2026 Plan Summary

HAP Medicare Diabetes and Heart (HMO C-SNP) (030)

Agent use only

For more information, visit **hap.org/medicare**

To join HAP Medicare Diabetes and Heart (HMO C-SNP), enrollees must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. In addition, members must have one or more of the following conditions: diabetes mellitus, chronic heart failure and/or cardiovascular disorders.

Medicare Advantage Part C	HAP Medicare Diabetes and Heart (HMO C-SNP)
Monthly premium[1]	Part C: $0; Part D: $8.80 Targeted LIPSA
Annual medical deductible[2]	$0
Maximum out-of-pocket	$9,250
Primary doctor/specialty visit	$0/$30
Telehealth	Up to $40 max. copay
Hospital	$395 days 1-5, $0 for days 6-90; unlimited days
Emergency (ER)[3]/urgent care (UC)	$0 or $115/$0 or $40
Labs/outpatient hospital services (referral needed)	$0/$395
Physical/occupational/speech therapy visits	$5 per visit
Flex card	$250 allowance per quarter with rollover to the next quarter for OTC, healthy food/produce* (for eligible members) from our OTC online catalog or from a retail store and copay assistance for Medicare covered plan benefits (excludes supplemental benefits, copays from a vendor and prescription drugs).

*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. 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).

Medicare Advantage Part D
Prescription drug deductible - $615
If you have “Extra Help,” your deductible will be up to $8.80

Tier	Standard retail cost sharing (in-network) (up to a 30-day supply)	Mail-order cost sharing (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 31-day supply)	Out-of-network cost sharing (Coverage is limited to certain situations; see Chapter 5 for details.) (up to a 30-day supply)
Generic	25%	25%	25%	25%
Brand	25%	25%	25%	25%

If your Medicaid picks up the difference, you will owe the $0 cost share indicated above in each benefit. If you lose Medicaid eligibility, you will pay cost share as if you had Original Medicare

[1] You must continue to pay your Medicare Part B premium, plus any late enrollment penalties you may owe. Your plan premium may be reduced if you qualify for extra financial assistance. See the Evidence of Coverage for more details.

[2] Medical deductibles do not apply to all services. Refer to the Summary of Benefits for more information.

[3] Copayment is waived if admitted to hospital.