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 primary care and specialist cost share will remain the same.**[1]
- You'll remain eligible to receive **home-delivered meals from Mom's Meals following a discharge** from a hospital (acute or psychiatric) or Skilled Nursing Facility (SNF).
- 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.

- **Health Alliance Plan Visa® Prepaid Card**: You will receive $114 on your card per month for copay assist, over-the-counter (OTC) items including retail, and for eligible members, healthy food/produce, home safety modifications, pest control, utilities and fuel at the pump or rideshare costs.[2] [3]
- **Supplemental benefits**: You'll no longer have access to companion care, telehealth or transportation benefits.

---

[1] You do not pay anything for services listed as long as you are eligible for cost-sharing assistance under Medicaid.
[2] This benefit is a special supplemental benefit for the chronically ill (SSBCI) and is made available to members who have been diagnosed with one or more qualifying chronic conditions, are at high risk for hospitalization or other adverse health outcomes and require intensive care coordination. Not all members will qualify for this benefit. Qualifying chronic conditions include but are not limited to diabetes, cardiovascular disorders, chronic lung disorders, cancer and dementia. For a complete list of qualifying chronic conditions, please see the plan's Evidence of Coverage (EOC).
[3] Use of this card is subject to the Cardholder Agreement. This card may not be used everywhere Visa® debit cards are accepted. This card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa® U.S.A. Inc. No cash or ATM access.

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:

(800) 848-4844 (TTY: 711)

Hours of operation:

Oct. 1 – Mar. 31	Apr. 1 – Sept. 30
8 a.m. – 8 p.m.	8 a.m. – 8 p.m.
Seven days a week	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

HAP Medicare Complete Assist (PPO D-SNP) is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewal.

H2322_PPO 020 ANOC 2027 COV LET_C HAP1205750

HAP Medicare Complete Assist (PPO D-SNP) offered by *Alliance Health and Life Insurance Company*

Annual Notice of Change for 2027

You're enrolled as a member of *HAP Medicare Complete Assist (PPO D-SNP)*.

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 Complete Assist*.
- 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 (800) 848-4844 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at (800) 848-4844 (TTY users call 711) for more information. 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 Complete Assist*

- *HAP Medicare Complete Assist (PPO D-SNP)* is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewal. Our plan also has a written agreement with the *MDHHS* Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means *Health Alliance Plan of Michigan (HAP Medicare Complete Assist (PPO D-SNP))*. When it says "plan" or "our plan," it means *HAP Medicare Complete Assist*.

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

27PPOMAPD20_A
HAP1203974

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in *HAP Medicare Complete Assist (PPO D-SNP)*.** Starting January 1, 2027, you'll get your medical and drug coverage through *HAP Medicare Complete Assist (PPO D-SNP)*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

Table of Contents

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$0 - $8.80	**$0 - $6.30**
Deductible *These are the 2026 cost-sharing amounts and can change for 2027. We will provide updated rates as soon as they're released.	$257 except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0.	**$283*** **except for insulin furnished through an item of durable medical equipment.** **If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0.**
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: $9,250 From network and out-of-network providers combined: $13,900 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	**From network providers:** **$9,850** **From network and out-of-network providers combined:** **$14,800** **If you are eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.**

	2026 (this year)	**2027 (next year)**
Primary care office visits	In-Network: 20% Coinsurance per visit Out-of-Network 20% Coinsurance per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.	**In-Network:** **20% Coinsurance per visit** **Out-of-Network:** **20% Coinsurance per visit** **If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.**
Specialist office visits	In-Network 20% Coinsurance per visit Out-of-Network 20% Coinsurance per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.	**In-Network** **20% Coinsurance per visit** **Out-of-Network** **20% Coinsurance per visit** **If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 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 $2,185 Copay per admission Out-of-Network 20% Coinsurance per admission If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0.	**In-Network** **$2,125 Copay per admission** **Out-of-Network** **$2,125 Copay per admission** **If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0.**

