2027 Summary of Benefits

Health Alliance Plan Medicare Advantage plans
D-SNP

January 1, 2027 - December 31, 2027



HAP Medicare Complete Assist (PPO D-SNP)

Health Alliance Plan®
by Henry Ford Health

H2322_PPO D-SNP 020 2027 Summary of Benefits_M

Individual D-SNP enrollment request form instructions

Health Alliance Plan®
by Henry Ford Health

Please read these instructions before filling out your enrollment request form.

You can join HAP Medicare Complete Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP) if you:

- ☐ Have Medicare Part A
- ☐ Have Medicare Part B
- ☐ Are enrolled in Michigan Medicaid **AND**
- ☐ Live in our service area (39 counties for HMO D-SNP or 40 counties for PPO D-SNP)

To help avoid delays, make sure your enrollment form is complete and includes all required information before sending it to Health Alliance Plan.

1. Complete all sections of the enrollment form. Be sure to carefully read, sign and date all required areas. Missing or incomplete information could delay the start of your coverage.
2. If you and your spouse wish to join one of our Medicare Advantage D-SNPs, please complete separate enrollment forms.
3. You must provide the information in the **MEDICARE** insurance information section so that we can verify your Medicare eligibility.
4. You must provide the information in the **MEDICAID** insurance information section so that we can verify your Medicaid eligibility. You can find your Medicaid number on your **Michigan Medicaid (mihealth) card**.
5. We must receive your completed enrollment form by the last day of the month for your coverage to start the next month. For example, if we receive your form in July, your coverage will generally start August 1.
6. If you are signing the form as an authorized representative for someone else, please provide a copy of the document that gives you permission to act on their behalf, such as a court-appointed guardianship, durable power of attorney or other legal authorization.
7. Send the original copy of the enrollment form (and the information from question 7 above, if applicable) to Health Alliance Plan, 1414 E Maple Rd, Troy, MI 48038. You can also call us at the number below and one of our representatives will help you complete the form.
8. Instead of completing the enrollment form, you can call 1-800-MEDICARE (1-800-633-4227) and ask to enroll in HAP Medicare Complete Duals (HMO D-SNP) or HAP Medicare Complete Assist (PPO D-SNP). TTY/TDD users should call 1-877-486-2048.

If you have questions about the enrollment form, call us at **(888) 281-6018 (TTY: 711)**. Our agents are available from 8 a.m. to 8 p.m. seven days a week from Oct. 1 – March 31 or from 8 a.m. to 8 p.m. Monday through Friday from April 1 – Sept. 30.

Your enrollment request form is subject to approval from the Centers for Medicare & Medicaid Services (CMS). If CMS does not approve your enrollment, we will notify you immediately.

HAP Medicare Complete Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP) are Medicare health plans with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewals.

Pre-enrollment checklist

HAP Medicare Complete Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP)

Health Alliance Plan®
by Henry Ford Health

Choosing a Medicare Advantage plan is an important decision. Taking a few minutes to review your coverage options before you enroll can help you find a plan that fits your healthcare needs and budget.

Have questions? We're here to help. Call and speak with a Customer Service representative at **(800) 848-4844 (TTY: 711)**. Representatives are available:

April 1 – Sept. 30: Monday – Friday, 8 a.m. to 8 p.m.
Oct. 1 – March 31: Seven days a week, 8 a.m. to 8 p.m.

Understanding the benefits

- ☐ Review the Evidence of Coverage (EOC) to understand your benefits and coverage, especially for the services and care you use regularly. For a copy of the EOC, visit **hap.org/planresources** or call Customer Service at the phone number above.
- ☐ Review the Provider Directory to make sure your doctors participate in the plan's network. If they aren't in our network, you may need to choose a new doctor. The Provider Directory is available at **hap.org/directory**.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for prescription drugs is in the plan's network. If it is not, you may need to choose a new pharmacy for your prescriptions. The Pharmacy Directory is available at **hap.org/directory**.
- ☐ Review the Formulary (Drug List) to see if your medications are covered under the Part D benefit and whether any coverage restrictions apply. For the most current drug coverage information, visit **hap.org/planresources** or call Customer Service at the phone number above.

Important coverage information and rules

- ☐ Effect on Current Coverage: If you're enrolled in a Medicare Advantage plan, your current coverage will end when your new coverage starts. If you have TRICARE, your coverage may change when your new Medicare Advantage plan coverage starts. Contact TRICARE for details. If you have a Medicare Supplement (Medigap) plan, you may want to cancel it because you can't use it with a Medicare Advantage plan.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- ☐ These plans are Dual Eligible Special Needs Plans (D-SNP). Your ability to enroll is based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

HAP Medicare Complete Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP) are Medicare health plans with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewals.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "**Evidence of Coverage**." You can also see the Evidence of Coverage on our website, www.hap.org/forms.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **HAP Medicare Complete Assist (PPO D-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **HAP Medicare Complete Assist (PPO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov/plan-compare.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov/medicare-and-you or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **HAP Medicare Complete Assist (PPO D-SNP).**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Covered Prescription Drug Benefits.

