2026 $0[1] PPO 017 Plan Summary

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	HAP Member Assist (PPO) (017)
	2026
Monthly premium[1]	Part C: $0; Part D: $8.80 Targeted LIPSA
Annual medical deductible[2]	$0
Out-of-network[3]	20% cost share
Maximum out-of-pocket	$5,200 combined
Doctor/specialty visits	$0/$30
Dental services	100% coverage for preventive care such as dental cleanings, plus 100% coverage for comprehensive services including crowns up to $2,000 with no deductible.
Mental health	$15
Inpatient hospital	$250 per day (days 1-5); $0 per day (days 6-90); 20% per day out-of-network; unlimited days
Emergency (ER)/urgent care (UC)	$130[4]/$45
Flex card	$116/qtr. with rollover to next qtr. for OTC and healthy food/produce[5]; copay assistance, includes retail*
Labs/outpatient hospital	$0/$200 in-network; 20% out-of-network
Ambulatory surgical center (ASC) services	$150
Physical/occupational/speech therapy visits	$20 in-network/20% out-of-network

* The flex card can help pay for some of your expenses. See Evidence of Coverage for more details on your plan. This flex card excludes copays for services provided by a vendor and prescription drugs.

Over-the-counter (OTC) items	This plan offers a flex card that can be used toward this benefit.[5]
Prescription drug deductible	$615 (Tiers 1-5)
Preferred retail T1/T2/T3/T4/T5	$0/$10/18%/40%/25%
Preferred mail order 90-day supply	$0 copay T1 and T2
	Initial coverage limit (combined drug costs paid by you and the plan): $2,100[6]

[1] You must continue to pay your Medicare Part B premium, plus any late enrollment penalties you may owe. See Evidence of Coverage for more details.
[2] Medical deductibles do not apply to all services. Refer to the Evidence of Coverage for more information.
[3] Out-of-network cost applies to maximum out-of-pocket. Out-of-network (OON) benefits of PPO plans have a coinsurance for all services other than: Emergency Care, Urgent Care, Ambulance Services and all vendor-covered services.
[4] Copayment is waived if admitted to hospital.
[5] 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.
[6] Excludes monthly premiums, costs of noncovered drugs and costs of drugs purchased outside the U.S. All drugs on our Formulary (drug list) are covered at the HAP-negotiated price. You pay the lower of your copay or the actual cost of a covered drug.