



# **2026 HAP Medicare Broker Certification**

- Why HAP
- What's new for 2026
- 2026 Medicare Advantage Plans
- 2026 Supplemental Benefits
- 2026 Medigap Plans
- Additional resources and Important Information



**Why should you get  
certified?**

# Why get certified with HAP?



## NON-PROFIT

HAP is a subsidiary of Henry Ford Health, one of the nation's leading health care systems.

Ninety percent of our premium revenue is spent on funding health care services for our members.



## INTEGRATED

As a health plan partnered with a health system, we're constantly finding ways to streamline care and cut costs.

When you recommend HAP, you recommend a health plan that advocates for every patient. We work closely with our doctors and hospitals – building better products to promote better health.



## LOCAL

Since the day we opened our doors, HAP has done business here. As lifelong Michiganders, we work, live and play where our members, providers and agents do. So... we get it.

We understand what matters most, and we're able to take immediate action. Just like you, we're investing in our region every day.



## DEPENDABLE

Whether it is our agent service, member services or any other interaction you or your members have with HAP, we are here.

Our agent services team answers your calls, emails, and text messages quickly and works to get you answers right away!



**What's new in 2026?**

MSU-HC HMO is now named HAP Medicare Superior

HAP MSU-HC Medicare Prime PPO is now named HAP Medicare Prime PPO

**\*NEW\*** HAP Medicare Diabetes & Heart (HMO C-SNP)

HAP CareSource MI Coordinated Health (HMO HIDE-SNP)

### Retail/OTC

- All HAP Members will have the option to go to a retail location or order via catalog using their Flex Card

### Healthy Rewards

- Healthy living rewards will now be loaded onto the members Flex Card for easy use

### Limits vary by plan

- Each plan has a different allowance



# 2026 Medicare Advantage Service Area



## HMO SERVICE AREA



## PPO SERVICE AREA





# 2026 HMO Plans

# HAP Medicare Connect HMO



**\*\* Non-commissionable for new business 1/1/2025 effective and after**



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$70/qtr with rollover for OTC, healthy food/produce (for eligible members)**




**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$145 non-surgical procedures**


|                            | 2026 HAP Medicare Connect                 |
|----------------------------|---|
| Premium                    | \$0                                       |
| Medical Deductible INN/OON | \$0/N/A                                   |
| MOOP                       | \$5,000                                   |
| Inpatient Hospital         | \$325/1-6, \$0 Days; 7-90, Unlimited Days |
| Outpatient Hospital/ASC    | \$300/\$250                               |
| PCP/Specialist             | \$0/\$45                                  |
| PT / OT / ST               | \$20                                      |
| ER/UC                      | <b>\$130</b> /\$45                        |
| Labs                       | \$0                                       |
| OTC Benefit                | <b>Flex Card</b>                          |
| Part D Deductible          | \$150 T3-T5                               |
| Preferred RX Copay T1-T5   | \$0/\$9/15%/40%/31%                       |


# Henry Ford Tiered Access HMO




Available in Macomb, Oakland, Wayne Counties

 Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI

 Embedded vision, hearing and fitness benefits

 Embedded Dental- \$2,000 through Delta Dental PPO Network

 T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay

 **FlexCard- \$70/qtr with rollover for OTC, healthy food/produce (for eligible members)**

 **2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$55 HF / \$100 Non-HF non-surgical procedures.**

|                               | 2026 HF Tiered Access        |
|-------------------------------|------------------------------|
| Premium                       | \$95                         |
| Medical Deductible<br>INN/OON | \$0/N/A                      |
| MOOP                          | \$4,750                      |
| Inpatient Hospital            | \$275/ <del>\$350</del> /1-6 |
| Outpatient Hospital/ASC       | \$115/\$205<br>\$80*/\$120   |
| PCP/Specialist                | \$0/\$35<br>\$30/\$50        |
| PT / OT / ST                  | \$10/\$30                    |
| ER/UC                         | <del>\$130</del> /\$45       |
| Labs                          | \$0                          |
| OTC Benefit                   | <b>\$75/qt/Flex Card</b>     |
| Part D Deductible             | \$0                          |
| Preferred RX Copay T1-T5      | \$0/\$9/20%/48%/33%          |

# HAP Medicare Superior HMO



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$113/qtr with rollover for OTC, healthy food/produce(for eligible members), dental, vision, hearing, transportation**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$150 non-surgical procedures.**

|                            | 2026 HAP Superior HMO |
|----------------------------|-----------------------|
| Premium                    | \$0                   |
| Medical Deductible INN/OON | \$0/N/A               |
| MOOP                       | \$5,100               |
| Inpatient Hospital         | \$325/1-5             |
| Outpatient Hospital/ASC    | \$300/\$275           |
| PCP/Specialist             | \$0/\$40              |
| PT / OT / ST               | \$20                  |
| ER/UC                      | \$130/\$45            |
| Labs                       | \$0                   |
| Part D Deductible          | \$150 T3-T5           |
| Preferred RX Copay T1-T5   | \$0/\$9/15%/48%/31%   |

