


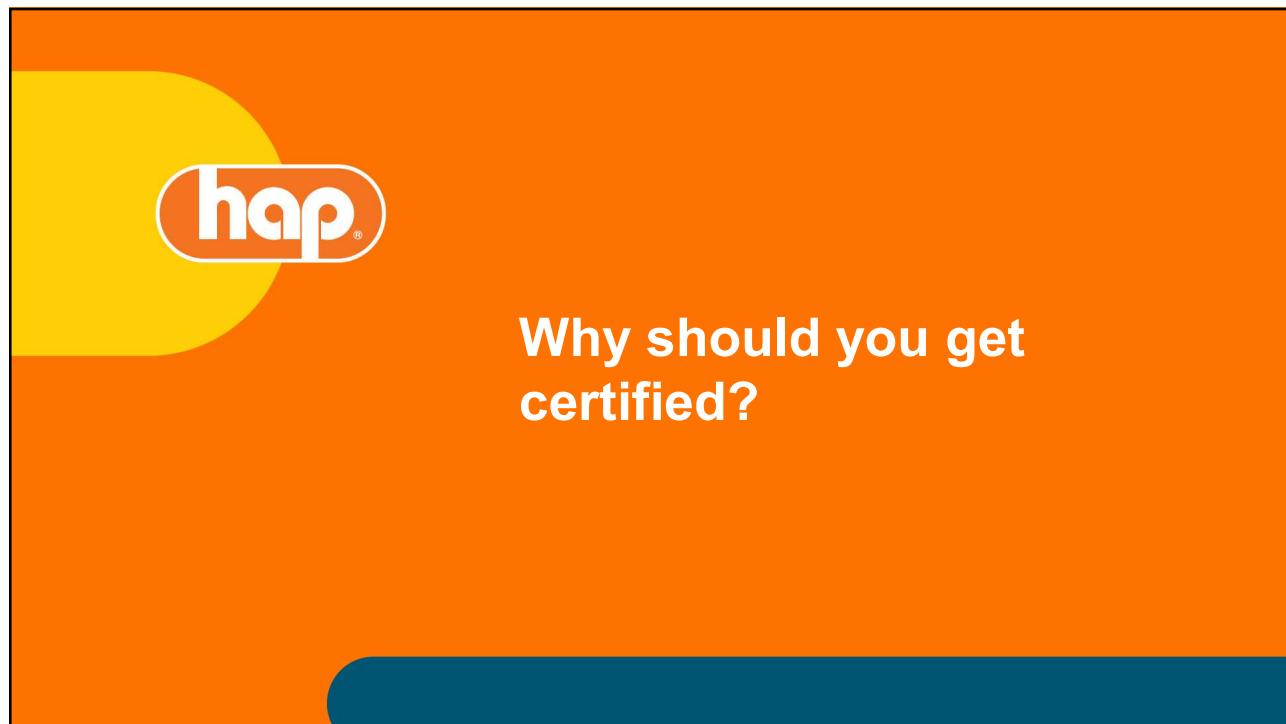


1

**Whats in this Training?**

- Why HAP
- What's new for 2026
- 2026 Medicare Advantage Plans
- 2026 Supplemental Benefits
- 2026 Medigap Plans
- Additional resources and Important Information

2



3

### Why get certified with HAP?

#### NON-PROFIT

HAP is a subsidiary of Henry Ford Health, one of the nation's leading health care systems.

Ninety percent of our premium revenue is spent on funding health care services for our members.

#### INTEGRATED

As a health plan partnered with a health system, we're constantly finding ways to streamline care and cut costs.

When you recommend HAP, you recommend a health plan that advocates for every patient. We work closely with our doctors and hospitals – building better products to promote better health.

#### LOCAL

Since the day we opened our doors, HAP has done business here. As lifelong Michiganders, we work, live and play where our members, providers and agents do. So... we get it.

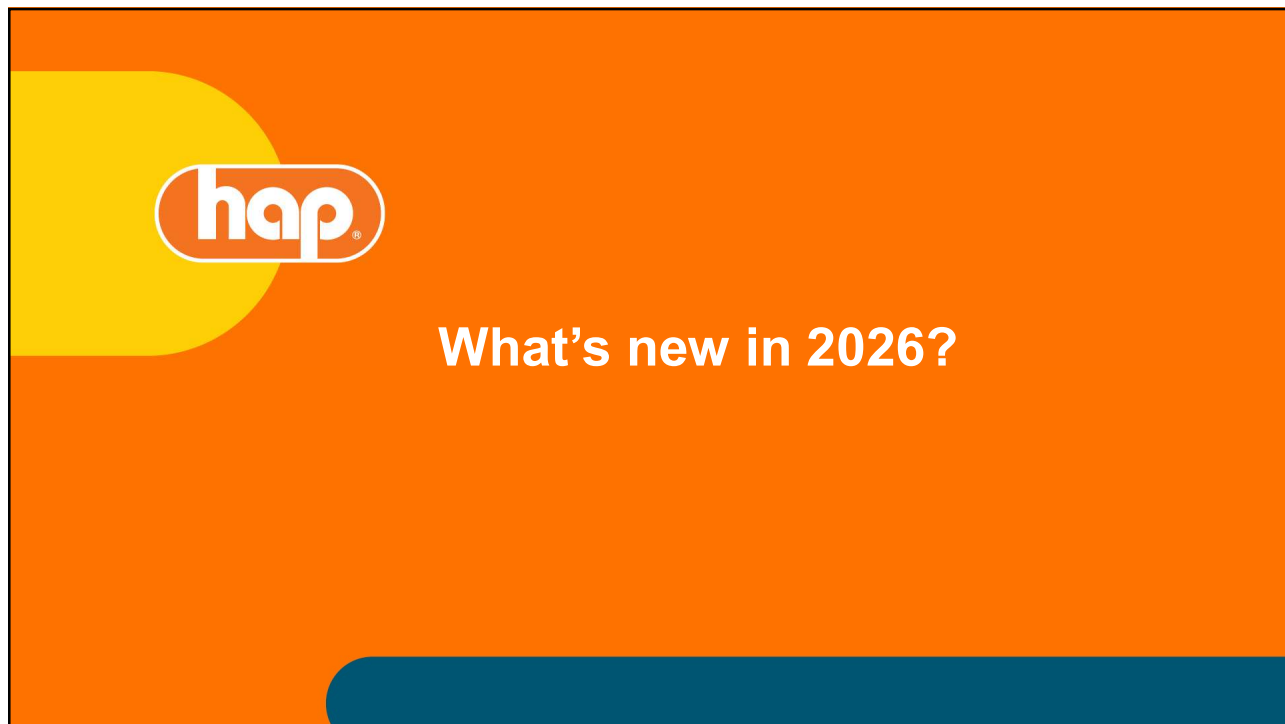
We understand what matters most, and we're able to take immediate action. Just like you, we're investing in our region every day.

#### DEPENDABLE

Whether it is our agent service, member services or any other interaction you or your members have with HAP, we are here.


Our agent services team answers your calls, emails, and text messages quickly and works to get you answers right away!

