Health Alliance Plan®
by Henry Ford Health

Updates to your 2027 Health Alliance Plan Medicare Advantage plan

Dear Valued Member,

Thank you for being a Health Alliance Plan member. We work hard all year to provide you with the best healthcare possible. We're excited to announce some updates to your 2027 plan.

Please note: You do not need to take any action. Your Medicare Advantage plan will be automatically renewed.

What to know for 2027

- Most of your core benefits will remain the same for next year. This includes core benefits you rely on.
- **Your $0 monthly plan premium[1] and $0 primary care physician copay will stay the same.**
- **You will still have the same flexibility of your PPO with the freedom to see providers both in and out of network without referrals.**
- You will have access to a new fitness partner powered by **One Pass** with **unlimited access to hundreds of gyms across Michigan**. Online workout options may also be available.

What's changing?

We have worked hard to ensure that your benefits remain affordable and accessible, while making only minimal adjustments to certain costs.

- **Annual medical deductible is now $195**: With this change, you may notice services earlier in the year — before your deductible is met — require more out-of-pocket payment upfront.
- **Health Alliance Plan Visa® Prepaid Card**: Your $20 card will refresh quarterly and funds will not roll over to the next quarter.
- **Dental:** Full coverage for dental cleanings and preventive care with no copay or deductible. Plus, 50% coverage for most comprehensive dental services, up to $1,500. No authorization or referral required. Crowns, crown repair and onlay costs are no longer covered.
- **Physical, occupational and speech therapy:** $45 copay per visit.
- **In-network specialist visits:** $50 copay per visit.

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[1] You must continue to pay your Medicare Part B premium. If you have a late enrollment penalty, it will still apply.

What's next?

We know Medicare can be confusing, especially when things change. It’s our goal to make it as easy as possible.

Please take a moment to read the enclosed **Annual Notice of Change (ANOC).** It explains all the specific changes to your plan for 2027.

While reading it, if you have any questions, you can learn more about your current plan details and usage for 2026 by logging into your member account at portal.hap.org.

To contact customer service, please call:

(888) 658-2536 (TTY: 711)

Hours of operation:

Oct. 1 – Mar. 31
8 a.m. – 8 p.m.
Seven days a week

Apr. 1 – Sept. 30
8 a.m. – 8 p.m.
Monday – Friday

We're here for you

We're committed to providing you with the best care and support. Thank you for trusting us with your healthcare needs, and we look forward to being there for you in the coming year.

Sincerely,

Health Alliance Plan Customer Service

Health Alliance Plan of Michigan has HMO, HMO-POS and PPO plans with Medicare contracts. Enrollment depends on contract renewal.

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HAP Medicare Prime (PPO) offered by *Alliance Health and Life Insurance Company*

Annual Notice of Change for 2027

You're enrolled as a member of *HAP Medicare Prime*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in *HAP Medicare Prime*.
- To change to a **different plan,** visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.hap.org/forms or call Customer Service at (888) 658-2536 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at (888) 658-2536 (TTY users call 711). Hours are 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and 8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30). Prescription drug benefit related calls: Available 24 hours a day, seven days a week. This call is free.
- This booklet is available in alternate formats (e.g., large print and audio).

About *HAP Medicare Prime*

- *Health Alliance Plan of Michigan* has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.
- When this material says "we," "us," or "our," it means *Alliance Health and Life Insurance Company (HAP Medicare Prime (PPO))*. When it says "plan" or "our plan," it means *HAP Medicare Prime*.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in *HAP Medicare Prime*.** Starting January 1, 2027, you'll get your medical and drug coverage through *HAP Medicare Prime*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: July 31, 2029)
27PPOMAPD016_A
HAP1203958

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Deductible Note: Deductible applies to most plan covered medical services. Please see Evidence of Coverage (EOC) for a complete list of services that apply to the deductible both in and out-of-network.	$0	**$195 except for insulin furnished through an item of durable medical equipment**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $5,650 From network and out-of-network providers combined: $5,650	**From network providers: $6,400 From network and out-of-network providers combined: $6,400**
Primary care office visits	**In-Network** $0 Copay per visit **Out-of-Network** $20 Copay per visit	**In-Network** **$0 Copay per visit** **Out-of-Network** **$20 Copay after deductible per visit**
Specialist office visits	**In-Network** $40 Copay per visit	**In-Network** **$50 Copay per visit**

