2027 Medicare Broker Training

For Agent/Broker Use Only

Health Alliance Plan of Michigan has HMO, HMO C-SNP, HMO-POS and PPO plans with Medicare contracts. HAP Medicare Complete Duals (HMO D-SNP), HAP Medicare Complete Assist (PPO D-SNP) and HAP CareSource™ MI Coordinated Health (HMO D-SNP) are Medicare health plans with a Medicare contract and a contract with the Michigan Medicaid Program that provides benefits of both programs to enrollees. Enrollment depends on contract renewals.

Y0076_ALL 2027 Broker Train Pres v2_C HAP1098850 8/2026

Health Alliance Plan®
by Henry Ford Health

Agenda

1. Why get certified with Health Alliance Plan?
2. What's new in 2027?
3. Medicare Advantage service areas
4. 2027 Medicare Advantage plans
5. Other covered benefits
6. Health Alliance Plan Navigators
7. Medicare Advantage commission schedule
8. MedSupp/Medigap plans
9. Additional resources
10. Contact information

Why get certified with Health Alliance Plan?

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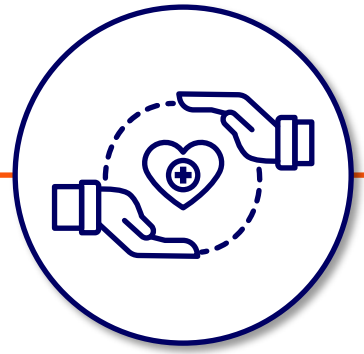
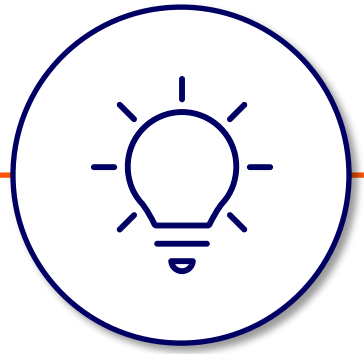
Why Health Alliance Plan?

Non-profit



Integrated



Innovative and growing

Local

Dependable

What’s new in 2027?

Health Alliance Plan
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HAP is now

Health Alliance Plan®

by Henry Ford Health

New name. Same commitment to care.

We have a new name and updated look, but we are still providing the same care and dedication. Backed by Henry Ford Health, our plans are built on a higher standard shaped by 40 years of integrated, high-value care, without limiting choice. That means our members still have access to a broad network of doctors and hospitals so they can get the care they need. And you'll continue working with the same account reps and broker support teams, with no changes to your contract terms.

What’s new in 2027?

Flex cards

- Each Health Alliance Plan Medicare Advantage plan has a different flex card allowance
- Flex cards arrive in the mail, separate from the Welcome Kits
- For existing members, their flex card with old branding will continue to work until it expires; New members will get a flex card with our new branding
- Members can purchase over-the-counter (OTC) items at a participating retail location or through a catalog
- Healthy food* can only be purchased with a flex card from our D-SNP and C-SNP plans

**Special Supplemental Benefits for the Chronically Ill (SSBCI) are available only to members who meet specific plan criteria and are not available to all members. Eligibility is determined by the plan.*

Healthy Living Rewards

- Earned rewards will be loaded directly onto the member’s flex card for easy use

New vendors

- Telehealth services (benefit available on select plans) will now be provided through Teladoc
- Fitness benefits will now be through One Pass

Medicare Advantage service areas

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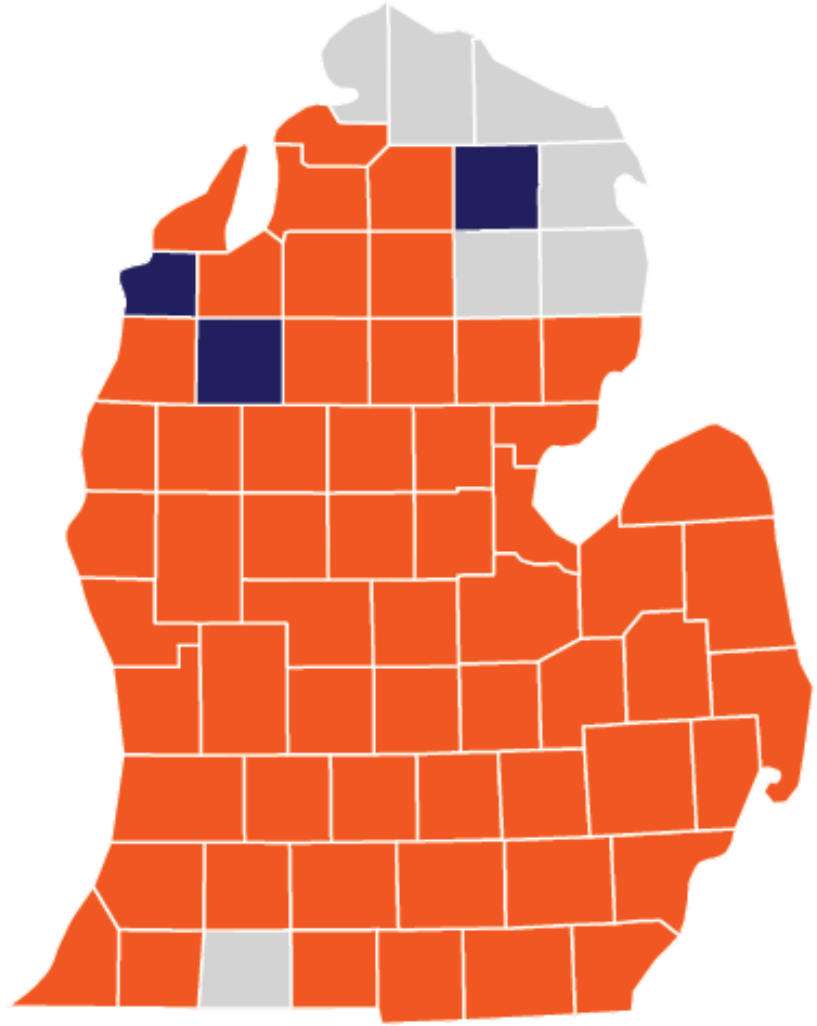
by Henry Ford Health