This document is available in other formats such as large print.

This document may be available in a non-English language. For additional information, call us at 1-800-848-4844, (TTY: 711).

Things to Know About HAP Medicare Complete Assist (PPO D-SNP)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m. 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m. Monday through Friday.
- If you are a member of this plan, call us at 1-800-848-4844, (TTY: 711).
- If you are not a member of this plan, call us at 1-888-441-0546, (TTY: 711).
- Our website: www.hap.org/medicare.

Who can join?

To join **HAP Medicare Complete Assist (PPO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area and receive certain levels of assistance from Michigan Medicaid (see below). If you receive both Medicare and Medicaid benefits, this means you are a dual-eligible beneficiary.

The service area for **HAP Medicare Complete Assist (PPO D-SNP)** includes the following counties in Michigan: Allegan, Arenac, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola and Washtenaw.

HAP Medicare Complete Assist (PPO D-SNP) may enroll dual-eligibles who are SLMB, QMB, QI and QDWI. Please refer to your Evidence of Coverage (EOC) for more information.

Which doctors, hospitals, and pharmacies can I use?

HAP Medicare Complete Assist (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (www.hap.org/find-a-doctor).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get *all* of the benefits covered by Original Medicare. For Medicare-covered benefits, you will pay less in our plan than you would in Original Medicare.
- Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in the booklet.
- **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.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, https://www.hap.org/member-resources/medicare-resources/prescription-coverage/formulary-drug-list.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of 5 "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Prescription Drug Deductible, Initial Coverage and Catastrophic Amount.

More about HAP Medicare Complete Assist (PPO D-SNP)

Depending on your level of eligibility for assistance under Michigan Medicaid, you may or may not be subject to cost-sharing requirements. If you lose Michigan Medicaid eligibility, you will pay cost share as if you had Original Medicare. The Medicaid Benefits chart shows specific benefits that Medicaid may cover for some dual eligible members. The Covered Medical and Hospital Benefits chart shows the benefits you will receive from HAP.

Be sure to show your Michigan Medicaid ID card in addition to your HAP membership card to make your provider aware that you also have Medicaid coverage. Your services are paid first by HAP and then by Medicaid.

If you have any questions about this plan's benefits or costs, please contact HAP Medicare Complete Assist (PPO D-SNP) Plan for details.

SECTION II - SUMMARY OF BENEFITS HAP Medicare Complete Assist (PPO D-SNP)	
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	$0 or up to $6.30 depending on your level of "Extra Help". You must continue to pay your Medicare Part B premium.
Deductible ***You pay the same amount as you would with Original Medicare. The 2026 Original Medicare deductible amount is $283. The 2027 amount will be set by CMS in the fall of 2026. Our plan will provide the updated amount as soon as it is released.**	Medical Deductible: $0 - $283* combined in-network and out-of-network deductible for Part B services, depending on your level of Medicaid eligibility. Prescription Drug Deductible: $0 - $700. $0 deductible if you receive "Extra Help". If you do not receive "Extra Help", refer to your Evidence of Coverage (EOC).
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $9,850 for services you receive from in-network providers. • $14,800 for services you receive from in and out-of-network providers combined. If you are eligible for Medicare cost-sharing assistance under the Michigan Department of Health & Human Services (Medicaid) you 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital	**<u>In-Network or Out-of-Network:</u>** $0 or $2,125 Copay per day for each admission. Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules may apply.
Outpatient Hospital	**<u>In-Network and Out-of-Network:</u>** $0 or 20% Coinsurance per visit for surgical services. $0 or 20% Coinsurance per visit for non-surgical services. Prior authorization rules may apply.
Ambulatory Surgical Center	**<u>In-Network and Out-of-Network:</u>** $0 or 20% Coinsurance per visit. Prior authorization rules may apply.
Doctor's Office Visits	**<u>In-Network and Out-of-Network:</u>** Primary care physician: $0 or 20% Coinsurance per visit. Specialist: $0 or 20% Coinsurance per visit.
Preventive Care ***(e.g., flu vaccine, diabetic screenings)***	**<u>In-Network:</u>** $0 Copay per visit. **<u>Out-of-Network:</u>** $0 or 20% Coinsurance per visit.
Emergency Care (world-wide)	**<u>In-Network and Out-of-Network:</u>** $0 or $115 Copay per visit. Copay waived if admitted to the hospital.
Urgently Needed Services (world-wide)	**<u>In-Network and Out-of-Network:</u>** $0 or $40 Copay per visit.