	2026 (this year)	2027 (next year)
	Out-of-Network $50 Copay per visit	**Out-of-Network** **$60 Copay after deductible per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	**In-Network** $350 Copay per day for days 1 - 5 $0 Copay per day for days 6 - 90 **Out-of-Network** You pay 35% Coinsurance per admission	**In-Network** **$390 Copay after deductible per day for days 1 - 6** **$0 Copay after deductible per day for days 7 - 90** **Out-of-Network** **You pay 35% Coinsurance after deductible per admission**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $200 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: *Standard cost sharing:* $9 *Preferred cost sharing:* $0 Drug Tier 2: *Standard cost sharing:* $17 *Preferred cost sharing:* $11 Drug Tier 3: *Standard cost sharing:* 17% You pay no more than $35 per month supply of each covered insulin product on this tier.	**Part D drug coverage deductible** **$400 except for covered insulin products and most adult Part D vaccines** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** ***Standard cost sharing:* $9** ***Preferred cost sharing:* $0** **Drug Tier 2:** ***Standard cost sharing:* $15** ***Preferred cost sharing:* $9** **Drug Tier 3:** ***Standard cost sharing:* 22%** **You pay no more than $35 per month supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
	Preferred cost sharing: 15% You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 4: *Standard cost sharing:* 39% You pay no more than $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing:* 37% You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 5: *Standard cost sharing:* 30% You pay no more than $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing:* 30% You pay no more than $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.	***Preferred cost sharing:* 20%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4:** ***Standard cost sharing:* 33%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** ***Preferred cost sharing:* 31%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5:** ***Standard cost sharing:* 29%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** ***Preferred cost sharing:* 29%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.** **You can have cost sharing for drugs that are covered under our enhanced benefit.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0**
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	Delta Dental 50 $37.90 per month	**Delta Dental PPO** **$48.50 per month**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers **count** toward your in-network maximum out-of-pocket amount. Our costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. If you choose an optional supplemental dental plan, your costs for services also do not count toward your maximum out-of-pocket amount.	$5,650	**$6,400** **Once you've paid $6,400 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.**
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services. If you choose an optional supplemental dental plan, your costs for services also do not count toward your maximum out-of-pocket amount.	$5,650	**$6,400** **Once you've paid $6,400 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* www.hap.org/find-a-doctor to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.hap.org/medicare.
- Call Customer Service at (888) 658-2536 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at (888) 658-2536 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* www.hap.org/find-a-doctor to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.hap.org/medicare.
- Call Customer Service at (888) 658-2536 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at (888) 658-2536 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Ambulatory Surgical Center (ASC) Services	**In-Network:** $275 copay for ASC services per visit. **Out-of-Network:** 35% coinsurance for ASC services per visit.	**In-Network: $325 copay after deductible for ASC services per visit.** **Out-of-Network: 35% coinsurance after deductible for ASC services per visit.**

	2026 (this year)	2027 (next year)
Deductible (combined)	**In and Out-of-Network:** You do not have a deductible.	**In and Out-of-Network:** **$195 deductible applies to most plan covered medical services.** **Please see Evidence of Coverage (EOC) for a complete list of services that do not apply to the deductible.**
Dental Services	**In-Network:** There is a $2,000 allowance for all dental services per year. You pay 50% coinsurance for crowns, crown repairs, and onlays.	**In-Network:** **There is a $1,500 allowance for all dental services per year.** **Crowns, crown repairs and onlays are <u>not</u> covered.**
Fitness Benefit	**In-Network:** You pay nothing for the fitness benefit. Must use SilverSneakers. **Out-of-Network:** Not covered.	**In-Network:** **You pay nothing for the fitness benefit. We partner with One Pass for your fitness benefit.** **Out-of-Network:** **95% coinsurance per month for the fitness benefit.** **The same benefit limits apply in and out-of-network. Please see Evidence of Coverage (EOC) for more information.**
Flex Card	You have a Flex Card with a combined $81 allowance per quarter with rollover to next quarter. The allowance may be used towards eligible Over the Counter (OTC) drugs, dental services, vision services, hearing services, transportation	**You have a Flex Card with a combined $20 allowance per quarter that does <u>not</u> rollover to the next quarter. The allowance may be used towards eligible Over the Counter (OTC) drugs, dental services, vision services, and**