# Henry Ford Select HMO



Available in: Genesee, Hillsdale, Jackson, Lapeer, Macomb, Oakland, Wayne -- Uses Henry Ford Health & Ascension providers



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI



**FlexCard- \$145/qtr with rollover for OTC and plan covered services (Specialist, inpatient, PT/OT/ST and more!!!) SSBCI-healthy food/produce (for eligible members)**



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network with 100% coverage for both preventative and comprehensive services



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$100 non-surgical procedures.**

|                            | 2026 Henry Ford Select HMO |
|----------------------------|----------------------------|
| Premium                    | \$0                        |
| Medical Deductible INN/OON | \$0/N/A                    |
| MOOP                       | \$3,500                    |
| Inpatient Hospital         | \$250/1-6                  |
| Outpatient Hospital/ASC    | \$200/\$100                |
| PCP/Specialist             | \$0/\$15                   |
| PT / OT / ST               | \$10                       |
| ER/UC                      | \$150/\$15                 |
| Labs                       | \$0                        |
| OTC Benefit                | Flex Card                  |
| Part D Deductible          | \$150 T3-T5                |
| Preferred RX Copay T1-T5   | \$0/\$9/15%/37%/31%        |

# HAP MedicalAccess HMO (MA ONLY)



Available in 58 Counties



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI



Embedded vision, hearing and fitness benefits



\$105 Monthly Part B rebate



Embedded Dental- \$2,000 through Delta Dental PPO Network with 50% coverage for both preventative and comprehensive services



**FlexCard- \$95/qtr with rollover for OTC, SSBCI- healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$150 non-surgical procedures.**

Great for Veterans or your holistic members! No-limit worldwide emergency or urgent care coverage

|                            | 2026 HAP Medical Access HMO MA Only |
|----------------------------|-------------------------------------|
| Premium                    | \$0 w/ \$105 Part B Rebate          |
| Medical Deductible INN/OON | \$0/N/A                             |
| MOOP                       | \$4,500                             |
| Inpatient Hospital         | \$325/1-5                           |
| Outpatient Hospital/ASC    | \$300/\$225                         |
| PCP/Specialist             | \$0/\$35                            |
| PT / OT / ST               | \$20                                |
| ER/UC                      | \$130/\$45                          |
| Labs                       | \$0                                 |
| OTC Benefit                | Flex Card                           |
| Part D Deductible          | N/A                                 |
| Preferred RX Copay T1-T5   | N/A                                 |



# 2026 HMO-POS Plans



# HAP Senior Plus HMO-POS



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$153/qtr with rollover for OTC, SSBCI healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$110 non-surgical procedures.**

|                            | 2026 HAP Senior Plus HMO-POS                 |
|----------------------------|--|
| Premium                    | \$105  |
| Medical Deductible INN/OON | \$0/N/A                                      |
| MOOP                       | \$4,550 combined Max Benefit for OON \$1,000 |
| Inpatient Hospital         | \$300/1-5 20% OON                            |
| Outpatient Hospital/ASC    | \$225/\$110 20% OON                          |
| PCP/Specialist             | \$0/\$30                                     |
| PT / OT / ST               | \$10/20% OON                                 |
| ER/UC                      | \$130/\$45                                   |
| Labs                       | \$0  |
| OTC Benefit                | Flex Card                                    |
| Part D Deductible          | \$0  |
| Preferred RX Copay T1-T5   | \$0/\$9/15%/40%/33%                          |



# 2026 PPO Plans

# HAP Medicare Explore (PPO)



**\*\* Non-commissionable for new business 1/1/2025 effective and after**



Travel Benefit: In-Network cost-share in all 49 states out-side of MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$75/qtr with rollover for OTC, SSBCI healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$160 non-surgical procedures**

|                            | 2026 HAP Medicare Explore |
|----------------------------|---------------------------|
| Premium                    | \$0                       |
| Medical Deductible INN/OON | \$0/40% OON CS            |
| MOOP                       | \$5,400 combined          |
| Inpatient Hospital         | \$350/1-6<br>40% OON      |
| Outpatient Hospital/ASC    | \$325/\$275<br>40% OON    |
| PCP/Specialist             | \$0/\$45<br>40% OON       |
| PT / OT / ST               | \$20/40%                  |
| ER/UC                      | \$130/\$45                |
| Labs                       | \$0                       |
| OTC Benefit                | FlexCard                  |
| Part D Deductible          | \$200 T3-T5               |
| Preferred RX Copay T1-T5   | \$0/\$11/15%/37%/30%      |

# HAP Medicare Prime (PPO)



Travel Benefit: In-Network cost-share in all 49 states outside of MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$81/qtr with rollover for OTC, dental, vision, hearing, transportation, SSBCI healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$160 non-surgical procedures**

|                            | 2026 HAP Medicare Prime PPO |
|----------------------------|-----------------------------|
| Premium                    | \$0                         |
| Medical Deductible INN/OON | \$0/35% OON CS              |
| MOOP                       | \$5,650 combined            |
| Inpatient Hospital         | \$350/1-5<br>35% OON        |
| Outpatient Hospital/ASC    | \$325/\$275<br>35% OON      |
| PCP/Specialist             | \$0/\$40<br>\$20/\$50 OON   |
| PT / OT / ST               | \$20<br>35% OON             |
| ER/UC                      | \$130/\$45                  |
| Labs                       | \$0                         |
| Part D Deductible          | \$200 T3-T5                 |
| Preferred RX Copay T1-T5   | \$0/\$11/15%/37%/30%        |

