



## Updates to your 2026 Medicare Advantage plan

Dear Valued Member,

Thank you for being a HAP member. We work hard all year long to provide you with the best healthcare possible. After listening to member feedback, we're excited to announce some improvements to your 2026 plan.

**Please note: You do not need to take any action. You will be automatically renewed into your HAP Medicare Advantage plan.**

### What's new for 2026?

- **Lower Prescription Drug Costs:** If you have prescription coverage, you'll see **an average decrease of 5%** on brand name medication costs. Plus, you can still get a **\$0 copay** on Tier 1 and Tier 2 medications for 90-day supplies ordered through Pharmacy Advantage.
- **New Flex+ Rewards Cards:** We've combined your plan's over-the-counter benefits with HAP's Healthy Living Rewards on one convenient prepaid Visa card. With an improved digital experience, it's easier than ever to use and enjoy your rewards. Use your benefits at your favorite stores including Costco, Kroger, Walgreen and Walmart.
  - **Note:** Your existing flex card will be inactive starting January 1, 2026, and you'll receive a new Flex+ Rewards card in the mail to start using in the new year.
- **New Preferred Pharmacies:** Save time and money by using a HAP Preferred Pharmacy. As of 2026, these will include HAP's mail order pharmacy, **Pharmacy Advantage**, as well as **Walgreens, Kroger** and **Costco**. However, CVS is no longer covered.

### What's next?

We know Medicare can be confusing, especially when things change. It's our goal to make it easy.

Please take a moment to read the enclosed document. It is our **Annual Notice of Change (ANOC)**. It explains all the specific changes to your plan.

While reading it, you might have a question or two.

To contact HAP customer service, please call:

**HMO:** (800) 801-1770 (TTY: 711)

**PPO:** (888) 658-2536 (TTY: 711)

3031 W. Grand Blvd., Suite 110, Detroit, MI 48202 | [hap.org](https://hap.org)

**Hours of operation:**

Oct. 1 – Mar. 31

8 a.m. – 8 p.m.

Seven days a week

Apr. 1 – Sept. 30

8 a.m. – 8 p.m.

Monday – Friday

You can also find more information by logging into your member account at [portal.hap.org](https://portal.hap.org).  
Once logged in, you will be able to view plan details and usage for 2025.

**We're here for you**

We're committed to providing you with the best care and support. Thank you for trusting us with your healthcare needs, and we look forward to being there for you in the coming year.

Sincerely,

HAP Customer Service

Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.

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## ***Henry Ford Select (HMO) offered by Health Alliance Plan of Michigan***

# **Annual Notice of Change for 2026**

You're enrolled as a member of *Henry Ford Select (HMO)*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in *Henry Ford Select (HMO)*.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.hap.org/forms](http://www.hap.org/forms) or call Customer Service at (800) 801-1770 (TTY users call 711) to get a copy by mail.

### **More Resources**

- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Customer Service at (800) 801-1770 (TTY users call 711) for more information. 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). Prescription drug benefit related calls: Available 24 hours a day, seven days a week. This call is free.
- This booklet is available in alternate formats (e.g., large print and audio).

### **About Henry Ford Select**

- Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.

- When this material says “we,” “us,” or “our,” it means Health Alliance Plan of Michigan (*Henry Ford Select (HMO)*). When it says “plan” or “our plan,” it means *Henry Ford Select*.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in *Henry Ford Select*.** Starting January 1, 2026, you’ll get your medical and drug coverage through *Henry Ford Select*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

|                                                                                                                                                                                                                                                                                                                                      | 2025<br>(this year)                                                     | 2026<br>(next year)                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>* Your premium can be higher than this amount. Go to Section 1.1 for details.                                                                                                                                                                                                                        | \$0                                                                     | \$0                                                                     |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services.<br>(Go to Section 1.2 for details.)                                                                                                                                                                  | \$3,500                                                                 | \$3,500                                                                 |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                                                                                    | \$0 Copay per visit                                                     | \$0 Copay per visit                                                     |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                                                                                      | \$15 Copay per visit                                                    | \$15 Copay per visit                                                    |
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | \$250 Copay per day for days 1-5<br><br>\$0 Copay per day for days 6-90 | \$250 Copay per day for days 1-6<br><br>\$0 Copay per day for days 7-90 |

