

2026 \$0¹ PPO 016 Plan Summary



For more information, visit hap.org/medicare

HAP Medicare Prime (PPO) (016)	
2026	
Monthly premium ¹	\$0
Annual medical deductible ²	\$0
Out-of-network ³	35% cost share
Maximum out-of-pocket	\$5,650 combined
Doctor/specialty visits	\$0/\$40 in-network; \$20/\$50 out-of-network
Dental services	100% coverage for preventive care such as dental cleanings, plus 50% coverage for comprehensive services including crowns up to \$2,000 with no deductible.
Mental health	\$15
Inpatient hospital	\$350 per day (days 1-5); \$0 per day (days 6-90); 35% per day out-of-network; unlimited days
Emergency (ER)/urgent care (UC)	\$130 ⁴ /\$45
Flex card	\$81/qtr.; with rollover to next qtr. for OTC and healthy food/produce ⁵ ; includes retail*
Labs/outpatient hospital	\$0/\$325 in-network; 35% out-of-network
Ambulatory surgical center (ASC) services	\$275

* The flex card can help pay for some of your expenses. See Evidence of Coverage for more details on your plan.

Physical/occupational/speech therapy visits	\$20 in-network/35% out-of-network
Over-the-counter (OTC) items	This plan offers a flex card that can be used toward this benefit. ⁵
Prescription drug deductible (for tiers 3-5)	\$200
Preferred retail T1/T2/T3/T4/T5	\$0/\$11/15%/37%/30%
Preferred mail order 90-day supply	\$0 copay T1 and T2
Initial coverage limit (combined drug costs paid by you and the plan): \$2,000⁶	

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 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.