## Member Assist PPO (created 2025)



**\*\* LIS Reduces Premium to \$0**



Travel Benefit: In-Network cost-share in all 49 states outside of MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network with 100% coverage for both preventative and comprehensive services



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$116/qtr with rollover for OTC, SSBCI healthy food/produce(for eligible members), and plan covered services (Spec, PT/OT/ST)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$100 non-surgical procedures**

|                                   | 2026 Member Assist PPO                   |
|-----------------------------------|--|
| <b>Premium</b>                    | Part C: \$0; Part D: \$10 Targeted LIPSA |
| <b>Medical Deductible INN/OON</b> | \$0/20% OON CS                           |
| <b>MOOP</b>                       | \$5,200 combined                         |
| <b>Inpatient Hospital</b>         | \$250/1-5 20% OON                        |
| <b>Outpatient Hospital/ASC</b>    | \$200/\$150 20% OON                      |
| <b>PCP/Specialist</b>             | \$0/\$30 20% OON                         |
| <b>PT / OT / ST</b>               | \$20                                     |
| <b>ER/UC</b>                      | <b>\$130/\$45</b>                        |
| <b>Labs</b>                       | \$0                                      |
| <b>Part D Deductible</b>          | \$615 T1-T5                              |
| <b>Preferred RX Copay T1-T5</b>   | \$0/\$10/ <b>18%/40%/25%</b>             |

# HAP Senior Plus (PPO)



Travel Benefit: In-Network cost-share in all 49 states out-side of MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$121/qtr with rollover for OTC, SSBCI healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$100 non-surgical procedures**

|                             | 2026 HAP Senior Plus PPO    |
|-----------------------------|-----------------------------|
| Premium                     | \$165                       |
| Medical Deductible INN/OON  | \$0/25% OON CS              |
| MOOP                        | \$4,150 combined            |
| Inpatient Hospital          | \$250/1-5<br>25% OON        |
| Outpatient Hospital/ASC     | \$200/\$180<br>25% OON      |
| PCP/Specialist PT / OT / ST | \$0/\$25<br>25% OON<br>\$15 |
| ER/UC                       | \$150/\$45                  |
| Labs                        | \$0                         |
| OTC Benefit                 | <b>FlexCard</b>             |
| Part D Deductible           | \$0                         |
| Preferred RX Copay T1-T5    | \$0/\$9/15%/37%/33%         |



# 2026 C-SNP Plan

# HAP Medicare Diabetes and Heart (HMO C-SNP)



Qualifying conditions: Diabetes, Chronic Heart Failure or Cardiovascular disease to qualify



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**Flex Card- \$250/qtr with rollover for OTC, Co-pay assist (specialist, PT/OT/ST, Labs) SSBCI healthy food/produce (for eligible members)**



**Hearing- \$1,000 allowance: 2 hearing aids per year, Must obtain by Nations Hearing**

|                            | 2026 HAP Medicare Diabetes and Heart |
|----------------------------|--------------------------------------|
| Premium                    | \$0                                  |
| Medical Deductible INN/OON | \$0                                  |
| MOOP                       | \$9,250                              |
| Inpatient Hospital         | \$395/1-5                            |
| Outpatient Hospital/ASC    | \$395                                |
| PCP/Specialist             | \$0/\$30                             |
| PT / OT / ST               | \$5                                  |
| ER/UC                      | \$115/\$40                           |
| Labs                       | \$0                                  |
| OTC Benefit                | FlexCard                             |
| Part D Deductible          | \$0                                  |
| Preferred RX Copay T1-T5   | \$0/\$9/15%/37%<br>/33%              |





# 2026 D-SNP Plans

# HAP Medicare Complete Duals (HMO D-SNP)



Must be Full-Dual Eligible (QMB+, SLMB+ FBDE) and have LIS to qualify



FlexCard: \$158/month for OTC and for eligible members: Healthy food/produce, home safety modification, pest control, utilities and fuel at the pump



Embedded Dental- \$2,000 through Delta Dental PPO Network for preventative and minor restorative services



\$1,000 Hearing aid allowance



\$300 Vision allowance



Transportation: 36 one-way trips



Post discharge meals, 2 a day over 14 days



|                          | 2026 HAP Medicare Complete Duals HMO D-SNP |
|--------------------------|--|
| Premium                  | \$0  |
| MOOP                     | \$9,250                                    |
| Inpatient Hospital       | \$0  |
| Outpatient Hospital/ASC  | \$0  |
| PCP/Specialist           | \$0  |
| PT / OT / ST             | \$0  |
| ER/UC                    | \$0  |
| Labs                     | \$0  |
| OTC Benefit              | FlexCard                                   |
| Part D Deductible        | \$615                                      |
| Preferred RX Copay T1-T5 | DS   |