|                                                                                                                                                  | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D drug coverage deductible</b><br>(Go to Section 1.7 for details.)                                                                       | \$150 except for covered insulin products and most adult Part D vaccines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$150 except for covered insulin products and most adult Part D vaccines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Part D drug coverage</b><br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1:<br/><i>Standard cost sharing:</i> \$7<br/><i>Preferred cost sharing:</i> \$0</p> <p>Drug Tier 2:<br/><i>Standard cost sharing:</i> \$16<br/><i>Preferred cost sharing:</i> \$9</p> <p>Drug Tier 3:<br/><i>Standard cost sharing:</i> 17%<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/><i>Preferred cost sharing:</i> 15%<br/>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4:<br/><i>Standard cost sharing:</i> 50%<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/><i>Preferred cost sharing:</i> 48%<br/>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5:<br/><i>Standard cost sharing:</i> 31%<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/><i>Preferred cost sharing:</i> 31%</p> | <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1:<br/><i>Standard cost sharing:</i> \$7<br/><i>Preferred cost sharing:</i> \$0</p> <p>Drug Tier 2:<br/><i>Standard cost sharing:</i> \$15<br/><i>Preferred cost sharing:</i> \$9</p> <p>Drug Tier 3:<br/><i>Standard cost sharing:</i> 17%<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/><i>Preferred cost sharing:</i> 15%<br/>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4:<br/><i>Standard cost sharing:</i> 39%<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/><i>Preferred cost sharing:</i> 37%<br/>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5:<br/><i>Standard cost sharing:</i> 31%<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/><i>Preferred cost sharing:</i> 31%</p> |

|  | 2025<br>(this year)                                                                                                                                                                                                                                                                  | 2026<br>(next year)                                                                                                                                                                                                                                                                                                      |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>You pay \$35 per month supply of each insulin product on this tier.</p> <p>Catastrophic Coverage Stage:<br/>During this payment stage, you pay nothing for your covered Part D drugs.</p> <p>You can have cost sharing for drugs that are covered under our enhanced benefit.</p> | <p><b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Catastrophic Coverage Stage:</b><br/><b>During this payment stage, you pay nothing for your covered Part D drugs.</b></p> <p><b>You can have cost sharing for drugs that are covered under our enhanced benefit.</b></p> |

**SECTION 1 Changes to Benefits & Costs for Next Year**

**Section 1.1 Changes to the Monthly Plan Premium**

|                                                                                                         | 2025<br>(this year) | 2026<br>(next year) |
|---------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <p><b>Monthly plan premium</b></p> <p>(You must also continue to pay your Medicare Part B premium.)</p> | <p>\$0</p>          | <p>\$0</p>          |

**Factors that could change your Part D Premium Amount**

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you’re required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that’s at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

**Section 1.2 Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you’ve paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

|                                                                                                                                                                                                                                                                 | 2025 (this year) | 2026 (next year)                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.<br><br>Our costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount. | \$3,500          | <b>\$3,500</b><br><br><b>Once you've paid \$3,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b> |

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* <https://www.hap.org/find-a-doctor> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [www.hap.org/medicare](https://www.hap.org/medicare).
- Call Customer Service at (800) 801-1770 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at (800) 801-1770 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* <https://www.hap.org/find-a-doctor> to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.hap.org/medicare](https://www.hap.org/medicare).
- Call Customer Service at (800) 801-1770 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at (800) 801-1770 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2025 (this year)                                                                                                                                                                                                                                                                        | 2026 (next year)                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Chiropractic Services</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$20 copay for chiropractic services per visit.                                                                                                                                                                                                                                         | <b>\$15 copay for chiropractic services per visit.</b>                                                                                                                                                                                                                                       |
| <b><i>Flex Card</i></b><br><br>The food and produce 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). | \$205 allowance per quarter with rollover to next quarter for Over the Counter (OTC) drugs, copay assist and healthy food/produce (for eligible members) from NationsOTC online catalog or from a retail store. You will receive a Prepaid Benefits Mastercard to use for this benefit. | <b>\$145 allowance per quarter with rollover to next quarter for Over the Counter (OTC) drugs, copay assist and healthy food/produce (for eligible members) from our online OTC online catalog or from a retail store. You will receive a Prepaid Benefits Visa to use for this benefit.</b> |
| <b><i>Inpatient Hospital Care (includes inpatient services in a psychiatric hospital)</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                       | You pay \$250 Copay per day for days 1-5<br><br>\$0 Copay per day for days 6-90                                                                                                                                                                                                         | <b>You pay \$250 Copay per day for days 1-6</b><br><br><b>\$0 Copay per day for days 7-90</b>                                                                                                                                                                                                |
| <b><i>Memory Fitness (BrainHQ®)</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | You pay nothing for memory fitness provided by BrainHQ. BrainHQ is an online, evidence-based brain health program to address your overall brain health. You can                                                                                                                         | <b>Memory fitness provided by BrainHQ is <u>not</u> covered.</b>                                                                                                                                                                                                                             |

