2026 Plan Summaries

HAP Medicare Complete Duals (HMO D-SNP) (025)

HAP Medicare Complete Assist (PPO D-SNP) (020)

Agent use only

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

Some people have both Medicare and Medicaid. If so, they could be eligible for a special needs Medicare plan. That's where dual special needs plans — or "dual" plans — come in. Dual plans work together with Medicare and the individual's Medicaid plan. Dual health plans cover eligible doctor visits, hospital stays and prescription drugs.

Medicare Advantage Part C	HAP Medicare Complete Duals (HMO D-SNP)	HAP Medicare Complete Assist (PPO D-SNP)
Monthly premium[1]	Part C: $0; Part D: $8.80 Targeted LIPSA	Part C: $0; Part D: $8.80 Targeted LIPSA
Annual medical deductible[2]	$0	$0 in-network; 20% cost share out-of-network
Maximum out-of-pocket	$9,250	$9,250 in-network / $13,900 combined
Primary doctor/specialty visit	$0 or 20%	$0 or 20%
Telehealth	$0 or 20%	$0 or 20%
Inpatient hospital	$0 or $2,185 with unlimited days	$0 or $2,185 with unlimited days
Emergency (ER)[3]/urgent care (UC)	$0 or $115/$0 or $40	$0 or $115/$0 or $40
Labs/outpatient hospital services (referral needed)	$0 or 20%	$0 or 20%
Physical/occupational/speech therapy visits	$0 or 20% ($2,330 max)	$0 or 20% ($2,330 max)
Flex card	*$158/mo with rollover for OTC, healthy food/produce, home modifications, pest control, utilities and fuel at pump or rideshare services: includes retail	*$133/mo with rollover for OTC, healthy food/produce, home modifications, pest control, utilities and fuel at pump or rideshare services: and copay assist (excludes vendors) includes retail

Members who qualify for "Extra Help" may also use the Prepaid Benefit Visa© card towards healthy food/produce, home modifications, pest control, utilities and fuel at the pump or rideshare services. 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.

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