4



5

New for 2026



JR1

MSU-HC HMO is now named HAP Medicare Superior


HAP MSU-HC Medicare Prime PPO is now named HAP Medicare Prime PPO

\*NEW\* HAP Medicare Diabetes & Heart (HMO C-SNP)

HAP CareSource MI Coordinated Health (HMO HIDE-SNP)


6

**JR1**    Name is HAP Medicare Prime PPO  
Reeves, Jennie, 2025-06-27T17:47:24.342

**Flex Cards!**

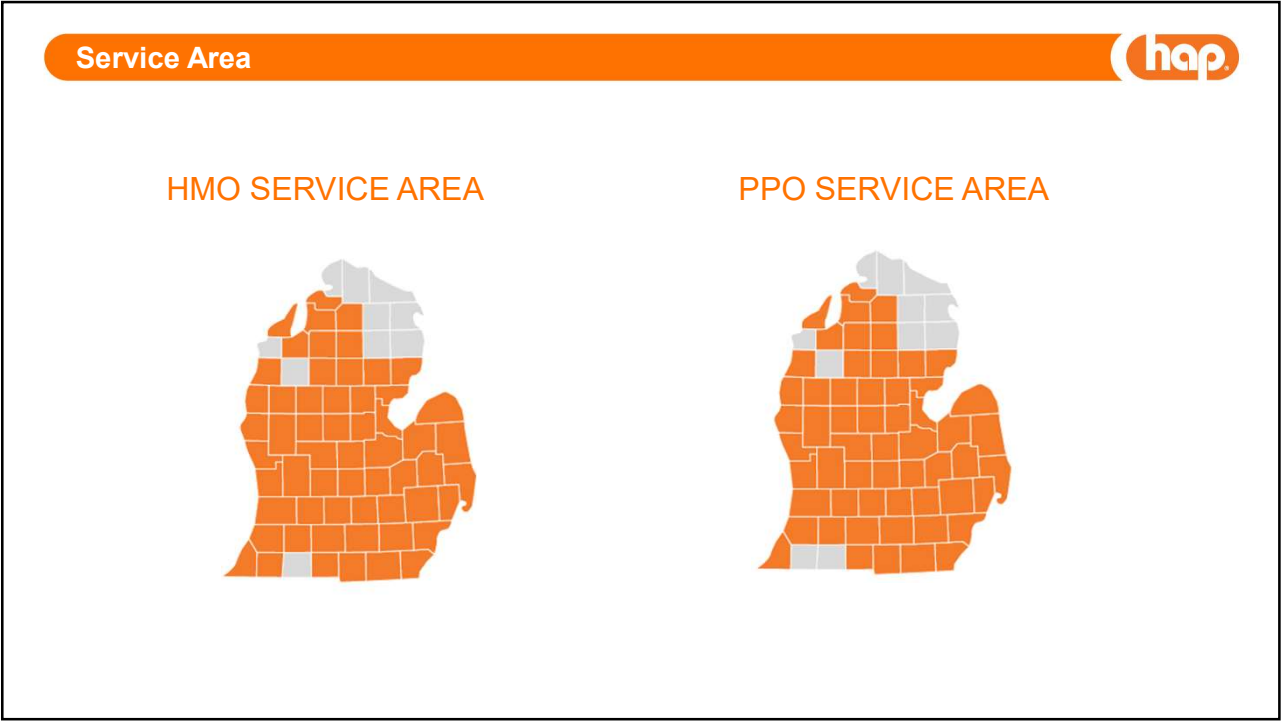
Retail/OTC	Healthy Rewards	Limits vary by plan
<ul style="list-style-type: none"><li>• All HAP Members will have the option to go to a retail location or order via catalog using their Flex Card</li></ul>	<ul style="list-style-type: none"><li>• Healthy living rewards will now be loaded onto the members Flex Card for easy use</li></ul>	<ul style="list-style-type: none"><li>• Each plan has a different allowance</li></ul>

7



**2026 Medicare Advantage Service Area**

8



9



2026 HMO Plans

10

JR3

## HAP Medicare Connect HMO



**\*\* Non-commissionable for new business 1/1/2025 effective and after**



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI JR2



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$70/qtr with rollover for OTC, healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$145 non-surgical procedures** JR1

### 2026 HAP Medicare Connect

<b>Premium</b>	\$0
<b>Medical Deductible INN/OON</b>	\$0/N/A
<b>MOOP</b>	\$5,000
<b>Inpatient Hospital</b>	\$325/1-6, \$0 Days; 7-90, Unlimited Days
<b>Outpatient Hospital/ASC</b>	\$300/\$250
<b>PCP/Specialist</b>	\$0/\$45
<b>PT / OT / ST</b>	\$20
<b>ER/UC</b>	\$130/\$45
<b>Labs</b>	\$0
<b>OTC Benefit</b>	Flex Card
<b>Part D Deductible</b>	\$150 T3-T5
<b>Preferred RX Copay T1-T5</b>	\$0/\$9/15%/40%/31%

11

JR2

## Henry Ford Tiered Access HMO



Available in Macomb, Oakland, Wayne Counties



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$70/qtr with rollover for OTC, healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$55 HF / \$100 Non-HF non-surgical procedures.**

### 2026 HF Tiered Access

<b>Premium</b>	\$95
<b>Medical Deductible INN/OON</b>	\$0/N/A
<b>MOOP</b>	\$4,750
<b>Inpatient Hospital</b>	\$275/\$350/1-6
<b>Outpatient Hospital/ASC</b>	\$115/\$205 \$80*/\$120
<b>PCP/Specialist</b>	\$0/\$35 \$30/\$50
<b>PT / OT / ST</b>	\$10/\$30
<b>ER/UC</b>	\$130/\$45
<b>Labs</b>	\$0
<b>OTC Benefit</b>	\$75/qt/Flex Card
<b>Part D Deductible</b>	\$0
<b>Preferred RX Copay T1-T5</b>	\$0/\$9/20%/48%/33%

JR1

12

Slide 11

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- JR1    The \$0 colonoscopy is not a change for 2026 for all plans  
Reeves, Jennie, 2025-06-27T18:22:49.946
- JR2    I Added (for eligible members) to all plans  
Reeves, Jennie, 2025-06-27T18:23:32.493
- JR3    T4 = 40%  
Reeves, Jennie, 2025-06-27T18:36:20.905

Slide 12

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- JR1    Flex = \$75 for both years  
Reeves, Jennie, 2025-06-27T18:32:44.236
- JR2    Add footer \*Tier 1 and \* to copays in chart  
Reeves, Jennie, 2025-07-01T13:12:52.514



## HAP Medicare Superior HMO



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$113/qtr with rollover for OTC, healthy food/produce (for eligible members), dental, vision, hearing, transportation**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$150 non-surgical procedures.**

### 2026 HAP Superior HMO

Premium	\$0
Medical Deductible	
INN/OON	\$0/N/A
MOOP	\$5,100
Inpatient Hospital	\$325/1-5
Outpatient Hospital/ASC	\$300/\$275
PCP/Specialist	\$0/\$40
PT / OT / ST	\$20
ER/UC	\$130/\$45
Labs	\$0
Part D Deductible	\$150 T3-T5
Preferred RX Copay T1-T5	\$0/\$9/15%/48%/31%

13

R1

## Henry Ford Select HMO



Available in: Genesee, Hillsdale, Jackson, Lapeer, Macomb, Oakland, Wayne -- Uses Henry Ford Health & Ascension providers



Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI



**FlexCard- \$145/qtr with rollover for OTC and plan covered services (Specialist, inpatient, PT/OT/ST, and more!!!) SSBCI-healthy food/produce (for eligible members)**