# Medicare Complete Assist (PPO D-SNP)



Now available in full PPO service area- 40 counties



Partial and Full duals Qualify



FlexCard: \$133/month for co-pay assist, OTC and for eligible members: Healthy food/produce, home safety modification, pest control, utilities and fuel at the pump



Embedded Dental- \$2,000 through Delta Dental PPO Network for preventative and minor restorative services



\$1,000 Hearing aid allowance



\$300 Vision allowance



Transportation: 12 one-way trips



Post discharge meals, 2 a day over 14 days

|                            | 2026 Medicare Complete Assist PPO DSNP   |
|----------------------------|--|
| Premium                    | Part C: \$0; Part D: \$10 Targeted LIPSA |
| Medical Deductible INN/OON | \$0/NA                                   |
| MOOP                       | \$9,250                                  |
| Inpatient Hospital         | \$0 or \$2,185 per stay                  |
| Outpatient Hospital/ASC    | 20%/20%                                  |
| PCP/Specialist             | \$0 or up to \$20%                       |
| PT / OT / ST               | 20% (\$2,330 max for PT/SLP/OT)          |
| ER/UC                      | \$115/\$40                               |
| Labs                       | \$0 or 20%                               |
| Part D Deductible          | \$615                                    |
| Preferred RX Copay T1-T5   | Defined Standard                         |



# 2026 Supplemental Benefits

### Embedded Dental

- HAP utilizes Delta Dentals PPO network on embedded benefits

### Dental Buy-up

- In 2026 members with our option buy up dental will have Access to both Premier and PPO dentist!!

### Some plans have 100% coverage!

- Henry Ford Select and HAP Member Assist, D-SNP and C-SNP members
- No buy up available for these plans

## Dental Coverage



\*For all plans **except**: D-SNP,C-SNP, Henry Ford Select, Member Assist\*

| Coverage                                    | 2025 Embedded          | 2026 Embedded   |
|---|------------------------|-----------------|
| Oral Exam                                   | 2 per year             | 2 per year      |
| Cleanings (prophylaxis and perio cleanings) | 2 per year             | 2 per year      |
| Bitewing X-rays                             | 1 per year             | 1 per year      |
| Panoramic                                   | 1 per 5 years          | 1 per 5 years   |
| Fluoride treatment                          | 2 per year             | 2 per year      |
| Amalgam/composite filling                   | 50% Coinsurance        | 50% Coinsurance |
| Root Canal                                  | 50% Coinsurance        | 50% Coinsurance |
| Crowns                                      | Repairs- 50%/ New- N/A | 50% Coinsurance |
| Bridge realign/repair                       | 50% Coinsurance        | 50% Coinsurance |
| Simple Extractions                          | 50% Coinsurance        | 50% Coinsurance |
| Max Benefit                                 | \$2,000                | \$2,000         |

Pending CMS Approval

## Dental Coverage



\*For Henry Ford Select, HAP Member Assist Only\*

| Coverage                                    | 2025 Embedded | 2026 Embedded |
|---|---------------|---------------|
| Oral Exam                                   | 2 per year    | 2 per year    |
| Cleanings (prophylaxis and perio cleanings) | 2 per year    | 2 per year    |
| Bitewing X-rays                             | 1 per year    | 1 per year    |
| Panoramic                                   | 1 per 5 years | 1 per 5 years |
| Fluoride treatment                          | 2 per year    | 2 per year    |
| Amalgam/composite filling                   | Covered 100%  | Covered 100%  |
| Root Canal                                  | Covered 100%  | Covered 100%  |
| Crowns                                      | Covered 100%  | Covered 100%  |
| Bridge realign/repair                       | Covered 100%  | Covered 100%  |
| Simple Extractions                          | Covered 100%  | Covered 100%  |
| Max Benefit                                 | \$2,000       | \$2,000       |

Pending CMS Approval

## Dental Coverage



\* For D-SNP & C-SNP Plans Only\*

| Coverage                                    | 2025 Embedded           | 2026 Embedded           |
|---|-------------------------|-------------------------|
| Oral Exam                                   | 2 per year              | 2 per year              |
| Cleanings (prophylaxis and perio cleanings) | 2 per year              | 2 per year              |
| Bitewing X-rays                             | 1 per year              | 1 per year              |
| Panoramic                                   | 1 per 5 years           | 1 per 5 years           |
| Fluoride treatment                          | 2 per year              | 2 per year              |
| Amalgam/composite filling                   | Covered 100%            | Covered 100%            |
| Root Canal                                  | Covered 100%            | Covered 100%            |
| Crowns                                      | Repairs 100% / New- N/A | Repairs 100% / New- N/A |
| Bridge realign/repair                       | Covered 100%            | Covered 100%            |
| Simple Extractions                          | Covered 100%            | Covered 100%            |
| Max Benefit                                 | \$2,000                 | \$2,000                 |