COVERED MEDICAL AND HOSPITAL BENEFITS	
Diagnostic Services/ Labs/ Imaging.	**In-Network and Out-of-Network:** Diagnostic tests and procedures: $0 or 20% Coinsurance per visit. Lab services: $0 or 20% Coinsurance per visit. Diagnostic Radiology Services (such as MRI, CAT Scan): $0 or 20% Coinsurance per visit. X-rays: $0 or 20% Coinsurance per visit. Therapeutic radiology services (such as radiation treatment for cancer): $0 or 20% Coinsurance per visit. Prior authorization rules may apply.
Hearing Services	**In-Network and Out-of-Network:** $0 or 20% Coinsurance per Medicare-covered hearing exam from a primary care provider. $0 or 20% Coinsurance per Medicare-covered hearing exam from a specialty care provider. **We partner with NationsHearing for these non-Medicare covered hearing services:** **In-Network:** $0 Copay per routine hearing exam (up to 1 every year). $1,000 allowance toward the purchase of two hearing aids per calendar year. **Out-of-Network:** Out-of-network providers are not part of our contracted hearing network. You may see an out-of-network provider; however, you will be responsible for any costs above our maximum reimbursement, which may be more than in-network costs. You will pay less out-of-pocket if you use NationsHearing providers. Same limits apply as in-network for supplemental hearing services. See EOC for more information. Prior authorization rules may apply.

COVERED MEDICAL AND HOSPITAL BENEFITS	
Dental Services	**In-Network and Out-of-Network:** $0 or 20% Coinsurance per Medicare-covered dental services from a primary care provider. $0 or 20% Coinsurance per Medicare-covered dental services from a specialty care provider. **We partner with Delta Dental (PPO Network) for the following non-Medicare covered dental services:** **In-Network:** $0 Copay for preventive dental services, fillings, crown repairs, root canals, bridges, bridge repairs, simple extractions, brush biopsy, periodontics, oral surgery, emergency palliative treatment, anesthesia, occlusal guards/occlusal adjustments. Onlays, crowns, dentures, denture relines/repairs, implants, implant repairs are **not** covered. Maximum benefit of $2,000 per calendar year for all dental services. **Out-of-Network:** Out-of-network providers are not part of our contracted dental network. You may see an out-of-network provider; however, you will be responsible for any costs above our maximum reimbursement, which may be more than in-network costs. You will pay less out-of-pocket, if you use Delta Dental PPO providers. Same limits apply as in-network for supplemental dental services. See EOC for more information.
Vision Services	**In-Network and Out-of-Network:** $0 or 20% Coinsurance for Medicare-covered eye exams by a primary care physician or specialty care physician. $0 Copay for Medicare-covered standard eye wear after cataract surgery.

COVERED MEDICAL AND HOSPITAL BENEFITS	
	We partner with EyeMed for these non-Medicare covered vision services: **In-Network:** $0 Copay for the routine eye exam each year by an EyeMed provider. The plan has a $300 allowance every calendar year for contact lenses and eyeglasses (lenses and frames). Members get a 20% discount over the $300 base allowance for frames, lenses, and lens options. **Out-of-Network:** Out-of-network providers are not part of our contracted vision network. You may see an out-of-network provider; however, you will be responsible for any costs above our maximum reimbursement, which may be more than in-network costs. You will pay less out-of-pocket if you use EyeMed Insight network providers. Same limits apply as in-network for supplemental vision services. See EOC for more information.
Mental Health Services	**In-Network or Out-of-Network:** $0 or 20% Coinsurance for outpatient mental health therapy per visit. $0 or $2,091 Copay per admission for inpatient mental health care in a psychiatric hospital. Our plan covers 190 lifetime days for an inpatient mental health hospital stay.
Skilled Nursing Facility (SNF)	**In-Network or Out-of-Network:** $0 Copay for days 1-20. $0 or $221 Copay for days 21-100. Prior authorization rules may apply.
Physical Therapy, Occupational Therapy, Speech Therapy	**In-Network and Out-of-Network:** $0 or 20% Coinsurance per visit.
Ambulance	**In-Network and Out-of-Network:** $0 or 20% Coinsurance for Medicare-covered ambulance services per trip.

COVERED MEDICAL AND HOSPITAL BENEFITS	
	Must have prior authorization for non-emergency ambulance services.
Medicare Part B Drugs	**<u>In-Network and Out-of-Network:</u>** $0 or 20% Coinsurance for Part B drugs, including chemotherapy drugs. Step therapy requirements may apply to certain Part B drugs. Insulins covered under Medicare Part B are subject to a Coinsurance cap of $35 for one month's supply of insulin with no deductible. Prior authorization rules may apply.