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network with 100% coverage for both preventative and comprehensive services



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$100 non-surgical procedures.**


### 2026 Henry Ford Select HMO

Premium	\$0
Medical Deductible	
INN/OON	\$0/N/A
MOOP	\$3,500
Inpatient Hospital	\$250/1-6
Outpatient Hospital/ASC	\$200/\$100
PCP/Specialist	\$0/\$15
PT / OT / ST	\$10
ER/UC	\$150/\$15
Labs	\$0
OTC Benefit	Flex Card
Part D Deductible	\$150 T3-T5
Preferred RX Copay T1-T5	\$0/\$9/15%/37%/31%


14


**JR1** ER was \$125 for 2025  
Reeves, Jennie, 2025-07-01T13:37:20.379


**HAP MedicalAccess HMO (MA ONLY)**





Available in 58 Counties JR1


 Travel Benefit: In-Network cost-share in AZ, FL, TX or outside our service area in MI

 Embedded vision, hearing and fitness benefits

 \$105 Monthly Part B rebate

 Embedded Dental- \$2,000 through Delta Dental PPO Network with 50% coverage for both preventative and comprehensive services


 **FlexCard- \$95/qtr with rollover for OTC, SSBCI-healthy food/produce (for eligible members)**

 **2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$150 non-surgical procedures.** JR3

Great for Veterans or your holistic members! No-limit worldwide emergency or urgent care coverage

2026 HAP Medical Access HMO MA Only	
<b>Premium</b>	\$0 w/ \$105 Part B Rebate
<b>Medical Deductible INN/OON</b>	\$0/N/A
<b>MOOP</b>	\$4,500
<b>Inpatient Hospital</b>	\$325/1-5 <span style="border: 1px solid black; padding: 0 2px;">JR2</span>
<b>Outpatient Hospital/ASC</b>	\$300/\$225
<b>PCP/Specialist</b>	\$0/\$35
<b>PT / OT / ST</b>	\$20
<b>ER/UC</b>	\$130/\$45
<b>Labs</b>	\$0
<b>OTC Benefit</b>	Flex Card
<b>Part D Deductible</b>	N/A
<b>Preferred RX Copay T1-T5</b>	N/A

15



## 2026 HMO-POS Plans


16


Slide 15


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- JR1 58 counties  
Reeves, Jennie, 2025-07-01T13:13:49.090
- JR2 \$4,500 for both years  
Reeves, Jennie, 2025-07-01T13:15:10.206
- JR3 \$150 non-surgical procedures  
Reeves, Jennie, 2025-07-01T13:17:03.851


HAP Senior Plus HMO-POS




 Embedded vision, hearing and fitness benefits

 Embedded Dental- \$2,000 through Delta Dental PPO Network

 T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay

 **FlexCard- \$153/qtr with rollover for OTC, SSBCI healthy food/produce (for eligible members)**

 **2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$110 non-surgical procedures.** JR2


2026 HAP Senior Plus HMO-POS	
<b>Premium</b>	\$105
<b>Medical Deductible INN/OON</b>	\$0/N/A
<b>MOOP</b>	\$4,550 combined Max Benefit for OON \$1,000
<b>Inpatient Hospital</b>	\$300/1-5 20% OON
<b>Outpatient Hospital/ASC</b>	\$225/\$110 20% OON
<b>PCP/Specialist</b>	\$0/\$30
<b>PT / OT / ST</b>	\$10/20% OON
<b>ER/UC</b>	\$130/\$45
<b>Labs</b>	\$0
<b>OTC Benefit</b>	Flex Card
<b>Part D Deductible</b>	\$0
<b>Preferred RX Copay T1-T5</b>	\$0/\$9/15%/40%/33%

JR3

JR4

JR5

17



## 2026 PPO Plans

18

Slide 17

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- JR1    \$110 non-surgical procedures  
Reeves, Jennie, 2025-07-01T13:37:42.982
- JR2    Do you want to add Available in 30 counties  
Reeves, Jennie, 2025-07-01T13:38:25.887
- JR3    Add to MOOP row: POS max OON benefit \$1,000  
Reeves, Jennie, 2025-07-01T13:39:26.820
- JR4    \$0 PCP for 2026  
Reeves, Jennie, 2025-07-01T13:40:07.799
- JR5    2026: \$0/\$9/15%/40%/33%  
Reeves, Jennie, 2025-07-01T13:41:49.114

JR2

## HAP Medicare Explore (PPO)



**\*\* Non-commissionable for new business 1/1/2025 effective and after**



Travel Benefit: In-Network cost-share in all 49 states out-side of MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$75/qtr with rollover for OTC, SSBCI healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$160 non-surgical procedures**

JR1

### 2026 HAP Medicare Explore

<b>Premium</b>	\$0
<b>Medical Deductible INN/OON</b>	\$0/40% OON CS
<b>MOOP</b>	\$5,400 combined
<b>Inpatient Hospital</b>	\$350/1-6 40% OON
<b>Outpatient Hospital/ASC</b>	\$325/\$275 40% OON
<b>PCP/Specialist</b>	\$0/\$45 40% OON
<b>PT / OT / ST</b>	\$20/40%
<b>ER/UC</b>	\$130/\$45
<b>Labs</b>	\$0
<b>OTC Benefit</b>	FlexCard
<b>Part D Deductible</b>	\$200 T3-T5
<b>Preferred RX Copay T1-T5</b>	\$0/\$11/15%/37%/30%

19

## HAP Medicare Prime (PPO)



Travel Benefit: In-Network cost-share in all 49 states outside of MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$81/qtr with rollover for OTC, dental, vision, hearing, transportation, SSBCI healthy food/produce (for eligible members)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$160 non-surgical procedures**

JR1

### 2026 HAP Medicare Prime PPO

<b>Premium</b>	\$0
<b>Medical Deductible INN/OON</b>	\$0/35% OON CS
<b>MOOP</b>	\$5,650 combined
<b>Inpatient Hospital</b>	\$350/1-5 35% OON
<b>Outpatient Hospital/ASC</b>	\$325/\$275 35% OON
<b>PCP/Specialist</b>	\$0/\$40 \$20/\$50 OON
<b>PT / OT / ST</b>	\$20 35% OON
<b>ER/UC</b>	\$130/\$45
<b>Labs</b>	\$0
<b>Part D Deductible</b>	\$200 T3-T5
<b>Preferred RX Copay T1-T5</b>	\$0/\$11/15%/37%/30%

20

Slide 19

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- JR1 \$160 non-surgical copay  
Reeves, Jennie, 2025-07-01T16:04:59.609
- JR2 2026: \$0/\$11/15%/37%/30%  
Reeves, Jennie, 2025-07-01T16:07:37.671

Slide 20

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- JR1 \$160 non surgical copay  
Reeves, Jennie, 2025-07-01T16:10:47.732



## Member Assist PPO (created 2025)



**\*\* LIS Reduces Premium to \$0**



Travel Benefit: In-Network cost-share in all 49 states outside of MI



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network with 100% coverage for both preventative and comprehensive services



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$116/qtr with rollover for OTC, SSBCI healthy food/produce (for eligible members), and plan covered services (Spec, PT/OT/ST)**