	2026 (this year)	**2027 (next year)**
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 $615 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Generic Drugs: You pay 25% of the total cost. You pay no more than $35 per month supply of each covered insulin product. Brand Drugs: You pay 25% of the total cost. You pay no more than $35 per month supply of each covered insulin product. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Part D drug coverage deductible** **$700** **except for covered insulin products and most adult Part D vaccines** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** ***Standard cost sharing:* $0** **Drug Tier 2:** ***Standard cost sharing:* 25%** **Drug Tier 3:** ***Standard cost sharing:* 25%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4:** ***Standard cost sharing:* 25%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5:** ***Standard cost sharing:* 25%** **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.**

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 unless it's paid for you by Medicaid.)	$0 - $8.80	**$0 - $6.30**

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)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments and deductibles), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-	From network providers: $9,250 From network and out-of-network providers combined: $13,900	**From network providers:** **$9,850** **Once you've paid $9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.** **From network and out-of-network providers combined:** **$14,800** **Once you've paid $14,800 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B**

	2026 (this year)	2027 (next year)
pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		**services 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 (800) 848-4844 (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 (800) 848-4844 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage.*

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 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 (800) 848-4844 (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 (800) 848-4844 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	**2027 (next year)**
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 The healthy food/produce, home modifications, pest control, utilities, fuel at the pump and rideshare benefits are special supplemental benefits for the chronically ill (SSBCI) and are made available to members who have	You have a Flex Card with a combined allowance of up to $133 per month with rollover to the next month to be used to reduce your out-of-pocket expenses towards copay assistance, eligible OTC items, and, if eligible, healthy food and produce or home modifications at select retail	**You have a Flex Card with a combined allowance of up to $114 per month with rollover to the next month to be used to reduce your out-of-pocket expenses towards copay assistance, eligible OTC items, and, if eligible, healthy food and produce or home modifications at retail**

	2026 (this year)	**2027 (next year)**
been diagnosed with one or more qualifying chronic conditions, are at high risk for hospitalization or other adverse health outcomes and require intensive care coordination. Not all members will qualify for this benefit. Qualifying chronic conditions include but are not limited to diabetes, cardiovascular disorders, chronic lung disorders, cancer, and dementia. For a complete list of qualifying chronic conditions, please see the plan's Evidence of Coverage (EOC).	locations or if done by a contractor, pest control, utilities, fuel at the pump or ride share services. You will receive a Prepaid Benefits Visa provided by our online OTC catalog to use for this benefit.	**locations or if done by a contractor, pest control, utilities, fuel at the pump or ride share services.** **You do not need a new card. Please keep the card you have. Your 2027 monthly allowance will be added when the new plan year begins.**
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.** **Hearing aids up to the $1,000 allowance per calendar year. You are responsible for any cost above the allowed amount.** **The same limits apply in and out-of-network. Please see Evidence of Coverage (EOC) for more information.**
Home Delivered Meals	**In-Network:** You pay nothing for post	**In-Network:** **You pay nothing for post**

	2026 (this year)	**2027 (next year)**
	discharge home delivered meals. Must use Mom's Meals. **Out-Of-Network:** Not covered. Must use Mom's Meals.	**discharge home delivered meals. We partner with Mom's Meals for this benefit.** **Out-Of-Network:** **95% coinsurance up to the allowed amount for medically tailored home delivered meals prepared in qualified facilities.** **Please see Evidence of Coverage (EOC) for restrictions.**
In-home Support Services (Companion Care)	You pay nothing for companion care per visit. Must use The Helper Bees.	**Companion care is <u>not</u> a covered benefit.**
Inpatient Hospital Acute Stays	**In-Network:** $0 or $2,185 copay per stay. **Out-of-Network:** $0 or 20% coinsurance per stay. If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.	**In-Network:** **$0 or $2,125 copay per stay.** **Out-of-Network:** **$0 or $2,125 copay per stay.** **If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.**
Inpatient Psychiatric Hospital Stays	**In-Network:** $0 or $2,036 copay per stay. **Out-of-Network:** $0 or 20% coinsurance per stay.	**In-Network:** **$0 or $2,091 copay per stay.** **Out-of-Network:** **$0 or $2,091 copay per stay.** **If you are eligible for**