	2026 (this year)	2027 (next year)
	and healthy food/produce (for eligible members) from our online OTC catalog or from a retail store. You will receive a Prepaid Benefits Visa to use for this benefit.	**hearing services from our online OTC catalog, a retail store or eligible provider. Healthy food/produce (for eligible members) and transportation services are <u>not</u> covered benefits. You do not need a new card. Please keep the card you have. Your 2027 quarterly allowance will be added**
Hearing Services (routine)	**Out-of-Network:** Not covered out-of-network. Must use NationsHearing.	**Out-of-Network: Up to $75 reimbursement for one supplemental routine hearing exam. You are responsible for any cost above the following allowed amounts depending on technology level: $0 - $1,575. The same benefit limits apply in-network and out-of-network. Please see Evidence of Coverage (EOC) for more information.**
Inpatient Hospital Stays <u>(includes Psychiatric)</u>	**In-Network:** $350 copay per day for days 1-5 per admission. $0 copay per day for days 6-90 per admission. **Out-of-Network:** 35% coinsurance per admission.	**In-Network: $390 copay per day after deductible for days 1-6 per admission. $0 copay per day after deductible for days 7-90 per admission. Out-of-Network: 35% coinsurance after deductible per admission.**

	2026 (this year)	2027 (next year)
Outpatient Diagnostic Procedures/Tests (Allergy Testing)	**In-Network:** You pay nothing for allergy testing per visit. **Out-of-Network:** 35% coinsurance for allergy testing per visit.	**In-Network: $200 copay after deductible for allergy testing per visit.** **Out-of-Network: 35% coinsurance after deductible for allergy testing per visit.**
Outpatient Diagnostic Radiological Services (such as CT/MRI)	**In-Network:** $250 copay for outpatient diagnostic radiological services per visit. **Out-of-Network:** 35% coinsurance for outpatient diagnostic radiological services per visit.	**In-Network: $270 copay after deductible for outpatient diagnostic radiological services per visit.** **Out-of-Network: 35% coinsurance after deductible for outpatient diagnostic radiological services per visit.**
Outpatient Hospital Services and Outpatient Observation Services	**In-Network:** $325 copay for outpatient hospital/observation services per visit. **Out-of-Network:** 35% coinsurance for outpatient hospital services per visit.	**In-Network: $350 copay after deductible for outpatient hospital/observation services per visit.** **Out-of-Network: 35% coinsurance after deductible for outpatient hospital services per visit.**
Over-the-Counter (OTC) Items	**In-Network:** You pay nothing for this benefit. You have a Flex Card allowance that can be used for eligible OTC items. You may use our OTC online catalog or visit a participating retail store.	**In-Network: You pay nothing for this benefit. You have a Flex Card allowance that can be used for eligible OTC items. You may use our online OTC catalog or visit a**

	2026 (this year)	2027 (next year)
	You will receive a Prepaid Benefits Visa to use for this benefit. **Out-of-Network:** Not covered.	**participating retail store. You do not need a new card. Please keep the card you have. Your 2027 quarterly allowance will be added when the new plan year begins.** **Out-of-Network:** **50% coinsurance for each eligible OTC item purchased from a non-participating retail store up to the available allowance amount. The same limits apply in and out-of-network. Please see your Evidence of Coverage (EOC) for more information.**
Physical, Occupational or Speech Therapy Services	**In-Network:** $20 copay for therapy services per visit. **Out-of-Network:** 35% coinsurance for therapy services per visit.	**In-Network:** **$45 copay for therapy services per visit.** **Out-of-Network:** **35% coinsurance after deductible for therapy services per visit.**
Skilled Nursing Facility (SNF)	**In-Network:** $0 copay for days 1-20 for SNF care. $218 copay for days 21-100 for SNF care. **Out-of-Network:** 35% coinsurance for SNF care.	**In-Network:** **$10 copay for days 1-20 for SNF care.** **$221 copay for days 21-100 for SNF care.** **Out-of-Network:** **35% coinsurance after deductible for SNF care.**