**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$100 non-surgical procedures**

	2026 Member Assist PPO
Premium	Part C: \$0; Part D: \$10 Targeted LIPSA
Medical Deductible INN/OON	\$0/20% OON CS
MOOP	\$5,200 combined
Inpatient Hospital	\$250/1-5 20% OON
Outpatient Hospital/ASC	\$200/\$150 20% OON
PCP/Specialist PT / OT / ST	\$0/\$30 20% OON
ER/UC	\$130/\$45
Labs	\$0
Part D Deductible	\$615 T1-T5
Preferred RX Copay T1-T5	\$0/\$10/18%/40%/25%

21

## HAP Senior Plus (PPO)



Travel Benefit: In-Network cost-share in all 49 states out-side of MI

JR1



Embedded vision, hearing and fitness benefits



Embedded Dental- \$2,000 through Delta Dental PPO Network



T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay



**FlexCard- \$121/qtr with rollover for OTC, SSBCI healthy food/produce (for eligible members)**

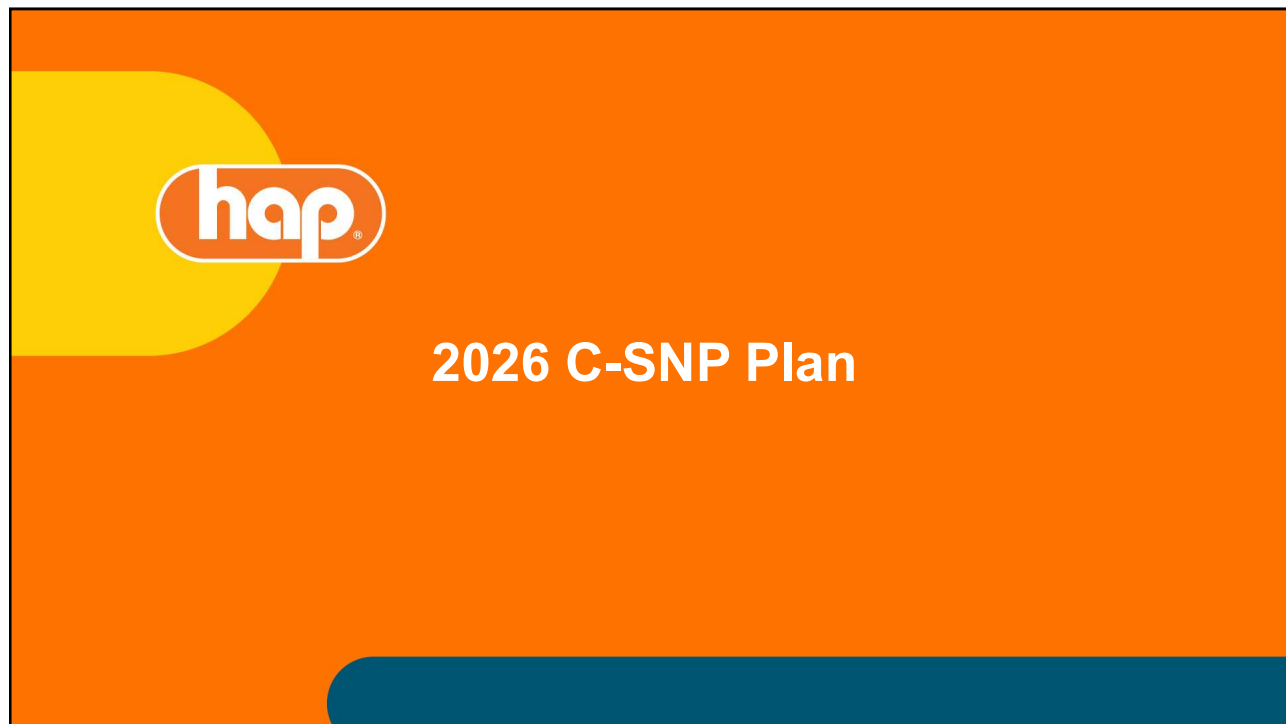


**2026 Outpatient Hospital: \$0 colonoscopy if polyp removed during preventive. \$100 non-surgical procedures**

	2026 HAP Senior Plus PPO
Premium	\$165
Medical Deductible INN/OON	\$0/25% OON CS
MOOP	\$4,150 combined
Inpatient Hospital	\$250/1-5 25% OON
Outpatient Hospital/ASC	\$200/\$180 25% OON
PCP/Specialist PT / OT / ST	\$0/\$25 25% OON
ER/UC	\$150/\$45
Labs	\$0
OTC Benefit	FlexCard
Part D Deductible	\$0
Preferred RX Copay T1-T5	\$0/\$9/15%/37%/33%

22

JR1 57 counties  
Reeves, Jennie, 2025-07-01T16:18:03.668



23

JR1

**HAP Medicare Diabetes and Heart (HMO C-SNP)**

JR2

Qualifying conditions: Diabetes, Chronic Heart Failure or Cardiovascular disease to qualify

- Embedded vision, hearing and fitness benefits
- Embedded Dental- \$2,000 through Delta Dental PPO Network
- T-1 & T-2 90-day mail order through Pharmacy Advantage for \$0 Co-pay
- Flex Card- \$250/qtr with rollover for OTC, Co-pay assist (specialist, PT/OT/ST, Labs) SSBCI healthy food/produce (for eligible members)**
- Hearing- \$1,000 allowance: 2 hearing aids per year, Must obtain by Nations Hearing**

2026 HAP Medicare Diabetes and Heart	
Premium	\$0
Medical Deductible INN/OON	\$0
MOOP	\$9,250
Inpatient Hospital	\$395/1-5
Outpatient Hospital/ASC	\$395
PCP/Specialist	\$0/\$30
PT / OT / ST	\$5
ER/UC	\$115/\$40
Labs	\$0
OTC Benefit	FlexCard
Part D Deductible	\$0
Preferred RX Copay T1-T5	\$0/\$9/15%/37% /33%

