

Frequently Asked Questions

- Q:** Will the Healthy Michigan Plan cover family planning services?
- A:** Yes, the Healthy Michigan Plan will cover family planning services with no out-of-pocket cost to patients.
- Q:** How will adults receive their dental benefits through the Healthy Michigan Plan?
- A:** Dental services will be provided by the beneficiary's health plan.
- Q:** Will I be able to get health coverage through the Healthy Michigan Plan if I have a pre-existing condition?
- A:** Yes. The Healthy Michigan Plan will not deny coverage to individuals due to pre-existing conditions.
- Q:** Will the Healthy Michigan Plan allow me to stay with my current doctor?
- A:** Healthy Michigan Plan participants, with some limited exceptions, must enroll in a Medicaid Health Plan that will pay your doctor for your care. Check with your doctor to find out whether they participate with one of these plans.
- Q:** How will my doctor know that I have Healthy Michigan Plan coverage?
- A:** When you have the Healthy Michigan Plan, a health care card will be mailed to you (if you do not have one already).

Cost Sharing

The Healthy Michigan Plan has co-pays, most of which will be paid to a MI Health Account.

The Healthy Michigan Plan requires those with annual incomes between 100 percent and 133 percent of the federal poverty level to contribute 2 percent of annual income for cost sharing purposes. Total cost sharing (including co-pays) cannot exceed 5 percent of the total household income.

Annual contributions and co-pays can be reduced by participating in healthy behavior activities which include completing an annual health risk assessment, and changing unhealthy activities.

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

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Additional information may be found on the
Michigan Department of Community Health website:
www.michigan.gov/healthymichiganplan



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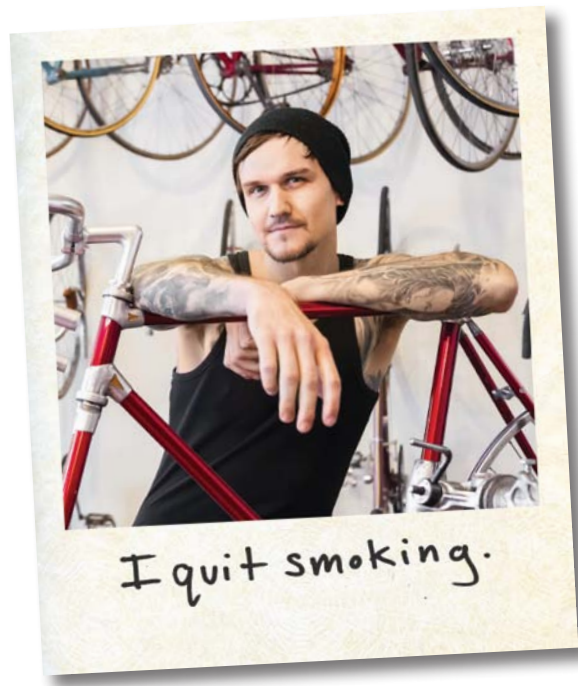
What is the Healthy Michigan Plan?

The Healthy Michigan Plan provides health care coverage to low-income Michigan residents.

Governor Rick Snyder signed into law Michigan Public Act 107 of 2013, which makes health care benefits available to Michigan residents through the Healthy Michigan Plan beginning April 1, 2014.

Most Healthy Michigan Plan beneficiaries must enroll into a health plan and take steps to improve their health, including:

- Schedule a visit with their primary care provider
- Complete a Health Risk Assessment
- Participate in healthy behavior activities



What does the Healthy Michigan Plan cover?

The Healthy Michigan Plan covers the federal essential health benefits as well as other services and benefits.

These include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity care
- Mental health and substance use disorder treatment services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and x-ray services
- Preventive and wellness services and chronic disease management
- Dental services
- Family planning
- Other services

How do you apply?

Enrollment for the Healthy Michigan Plan will begin April 1, 2014. Michigan residents will be able to apply online at www.healthymichiganplan.org, by phone at 1-855-789-5610, or in person at their local Michigan Department of Human Services Office.

Most people who have the Healthy Michigan Plan must enroll in a health plan. MI Enrolls will send an enrollment packet about health plan choices after an individual applies for coverage.



Who is eligible for the Healthy Michigan Plan?

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have a Modified Adjusted Gross Income at or below 133 percent of the federal poverty level
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Eligibility for the Healthy Michigan Plan will be determined using the Modified Adjusted Gross Income methodology and all criteria must be met to be eligible for this program.