



Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) Summary of Benefits 2024



If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.

UPHP MI Health Link (Medicare-Medicaid Plan): Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by UPHP MI Health Link. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UPHP MI Health Link. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by UPHP MI Health Link for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To access the *UPHP MI Health Link Member Handbook* online, visit www.uphp.com/medicare/uphp-mi-health-link. You may also request a copy by contacting UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. This call is free.

- ❖ Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ Under UPHP 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.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ **You can get this document free of charge in other formats, such as large print, braille, or audio. Call UPHP Customer Service at 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.**
- ❖ To make a standing request to get materials, now and in the future, in a language other than English or in an alternate format, call UPHP Customer Service at 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. This information will be documented on your file and you will receive materials in the format you requested. You can make changes to your request at any time.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	<p>A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Michigan Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>
What is a Care Coordinator?	<p>A Care Coordinator is a health professional who will help you get care and services that affect your health and well-being. You are assigned a Care Coordinator when you enroll with UPHP MI Health Link. Your Care Coordinator will get to know you and will work with you, your doctors, and other caregivers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you are getting from us, you can call your Care Coordinator. Your Care Coordinator is your “go-to” person for UPHP MI Health Link.</p> <p>Our goal in UPHP MI Health Link is to meet your needs in a way that works for you. This is why we call our program “person-centered.” The person-centered planning process is when you work with your Care Coordinator to create a care plan that is about your goals, choices, and abilities. When you create your care plan, you are welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.</p>
What are long term supports and services?	<p>Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>



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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Michigan Medicaid benefits in UPHP MI Health Link that I get now?	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from UPHP MI Health Link. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in UPHP MI Health Link, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that UPHP MI Health Link does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UPHP MI Health Link to cover your drug, if medically necessary.</p>



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UPHP MI Health Link (Medicare-Medicaid Plan): Summary of Benefits 2024

Frequently Asked Questions (FAQ)	Answers
<p>Can I use the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with UPHP MI Health Link and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in UPHP MI Health Link’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UPHP MI Health Link’s plan. <p>To find out if your doctors are in the plan’s network, call UPHP Customer Service or read UPHP MI Health Link’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.uphp.com/medicare/uphp-mi-health-link.</p> <p>If UPHP MI Health Link is new for you, you can continue using the doctors you use now while your IICSP is being developed.</p>
<p>What happens if I need a service but no one in UPHP MI Health Link’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UPHP MI Health Link will pay for the cost of an out-of-network provider.</p>
<p>Where is UPHP MI Health Link available?</p>	<p>The service area for this plan includes Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties, Michigan. You must live in one of these areas to join the plan.</p>
<p>Do I pay a monthly amount (also called a premium) under UPHP MI Health Link?</p>	<p>You will not pay any monthly premiums to UPHP MI Health Link for your health coverage. (You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.)</p>



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Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)?	<p>PA means that you must get approval from UPHP MI Health Link before you can get a specific service or drug or use an out-of-network provider. UPHP MI Health Link may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone who is not your PCP or use other providers in the plan's network. If you don't get approval, UPHP MI Health Link may not cover the services. You don't need a referral for certain specialists, such as women's health specialists.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in UPHP MI Health Link.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.



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Frequently Asked Questions (FAQ)	Answers
<p>Whom should I contact if I have questions or need help? (continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call your Care Coordinator or UPHP MI Health Link Customer Service:</p> <p>CALL 1-877-349-9324</p> <p>Calls to this number are free. Hours of operation are Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. Voicemail is available during non-working hours.</p> <p>UPHP Customer Service also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephonic equipment to call it.</p> <p>Calls to this number are free. Hours of operation are Monday through Friday from 8 a.m. to 9 p.m. Eastern Time.</p>



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Whom should I contact if I have questions or need help? (continued from previous page)

If you have questions about your health, please call the 24-Hour Nurse Advice line:

CALL 1-844-411-3695

Calls to this number are free. Hours of operation are 24 hours a day, seven days a week.

TTY 711

This number is for people who have hearing or speaking problems. You must have special telephonic equipment to call it.

Calls to this number are free. Hours of operation are 24 hours a day, seven days a week.

If you have questions about behavioral health services and resources, please call the PIHP General Information Line.

CALL **PIHP General Information Line**

1-888-333-8030

Calls to this number are free. Hours of operation are Monday through Friday from 8 a.m. to 5 p.m. Eastern Time.

TTY 711

This number is for people who have hearing or speaking problems. You must have special telephonic equipment to call it.

Calls to this number are free. Hours of operation are Monday through Friday from 8 a.m. to 5 p.m. Eastern Time.

If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.