24

## Slide 24

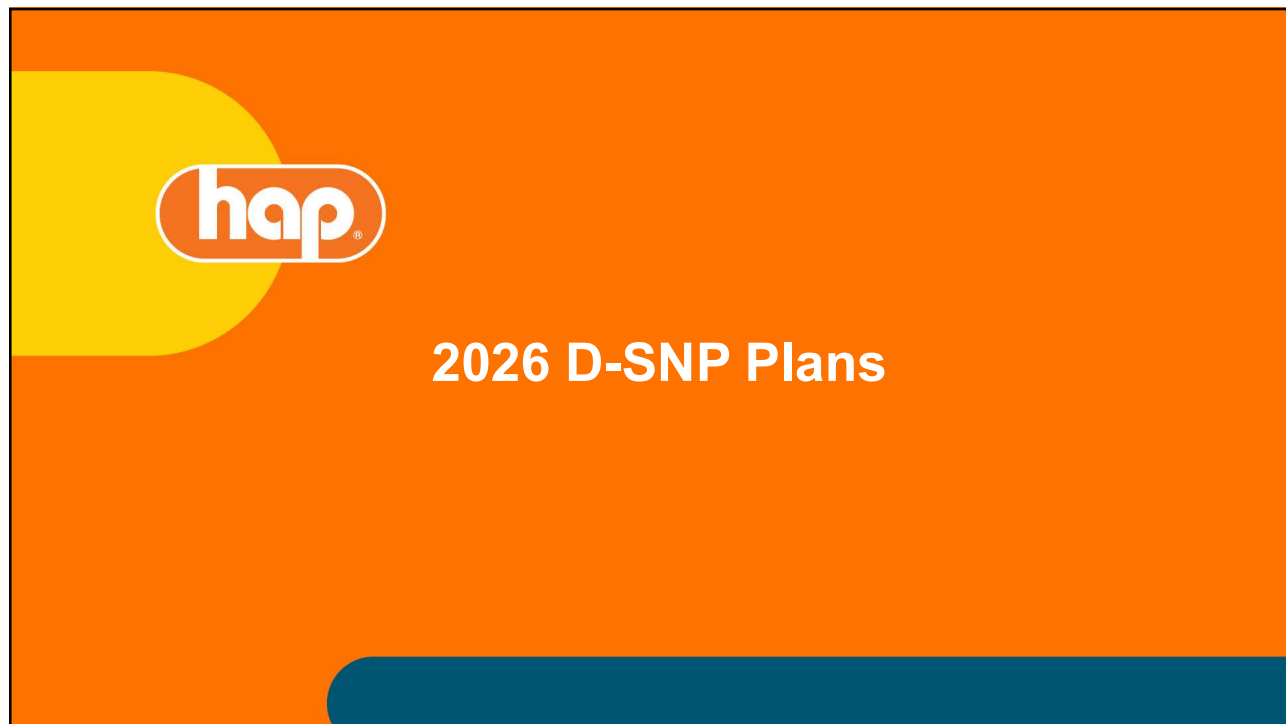
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**JR1** Must have diabetes, chronic heart failure or cardiovascular disease to qualify

Reeves, Jennie, 2025-07-01T16:20:46.791

**JR2** Wrong plans listed here

Reeves, Jennie, 2025-07-01T16:21:36.958



25

JR3

HAP Medicare Complete Duals (HMO D-SNP)

- Must be Full-Dual Eligible (QMB+, SLMB+ FBDE) and have LIS to qualify
- FlexCard: \$158/month for OTC and for eligible members: Healthy food/produce, home safety modification, pest control, utilities and fuel at the pump
- Embedded Dental- \$2,000 through Delta Dental PPO Network for preventative and minor restorative services
- \$1,000 Hearing aid allowance
- \$300 Vision allowance
- Transportation: 36 one-way trips
- Post discharge meals, 2 a day over 14 days

	2026 HAP Medicare Complete Duals HMO D-SNP
Premium	\$0
MOOP	\$9,250
Inpatient Hospital	\$0
Outpatient Hospital/ASC	\$0
PCP/Specialist	\$0
PT / OT / ST	\$0
ER/UC	\$0
Labs	\$0
OTC Benefit	FlexCard
Part D Deductible	\$615
Preferred RX Copay T1-T5	DS

26

Slide 26

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**JR1**    2025 Part D Deductible is \$590  
Reeves, Jennie, 2025-07-01T16:25:38.348

**JR2**    Do you want to include SilverSneakers  
Reeves, Jennie, 2025-07-01T16:29:40.273

**JR3**    39 counties  
Reeves, Jennie, 2025-07-01T16:30:52.245

JR10

## Medicare Complete Assist (PPO D-SNP)



Now available in full PPO service area- 40 counties



JR3



Partial and Full duals Qualify



FlexCard: \$133/month for co-pay assist, OTC and for eligible members: Healthy food/produce, home safety modification, pest control, utilities and fuel at the pump



Embedded Dental- \$2,000 through Delta Dental PPO Network for preventative and minor restorative services



\$1,000 Hearing aid allowance



\$300 Vision allowance



Transportation: 12 one-way trips



Post discharge meals, 2 a day over 14 days

### 2026 Medicare Complete Assist PPO DSNP

JR9

<b>Premium</b>	Part C: \$0; Part D: \$10 Targeted LIPSA
<b>Medical Deductible INN/OON</b>	\$0/NA
<b>MOOP</b>	\$9,250
<b>Inpatient Hospital</b>	\$0 or \$2,185 per stay
<b>Outpatient Hospital/ASC</b>	20%/20%
<b>PCP/Specialist</b>	\$0 or up to \$20%
<b>PT / OT / ST</b>	20% (\$2,330 max for PT/SLP/OT)
<b>ER/UC</b>	\$115/\$40
<b>Labs</b>	\$0 or 20%
<b>Part D Deductible</b>	\$615
<b>Preferred RX Copay T1-T5</b>	Defined Standard

JR6

JR11

27



## 2026 Supplemental Benefits

28

## Slide 27

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- JR1** 40 counties for 2026  
Reeves, Jennie, 2025-07-01T16:31:16.015
- JR2** They don't have to have LIS to qualify. PPO DSNP eligibility is based on Medicaid/Dual status only.  
Reeves, Jennie, 2025-07-01T16:32:03.265
- JR3** Do you want to add fitness  
Reeves, Jennie, 2025-07-01T16:33:09.975
- JR4** \$0 or up to \$26.60  
Reeves, Jennie, 2025-07-01T16:34:14.866
- JR5** Deductible 2025: \$0-263, 2025: \$0-\$257  
Reeves, Jennie, 2025-07-01T16:34:48.692
- JR6** 2025 Inpatient: \$0 or \$2,185 - same for both years  
Reeves, Jennie, 2025-07-01T16:35:30.980
- JR7** Labs is the same for both years: \$0 or 20%  
Reeves, Jennie, 2025-07-01T16:36:46.085
- JR8** Rx copays are the same for both years DS  
Reeves, Jennie, 2025-07-01T16:37:12.218
- JR9** Part D Deductible T1-T5 2025: \$590, 2026: \$615  
Reeves, Jennie, 2025-07-01T16:38:01.040
- JR10** ER UC: 2025: \$0 or \$110/ \$0 or \$45  
2026: \$0 or \$115/\$0 or \$40  
Reeves, Jennie, 2025-07-01T16:39:26.920
- JR11** PCP/SPC: \$0 or 20% for both years  
Reeves, Jennie, 2025-07-01T16:40:01.436



## New for Dental



### Embedded Dental

- HAP utilizes Delta Dentals PPO network on embedded benefits

### Dental Buy-up

- In 2026 members with our option buy up dental will have Access to both Premier and PPO dentist!!