PRESCRIPTION DRUG BENEFITS

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Important Message About Medicare Prescription Payment Plan - The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-866-845-1803, (TTY: 1 (800) 716-3231) or visit Medicare.gov.

Prescription Drug Deductible	$0 - $700 (for Tiers 2-5). $0 deductible if you receive "Extra Help". If you do not receive "Extra Help", refer to your Evidence of Coverage (EOC).
Initial Coverage	You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$0 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 3 (Preferred Brand)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	Not Applicable	Not Applicable

Standard Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$0 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 3 (Preferred Brand)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance

	Tier 5 (Specialty Tier)	25% Coinsurance	Not Applicable	Not Applicable
	Please call us or see the plan's **"Evidence of Coverage"** on our website (www.hap.org/forms) for complete information about your costs for covered drugs.			
Catastrophic Amount	After your yearly out-of-pocket drug costs reach $2,400, you pay: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.			

ADDITIONAL COVERED BENEFITS	
Acupuncture	**In-Network and Out-of-Network:** $0 or 20% Coinsurance for acupuncture services for chronic low back pain from a primary care physician or specialist provider per visit, 20 visit limit. Prior authorization rules may apply.
Chiropractic Care	**In-Network and Out-of-Network:** $0 or 20% Coinsurance for each covered chiropractic services visit. • Manual manipulation of the spine to correct subluxation. • Routine care covered for one office visit per year performed by a chiropractor. $0 or 20% Coinsurance for one set of chiropractic x-rays every year performed by a chiropractor.
Companion Care	Not Covered.
Diabetes Management	**In-Network or Out-of-Network:** $0 or 20% Coinsurance per visit.
Diabetes Supplies and Services ***(includes continuous glucose monitors (CGM) obtained at a pharmacy)***	**In-Network or Out-of-Network:** $0 or 20% Coinsurance for diabetic supplies and services.
Dialysis Treatments	**In-Network and Out-of-Network:** $0 or 20% Coinsurance for each Medicare-covered outpatient dialysis treatment.

ADDITIONAL COVERED BENEFITS	
Durable Medical Equipment ***(continuous glucose monitors (CGM), wheelchairs, oxygen, etc.)***	**In-Network or Out-of-Network:** $0 or 20% Coinsurance per item from a DME provider. Prior authorization rules may apply.
Fitness	**In-Network:** $0 Copay for the fitness benefit. We partner with One Pass for your fitness benefit. **Out-of-Network:** Out-of-network providers are not part of our contracted fitness network. You may use an out-of-network provider; however, you will be responsible for any costs above our maximum reimbursement, which may be more than in-network costs. To pay less out-of-pocket, use the One Pass network of providers. Same limits apply as in-network for fitness services. See EOC for more information.
Flex Card	**In-Network:** $114 allowance per month with rollover to next month for OTC, healthy food/produce*, home modifications*, pest control*, utilities*, fuel at the pump*, ride share services*, and copay assistance for Medicare-covered plan benefits (excludes supplemental benefits, copays from a vendor and prescription drugs). OTC and healthy food/produce* can be purchased from our online OTC catalog or from a retail store. See EOC for more information. *This benefit is a special supplemental benefit for the chronically ill (SSBCI) and is made available to members with one or more qualifying chronic conditions, who 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). **Out-of-Network:** Out-of-network providers are not part of our approved retail locations for the flex card. You can choose to visit these locations, but you will pay less out of pocket if you use your flex card at one of our approved retail locations. The same benefit limits and rules apply when using the flex card, no matter where you go. For more details, please refer to your Evidence of Coverage (EOC).
Foot Care ***(podiatry services)***	**In-Network and Out-of-Network:** $0 or 20% Coinsurance per visit.

ADDITIONAL COVERED BENEFITS	
Home-Delivered Meals	**In-Network:** $0 Copay for 28 home-delivered meals/14 days upon discharge after a hospital admission. Limited to two discharges. **Out-of-Network:** Out-of-network providers are not part of our contracted medically tailored home-delivered meals network. You may see an out-of-network provider; however, you will be responsible for any costs above our maximum reimbursement, which may be more than in-network costs. You will pay less out-of-pocket if you use the Mom's Meals network of providers. Same limits apply as in-network for medically tailored home-delivered meals. See EOC for more information.
Home Health Agency Care	**In-Network or Out-of-Network:** $0 Copay for home health agency care.
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not HAP Medicare Complete Assist (PPO D-SNP). **In-Network and Out-of-Network:** $0 or 20% Coinsurance for a one-time only hospice consultation with a primary care physician.
Outpatient Substance Abuse	**In-Network and Out-of-Network:** $0 or 20% Coinsurance per visit.
Over-the-Counter (OTC) Items	Flex Card Benefit available.
Personal Emergency Response System (PERS)	**In-Network:** $0 Copay for personal emergency response system for those who qualify. You must use NationsResponse. **Out-of-Network:** Out-of-network providers are not part of our contracted PERS network. You may see an out-of-network provider; however, you will be responsible for any costs above our maximum reimbursement, which may be more than in-network costs. You will pay less out of pocket if you use the NationsResponse network of providers. Same limits apply as in-network for PERS coverage. See EOC for more information.

