرې ته زنگ ووهئ **1-833-230-2099** (TTY: 711).



వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్ తో 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 jeralin 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

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.
- Phone:** 1-800-368-1019 (TTY: 1-800-537-7697)
- Online:** www.ocrportal.hhs.gov/ocr/portal/lobby.jsf

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

MI-EXC-M-3296952



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