

HAP CareSource™
MI Health Link
(Medicare + Medicaid Plan)

2025 Annual Notice of Change



HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) offered by HAP CareSource

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of HAP CareSource MI Health Link. Next year, there will be changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at **HAPCareSource.com**. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057** (TTY: **1-833-711-4711 or 711**), 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



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A. Disclaimers

- ❖ Under HAP CareSource MI Health Link you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. Someone who speaks your language can help you. This is a free service.

B. Reviewing your Medicare and Michigan Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section E).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave HAP CareSource MI Health Link, you will return to getting your Medicare and Michigan Medicaid services separately.



B1. Additional resources

- **You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-833-230-2057 (TTY: 1-833-711-4711 or 711), 8 a.m. – 8 p.m., Monday – Friday. The call is free.**
- You may also make a standing request to get this document and other communications now or in the future, in a language other than English or in an alternate format. To make a request, please call **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. Your request will be kept on file, and you may always call the number above if you ever change your mind.

B2. Information about HAP CareSource MI Health Link

- HAP CareSource™ MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under HAP CareSource MI Health Link is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- HAP CareSource MI Health Link is offered by HAP CareSource. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means HAP CareSource. When it says “the plan” or “our plan,” it means HAP CareSource MI Health Link.

B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Refer to sections D1 and D2 for information about benefit changes for our plan.



- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Refer to section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with HAP CareSource MI Health Link:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Refer to section E2 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our



If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit [HAPCareSource.com](https://www.HAPCareSource.com).

website at **HAPCareSource.com**. You may also call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Adaptive Medical Equipment and Supplies	Prior authorization is not required.	Prior authorization is required.
Adult Day Program	Prior authorization is not required.	Prior authorization is required.
Assistive Technology Device	Prior authorization is not required.	Prior authorization is required.
Assistive Technology Van Lifts and Tie Downs	Prior authorization is not required.	Prior authorization is required.
Cardiac Rehabilitation Services	Prior authorization is required.	Prior authorization is not required.
Chiropractic Services	Prior authorization is required.	Prior authorization is not required.
Chore Services	Prior authorization is not required.	Prior authorization is required.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. For more information, visit **HAPCareSource.com**.



	2024 (this year)	2025 (next year)
Community Transition Services	Prior authorization is not required.	Prior authorization is required.
Dental Services (Medicare-Covered)	Prior authorization is not required.	Prior authorization is required.
Diabetic Supplies	<p>Prior authorization is not required.</p> <p>Supplies are not limited to a specific manufacturer.</p>	<p>Prior authorization is required.</p> <p>Supplies are limited to the following manufacturers:</p> <ul style="list-style-type: none"> • Blood glucose test strips and meters: Abbott Diabetes and Trividia products • Continuous glucose monitors (CGMs): Abbott Freestyle and Dexcom
Doula Services	Prior authorization is not required.	Prior authorization is required.
Endodontics	Prior authorization is not required.	Prior authorization is required.
Enhanced Disease Management	Prior authorization is required.	Prior authorization is not required.
Environmental Modifications	Prior authorization is not required.	Prior authorization is required.
Expanded Community Living Supports	Prior authorization is not required.	Prior authorization is required.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information, visit [HAPCareSource.com](https://www.HAPCareSource.com).**



	2024 (this year)	2025 (next year)
Flex Allowance	Flex Allowance is not covered.	Plan covers \$80 every month to spend on eligible Over-the-Counter (OTC) items, dental, hearing, and vision expenses at approved locations. Unused amounts rollover to the following month and will expire at the end of the year.
Fiscal Intermediary Services	Prior authorization is not required.	Prior authorization is required.
Fitting/Evaluation for Hearing Aid	Prior authorization is not required.	Prior authorization is required.
Health Education	Prior authorization is required.	Prior authorization is not required.
Home Delivered Meals (Covered by Medicaid)	Prior authorization is not required.	Prior authorization is required.
Intensive Cardiac Rehabilitation Services	Prior authorization is required.	Prior authorization is not required.
Kidney Disease Education Services	Prior authorization is required.	Prior authorization is not required.
Meal Benefit	Meal Benefit is not covered.	Community Well members receive a maximum of 2 meals per day for 14 days following each inpatient or skilled nursing facility stay.
Medicare Part B Prescription Drugs	Step therapy is not offered.	Step therapy is offered.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information, visit [HAPCareSource.com](https://www.hapcare.com).**



	2024 (this year)	2025 (next year)
Non-medical Transportation	Prior authorization is not required.	Prior authorization is required.
Observation Services	Prior authorization is required.	Prior authorization is not required.
Other Health Care Professional	Prior authorization is required.	Prior authorization is not required.
Outpatient X-Ray Services	Prior authorization is required.	Prior authorization is not required.
Over-the-Counter (OTC) Items	Plan covers \$75 every <u>quarter</u> to be used towards OTC health and wellness products (<u>excluding</u> Naloxone). Unused amounts rollover to the following <u>quarter</u> and will expire at the end of the year.	Over-the-Counter (OTC) Items (including Naloxone) are now covered in the Flex Allowance benefit listed above.
Periodontics	Prior authorization is not required.	Prior authorization is required.
Personal Emergency Response System (PERS)	Prior authorization is not required.	Prior authorization is required.
Physician Specialist Services	Prior authorization is required.	Prior authorization is not required.
Preventive Nursing Services	Prior authorization is not required.	Prior authorization is required.
Pulmonary Rehabilitation Services	Prior authorization is required.	Prior authorization is not required.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information, visit [HAPCareSource.com](https://www.HAPCareSource.com).**