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Enrollees with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill (SSBCI). The SSBCI benefit available for eligible members is healthy food and produce which may be purchased via our online catalog or by using your Flex Card at participating retailers.	**SSBCI healthy food and produce benefit is <u>not</u> covered.**
Specialist Physician (including Podiatrist) or Other Health Care Professional Services (Includes Telehealth Visits)	**In-Network:** \$40 copay for specialist physician and other health care professional services per visit. **Out-of-Network:** \$50 copay for specialist physician and other health care professional services per visit.	**In-Network: \$50 copay for specialist physician and other health care professional services per visit.** **Out-of-Network: \$60 copay after deductible for specialist physician and other health care professional services per visit.**
Telemedicine (provided by approved contracted vendor)	You pay nothing for telemedicine. Must use Amwell.	**Telemedicine is <u>not</u> covered.**
Therapeutic Radiological Services	**In-Network:** \$35 copay for therapeutic radiological services per visit. **Out-of-Network:** 35% coinsurance for therapeutic radiological services per visit.	**In-Network: 20% coinsurance after deductible for therapeutic radiological services per visit.** **Out-of-Network: 35% coinsurance after deductible for therapeutic radiological services per visit.**

	2026 (this year)	2027 (next year)
Vision Services (routine)	**Out-of-Network:** Not covered out-of-network. Must use EyeMed.	**Out-of-Network:** **Up to $50 reimbursement for one annual supplemental routine eye exam.** **80% coinsurance for frames and lenses or contact lenses up to $150. You are responsible for any cost above the allowed amount.** **The same benefit limits apply whether you use an in or out-of-network provider. Please see Evidence of Coverage (EOC) for more information.**
Worldwide Urgently Needed Services ***(Includes telehealth visits)***	$45 copay for Worldwide urgently needed services per visit.	**$50 copay for Worldwide urgently needed services per visit.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at https://www.hap.org/member-resources/medicare-resources/prescription-coverage/formulary-drug-list.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar 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 your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options,

such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at (888) 658-2536 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Customer Service at (888) 658-2536 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty) drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	**2027 (next year)**
Yearly Deductible	$200 During this stage, you pay $9 per prescription for Standard cost sharing and $0 per prescription for Preferred cost sharing for **Tier 1 (Preferred Generic)** and $17 per prescription for Standard cost sharing and pay $11 per prescription for Preferred cost sharing for **Tier 2 (Generic)** and the full cost of drugs on **Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug)** and **Tier 5 (Specialty)** until you've reached the yearly deductible.	**$400** **During this stage, you pay $9 per prescription for Standard cost sharing and $0 per prescription for Preferred cost sharing for Tier 1 (Preferred Generic) and $15 per prescription for Standard cost sharing and pay $9 per prescription for Preferred cost sharing for Tier 2 (Generic) and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty) until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Preferred Generics:	*Standard cost sharing:* You pay $9. *Preferred cost sharing:* You pay $0.	***Standard cost sharing:*** **You pay $9.** ***Preferred cost sharing:*** **You pay $0.**
Generics:	*Standard cost sharing:* You pay $17. Your cost for a one-month mail-order prescription is $17. *Preferred cost sharing:* You pay $11. Your cost for a one-month mail-order prescription is $11.	***Standard cost sharing:*** **You pay $15.** **Your cost for a one-month mail-order prescription is $15.** ***Preferred cost sharing:*** **You pay $9.** **Your cost for a one-month mail-order prescription is $9.**
Preferred Brand:	*Standard cost sharing:* You pay 17% of the total cost. Your cost for a one-month mail-order prescription is 17%. *Preferred cost sharing:* You pay 15% of the total cost. Your cost for a one-month mail-order prescription is 15%.	***Standard cost sharing:*** **You pay 22% of the total cost.** **Your cost for a one-month mail-order prescription is 22%.** ***Preferred cost sharing:*** **You pay 20% of the total cost.** **Your cost for a one-month mail-order prescription is 20%.**
Non-Preferred Drug:	*Standard cost sharing:* You pay 39% of the total cost. Your cost for a one-month mail-order prescription is 39%.	***Standard cost sharing:*** **You pay 33% of the total cost.** **Your cost for a one-month mail-order prescription is 33%.**