ADDITIONAL COVERED BENEFITS	
Prosthetic Devices ***(braces, artificial limbs, etc.)***	**In-Network and Out-of-Network:** $0 or 20% Coinsurance for each Medicare-covered prosthetic device and related supplies. Prior authorization rules may apply.
Telemedicine	Not Covered.
Transportation	Not Covered.

MEDICAID BENEFITS

Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what the Michigan Department of Health and Human Services covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Michigan Department of Health and Human Services, 1-800-642-3195.

	HAP Medicare Complete Assist (PPO D-SNP)	Medicaid State Plan
OUTPATIENT CARE SERVICES		
Routine acupuncture	Covered	Not Covered
Ambulance	Covered	Covered
Chiropractic care	Covered	Covered
Dental services	Covered	Covered
Diabetes management	Covered	Covered
Diagnostic tests, X-Rays, Lab Services and Radiology Services	Covered	Covered
Doctor visits	Covered	Covered
Durable medical equipment (wheelchairs, oxygen, etc.)	Covered	Covered
Emergency care	Covered	Covered
Hearing services	Covered	Covered
Home health care	Covered	Covered
Mental health	Covered	Covered
Outpatient hospital	Covered	Covered
Outpatient substance abuse	Covered	Covered through Community Mental Health Services program
Preventative care	Covered	Covered
Podiatry services	Covered	Covered
Prosthetic devices (braces, artificial limbs)	Covered	Covered
Urgently needed services	Covered	Covered
Transportation (Non-Emergency Medical Transportation Services)	Covered	Covered
Vision services	Covered	Covered

	HAP Medicare Complete Assist (PPO D-SNP)	Medicaid State Plan
INPATIENT CARE SERVICES		
Inpatient hospital care	Covered	Covered
Inpatient mental health	Covered	Covered through Community Mental Health Services program
Skilled nursing facility (SNF)	Covered	Covered
PRESCRIPTION DRUG BENEFITS		
Prescription drugs	Covered	Covered

DISCLAIMERS

You can get this document for free in other formats, such as large print. Call 1-800-848-4844, (TTY: 711). The call is free. April 1 through Sept. 30: Monday - Friday, 8 a.m. to 8 p.m., Oct. 1 through March 31: seven days a week, 8 a.m. to 8 p.m.

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.

Based on a Model of Care review, HAP Medicare Complete Assist (PPO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2027.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, Copayments, and restrictions may apply. Benefits, premiums and/or Copayments/Coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

Health Alliance Plan®
by Henry Ford Health

Nondiscrimination Notice

Health Alliance Plan of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Alliance Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Health Alliance Plan provides:

- **Free aids and services to help people communicate effectively with us**
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, others)
- **Free language services to people whose primary language is not English**
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Health Alliance Plan's customer service:
General - (800) 422-4641 (TTY: 711) **Medicare -** (800) 801-1770 (TTY: 711)
Hours are 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and
8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30)

If you believe that Health Alliance Plan has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Health Alliance Plan's Appeal & Grievance team. Use the information below:

- **Mail:** 1414 E. Maple Rd., Troy, Michigan 48083
- **Phone:** **General -** (800) 422-4641 (TTY: 711)
  Medicare - (800) 801-1770 (TTY: 711)
- **Fax:** (313) 664-5866

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights' Complaint Portal Assistant at: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.
- **Phone:** (800) 368-1019 or TTY: (800) 537-7697.

Complaint forms are also available at www.hhs.gov/ocr/filing-with-ocr/

Health Alliance Plan®
by Henry Ford Health

Notice of Availability of Language Assistance Services and Auxiliary Aids

ENGLISH:
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-801-1770 (TTY:711) or speak to your provider.

SPANISH:
ATENCIÓN: Si habla español, los servicios de asistencia con el idioma están disponibles para usted sin cargo. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-801-1770 (TTY: 711) o hable con su proveedor.

ARABIC:
انتباه: إذا كنت تتحدَّث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تتوفَّر أيضًا المساعدات وخدمات المساعدة مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم الآتي: 1-800-801-1770 (الهاتف النصي: 711) أو تحدَّث إلى مقدِّم الخدمة.