Pending CMS Approval



# Medicare Advantage Dental Buy-up



**\$2,000 Limit**

**Covers Additional Preventative services**

**Diagnostic Imaging**

**Perio Procedures**

**Implants**

**Bridges**

**Anesthesia**

**Emergency Palliative Treatment**

**Monthly Premium: \$37.90**

## HAP 2026 Medicare Advantage Benefits

Dental Dental Plan 50  
Current MSB Benefits  
(\$2000 Annual Max, +  
crowns & PPO Network)

| Category           | CDT Code Set                                | Services   | Network: PPO and Premier |
|--------------------|---|--|--------------------------|
| Preventive         | Diagnostic<br>D0100-D0999                   | Oral Exams   | 0%                       |
|                    |   | Bitewing Radiographs                                 | 0%                       |
|                    |   | Full-Mouth Series Xray/Panoramic Film                | 0%                       |
|                    |   | Other Diagnostic Imaging                             | 100%                     |
|                    |   | Additional Tests & Examinations                      | 100%                     |
|                    | Preventive<br>D1000-D1999                   | Dental Prophylaxis                                   | 0%                       |
| Fluoride Treatment |   | 0%   |                          |
| Comprehensive      | Restorative<br>D2000-D2999                  | Amalgams   | 0%                       |
|                    |   | Resin Based Composites                               | 0%                       |
|                    |   | Onlays and Crowns                                    | 0%                       |
|                    |   | Crown Repairs  | 0%                       |
|                    | Endodontics<br>D3000-D3999                  | Endodontics (Root Canals)                            | 0%                       |
|                    |   |  |                          |
|                    | Periodontics<br>D4000-D4999                 | Perio Maintenance                                    | 0%                       |
|                    |   | Perio Surgical Procedures                            | 50%                      |
|                    |   | Perio Non-Surgical Procedures                        | 50%                      |
|                    | Prosthodontics, removeable                  | Dentures   | 50%                      |
|                    |   | Denture Relines/Repairs                              | 50%                      |
|                    | Implant Services<br>D6000-D6199             | Implant Services                                     | 50%                      |
|                    |   | Implant Repairs                                      | 50%                      |
|                    | Prosthodontics, fixed<br>D6200-D6999        | Bridges  | 50%                      |
|                    |   | Bridge Repairs                                       | 50%                      |
|                    | Oral & Maxillofacial Surgery<br>D7000-D7999 | Simple Extractions                                   | 0%                       |
|                    |   | Surgical Extractions/Oral Surgery                    | 0%                       |
|                    |   | Brush Biopsy   | 0%                       |
|                    | Adjunctive General Services<br>D9000-D9999  | Emergency Palliative Treatment                       | 100%                     |
|                    |   | Occlusal Guards/Occlusal Adjustments                 | 50%                      |
|                    |   | Anesthesia   | 50%                      |
|                    | Deductible                                  | (per person total per calendar year)                 | \$0                      |
|                    | Maximum Allowance                           | (per person total per calendar year on all services) | \$2,000                  |

# Medicare Advantage Supplemental Benefits



## Vision

- Powered by EyeMed's Insight network
- \$0 Routine eye exam
- \$150 Allowance (\$300 on D-SNP & C-SNP)
- 20% discount over the plan benefit Max



## Hearing

- Powered by NationsHearing
- Member set up appointment by calling NationsHearing
- \$0 Routine hearing exam
- 60 batteries per year/per aid



## FlexCard

- Powered by Sunny Benefits
- Retail OTC (major retailers) & Catalog options
- D-SNP Includes fuel at the pump!

# Medicare Advantage Supplemental Benefits



## Travel Benefit

- For our members escaping Michigan Winters
- HMO- FL, TX, AZ and outside service area in MI
- PPO All 49 states outside of MI
- In-Network cost-share at any Medicare provider

## Assist America

- Worldwide emergency services
- Emergency medical evacuation
- Prescription assistance
- Lost luggage assistance

## Fitness

- Powered by SilverSneakers
- Includes LifeTime Fitness and MVP Athletic Clubs
- 500+ Facilities in-network!