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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	<p>CALL</p> <p>Behavioral Health Crisis Line</p> <p>1-888-906-9060</p> <p>Calls to this number are free. Hours of operation are 24 hours a day, seven days a week.</p>
	<p>TTY</p> <p>711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephonic equipment to call it.</p> <p>Calls to this number are free. Hours of operation are 24 hours a day, seven days a week.</p>

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (This service is continued on the next page)	Visits to treat an injury or illness	\$0	Prior authorization is required for out-of-network services.
	Wellness visits, such as a physical	\$0	Prior authorization is required for out-of-network services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Transportation to a doctor's office	\$0	For transportation assistance, please contact UPHP Transportation at 1-877-349-9324 (TTY: 711). <ul style="list-style-type: none"> • To request mileage reimbursement, call as soon as your appointment is made. Mileage reimbursement is for members who have a car or family member/friend to provide transportation. • To request ride assistance, call at least five business days before your appointment. Ride assistance is for members who do not have a car or anyone to provide transportation. Ride assistance will be arranged through one of the following means: bus, cab, or volunteer driver.
	Specialist care	\$0	Prior authorization is required for out-of-network services.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization is required for out-of-network services.
	"Welcome to Medicare" preventive visit (one time only)	\$0	Prior authorization is required for out-of-network services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need medical tests</p>	<p>Lab tests, such as blood work</p>	<p>\$0</p>	<p>Prior authorization is required for out-of-network services.</p> <p>Prior authorization is required for molecular and genetic testing.</p>
	<p>X-rays or other pictures, such as CAT scans</p>	<p>\$0</p>	<p>Prior authorization is required for out-of-network services.</p>
	<p>Screening tests, such as tests to check for cancer</p>	<p>\$0</p>	<p>Prior authorization rules may apply.</p> <p>Prior authorization is required for out-of-network services.</p>
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UPHP MI Health Link's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 copay for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UPHP MI Health Link's <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	<p>Over-the-counter drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UPHP MI Health Link's <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization may be required for Part B prescription drug products.</p> <p>Prior authorization is required for out-of-network services.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<p>Prior authorization is required for out-of-network services.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	In-network and out-of-network emergency room services are covered without prior authorization requirements.
	Ambulance services	\$0	In-network and out-of-network ambulance services are covered without prior authorization requirements.
	Urgent care	\$0	In-network and out-of-network urgent care services are covered without prior authorization requirements.
You need hospital care	Hospital stay	\$0	Prior authorization is required for out-of-network planned inpatient admissions. <ul style="list-style-type: none"> • Notification is required within one business day of admission for urgent/emergent admissions.
	Doctor or surgeon care	\$0	Prior authorization is required for: <ul style="list-style-type: none"> • Medically necessary weight reduction services. • Medically necessary reconstructive surgery services. • Gender affirming surgery services. • Out-of-network services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	<p>Prior authorization is required for out-of-network services.</p> <p>Notification is required within one business day for inpatient rehabilitation services.</p>
	Medical equipment for home care	\$0	<p>Prior authorization is required for any equipment that does not meet Medicare and/or Michigan Medicaid guidelines and for the items listed under “Durable Medical Equipment” on pages 17 and 18.</p> <p>Prior authorization is required for out-of-network services.</p>
	Skilled nursing care	\$0	Notification is required within one business day of admission of all skilled nursing facility admissions.
<p>You need eye care</p>	Eye exams	\$0	<p>One routine eye exam every two years.</p> <p>Prior authorization is required for out-of-network services.</p>
	Glasses	\$0	<p>One pair of glasses (lenses and frames) every two years. One pair of replacement glasses yearly if lost or broken beyond repair.</p> <p>Prior authorization may be required for contact lenses.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need dental care</p>	<p>Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance</p>	<p>\$0</p>	<p>One exam/evaluation covered every six months. One cleaning covered every six months. Six silver diamine fluoride treatments per lifetime. X-rays:</p> <ul style="list-style-type: none"> • Bitewing x-rays are covered once in a 12-month period • Panoramic x-ray covered once every 5 years. • Full mouth or complete series of x-rays covered once every 5 years. <p>Complete or partial dentures covered once every 5 years. Crowns are covered once every 5 years. Sealants are covered every three years if criteria are met. You must obtain dental services from an in-network provider.</p>
<p>You need hearing/auditory services (This service is continued on the next page)</p>	<p>Hearing screenings</p>	<p>\$0</p>	<p>Prior authorization is required for out-of-network services.</p>
	<p>Hearing aid evaluation and fitting</p>	<p>\$0</p>	<p>Evaluation/fitting for hearing aid covered twice per year. Prior authorization is required for out-of-network services.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)	Hearing aids	\$0	Hearing aids covered once every 5 years. Prior authorization is required for out-of-network services.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization is required for out-of-network services.
	Diabetes supplies and services	\$0	Prior authorization is required for out-of-network services.
You have a mental health condition	Behavioral health services	\$0	Services are provided through the plan or Prepaid Inpatient Health Plan (PIHP). Contact your plan or Care Coordinator for help with behavioral services.
You have concerns related to substance use	Substance use services	\$0	Services are provided through the plan or Prepaid Inpatient Health Plan (PIHP). Contact your plan or Care Coordinator for help with behavioral services.
You need durable medical equipment (DME) (This service is continued on the next page)	Wheelchairs	\$0	Power wheelchairs and accessories require prior authorization. Prior authorization is required for out-of-network services.
	Nebulizers	\$0	Prior authorization is required for out-of-network services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) (continued)	Crutches	\$0	Prior authorization is required for out-of-network services.
	Walkers	\$0	Prior authorization is required for out-of-network services.
	Oxygen equipment and supplies	\$0	Prior authorization is required for out-of-network services.
	Additional DME	\$0	Prior authorization is required for: <ul style="list-style-type: none"> • BiPAP • Continuous glucose monitors • CPAP • Hospital beds – semi-electric and total electric • Medical supplies not meeting Medicare and Michigan Medicaid guidelines • Miscellaneous DME items • Negative pressure wound therapy • Osteogenic bone stimulators • Pneumatic compression devices • Powered wheelchairs and accessories • Speech-generating devices • TENS Unit • Ventilators • Wearable cardio-defibrillators Prior authorization is required for out-of-network services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Chore services, such as heavy household chores and mowing and raking	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Preventive nursing services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Private duty nursing services to provide skilled nursing services in your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Fiscal intermediary services to help you control your budget and choose the staff to work with you	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Environmental modifications to your home, such as adding ramps and widening doorways	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Personal care services (You may be able to choose your own personal care assistant. Call UPHP Customer Service for more information.)	\$0	Personal care service assessment is required.
	Personal Emergency Response System (PERS)	\$0	You must obtain services from an in-network provider.
	Assistive technology	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Home health care services	\$0	Prior authorization is required for in-network home health services beyond 90 days. Prior authorization is required for out-of-network services at the start of care.
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
You need a place to live with people available to help you	Nursing home care	A Patient Pay Amount (PPA) may be required.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards.
Your caregiver needs some time off	Respite care	\$0	Prior authorization is required.
Additional covered services	Chiropractic care	\$0	Prior authorization is required if more than 18 visits are needed per calendar year.