CHINESE TRADITIONAL:
請注意：如果您說中文，您可以免費獲得語言協助服務。另免費提供適當的輔助工具和服務並以無障礙格式提供資訊。請致電 1-800-801-1770 (TTY: 711)或聯絡您的提供者。

CHINESE SIMPLIFIED:
请注意：如果您说中文，您可以免费获得语言协助服务。另免费提供适当的辅助工具和服务并以无障碍格式提供信息。请致电 1-800-801-1770 (TTY: 711)或联系您的提供者。

ARAMAIC:
ܐܬܘܢ ܕܫܡܝܢ ܐܢ ܐܢܬ ܡܬܟܠܡ ܐܬ ܠܫܢܐ ܕܐܪܡܝܐ ܐܝܟ ܕܡܬ ܥܡ ܐܢ ܫܘܠܛܢ ܐܢ ܠܫܢ ܐܬ ܠܫܢ ܐܬ ܠܫܢ ܐܬ

Health Alliance Plan®
by Henry Ford Health

BENGALI:
মনোযোগ: আপনি যদি বাংলা ভাষায় কথা বলেন তবে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সাহায্য এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-800-801-1770 (TTY:711) নম্বরে কল করুন বা আপনার প্রদানকারীর সাথে কথা বলুন।

POLISH:
UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie materiały pomocnicze i usługi zapewniające informacje w dostosowanych formatach są również dostępne bezpłatnie. Należy zadzwonić pod numer 1-800-801-1770 (TTY: 711) lub porozmawiać z lekarzem prowadzącym.

GERMAN:
HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie unter 1-800-801-1770 (TTY:711) an oder sprechen Sie mit Ihrem Dienstleister.

ITALIAN:
ATTENZIONE: Se parli italiano, sono a tua disposizione servizi gratuiti di assistenza linguistica. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-801-1770 (TTY:711) o parla con il tuo fornitore.

JAPANESE:
ご案内: 日本語を話される方の場合、無料で言語支援サービスをご利用いただけます。また、情報をわかりやすい形式でご提供するための補助機器やサービスも無料でご利用いただけます。詳しくは、1-800-801-1770（TTY: 711）までお電話いただくか、担当の医療提供者にご相談ください。

RUSSIAN:
ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также можно получить бесплатно. Позвоните по номеру 1-800-801-1770 (TTY:711) или обратитесь к своему врачу.

SERBIAN:
PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima takođe su dostupni besplatno. Pozovite 1-800-801-1770 (TTY:711) ili se obratite pružaocu usluga.

TAGALOG:
PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Makukuha rin nang libre ang mga naaangkop na pantulong na suporta at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-801-1770 (TTY: 711) o makipag-usap sa iyong provider.

Health Alliance Plan®
by Henry Ford Health

Alliance Health and Life Insurance Company

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Health Alliance Plan by Henry Ford Health
Alliance Health and Life Insurance Company®
Effective July 1, 2026

Your protected health information (PHI)

PHI stands for protected health information. PHI can be used to identify you. It includes information such as your name, age, sex, address and member ID number, as well as your:

- Physical or mental health
- Healthcare services
- Payment for care

You can ask us to give your PHI to people you choose. To do this, fill out our release form. You can find it at hap.org/privacy.

Your privacy

Keeping your PHI safe is important to us. We're required by law to keep your PHI private. We must also tell you about our legal duties and privacy practices. This notice explains:

- How we use information about you
- When we can share it with others
- Your rights related to your PHI
- How you can use your rights

When we use the term "we" or "us" in this notice, we're referring to Health Alliance Plan by Henry Ford Health and its subsidiaries. This includes Alliance Health and Life Insurance Company.

How we protect your PHI

We protect your PHI in written, spoken and electronic form. Our employees and others who handle your information must follow our policies on privacy and technology use. Anyone who works for us must state that they have read these policies. And they must state that they will protect your PHI even after they leave our employment. Our employees and contractors can only use the PHI necessary to do their jobs. And they may not use or share your information except in the ways outlined in this notice.

Our use and disclosure of your PHI must comply with both Michigan and federal privacy laws regulations. There are also Michigan and federal laws and regulations that place additional restrictions on the use and disclosure of certain types of PHI, including PHI about mental health, substance abuse, HIV/AIDS conditions and certain genetic information.

For example, in most cases your written consent is needed before using or disclosing psychotherapy notes (if recorded or maintained by us), documents related to your use of Suboxone, sending you marketing information about third-party products or services for which we are receiving direct or indirect payment, or the sale of medical information about you, unless it is otherwise allowed by law. Your consent can always be revoked in writing, but it will not apply to any uses or disclosures that were made before you revoked your consent.