# Navigator

# HAP Medicare Navigator Overview



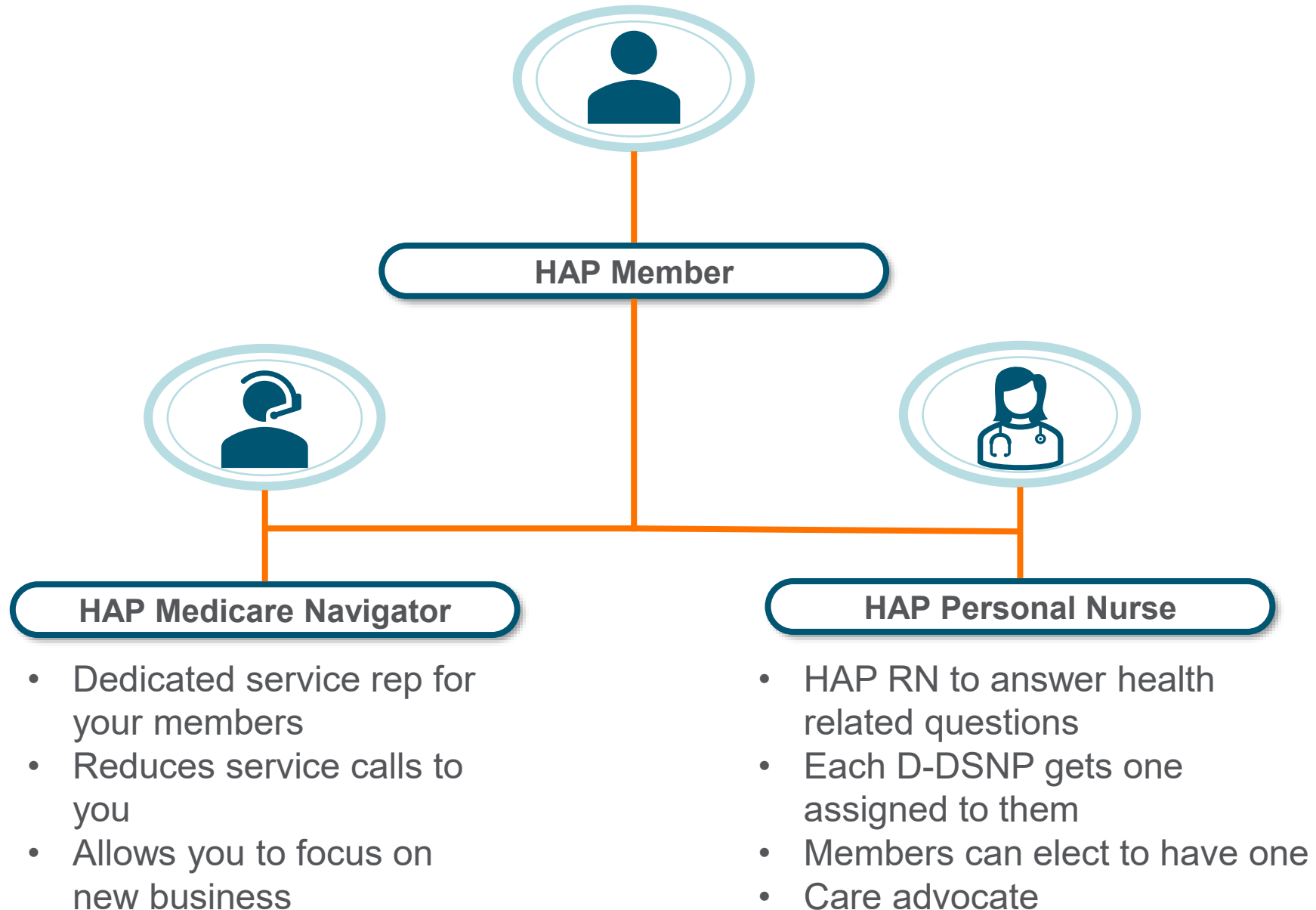
**Philosophy** – Our Navigators create a high-touch, relationship-based, concierge journey for the lifetime of our members journey with HAP focusing on benefit education, goal setting and member portal navigation.

**Plans that include navigator support:**

HAP Medicare Prime (PPO)  
HAP Member Assist (PPO)  
HAP Medical Access HMO  
HAP Medicare Complete Duals (HMO D-SNP)  
HAP Medicare Superior (HMO)  
Henry Ford Select (HMO)  
HAP Medicare Diabetes and Heart (C-SNP)  
HAP CareSource™ MI Coordinated Health (HMO D-SNP)

## Year One New Member Journey Outreach:

| Outreach #1  | Outreach #2  | Outreach #3  | Outreach #4   | Outreach #5   |
|--|--|--|---|---|
| <ul style="list-style-type: none"><li>• Navigator Welcome Call</li></ul> | <ul style="list-style-type: none"><li>• Reinforce Relationship</li></ul> | <ul style="list-style-type: none"><li>• Supp. Benefit check-up</li></ul> | <ul style="list-style-type: none"><li>• Pre-Renewal Readiness</li></ul> | <ul style="list-style-type: none"><li>• Advanced Goal Setting</li></ul> |





# 2026 HAP CareSource HIDE

The State of Michigan is implanting a 2-phase approach to implementing the switch from Coordinated-Only D-SNP to HIDE D-SNP plan designs in Michigan. In 2026, HAP CareSource will offer a HIDE D-SNP plan in Wayne and Macomb County

- Phase 1: 2026- Region 1 (UP), Region 8 (SW MI) and 2 Counties in Region 10 (Wayne & Macomb) will introduce HIDE-SNP plans and eliminate D-SNP plans.
- Phase 2: 2027- The remainder of the state will move to HIDE-SNP

Once a county moves to HIDE, CO D-SNP plans will no longer be offered. In 2026, HAP Complete Dual Members in Wayne and Macomb County will be cross-walked to HAP CareSource MI Coordinated Health HMO HIDE D-SNP for 1/1/2026 effective dates.