|                                                                             | 2025 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2026 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                             | register for BrainHQ at <a href="http://hap.brainhq.com">hap.brainhq.com</a> or by calling 800-514-3961.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b><i>Outpatient Diagnostic Ultrasounds</i></b>                             | \$35 copay for ultrasounds per test.                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>\$150 copay for ultrasounds per test.</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b><i>Outpatient Hospital Services</i></b>                                  | \$200 copay for surgical services per visit.<br>\$0 copay for non-surgical services per visit.                                                                                                                                                                                                                                                                                                                                                                      | <b>\$200 copay for surgical services per visit.<br/>\$100 copay for non-surgical services per visit.</b>                                                                                                                                                                                                                                                                                                                                                       |
| <b><i>Over-the-Counter (OTC) Items</i></b>                                  | You pay nothing for this benefit. You have a Flex Card benefit that now includes coverage for eligible OTC items. There is a combined allowance of \$205 every three months that may also be used towards OTC items. The quarterly allowance will roll over to the next quarter and must be used by the end of the year. May use NationsOTC online catalog or a participating retail store. You will receive a Prepaid Benefits Mastercard to use for this benefit. | <b>You pay nothing for this benefit. You have a Flex Card benefit that includes coverage for eligible OTC items. There is a combined \$145 allowance every three months that may also be used towards OTC items. The quarterly allowance will roll over to the next quarter and must be used by the end of the year. You may use our OTC online catalog or a participating retail store. You will receive a Prepaid Benefits Visa to use for this benefit.</b> |
| <b><i>Skilled Nursing Facility (SNF)</i></b>                                | \$214 copay for days 21-100 for SNF care.                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$218 copay for days 21-100 for SNF care.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b><i>Special Supplemental Benefits for the Chronically Ill (SSBCI)</i></b> | Enrollees with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill. Conditions include: <ul style="list-style-type: none"> <li>• Chronic heart failure</li> </ul>                                                                                                                                                                                                                                     | <b>Enrollees with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill. This benefit will be available only to plan-</b>                                                                                                                                                                                                                                                                          |

|  | 2025 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2026 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>• Chronic lung disorders</li> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic alcohol and other drug dependence</li> <li>• Autoimmune disorders <ul style="list-style-type: none"> <li>• Cancer</li> </ul> </li> <li>• Cardiovascular disorders <ul style="list-style-type: none"> <li>• Dementia</li> </ul> </li> <li>• End-stage liver disease</li> <li>• End-stage renal disease (ESRD) <ul style="list-style-type: none"> <li>• Severe hematologic disorders <ul style="list-style-type: none"> <li>• HIV/AIDS</li> </ul> </li> </ul> </li> <li>• Neurologic disorders <ul style="list-style-type: none"> <li>• Stroke</li> </ul> </li> </ul> | <p><b>identified members who have been diagnosed with:</b></p> <ul style="list-style-type: none"> <li>• <b>Chronic heart failure</b></li> <li>• <b>Chronic lung disorders (asthma, chronic bronchitis, emphysema, pulmonary fibrosis, pulmonary hypertension)</b></li> <li>• <b>Chronic and disabling mental health conditions (bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder)</b></li> <li>• <b>Chronic alcohol use disorder and other substance use disorders (SUD)</b></li> <li>• <b>Autoimmune disorders (polyarteritis nodosa, polymyositis rheumatica, polymyositis, systematic lupus erythematosus)</b></li> <li>• <b>Cancer (excluding pre-cancer conditions or insitu status) <ul style="list-style-type: none"> <li>• <b>Chronic cardiovascular disorders (cardiac arrhythmias, coronary artery disease [CAD],</b></li> </ul> </b></li> </ul> |