	2026 (this year)	**2027 (next year)**
	If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.	**Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.**
Over-the-Counter (OTC) Items	**In-Network:** You have a Flex Card allowance that can be used for eligible OTC items. You may use our OTC online catalog or a participating retail store. You will receive a Prepaid Benefits Visa to use for this benefit. **Out-Of-Network:** Not covered.	**In-Network:** **You have a Flex Card allowance that can be used for eligible OTC items. You may use our OTC online catalog or a participating retail store. You do not need a new card. Please keep the card you have. Your 2027 monthly 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.**
Personal Emergency Response System (PERS)	**In-Network:** You pay nothing for the PERS benefit. Must use NationsResponse.	**In-Network:** **You pay nothing for the PERS benefit. We partner with NationsResponse for this benefit.**

	2026 (this year)	**2027 (next year)**
	Out-Of-Network: Not covered. Must use NationsResponse.	**Out-Of-Network: Like devices and basic services received from an out-of-network authorized PERS provider may result in higher out-of-pocket costs. You will be responsible for the difference between NationsResponse's payment and the amount charged by the out-of-network provider. Please see Evidence of Coverage (EOC) for restrictions.**
Skilled Nursing Facility (SNF)	**In-Network:** $0 or $218 copay for days 21-100 for SNF care. **Out-of-Network:** $0 or $218 copay for days 21-100 for SNF care. If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.	**In-Network: $0 or $221 copay for days 21-100 for SNF care.** **Out-of-Network: $0 or $221 copay for days 21-100 for SNF care. If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.**
Telemedicine (provided by approved contracted vendor)	You pay nothing for telemedicine. Must use Amwell.	**Telemedicine is <u>not</u> covered.**
Transportation Services	You pay nothing for 36 one-way trips.	**Transportation Services are <u>not</u> covered.**

	2026 (this year)	2027 (next year)
Vision Services	**Out-Of-Network:** Not covered.	**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 $300. 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.**

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 (800) 848-4844 (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 30th, 2026*, call Customer Service at (800) 848-4844, (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 2 (Generic), 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 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	$615	**$700** **During this stage, you pay $0 cost sharing for drugs on Tier 1 and the full cost of drugs on Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty) drugs**

	2026 (this year)	2027 (next year)
		until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on tier 1, your cost sharing in the Initial Coverage Stage is changing from a coinsurance to a copayment. Go to the following table for the changes from 2026 to 2027.

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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, 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 Generic drugs	25% of the total cost	**$0** **Your cost for a one-month mail-order prescription is $0.**
Generic drugs	25% of the total cost	**25% of the total cost**
Preferred Brand Drugs	25% of the total cost	**25% of the total cost** **You pay $35 per month supply of each covered insulin product on this tier.**
Non-Preferred Drugs	25% of the total cost	**25% of the total cost** **You pay $35 per month supply of each covered insulin product on this tier.**

	2026 (this year)	**2027 (next year)**
Specialty drugs	25% of the total cost	**25% of the total cost** **You pay $35 per month supply of each covered insulin product on this tier.**

SECTION 2 Administrative Changes

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

	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. This benefit will be available only to plan-identified members who have been diagnosed with: • Chronic heart failure • Chronic lung disorders (asthma, chronic bronchitis, emphysema, pulmonary fibrosis, pulmonary hypertension) • Chronic and disabling mental health conditions (bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder) • Chronic alcohol use disorder and other substance use disorders (SUD)	**Enrollees with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill. Not all members will qualify. This benefit will only be available to plan-identified members who are at high risk for hospitalization or other adverse health outcomes, require intensive care coordination, and have been diagnosed with one or more of the following chronic diseases:** **• Chronic heart failure** **• Chronic lung disorders (asthma, chronic bronchitis, cystic fibrosis, emphysema, pulmonary fibrosis, pulmonary hypertension,**