**\*\*To sell HAP CareSource MI Coordinated Health (HMO HIDE D-SNP) you must be Contracted with CareSource, along with Contracted and RTS with HAP\*\***



# HAP CareSource MI Coordinated Health HIDE (HMO D-SNP)



Wayne & Macomb Counties only



Must be Full-Dual Eligible (QMB+, SLMB+ FBDE)



FlexCard: \$210/month for OTC, Dental, Vision, Hearing, Fitness, SSBCI- Healthy Food, Rent, Utilities, Pet Care Items, Household Cleaning supplies, Home Safety Items, Pest Control Items, Personal Care Items, Indoor Air Quality Items



Core Medicaid Benefits plus fluoride treatments, and dentures, max \$5,000 benefit



2 Hearing aides every 3 years



Medicaid Benefit



28 Meals per inpatient or SNF discharge

|                            | 2026 HAP CareSource HIDE-SNP |
|----------------------------|------------------------------|
| Premium                    | \$0                          |
| Medical Deductible INN/OON | \$0                          |
| Inpatient Hospital         | \$0                          |
| Outpatient Hospital/ASC    | \$0                          |
| PCP/Specialist             | \$0                          |
| PT / OT / ST               | \$0                          |
| ER/UC                      | \$0                          |
| Labs                       | \$0                          |
| Part D Deductible          | \$615/ \$0 with LIS          |
| Preferred RX Copay T1-T5   | DS                           |



# 2026 Medicare Advantage Commission Schedule

New To Medicare Advantage/DSNP

**\$694**

Medicare Advantage/DSNP Renewal

**\$347**

- CMS Guidelines state that renewal commissions are paid when a client goes from MA from one company to another, this also applies for PDP to MA
- Medicare Advantage renewal commissions are paid as earned
- **\$100 certification reimbursement:** write 10 new HAP MA for 1/1/26



# **2026 Medicare Supplemental Plans (Medigap)**

## Plan Options

- HAP Offers plans A,C\*,D,F\*,G and D
- A,C,D,G and F are available for GI for loss of creditable coverage
- \*C & F are only available for those eligible for Medicare prior to 1/1/2020
- U65 can buy A or G if eligible after 1/1/2020, if eligible prior to that date, A and C

## Eligibility

- Beneficiaries must be a permanent resident of Michigan and have original Medicare (Parts A & B)
- GI rates determined by age/gender
- Underwritten applications may qualify for preferred, standard rates, or be denied
- \*\*Plan is portable if moving out of Michigan after being on the plan for 6 months (same rate applies\*\*)

## Household discount

- HAP offers a \$10/PMPM household discount
- 2 members of the same household
- If two members in the same household were members prior to 1/1/2020 they are not eligible for the discount, they would have to re-apply and go through underwriting

## Extras

- New and existing medigap members receive our SilverSneakers fitness membership
- Fitness membership includes Lifetime and MVP
- Bundled buy-up Dental/vision package is available for members to purchase
- Members also receive our Assist America benefit

## 2025 Medigap Dental/Vison Buy-up



| Coverage                 | Delta 50       | Delta 70       | Delta 100        |
|--------------------------|----------------|----------------|------------------|
| <b>Premium</b>           | <b>\$52.00</b> | <b>\$68.90</b> | <b>\$63.20</b>   |
| Delta Network            | Premier/PPO    | Premier/PPO    | PPO Only         |
| Exams/cleanings          | 100%           | 100%           | 100%             |
| Preventative             | 100%           | 100%           | 100%             |
| Emergency pain treatment | 100%           | 100%           | 100%             |
| Fillings                 | 50%            | 70%            | 50%              |
| Crowns                   | 50%            | 50%            | 50%              |
| Periodontics             | 50%            | 70%            | 100%             |
| Bridges                  | 50%            | 70%            | 50%/repairs 100% |
| Simple Extractions       | 50%            | 70%            | 100%             |
| Oral Surgery             | 50%            | 70%            | 100%             |
| Dentures                 | 50%            | 50%            | 50%              |
| Implants                 | 50%            | 50%            | 50%              |
| <b>Max Benefit</b>       | <b>\$800</b>   | <b>\$1,500</b> | <b>\$2,500</b>   |

- No waiting periods
- Members have up to 30 days after effective date to add on
- Listed rates include \$175 in vision coverage using the EyeMed Insight network
- Vision includes \$0 eye exam

