

Healthy Michigan Plan Frequently Asked Questions

Q: What is the Healthy Michigan Plan?

A: Governor Rick Snyder signed into law Michigan Public Act 107 of 2013, which allows the State of Michigan to make health care benefits available to low-income Michigan residents through the Healthy Michigan Plan in early spring 2014. The Healthy Michigan Plan will encourage healthy behaviors and personal responsibility, help low-income Michigan resident's access affordable health coverage, and reduce uncompensated care that shifts costs onto businesses and taxpayers.

Eligibility

Q: Who is eligible to apply for the Healthy Michigan Plan?

A: The Healthy Michigan Plan will cover people who are:

- Ages 19-64
- Not currently eligible for Medicaid
- Not eligible for or enrolled in Medicare
- Not pregnant when applying for the Healthy Michigan Plan
- Earning up to 133% of the Federal Poverty Level – approximately \$15,000 for single person and \$34,000 for a family of four.
- A resident of Michigan

Coverages

Q: What health benefits must the Healthy Michigan Plan cover?

A: The Healthy Michigan Plan must provide 10 essential health benefits, defined as:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Other covered services will include medically necessary services as prior authorized, as well as other services required to be covered pursuant to state or federal law, regulation or policy.

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).

Costs

Q: Is there a cost to be in the Healthy Michigan Plan?

A: Healthy Michigan Plan participants will have some cost-sharing responsibilities. Individuals between 100 and 133% of the federal poverty level will be required to contribute up to 2% of their income through the use of a dedicated health account. Co-pays, in amounts consistent with the current Medicaid program requirements, will also be utilized for all Healthy Michigan Plan participants.

Application

Q: When can I apply for the Healthy Michigan Plan?

A: The State of Michigan will begin accepting applications for the Healthy Michigan Plan in the near future. The Healthy Michigan Plan webpage will be updated with application information as soon as it's available.

Q: How do I apply for the Healthy Michigan Plan?

A: A new application will be available soon. The application will be available online, by phone and in-person.

Q: What type of information will I need to apply for the Healthy Michigan Plan?

A: When applying you will need information about each person applying for coverage. This includes birthdates, social security numbers, income information, and citizenship or immigration status.

Other

Q: I currently receive my health care through a county health plan under the Adult Benefits Waiver (also known as the Adult Medical Program). Can I apply for the Healthy Michigan Plan?

A: Most people receiving services under the Adult Benefits Waiver will qualify for the Healthy Michigan Plan. You will receive information about how to enroll in the Healthy Michigan Plan in the future.

Q: How can I get a copy of the federal waivers and state plan amendments related to the Healthy Michigan Plan?

A: The waivers and state plan amendments will be posted on the Healthy Michigan Plan website at www.michigan.gov/healthymichiganplan when they are available.