### Some plans have 100% coverage!

JR2

- Henry Ford Select and HAP Member Assist, D-SNP and C-SNP members
- No buy up available for these plans

29

## Dental Coverage



\*For all plans **except**: D-SNP, C-SNP, Henry Ford Select, Member Assist\*

Coverage	2025 Embedded	2026 Embedded
Oral Exam	2 per year	2 per year
Cleanings (prophylaxis and perio cleanings)	2 per year	2 per year
Bitewing X-rays	1 per year	1 per year
Panoramic	1 per 5 years	1 per 5 years
Fluoride treatment	2 per year	2 per year
Amalgam/composite filling	50% Coinsurance	50% Coinsurance
Root Canal	50% Coinsurance	50% Coinsurance
Crowns	Repairs- 50%/ New- N/A	50% Coinsurance
Bridge realign/repair	50% Coinsurance	50% Coinsurance
Simple Extractions	50% Coinsurance	50% Coinsurance
Max Benefit	\$2,000	\$2,000

Pending CMS Approval

30

## Slide 29

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**JR1** Delta

Reeves, Jennie, 2025-07-01T16:42:22.633

**JR2** Also for PPO plans because it won't be OON then

Reeves, Jennie, 2025-07-01T16:42:56.564

## Dental Coverage



\*For Henry Ford Select, HAP Member Assist Only\*

Coverage	2025 Embedded	2026 Embedded
Oral Exam	2 per year	2 per year
Cleanings (prophylaxis and perio cleanings)	2 per year	2 per year
Bitewing X-rays	1 per year	1 per year
Panoramic	1 per 5 years	1 per 5 years
Fluoride treatment	2 per year	2 per year
Amalgam/composite filling	Covered 100%	Covered 100%
Root Canal	Covered 100%	Covered 100%
Crowns	Covered 100%	Covered 100%
Bridge realign/repair	Covered 100%	Covered 100%
Simple Extractions	Covered 100%	Covered 100%
Max Benefit	\$2,000	\$2,000

Pending CMS Approval

31

## Dental Coverage




\* For D-SNP & C-SNP Plans Only\*

Coverage	2025 Embedded	2026 Embedded
Oral Exam	2 per year	2 per year
Cleanings (prophylaxis and perio cleanings)	2 per year	2 per year
Bitewing X-rays	1 per year	1 per year
Panoramic	1 per 5 years	1 per 5 years
Fluoride treatment	2 per year	2 per year
Amalgam/composite filling	Covered 100%	Covered 100%
Root Canal	Covered 100%	Covered 100%
Crowns	Repairs 100% / New- N/A	Repairs 100% / New- N/A
Bridge realign/repair	Covered 100%	Covered 100%
Simple Extractions	Covered 100%	Covered 100%
Max Benefit	\$2,000	\$2,000

Pending CMS Approval

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## Medicare Advantage Dental Buy-up



\$2,000 Limit

Covers Additional Preventative services

Diagnostic Imaging

Perio Procedures

Implants

Bridges

Anesthesia

Emergency Palliative Treatment

**Monthly Premium: \$37.90**


**HAP**  
**2026 Medicare Advantage Benefits**


Category	CDT Code Set	Services	Network: PPO and Premier
Preventive	Diagnostic D0100-D0999	Oral Exams	0%
		Bite-wing Radiographs	0%
		Full-Mouth Series X-ray/Panoramic Film	0%
		Other Diagnostic Imaging	100%
		Additional Tests & Examinations	100%
Comprehensive	Preventive D1000-D1999	Dental Prophylaxis	0%
		Fluoride Treatment	0%
	Restorative D2000-D2999	Amalgams	0%
		Resin Based Composites	0%
		Onlays and Crowns	0%
	Endodontics D3000-D3999	Crown Repairs	0%
		Endodontics (Root Canals)	0%
	Periodontics D4000-D4999	Perio Maintenance	0%
		Perio Surgical Procedures	50%
		Perio Non-Surgical Procedures	50%
	Prostheticodontics, removable	Dentures	50%
		Denture Relines/Repairs	50%
	Implant Services D6000-D6199	Implant Services	50%
		Implant Repairs	50%
	Prostheticodontics, fixed D6200-D6999	Implant Repairs	50%
		Bridge Repairs	50%
	Oral & Maxillofacial Surgery D7000-D7999	Bridges	50%
		Simple Extractions	0%
		Surgical Extractions/Oral Surgery	0%
Adjunctive General Services D9000-D9999		Brush Biopsy	0%
Deductible	Emergency Palliative Treatment	100%	
	Occlusal Guards/Occlusal Adjustments	50%	
	Anesthesia	50%	
	Maximum Allowance (per person total per calendar year on all services)	\$0	

**Dental Dental Plan 50**  
**Current MSB Benefits**  
 (\$2000 Annual Max, + crowns & PPO Network)


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## Medicare Advantage Supplemental Benefits






Vision



Hearing



FlexCard

JR1

- Powered by EyeMed's Insight network
- \$0 Routine eye exam
- \$150 Allowance (\$300 on D-SNP & C-SNP)
- 20% discount over the plan benefit Max

- Powered by NationsHearing
- Member set up appointment by calling NationsHearing
- \$0 Routine hearing exam
- 60 batteries per year/per aid

- Powered by Sunny Benefits
- Retail OTC (major retailers) & Catalog options
- D-SNP Includes fuel at the pump!

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**JR1**    \$300 is also for CSNP  
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Medicare Advantage Supplemental Benefits

Travel Benefit

- For our members escaping Michigan Winters
- HMO- FL, TX, AZ and outside service area in MI
- PPO All 49 states outside of MI
- In-Network cost-share at any Medicare provider

Assist America

- Worldwide emergency services
- Emergency medical evacuation
- Prescription assistance
- Lost luggage assistance

Fitness

- Powered by SilverSneakers
- Includes LifeTime Fitness and MVP Athletic Clubs
- 500+ Facilities in-network!

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Navigator

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## HAP Medicare Navigator Overview



**Philosophy** – Our Navigators create a high-touch, relationship-based, concierge journey for the lifetime of our members journey with HAP focusing on benefit education, goal setting and member portal navigation.

**Plans that include navigator support:**

HAP Medicare Prime (PPO)  
 HAP Member Assist (PPO)  
 HAP Medical Access HMO  
 HAP Medicare Complete Duals (HMO D-SNP)  
 HAP Medicare Superior (HMO)  
 Henry Ford Select (HMO)  
 HAP Medicare Diabetes and Heart (C-SNP)  
 HAP CareSource™ MI Coordinated Health (HMO D-SNP)

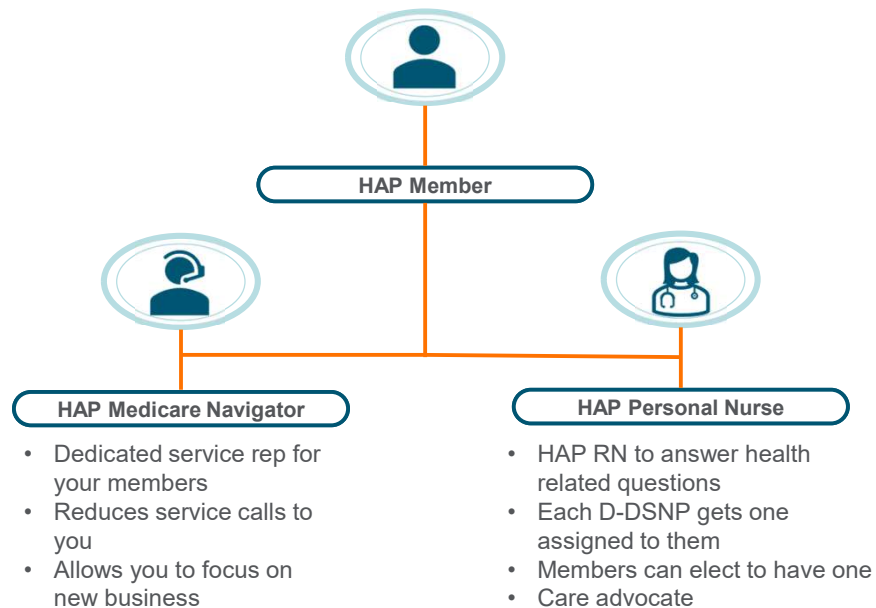
### Year One New Member Journey Outreach:

Outreach #1	Outreach #2	Outreach #3	Outreach #4	Outreach #5
<ul style="list-style-type: none"> <li>• Navigator Welcome Call</li> </ul>	<ul style="list-style-type: none"> <li>• Reinforce Relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Supp. Benefit check-up</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-Renewal Readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced Goal Setting</li> </ul>

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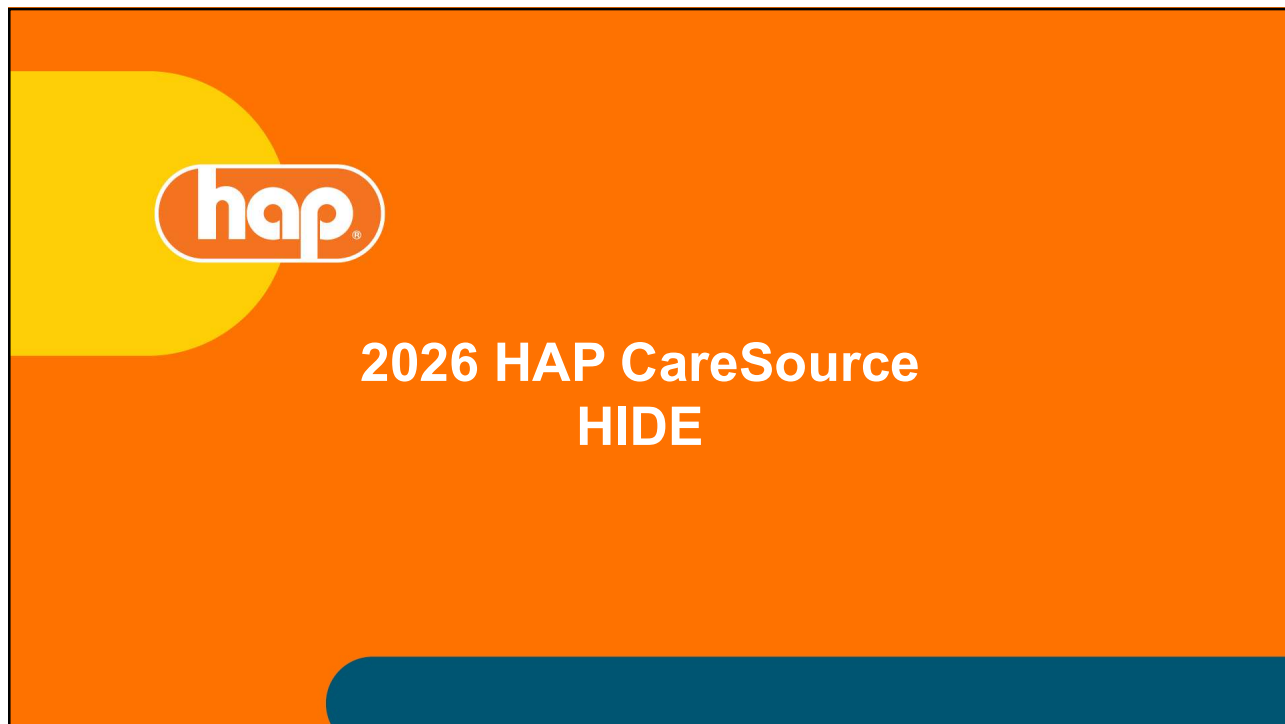
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## HAP Member Model of Care/Agent Support




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**MI Coordinated Health (MICH)**


The State of Michigan is implanting a 2-phase approach to implementing the switch from Coordinated-Only D-SNP to HIDE D-SNP plan designs in Michigan. In 2026, HAP CareSource will offer a HIDE D-SNP plan in Wayne and Macomb County

- Phase 1: 2026- Region 1 (UP), Region 8 (SW MI) and 2 Counties in Region 10 (Wayne & Macomb) will introduce HIDE-SNP plans and eliminate D-SNP plans.
- Phase 2: 2027- The remainder of the state will move to HIDE-SNP

Once a county moves to HIDE, CO D-SNP plans will no longer be offered. In 2026, HAP Complete Dual Members in Wayne and Macomb County will be cross-walked to HAP CareSource MI Coordinated Health HMO HIDE D-SNP for 1/1/2026 effective dates.

**\*\*To sell HAP CareSource MI Coordinated Health (HMO HIDE D-SNP) you must be Contracted with CareSource, along with Contracted and RTS with HAP\*\***

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**HAP CareSource MI Coordinated Health HIDE (HMO D-SNP)**

Wayne & Macomb Counties only

- Must be Full-Dual Eligible (QMB+, SLMB+ FBDE)
- FlexCard: \$210/month for OTC, Dental, Vision, Hearing, Fitness, SSBCI- Healthy Food, Rent, Utilities, Pet Care Items, Household Cleaning supplies, Home Safety Items, Pest Control Items, Personal Care Items, Indoor Air Quality Items
- Core Medicaid Benefits plus fluoride treatments, and dentures, max \$5,000 benefit
- 2 Hearing aides every 3 years
- Medicaid Benefit
- 28 Meals per inpatient or SNF discharge

2026 HAP CareSource HIDE-SNP	
Premium	\$0
Medical Deductible	
INN/OON	\$0
Inpatient Hospital	\$0
Outpatient Hospital/ASC	\$0
PCP/Specialist	\$0
PT / OT / ST	\$0
ER/UC	\$0
Labs	\$0
Part D Deductible	\$615/ \$0 with LIS
Preferred RX Copay T1-T5	DS

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## 2026 Medicare Advantage Commission Schedule

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2026 MA Commission Schedule

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New To Medicare Advantage/DSNP

\$694

Medicare Advantage/DSNP Renewal

\$347

- CMS Guidelines state that renewal commissions are paid when a client goes from MA from one company to another, this also applies for PDP to MA
- Medicare Advantage renewal commissions are paid as earned
- **\$100 certification reimbursement:** write 10 new HAP MA for 1/1/26

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2026 Medicare Supplemental Plans

(Medigap)

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## 2026 Medigap



Plan Options	Eligibility	Household discount	Extras
<ul style="list-style-type: none"> <li>HAP Offers plans A,C*,D,F*,G and D</li> <li>A,C,D,G and F are available for GI for loss of creditable coverage</li> <li>*C &amp; F are only available for those eligible for Medicare prior to 1/1/2020</li> <li>U65 can buy A or G if eligible after 1/1/2020, if eligible prior to that date, A and C</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries must be a permanent resident of Michigan and have original Medicare (Parts A &amp; B)</li> <li>GI rates determined by age/gender</li> <li>Underwritten applications may qualify for preferred, standard rates, or be denied</li> <li>**Plan is portable if moving out of Michigan after being on the plan for 6 months (same rate applies**)</li> </ul>	<ul style="list-style-type: none"> <li>HAP offers a \$10/PMPM household discount</li> <li>2 members of the same household</li> <li>If two members in the same household were members prior to 1/1/2020 they are not eligible for the discount, they would have to re-apply and go through underwriting</li> </ul>	<ul style="list-style-type: none"> <li>New and existing medigap members receive our SilverSneakers fitness membership</li> <li>Fitness membership includes Lifetime and MVP</li> <li>Bundled buy-up Dental/vision package is available for members to purchase</li> <li>Members also receive our Assist America benefit</li> </ul>

JR1

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## 2025 Medigap Dental/Vision Buy-up