## 2026 Medigap Service Area



\*HAP Medigap is available in every county in Michigan



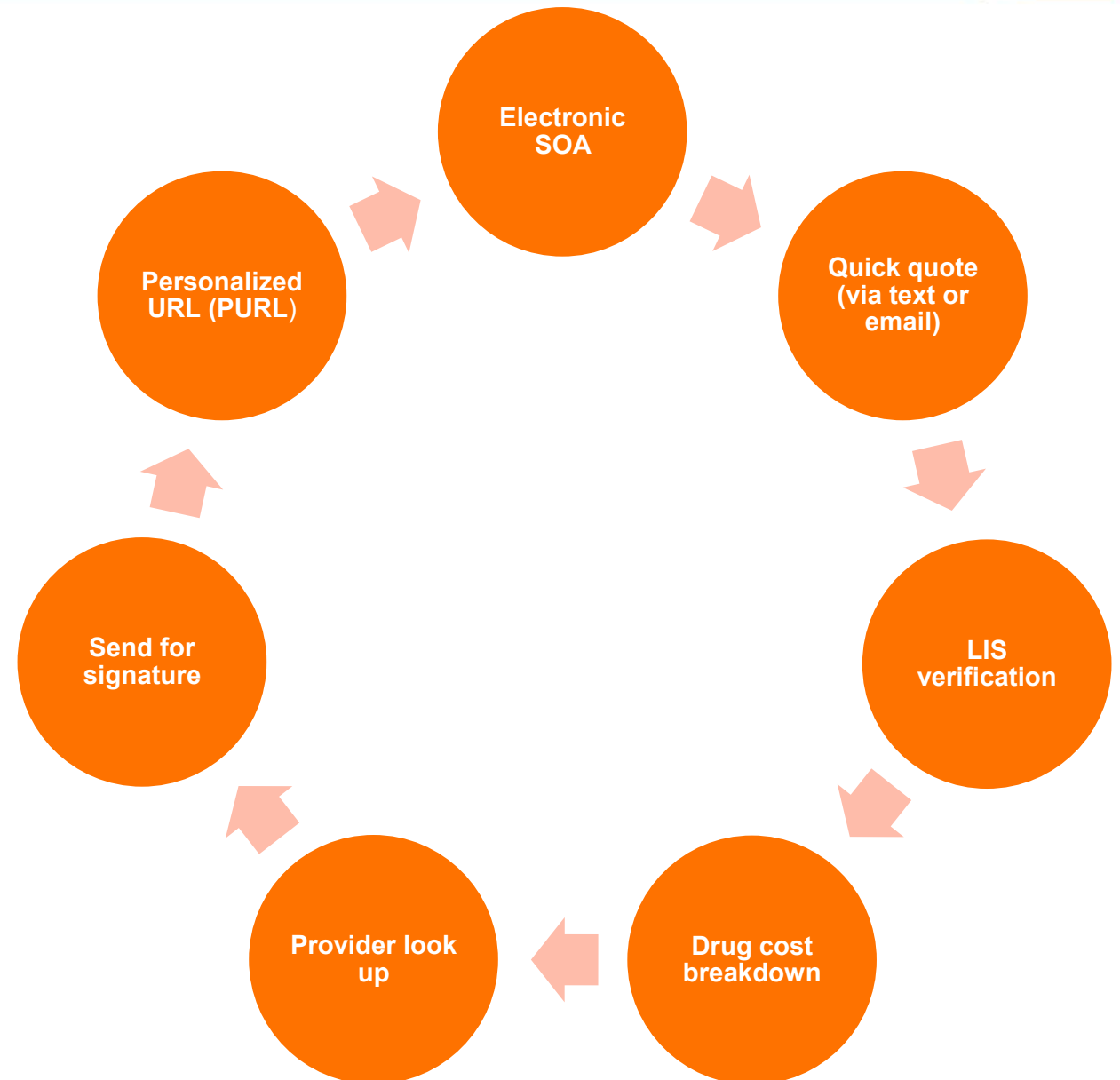


# Additional Resources



## Why use ascend?

- Ability to send electronic SoA's
- Quick quotes that you can text/email
- Check and verify LIS
- Easy drug breakdown
- Seamless provider look-up tool
- Send applications for signature
- Personalized URL



## Reporting Fraud, Waste and Abuse (FWA)

HAP is required to have policies and procedures in place to address non-compliance and fraud, waste, and abuse, including reporting mechanisms for suspected or actual incidents.

Here are the ways that suspected or actual non-compliance and FWA can be reported:

Notify Health Alliance Plan  
of Michigan  
Sangria Barber,  
sbarber@hap.org



Reach out to HAP  
Compliance  
complianceoffice@hap.org



Compliance Hotline  
1-877-746-2501\*

\*\* Reports made through the compliance hotline are confidential and can be made anonymously\*\*



## Your HAP Contacts

## Sales Team

**Ryan Combs**  
***Manager – Individual & Medicare***  
(231) 884-3009  
rcombs3@hap.org

**Jason Gloetzner**  
***Sr. Lead Medicare Consultant***  
(248) 755-4960  
jgloetzn@hap.org

**Heather Podolak**  
***Lead Medicare Consultant - East***  
(734) 493-7004  
hpodola1@hap.org

**Yoshio Chandler**  
***Lead Sector Consultant – SNP***  
(248) 776-3786  
ychandl2@hap.org

## Service Team

**Jamie Whitten – Contracting**  
(810) 496-8429  
[jwhitten@hap.org](mailto:jwhitten@hap.org)

**Punita Sharma – Commissions**  
(248) 776-3501  
[hapcommissionsdept@hap.org](mailto:hapcommissionsdept@hap.org)

**Sangria Barber – Producer Relations**  
(248) 776-4066  
[sbarber@hap.org](mailto:sbarber@hap.org)

**Producer Hotline**  
(888) 269-7003  
[HAPMedicareAgent@hap.org](mailto:HAPMedicareAgent@hap.org)

**Care Management Team**  
(800) 288-2902  
[caremanage@hap.org](mailto:caremanage@hap.org)

# Thank you

Contact your Lead Medicare Consultant for any questions