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D. Services covered outside of UPHP MI Health Link

This is not a complete list. Call your Care Coordinator or UPHP Customer Service to find out about other services not covered by UPHP MI Health Link but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services. These benefits are provided by the plan or PIHP. Contact the plan for more information.	\$0
Some hospice care services	\$0

E. Services that UPHP MI Health Link, Medicare, and Michigan Medicaid do not cover

This is not a complete list. Call your Care Coordinator or UPHP Customer Service to find out about other excluded services.

Services not covered by UPHP MI Health Link, Medicare, or Michigan Medicaid
Elective abortions or related services
Experimental/investigational drugs, procedures, or equipment
Elective cosmetic surgery
Services for treatment of infertility



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F. Your rights as a member of the plan

As a member of UPHP MI Health Link, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - get information in other formats (e.g., large print, braille, audio)
 - be free from any form of physical restraint or seclusion
 - not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - description of the services we cover
 - how to get services
 - how much services will cost you
 - names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - choose a Primary Care Provider (PCP) and change your PCP at any time during the year
 - use a women's health care provider without a referral
 - get your covered services and drugs quickly
 - know about all treatment options, no matter what they cost or whether they are covered
 - refuse treatment, even if your doctor advises against it
 - stop taking medicine



If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.

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- ask for a second opinion. UPHP MI Health Link will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - get timely medical care.
 - get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - have interpreters to help with communication with your doctors and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - get emergency services without PA in an emergency
 - use an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - file a complaint or grievance against us or our providers
 - ask for a state fair hearing
 - get a detailed reason for why services were denied

For more information about your rights, you can read the UPHP MI Health Link *Member Handbook*. If you have questions, you can also call UPHP Customer Service.



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G. How to file a complaint or appeal a denied service

If you have a complaint or think UPHP MI Health Link should cover something we denied, call UPHP MI Health Link at the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UPHP MI Health Link *Member Handbook*. You can also call UPHP Customer Service.

Complaints, grievances, and appeals can also be submitted in writing to the following address:

Complaints and Grievances:

Upper Peninsula Health Plan
Attn: Customer Service
853 West Washington St.
Marquette, MI 49855
Fax: 1-906-225-7690

Appeals:

Upper Peninsula Health Plan
Attn: UM Review and Appeals Coordinator
853 West Washington St.
Marquette, MI 49855
Fax: 1-906-225-7720

H. What do you do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UPHP Customer Service. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.



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