	2024 (this year)	2025 (next year)
Remote Access Technologies (including web/phone-based technologies and nursing hotline)	Prior authorization is required.	Prior authorization is not required.
Respite – General Service	Prior authorization is not required.	Prior authorization is required.
Respite – Waiver Service	Prior authorization is not required.	Prior authorization is required.
Restorative Services	Prior authorization is not required.	Prior authorization is required.
Supervised exercise therapy (SET)	Prior authorization is required.	Prior authorization is not required.

D2. Changes to prescription drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [CareSource.com/mi/plans/mihealthlink/plan-documents](https://www.caresource.com/mi/plans/mihealthlink/plan-documents). You may also call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our *Drug List*, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit [HAPCareSource.com](https://www.HAPCareSource.com).



If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
- If coverage for your drug changes and you receive a temporary supply of a drug, we will contact your doctor in writing. Your doctor can switch you to a different drug covered by the plan or ask us to make an exception for you to cover your current drug.

Any current formulary exceptions you may have will still be covered next year as long as the coverage determination has not expired. We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website:

www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients.



If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit **HAPCareSource.com**.

You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the *Drug List* to a lower or higher drug tier. To know if your drugs will be in a different tier, find them in the *Drug List*.

The following table shows your costs for drugs in each of our 2 drug tiers.

	2024 (this year)	2025 (next year)
<p>Drugs in Tier 1</p> <p>(Mostly generic drugs, some brand drugs, plus over-the-counter (OTC) drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2</p> <p>(Mostly brand drugs, some generic drugs, plus over-the-counter (OTC) drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2025.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are 8 a.m. – 7 p.m., Monday – Friday.</p> <p>Your coverage in our plan will end the last day of the month after you tell us you want to leave.</p>
<p>2. You can change to:</p> <p>A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are 8 a.m. – 5 p.m., Monday – Friday. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP). <p>You will automatically be disenrolled from HAP CareSource MI Health Link when your new plan’s coverage begins.</p>

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit [HAPCareSource.com](https://www.HAPCareSource.com).



<p>3. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are 8 a.m. – 5 p.m., Monday – Friday. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP). <p>You will automatically be disenrolled from HAP CareSource MI Health Link when your Original Medicare coverage begins.</p>
<p>4. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are 8 a.m. – 5 p.m., Monday – Friday. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP). <p>You will automatically be disenrolled from HAP CareSource MI Health Link when your Original Medicare coverage begins.</p>

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit HAPCareSource.com.



F. How to get help

F1. Getting help from HAP CareSource MI Health Link

Questions? We're here to help. Please contact your Care Coordinator or call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**. We are available for phone calls 8 a.m. – 8 p.m., Monday – Friday. Calls to these numbers are free.

Your 2025 Member Handbook

The *2025 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2025 Member Handbook* is available on our website at **HAPCareSource.com**. You may also call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday to ask us to mail you a *2025 Member Handbook*.

Our website

You can also visit our website at **HAPCareSource.com**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

F2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are 8 a.m. – 7 p.m., Monday – Friday.

F3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with HAP CareSource MI Health Link. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are 8 a.m. – 5 p.m. EST, Monday – Friday.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are 8 a.m. – 5 p.m., Monday – Friday.

F5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare’s Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to www.medicare.gov and click on “Find plans.”)

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don’t have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

F6. Getting help from Michigan Medicaid

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are 8 a.m. – 7 p.m., Monday – Friday.

F7. Getting help from the Quality Improvement Organization (QIO)

Our state uses an organization called Livanta for quality improvement. This is a group of doctors and other health care professionals who help improve the quality of care for people with

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit HAPCareSource.com.



Medicare. You may call Livanta at 1-888-524-9900 or TTY 1-888-985-8775. Office hours are 9 a.m. – 5 p.m., Monday – Friday, and 10 a.m. – 4 p.m., Saturdays, Sundays, and Holidays. This call is free. Livanta is not connected with our plan.



If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. **For more information**, visit **HAPCareSource.com**.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2057**. Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2057. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-230-2057。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-230-2057。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-833-230-2057. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-230-2057. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-230-2057 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-230-2057. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-230-2057 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-230-2057. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-230-2057. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-230-2057 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-230-2057. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-230-2057. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-230-2057. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-230-2057. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-230-2057にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notice of Non-Discrimination

HAP CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status. HAP CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille or audio at no charge. Please call Member Services at the number on your HAP CareSource ID card if you need any of these services. If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: HAP CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com
Phone: 1-800-488-0134 (TTY: 711)
Fax: 1-844-417-6254

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

Mail: U.S. Dept of Health and Human Services
200 Independence Ave, SW Room 509F HHH Building
Washington, D.C. 20201

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are found at: <http://www.hhs.gov/ocr/office/file/index.html>.



Member Services

1-833-230-2057

(TTY: 1-833-711-4711 or 711)

8 a.m. to 8 p.m., Monday – Friday

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