	2026 (this year)	2027 (next year)
	Preferred cost sharing: You pay 37% of the total cost. Your cost for a one-month mail-order prescription is 37%.	***Preferred cost sharing:*** **You pay 31% of the total cost.** **Your cost for a one-month mail-order prescription is 31%.**
Specialty Tier:	*Standard cost sharing:* You pay 30% of the total cost. Your cost for a one-month mail-order prescription is 30%. *Preferred cost sharing:* You pay 30% of the total cost. Your cost for a one-month mail-order prescription is 30%.	***Standard cost sharing:*** **You pay 29% of the total cost.** **Your cost for a one-month mail-order prescription is 29%.** ***Preferred cost sharing:*** **You pay 29% of the total cost.** **Your cost for a one-month mail-order prescription is 29%.**

SECTION 2 Administrative Changes

We have administrative changes for 2027. The changes are summarized below.

	2026 (this year)	2027 (next year)
Service Area	Service area consists of Allegan, Antrim, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Charlevoix, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo,	**Service area consists of Allegan, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Charlevoix, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco,**

	2026 (this year)	2027 (next year)
	Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne counties.	**Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne, Wexford counties.**

SECTION 3 How to Change Plans

To stay in *HAP Medicare Prime*, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *HAP Medicare Prime.*

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *HAP Medicare Prime*. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from *HAP Medicare Prime*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online www.hap.org/medicare. Call Customer Service at (888) 658-2536 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 4).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *Alliance Health and Life Insurance Company* (*HAP Medicare Prime*) offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
- Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs**.

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at (866) 845-1803 (TTY users call (800) 716-3231) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from *HAP Medicare Prime*

- **Call Customer Service at (888) 658-2536. (TTY users call 711.)**

  We're available for phone calls April 1st through September 30th Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st seven days a week, 8 a.m. to 8 p.m.

Prescription drug benefit related calls: Available 24 hours a day, seven days a week. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for *HAP Medicare Prime*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.hap.org/forms or call Customer Service at (888) 658-2536 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.hap.org/medicare**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare Assistance Program.

Call Michigan Medicare Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Michigan Medicare Assistance Program at (800) 803-7174. Learn more about Michigan Medicare Assistance Program by visiting (www.shiphelp.org).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Health Alliance Plan®
by Henry Ford Health

HAP Medicare Prime Customer Service

Method	Customer Service – Contact Information
Call	(888) 658-2536. Calls to this number are free. Our normal business hours are: 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and 8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30). Prescription drug benefit related calls: Available 24 hours a day, seven days a week.
TTY	711. Calls to this number are free. Our normal business hours are: 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and 8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30). Prescription drug benefit related calls: Available 24 hours a day, seven days a week.
Write	Health Alliance Plan of Michigan Medicare Advantage Plans, ATTN: Customer Service, 1414 East Maple Rd., Troy, MI 48083
Website	www.hap.org/medicare

Michigan Medicare Assistance Program

Michigan Medicare Assistance Program is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

Method	Contact Information
Call	(800) 803-7174
TTY	(888) 263-5897 Office hours are 8:00 am to 7:00 pm EST, Monday through Friday (except holidays).
Write	6105 W. St. Joseph Hwy., Suite 103, Lansing, MI 48917-4850
Website	www.shiphelp.org

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