HAP Medicare MedicalAccess (HMO) offered by Health Alliance Plan of Michigan

Annual Notice of Change for 2026

You're enrolled as a member of *HAP Medicare MedicalAccess (HMO)*.

This material describes changes to your 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 *HAP Medicare MedicalAccess (HMO)*.
- To change to a **different plan**, visit 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 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 additional 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 *HAP Medicare MedicalAccess (HMO)*

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

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- When this material says "we," "us," or "our," it means Health Alliance Plan of Michigan (*HAP Medicare MedicalAccess (HMO)*). When it says "plan" or "our plan," it means *HAP Medicare MedicalAccess (HMO).*
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in *HAP Medicare MedicalAccess (HMO)*.** Starting January 1, 2026, you'll get your medical coverage through *HAP Medicare MedicalAccess (HMO)*. Go to Section 3.1 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$4,500	**$4,500**
Primary care office visits	$0 Copay per visit	**$0 Copay per visit**
Specialist office visits	$35 Copay per visit	**$35 Copay per visit**
Inpatient hospital stays 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.	$325 Copay per day for days 1-5 $0 Copay per day for days 6-90	**$325 Copay per day for days 1-5** **$0 Copay per day for days 6-90**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$50 Medicare Part B premium reduction.	**$105 Medicare Part B premium reduction.**
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	Not offered. Please see your dental benefit below for your enhanced benefit changes.	**Delta Dental 50 Member Pays $37.90 per month**

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)**
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount. If you choose an optional supplemental dental plan, your plan premium and your costs for services also do not count toward your maximum out-of-pocket amount.	$4,500	**$4,500** **Once you've paid $4,500 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.**

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
- 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 your 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).

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic Services	$20 copay for chiropractic services per visit.	**$15 copay for chiropractic services per visit.**
Dental Services (Provided by Delta Dental)	There is **$2,000** allowance for all dental services per year. You pay nothing for 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewing x-rays. You pay nothing for root canals, fillings, bridges, and bridge repairs, onlays, crowns, crown repairs, simple extractions, oral surgery, emergency palliative treatment, occlusal guards/occlusal adjustments and anesthesia. Must use a PPO Delta Dental provider.	**There is $2,000 allowance for all dental services per year. You pay nothing for 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewing x-rays. You pay 50% coinsurance for fillings, onlays, crowns, crown repairs, simple extractions/oral surgery and endodontics (root canals). Must use a participating Delta Dental PPO provider.**
Flex Card 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).	$60 allowance per quarter with rollover to next quarter for Over the Counter (OTC) drugs 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.	**$95 allowance per quarter with rollover to next quarter for Over the Counter (OTC) drugs 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.**
Memory Fitness (BrainHQ®)	You pay nothing for memory fitness provided by BrainHQ. BrainHQ is an online, evidence-based brain health program to address your overall brain	**Memory fitness provided by BrainHQ is <u>not</u> covered.**

	2025 (this year)	**2026 (next year)**
	health. You can register for BrainHQ at hap.brainhq.com or by calling 800-514-3961.	
Optional Supplemental Benefit (optional dental plan)	Not offered.	**Services covered under the optional Delta Dental Plan 50 must be provided by a dentist in the Delta Dental Medicare Advantage PPO and Medicare Advantage Premier networks in Michigan, Ohio and Indiana.** **If you choose to purchase the Optional Supplemental Benefit (OSB) dental plan, you may access Delta Dental Premier dentists for both covered and optional covered dental services included in your plan.**
Outpatient Diagnostic Ultrasounds	$35 copay for ultrasounds per test.	**$150 copay for ultrasounds per test.**
Outpatient Hospital Services	$300 copay for surgical services. $0 copay for non-surgical services.	**$300 copay for surgical services.** **$150 copay for non-surgical services.**
Over-the-Counter (OTC) Items 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	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 $60 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 Nations OTC online catalog or a participating retail store. Food and produce are covered for qualified individuals. You will receive a	**You pay nothing for this benefit. You have a Flex Card benefit that includes coverage for eligible OTC items. There is a combined $95 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. Food and produce are covered for qualified individuals. You will receive a**