|  | 2025 (this year) | 2026 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |                  | <p>peripheral vascular, chronic venous thromboembolic disorder)</p> <ul style="list-style-type: none"><li>• Dementia</li><li>• Diabetes</li><li>• Chronic Gastrointestinal Disease</li><li>• Chronic kidney disease (CKD) (CKD requiring dialysis/End-stage renal disease (ESRD))</li><li>• Severe hematologic disorders (aplastic anemia, hemophilia, immune thrombocytopenic, purpura, myelodysplastic syndrome, sickle-cell disease [excluding having the sickle-cell trait], chronic venous thromboembolic disorder)</li><li>• HIV/AIDS</li><li>• Neurologic disorders (amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington’s disease, multiple sclerosis,</li></ul> |

|                                     | 2025 (this year)                          | 2026 (next year)                                                                                                                                           |
|-------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     |                                           | <b>Parkinson's disease, polyneuropathy, spinal stenosis, stroke-related neurologic deficit)</b> <ul style="list-style-type: none"> <li>• Stroke</li> </ul> |
| <b>Worldwide Emergency Services</b> | \$125 copay for emergency care per visit. | <b>\$150 copay for emergency care per visit.</b>                                                                                                           |

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at (800) 801-1770 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Customer Service at (800) 801-1770 (TTY users call 711) and ask for the *LIS Rider*.

## Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty) drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,100.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

## Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

|                          | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                         | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                 |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Yearly Deductible</b> | <b>\$150</b><br><br>During this stage, you pay \$7 per prescription for <i>Standard cost sharing</i> and \$0 per prescription for <i>Preferred cost sharing</i> for <b>Tier 1 (Preferred Generic)</b> and \$16 per prescription for <i>Standard cost sharing</i> and pay \$9 per prescription for <i>Preferred cost sharing</i> for <b>Tier 2 (Generic)</b> | <b>\$150</b><br><br><b>During this stage, you pay \$7 per prescription for <i>Standard cost sharing</i> and \$0 per prescription for <i>Preferred cost sharing</i> for Tier 1 (Preferred Generic) and \$15 per prescription for <i>Standard cost sharing</i> and pay \$9 per prescription for <i>Preferred cost sharing</i> for</b> |

|  | 2025<br>(this year)                                                                                                                                                          | 2026<br>(next year)                                                                                                                                                                           |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | and the full cost of drugs on <b>Tier 3 (Preferred Brand)</b> , <b>Tier 4 (Non-Preferred Drug)</b> and <b>Tier 5 (Specialty)</b> until you've reached the yearly deductible. | <b>Tier 2 (Generic) and the full cost of drugs on Tier 3 (Preferred Brand)</b> , <b>Tier 4 (Non-Preferred Drug)</b> and <b>Tier 5 (Specialty)</b> until you've reached the yearly deductible. |

### Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30 day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

|                            | 2025<br>(this year)                                                                                  | 2026<br>(next year)                                                                                                                                                       |
|----------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Preferred Generics:</b> | <i>Standard cost sharing:</i><br>You pay \$7.<br><br><i>Preferred cost sharing:</i><br>You pay \$0.  | <i>Standard cost sharing:</i><br>You pay \$7.<br><br><i>Preferred cost sharing:</i><br>You pay \$0.                                                                       |
| <b>Generics:</b>           | <i>Standard cost sharing:</i><br>You pay \$16.<br><br><i>Preferred cost sharing:</i><br>You pay \$9. | <i>Standard cost sharing:</i><br>You pay \$15.<br><b>Your cost for a one-month mail-order prescription is \$15.</b><br><br><i>Preferred cost sharing:</i><br>You pay \$9. |

|                            | 2025<br>(this year)                                                                                                                 | 2026<br>(next year)                                                                                                                                                                                                                                                                       |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Preferred Brand:</b>    | <i>Standard cost sharing:</i><br>You pay 17% of the total cost.<br><i>Preferred cost sharing:</i><br>You pay 15% of the total cost. | <i>Standard cost sharing:</i><br><b>You pay 17% of the total cost.</b><br><i>Preferred cost sharing:</i><br><b>You pay 15% of the total cost.</b>                                                                                                                                         |
| <b>Non-Preferred Drug:</b> | <i>Standard cost sharing:</i><br>You pay 50% of the total cost.<br><i>Preferred cost sharing:</i><br>You pay 48% of the total cost. | <i>Standard cost sharing:</i><br><b>You pay 39% of the total cost.</b><br><b>Your cost for a one-month mail-order prescription is 39%.</b><br><i>Preferred cost sharing:</i><br><b>You pay 37% of the total cost.</b><br><b>Your cost for a one-month mail-order prescription is 37%.</b> |
| <b>Specialty Tier:</b>     | <i>Standard cost sharing:</i><br>You pay 31% of the total cost.<br><i>Preferred cost sharing:</i><br>You pay 31% of the total cost. | <i>Standard cost sharing:</i><br><b>You pay 31% of the total cost.</b><br><i>Preferred cost sharing:</i><br><b>You pay 31% of the total cost.</b>                                                                                                                                         |

### Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You can have cost sharing for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

HAP has administrative changes for 2026. The changes are summarized below.

|                                                  | 2025 (this year)                                                                                                                                                                                                                                                               | 2026 (next year)                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Flex Card</i></b>                          | Your plan offers a Prepaid Benefits Mastercard from NationsBenefits to help reduce your out of pocket expenses for certain covered items.                                                                                                                                      | <b>Your plan offers a Prepaid Benefits Visa to help reduce your out of pocket expenses for certain covered items.</b>                                                                                                                                                                                                                         |
| <b><i>Medicare Prescription Payment Plan</i></b> | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option. | <b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1 (866) 845-1803 (TTY users call 1 (800) 716-3231) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b> |
| <b><i>Over-the-Counter (OTC) Items</i></b>       | Your plan combines your OTC benefit with your Flex Card benefit. Eligible OTC products are available online through NationsOTC catalog or from a retail store.                                                                                                                 | <b>Your plan combines your OTC benefit with your Flex Card benefit. Eligible OTC products are available online through our OTC catalog or from a retail store.</b>                                                                                                                                                                            |

## SECTION 3 How to Change Plans

**To stay in Henry Ford Select, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Henry Ford Select*.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from *Henry Ford Select*.

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Henry Ford Select*.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll or visit our website to disenroll online at [www.hap.org/medicare](http://www.hap.org/medicare). Call Customer Service at (800) 801-1770 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *Health Alliance Plan of Michigan (Henry Ford Select (HMO))* offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost sharing amounts.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

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## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at (866) 845-1803 (TTY users call (800) 716-3231) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from *Henry Ford Select*

- **Call Customer Service at (800) 801-1770. (TTY users call 711.)**

We're available for phone calls April 1<sup>st</sup> through September 30<sup>th</sup> Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup> seven days a week, 8 a.m. to 8 p.m. Prescription drug benefit related calls are available 24 hours a day, seven days a week. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for *Henry Ford Select (HMO)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.hap.org/forms](http://www.hap.org/forms) or call Customer Service at (800) 801-1770 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.hap.org/medicare](http://www.hap.org/medicare)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare Assistance Program.

Call Michigan Medicare Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Michigan Medicare Assistance Program at (800) 803-7174. Learn more about Michigan Medicare Assistance Program by visiting [www.shiphelp.org](http://www.shiphelp.org).

### Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



## Henry Ford Select Customer Service

| Method         | Customer Service – Contact Information                                                                                                                                                                                                                                                        |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Call</b>    | (800) 801-1770. Calls to this number are free. Our normal business 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). Prescription drug benefit related calls: Available 24 hours a day, seven days a week. |
| <b>TTY</b>     | 711. Calls to this number are free. Our normal business 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). Prescription drug benefit related calls: Available 24 hours a day, seven days a week.            |
| <b>Write</b>   | HAP Medicare Advantage, ATTN: Customer Service, 1414 East Maple Rd., Troy, MI 48083                                                                                                                                                                                                           |
| <b>Website</b> | <a href="http://www.hap.org/medicare">www.hap.org/medicare</a>                                                                                                                                                                                                                                |

## Michigan Medicare Assistance Program

Michigan Medicare Assistance Program is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

| Method         | Contact Information                                                                                 |
|----------------|-----------------------------------------------------------------------------------------------------|
| <b>Call</b>    | (800) 803-7174                                                                                      |
| <b>TTY</b>     | (888) 263-5897<br>Office hours are 8:00 am to 7:00 pm EST, Monday through Friday (except holidays). |
| <b>Write</b>   | 6105 W. St. Joseph Hwy., Suite 103, Lansing, MI 48917-4850                                          |
| <b>Website</b> | <a href="http://www.shiphelp.org">www.shiphelp.org</a>                                              |

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