	2026 (this year)	2027 (next year)
	• Autoimmune disorders (polyarteritis nodosa, polymyositis rheumatica, polymyositis, systematic lupus erythematosus) • Cancer (excluding pre-cancer conditions or insitu status) • Chronic cardiovascular disorders (cardiac arrhythmias, coronary artery disease [CAD], peripheral vascular, chronic venous thromboembolic disorder) • Dementia • Diabetes • Chronic Gastrointestinal Disease • Chronic kidney disease (CKD) (CKD requiring dialysis/End-stage renal disease (ESRD)) • Severe hematologic disorders (aplastic anemia, hemophilia, immune thrombocytopenic, purpura, myelodysplastic syndrome, sickle-cell disease [excluding having the sickle-cell trait], chronic venous thromboembolic disorder) • HIV/AIDS • Neurologic disorders (amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (i.e., hemiplegia,	**chronic obstructive pulmonary disease (COPD))** **• Chronic and disabling mental health conditions (bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder, eating disorders, anxiety disorders)** **• Chronic alcohol use disorder and other substance use disorders (SUD)** **• Autoimmune disorders (polyarteritis nodosa, polymyositis rheumatica, polymyositis, systematic lupus erythematosus)** **• Cancer (excluding pre-cancer conditions or insitu status)** **• Chronic cardiovascular disorders (cardiac arrhythmias, coronary artery disease [CAD], peripheral vascular, chronic venous thromboembolic disorder)** **• Dementia** **• Diabetes** **• Chronic Gastrointestinal Disease (chronic liver disease, hepatitis B, hepatitis C, pancreatitis)**

	2026 (this year)	**2027 (next year)**
	quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, spinal stenosis, stroke-related neurologic deficit) • Stroke	**• Chronic kidney disease (CKD) (CKD requiring dialysis/End-stage renal disease (ESRD))** **• Severe hematologic disorders (aplastic anemia, hemophilia, immune thrombocytopenic, purpura, myelodysplastic syndrome, sickle-cell disease [excluding having the sickle-cell trait], chronic venous thromboembolic disorder)** **• HIV/AIDS** **• Neurologic disorders (amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, spinal cord injuries, spinal stenosis, stroke-related neurologic deficit)** **• Stroke** **See Evidence of Coverage (EOC) for complete eligibility details.**

SECTION 3 How to Change Plans

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

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 Complete Assist*. 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 Complete Assist*.
- **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 at www.hap.org/medicare. Call Customer Service at (800) 848-4844 (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.
- **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, Health Alliance Plan of Michigan (*HAP Medicare Complete Assist (PPO D-SNP)* offers other Medicare health plans. These other plans can differ in 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 may 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

  - Original Medicare *with* a separate Medicare prescription drug plan,
  - Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
  - If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 may 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 can 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. 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 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 Complete Assist (PPO D-SNP)*

- **Call Customer Service at (800) 848-4844. (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 are 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 Complete Assist (PPO D-SNP)*. 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 (800) 848-4844 (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 and Medicaid 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.

Get Help from Medicaid

Call *Michigan Department of Health and Human Services (Medicaid)* at 1-800-642-3195 Monday through Friday, 8a.m. to 7 p.m. TTY users 1-866-501-5656 for help with Medicaid enrollment or benefit questions.

Health Alliance Plan®
by Henry Ford Health

HAP Medicare Complete Assist Customer Service

Method	Customer Service – Contact Information
Call	(800) 848-4844. 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

PRA Disclosure Statement *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*