How we use or share your PHI

We only share your information with those who must know for:

- Treatment
- Payments
- Business tasks

Treatment

We may share your PHI with your doctors, hospitals or other providers to help them:

- Provide treatment. For example, if you're in the hospital, we may let them see records from your doctor.
- Manage your healthcare. For example, we might talk to your doctor to suggest a program that could help improve your health.

Payment

We may use or share your PHI to help us figure out who must pay for your medical bills. We may also use or share your PHI to:

- Collect premiums
- Determine which benefits you can get
- Figure out who pays when you have other insurance

Business tasks

As allowed by law, we may share your PHI with:

- Companies affiliated with us
- Other companies that help with our everyday work
- Others who help provide or pay for your healthcare

We may share your information with others who help us do business. If we do, they must keep your information private and secure. And they must return or destroy it when they no longer need it for our business.

It may be used to:

- Evaluate how good care is and how much it improves. This may include provider peer review.
- Make sure healthcare providers are qualified and have the right credentials.
- Review medical outcomes.
- Review health claims.
- Prevent, find and investigate fraud and abuse.

- Decide what is covered by your policy and how much it will cost. But, we are not allowed to use or share genetic information to do that.
- Do pricing and insurance tasks.
- Help members manage their healthcare and get help managing their care.
- Communicate with you about treatment options or other health-related benefits and services.
- Do general business tasks, such as quality reviews and customer service.

Other permitted uses
We may also be permitted or required to share your PHI:

With you
- To tell you about medical treatments and programs or health-related products and services that may interest you. For example, we might send you information on how to stop smoking or lose weight.
- For health reminders, such as refilling a prescription or scheduling tests to keep you healthy or find diseases early.
- To contact you, by phone or mail, for surveys. For example, each year we ask our members about their experience with us.

With a friend or family member
- With a friend, family member or other person who, by law, may act on your behalf. For example, parents can get information about their children covered in their health plans.
- With a friend or family member in an unusual situation, such as a medical emergency, if we think it's in your best interests. For example, if you have an emergency in a foreign country and can't contact us directly. In that case, we may speak with a friend or family member who is acting on your behalf.
- With someone who helps pay for your care. For example, if your spouse contacts us about a claim, we may tell him or her whether the claim has been paid.

With the government
- For public health needs in the case of a health or safety threat such as disease or a disaster.
- For U.S. Food and Drug Administration investigations. These might include probes into harmful events, product defects or product recalls.
- For health oversight activities authorized by law.
- For court proceedings and law enforcement uses.
- With the police or other authority in case of abuse, neglect or domestic violence.
- With a coroner or medical examiner to identify a body, find out a cause of death or as authorized by law. We may also share member information with funeral directors.
- To comply with workers' compensation laws.
- To report to state and federal agencies that regulate us and our subsidiaries. These may include the:
  - U.S. Department of Health and Human Services
  - Michigan Department of Insurance and Financial Services
  - Michigan Department of Health and Human Services
  - Federal Centers for Medicare and Medicaid Services
- To protect the U.S. president.

For research or transplants
- For research purposes that meet privacy standards. For example, researchers want to compare

outcomes for patients who took a certain drug and must review a series of medical records.
- To receive, bank or transplant organs, eyes or tissue.

With your employer or plan sponsor
We may use or share your PHI with an employee benefit plan through which you get health benefits. It is only shared when the employer or plan sponsor needs it to manage your health plan.

Except for enrollment information or summary health information and as otherwise required by law, we only share your PHI with an employer or plan sponsor if they have guaranteed in writing that it will be kept private and won't be used improperly.

To use or share your PHI for any other reason, we must get your written permission. If you give us permission, you may change your mind and cancel it. But it will not apply to information we've already shared.

Substance use disorder (SUD) records
We will not use or disclose your SUD records in legal proceedings against you unless:

- We receive your written consent, or
- We receive a court order, you've been made aware of the request and been given a chance to be heard. The court order must include a subpoena or similar legal document requiring a response.

Your Rights Regarding Part 2 Records
The additional patient rights outlined in this Notice apply to all medical information, including Part 2 records.

Treatment alternatives, health benefits, fundraising and marketing
We may use and disclose your PHI to contact you about treatment alternatives, health-related benefits, products or services or to provide gifts of nominal value to you or your family. We may also contact you to raise funds for Health Alliance Plan by Henry Ford Health or any of its subsidiaries or affiliates.

Organized healthcare arrangement
We as well as our affiliates are covered by this Notice of Privacy Practices and Henry Ford Health and its affiliates are part of an organized healthcare arrangement. Its goal is to deliver higher-quality healthcare more efficiently and to take part in quality measure programs, such as the Healthcare Effectiveness Data and Information Set. HEDIS is a set of standards used to measure the performance of a health plan. In other words, HEDIS is a report card for managed care plans.

