2026 $0[1] HMO 029 Plan Summary

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

	Henry Ford Select (HMO) (029) Genesee, Hillsdale, Jackson, Lapeer, Macomb, Oakland, Wayne counties
	2026
Monthly premium[1]	$0
Annual medical deductible[2]	$0
Maximum out-of-pocket	$3,500
Primary doctor/specialty visits	$0/$15
Telehealth services	$0 through Amwell®
Mental health services	$15
Inpatient hospital	$250 per day (days 1-6); $0 for days 7-90; unlimited days
Emergency (ER)/urgent care (UC)	$150[3]/$15
Labs/outpatient hospital	$0/$200
Ambulatory surgical center (ASC) services	$100
Physical/occupational/speech therapy visits	$10
Over-the-counter (OTC) items	This plan offers a flex card that can be used toward this benefit.
Prescription drug deductible	$150 Tiers 3 to 5
Preferred 30-day retail T1/T2/T3/T4/T5	$0/$9/15%/37%/31%
Preferred mail order 90-day supply	$0/$0/15%/37%/NA

Flex Card	$145 per qtr. with rollover. Use toward OTC, healthy food/produce[4] and copay assist for plan covered services such as: physician services, lab work, PT/OT/ST (excludes services provided by vendor and prescription drugs); includes retail.
	Initial coverage limit (combined drug costs paid by you and the plan): $2,000[5]

[1] You must continue to pay your Medicare Part B premium, plus any late enrollment penalties you may owe. See the 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] Copayment is waived if admitted to hospital.

[4] 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.

[5] 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.