Coverage	Delta 50	Delta 70	Delta 100
<b>Premium</b>	<b>\$52.00</b>	<b>\$68.90</b>	<b>\$63.20</b>
Delta Network	Premier/PPO	Premier/PPO	PPO Only
Exams/cleanings	100%	100%	100%
Preventative	100%	100%	100%
Emergency pain treatment	100%	100%	100%
Fillings	50%	70%	50%
Crowns	50%	50%	50%
Periodontics	50%	70%	100%
Bridges	50%	70%	50%/repairs 100%
Simple Extractions	50%	70%	100%
Oral Surgery	50%	70%	100%
Dentures	50%	50%	50%
Implants	50%	50%	50%
<b>Max Benefit</b>	<b>\$800</b>	<b>\$1,500</b>	<b>\$2,500</b>

JR1 No waiting periods

- Members have up to 30 days after effective date to add on
- Listed rates include \$175 in vision coverage using the EyeMed Insight network
- Vision includes \$0 eye exam

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**Slide 45**

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**JR1** Extras - Add: Hearing aid discounts through NationsHearing  
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**Slide 46**

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**JR1** 2026 rates: \$52.00/\$68.90/\$63.20  
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2026 Medigap Service Area



\*HAP Medigap is available in every county in Michigan

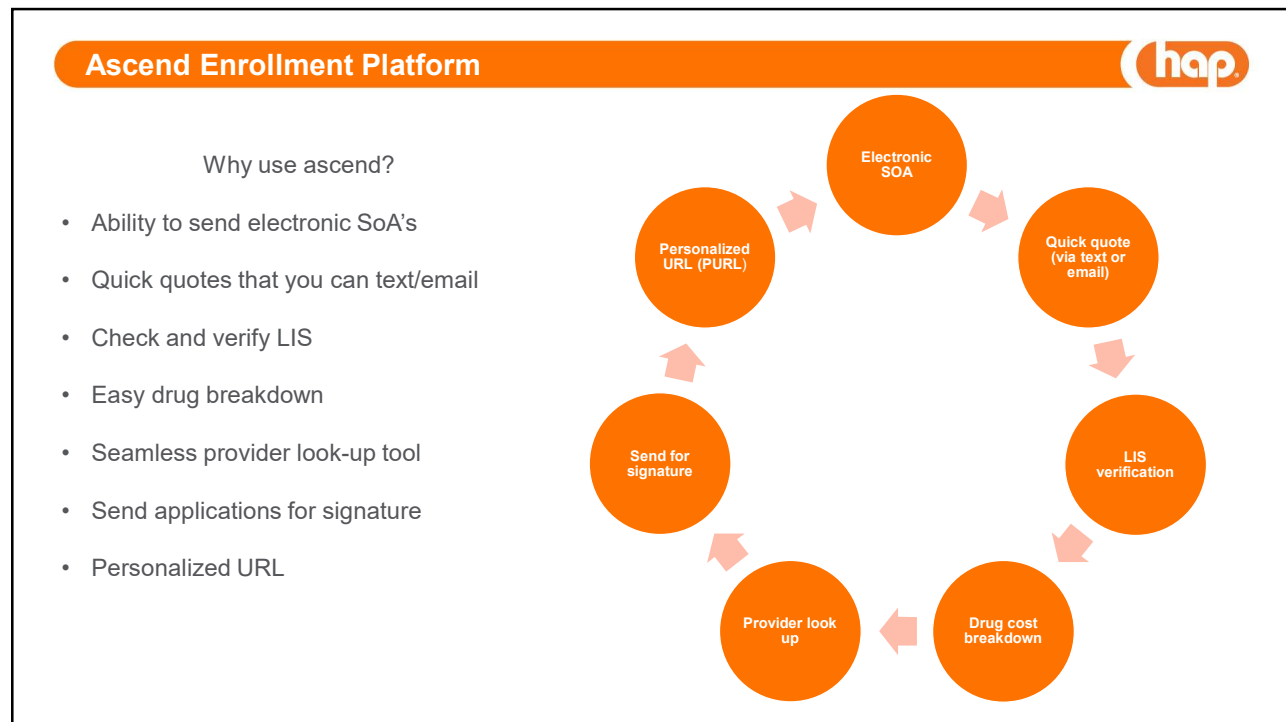


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# Additional Resources

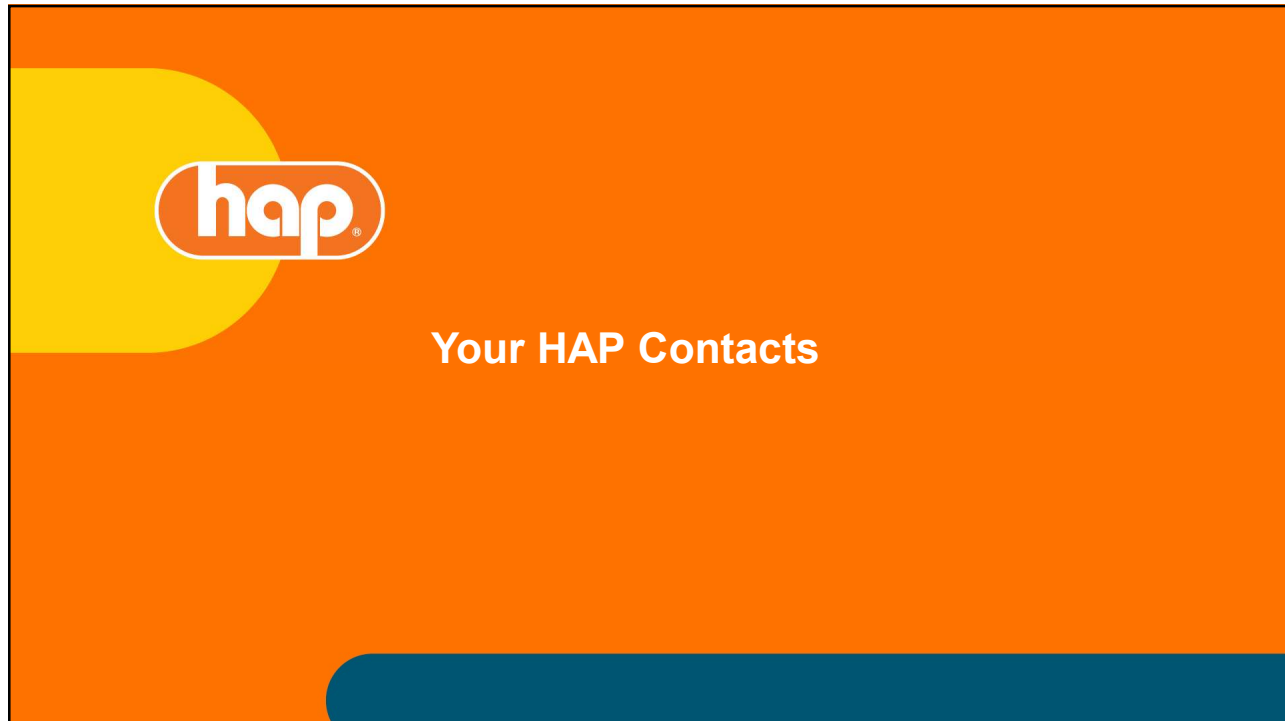
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# Thank you

Contact your Lead Medicare Consultant for any questions