The Henry Ford Health organized healthcare arrangement includes:
- Health Alliance Plan by Henry Ford Health
- Alliance Health and Life Insurance Company
- Henry Ford Health

Henry Ford's organized healthcare arrangement lets these organizations share PHI. This is only done if allowed by law and when needed for treatment, payment or business tasks relating to the organized healthcare arrangement. This list of organizations may be updated. You can access the current list at hap.org/privacy or call us at (800) 422-4641 (TTY: 711). When required, we will tell you about any changes in a revised Notice of Privacy Practices.

Your rights
These are your rights with respect to your information. If you would like to exercise any of these rights, please contact us. The contact information is in the "Who to contact" section at the end of this document. You may have to make your requests in writing.

You have the following rights:

Right to see your PHI and get a copy
With some exceptions, you have the right to see or get a copy of PHI in records we use to make decisions about your health coverage. This includes our enrollment, payment, claims resolutions and case or medical management notes. If we deny your request, we'll tell you why and whether you have a right to further review.

You may have to fill out a form to get PHI and pay a fee for copies. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

Right to ask us to change your PHI
If we deny your request for changes in PHI, we'll explain why in writing. If you disagree, you may have your disagreement noted in our records. If we accept your request to change the information, we'll make reasonable efforts to tell others of the change, including people you name. In this case, the information you give us must be correct. And we cannot delete any part of a legal record, such as a claim submitted by your doctor.

Right to know about disclosures
You have the right to know about certain disclosures of your PHI. We do not have to inform you of all PHI we release. We are not required to tell you about PHI shared or used for treatment, payment and business tasks. And we do not have to tell you about information we shared with you or based on your authorization. But you may request a list of other disclosures made during the six years prior to your request.

Your first list in any 12-month period is free. However, if you ask for another list within 12 months of receiving your free list, we may charge you a fee. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

Right to know about data breaches that compromise your PHI
If there is a breach of your unsecured PHI, we'll tell you about it as required by law or in cases when we deem it appropriate.

Right to ask us to limit how we use or share your PHI
You may ask us to limit how we use or share your PHI for treatment, payment or business tasks. You also have the right to ask us to limit PHI shared with family members or others involved in your healthcare or payment for it. We do not have to agree to these limits. But if we do, we'll follow them – unless needed for emergency treatment or the law requires us to share your PHI. In that case, we will tell you that we must end our agreement.

Right to request private communications
If you believe that you would be harmed if we send your PHI to your current mailing address (for example, in

a case of domestic dispute or violence), you can ask us to send it another way. We can send it by fax or to another address. We will try to meet any fair requests.

You have a right to get a paper copy of this notice.

Opt-Out Options

We may use and disclose your medical information in a Health Information Exchange (HIE), when raising funds or conducting marketing campaigns as described in the sections above. In regard to fundraising, Health Alliance Plan or our OHCA Members may participate in these activities and we ask that you aid us in our efforts, while being confident that we are protecting your medical information. If you wish to opt-out of any of these activities, you have the right to request to do so in writing. If after choosing to opt-out you wish to opt-back-in, you may also do so in writing.

Changes to the privacy statement

We have the right to make changes to this notice. If we make changes, the new notice will be effective for all the PHI we have. Once we make changes, we'll send you the new notice by U.S. mail and post it on our website.

Who to contact

To exercise any of the rights listed above, contact Customer Service at (800) 422-4641 (TTY: 711)

To opt out, opt back in or object to a specific use or disclosure, or if you have any questions about this notice or about how we use or share member information, please send a written request to:

Mail: Health Alliance Plan by Henry Ford Health
Information Privacy & Security Office
One Ford Place
Detroit, MI 48202

Email: privacysecurity@hfhs.org
Fax: (313) 874-9449

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us. Contact the Information Privacy & Security Office above or our Compliance Hotline at (877) 746-2501 (TTY: 711) or henryfordhealth.ethicspoint.com. You can stay anonymous. You may also notify the secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Original effective date: April 13, 2003
Revisions: February 2005, November 2007, September 2013, September 2014, March 2015, October 2015, October 2018, August 2023, September 2024, September 2025, February 2026, July 2026
Reviewed: November 2008, November 2009, October 2011, January 2019, August 2020, September 2021, October 2022, August 2023, September 2024, September 2025, February 2026, July 2026

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At Health Alliance Plan, we're committed to helping you choose the right option for you. *Call today!*

Health Alliance Plan Sales Agent

(888) 441-0546 (TTY: 711)

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 – Sept. 30)

Current Members Call Health Alliance Plan Customer Service

(800) 848-4844 (TTY: 711)

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 – Sept. 30)

Or visit us online at **hap.org/2027options**



Health Alliance Plan®
by Henry Ford Health

Health Alliance Plan | 1414 E. Maple Rd. | Troy, MI 48083

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