	2025 (this year)	**2026 (next year)**
please see the plan's Evidence of Coverage (EOC).	Prepaid Benefits Mastercard to use for this benefit.	**Prepaid Benefits Visa to use for this benefit.**
Skilled Nursing Facility (SNF)	$214 copay for days 21-100 for SNF care.	**$218 copay for days 21-100 for SNF care.**
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Enrollees with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill. Conditions include: • Chronic heart failure • Chronic lung disorders • Chronic and disabling mental health conditions • Chronic alcohol and other drug dependence • Autoimmune disorders • Cancer • Cardiovascular disorders • Dementia • End-stage liver disease • End-stage renal disease (ESRD) • Severe hematologic disorders • HIV/AIDS • Neurologic disorders • Stroke	**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-identified members who have been diagnosed with:** • **Chronic heart failure** • **Chronic lung disorders (asthma, chronic bronchitis, emphysema, pulmonary fibrosis, pulmonary hypertension)** • **Chronic and disabling mental health conditions (bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder)** • **Chronic alcohol use disorder and other substance use disorders (SUD)** • **Autoimmune disorders (polyarteritis nodosa, polymyositis rheumatica, polymyositis, systematic lupus erythematosus)** • **Cancer (excluding pre-cancer conditions or insitu status)** • **Chronic cardiovascular disorders (cardiac**

	2025 (this year)	**2026 (next year)**
		arrhythmias, coronary artery disease [CAD], peripheral vascular, chronic venous thromboembolic disorder) • **Dementia** • **Diabetes** • **Chronic Gastrointestinal Disease** • **Chronic kidney disease (CKD) (CKD requiring dialysis/End-stage renal disease (ESRD))** • **Severe hematologic disorders (aplastic anemia, hemophilia, immune thrombocytopenic, purpura, myelodysplastic syndrome, sickle-cell disease [excluding having the sickle-cell trait], chronic venous thromboembolic disorder)** • **HIV/AIDS** • **Neurologic disorders (amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, spinal**

	2025 (this year)	2026 (next year)
		stenosis, stroke-related neurologic deficit) • **Stroke**
Worldwide Emergency Services	$125 copay for emergency care per visit.	**$130 copay for emergency care per visit.**

SECTION 2 Administrative Changes

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

	2025 (this year)	2026 (next year)
Flex Card	Your plan offers a Prepaid Benefits Mastercard from NationsBenefits to help reduce your out of pocket expenses for certain covered items.	**Your plan offers a Prepaid Benefits Visa to help reduce your out of pocket expenses for certain covered items.**
Over-the-Counter (OTC)Items	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.	**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.**
Service Area	Service area consists of Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw,	**Service area consists of Allegan, Antrim, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb,**

	2025 (this year)	2026 (next year)
	Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne counties.	**Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne counties.**

SECTION 3 How to Change Plans

To stay in *HAP Medicare MedicalAccess (HMO)*, 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 *HAP Medicare MedicalAccess (HMO)*.

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 *HAP Medicare MedicalAccess.*
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *HAP Medicare MedicalAccess*.
- **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. 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, 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 *(HAP Medicare MedicalAccess (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.

SECTION 4 Get Help Paying for Prescription Drugs

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 or
  - 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 The Michigan Drug Assistance Program, HIV Care Section, at 888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from *HAP Medicare MedicalAccess (HMO)*

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

  We're available for phone calls April 1st through September 30th Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st seven days a week, 8 a.m. to 8 p.m. 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, look in the 2026 *Evidence of Coverage* for *HAP Medicare MedicalAccess (HMO)*. The *Evidence of Coverage* is the legal, detailed description of your 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 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**

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

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).

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**

  You can chat live at 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**

  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 or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

HAP Medicare MedicalAccess Customer Service

Method	Customer Service – Contact Information
Call	(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).
TTY	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).
Write	HAP Medicare Advantage, ATTN: Customer Service, 1414 East Maple Rd., Troy, MI 48083
Website	www.hap.org/medicare

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
Call	(800) 803-7174
TTY	(888) 263-5897 Office hours are 8:00 am to 7:00 pm EST, Monday through Friday (except holidays).
Write	6105 W. St. Joseph Hwy., Suite 103, Lansing, MI 48917-4850
Website	www.shiphelp.org

PRA Disclosure Statement *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*