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] $0 monthly deductible, $0 primary care and $35 copay per specialist visit will stay the same.**
- **Physical, occupational and speech therapy** will still be $20 copay per visit.
- 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**: Your $95 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. Up to 25% of crown, crown repair and onlay costs are covered. No authorization or referral required.

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.

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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.

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) 801-1770 (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.

HAP Medicare MedicalAccess (HMO) offered by Health Alliance Plan of Michigan

Annual Notice of Change for 2027

You're enrolled as a member of *HAP Medicare MedicalAccess (HMO)*.

This material describes changes to your 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 MedicalAccess (HMO)*.
- 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) 801-1770 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at (800) 801-1770 (TTY users call 711) for additional 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 MedicalAccess (HMO)*

- Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.
- When this material says "we," "us," or "our," it means Health Alliance Plan of Michigan (*HAP Medicare MedicalAccess (HMO)*). When it says "plan" or "our plan," it means *HAP Medicare MedicalAccess (HMO).*
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in *HAP Medicare MedicalAccess (HMO).*** Starting January 1, 2027, you'll get your medical coverage through *HAP Medicare MedicalAccess (HMO)*. Go to Section 3.1 for more information about how to change plans and deadlines for making a change.

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- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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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**
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.)	$4,500	**$4,500**
Primary care office visits	$0 Copay per visit	**$0 Copay per visit**
Specialist office visits	$35 Copay per visit	**$35 Copay 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.	$325 Copay per day for days 1-5 $0 Copay per day for days 6-90	**$325 Copay per day for days 1-5** **$0 Copay per day for days 6-90**

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**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$105 Medicare Part B premium reduction	**$105 Medicare Part B premium reduction**
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 HMO** **$38.90 per month**

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 Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. If you choose an optional supplemental dental plan, your plan premium and your costs for services also do not count toward your maximum out-of-pocket amount.	$4,500	**$4,500** **Once you've paid $4,500 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.**

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) 801-1770 (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 your plan during the year. If a mid-year change in our providers affects you, call Customer Service at (800) 801-1770 (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 Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Dental Services	There is $2,000 allowance for all dental services per year. You pay 50% coinsurance for crowns, crown repairs, and onlays.	**There is $1,500 allowance for all dental services per year.** **You pay 75% coinsurance for crowns, crown repairs, and onlays.**
Outpatient Diagnostic Procedures/Tests (Allergy Testing)	You pay nothing for allergy testing per visit.	**$150 copay for allergy testing per visit.**
Skilled Nursing Facility (SNF)	$218 copay for days 21-100 for SNF care.	**$221 copay for days 21-100 for SNF care.**
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.**
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 2 Administrative Changes

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

	2026 (this year)	**2027 (next year)**
Fitness Benefit	You pay nothing for the fitness benefit. Must use SilverSneakers.	**You pay nothing for the fitness benefit. Must use One Pass.**
Flex Card	Your quarterly Flex Card allowance rollover to the next quarter and must be used by the end of the year. You will receive a Prepaid Benefits Visa to use.	**Your quarterly Flex Card allowance does not carry over to the next quarter. Any money left over will be lost.** **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.**
Service Area	Service area consists of Allegan, Antrim, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa,	**Service area consists of Allegan, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo,**

	2026 (this year)	**2027 (next year)**
	Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne counties.	**Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne, Wexford counties.**
Telemedicine (provided by approved contracted vendor)	You pay nothing for telemedicine. Must use Amwell.	**You pay nothing for telemedicine. Must use Teladoc.**

SECTION 3 How to Change Plans

To stay in *HAP Medicare MedicalAccess (HMO)*, 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 MedicalAccess (HMO)*.

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 MedicalAccess.* 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,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *HAP Medicare MedicalAccess*.
- **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) 801-1770 (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, Health Alliance Plan of Michigan *(HAP Medicare MedicalAccess (HMO))* 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 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

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 or
  - 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 The Michigan Drug Assistance Program, HIV Care Section, at 888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from *HAP Medicare MedicalAccess (HMO)*

- **Call Customer Service at (800) 801-1770. (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. 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, look in the 2027 *Evidence of Coverage* for *HAP Medicare MedicalAccess (HMO)*. The *Evidence of Coverage* is the legal, detailed description of your 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) 801-1770 (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*).

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.

HAP Medicare MedicalAccess Customer Service

Method	Customer Service – Contact Information
Call	(800) 801-1770. 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).
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).
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.*