HMO plans – 61 counties

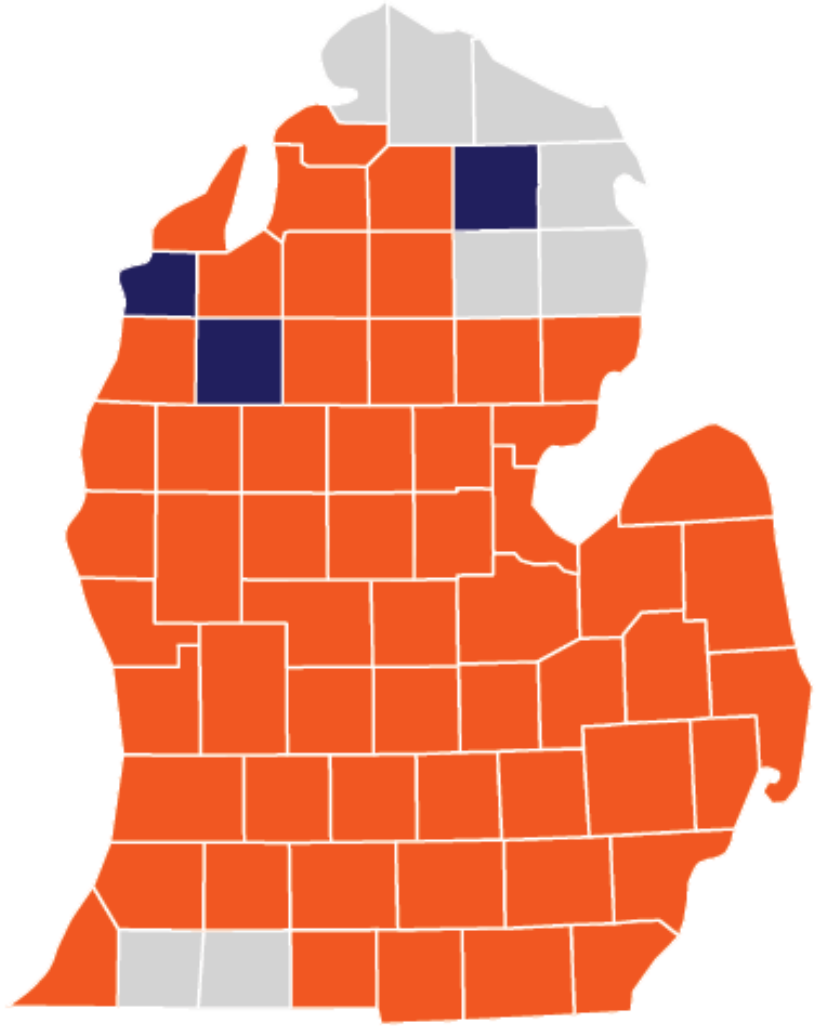
Allegan, Antrim, Arenac, Barry, Bay, **Benzie**, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, **Montmorency**, Muskegon, Newaygo, Oakland, Oceana, Ogema, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne and **Wexford**



Blue indicates a new county

PPO plans – 60 counties

Allegan, Antrim, Arenac, Barry, Bay, **Benzie**, Berrien, Branch, Calhoun, 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, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, **Montmorency**, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne and **Wexford**



Blue indicates a new county

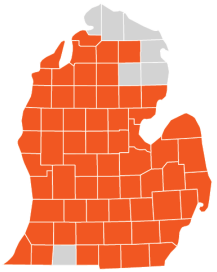
2027 Medicare Advantage plans

Health Alliance Plan
by Henry Ford Health

HMO and HMO-POS plans

Health Alliance Plan®
by Henry Ford Health

HAP Medicare Superior (HMO)



Available in: 61 Counties

Travel Benefit

In-network cost-share for plan covered benefits in AZ, FL, TX or outside our service area in MI

Flex Card Benefit

$30/quarter without rollover for over-the-counter (OTC) items, dental, vision and hearing

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50-75% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

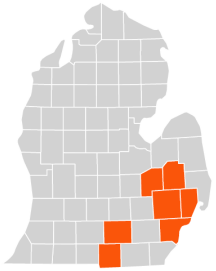
$375 surgical procedures

$150 non-surgical procedures

$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$0
Medical Deductible INN	$0
MOOP	$5,800
Inpatient Hospital	$375/1-6
Outpatient Hospital/ASC	$375/$325
PCP/Specialist	$0/$40
PT/OT/ST	$40
ER/UC	$130/$50
Labs	$0
OTC Benefit	Flex Card
Part D Deductible	$200 T3-T5
Preferred RX Copay T1-T5	$0/$8/20%/48%/31%

Henry Ford Select (HMO)



Available in:

- Genesee
- Hillsdale
- Jackson
- Lapeer
- Macomb
- Oakland
- Wayne

Uses Henry Ford Health and Ascension providers

Travel Benefit

In-network cost-share for plan covered benefits in AZ, FL, TX or outside our service area in MI

Flex Card Benefit

$30/quarter without rollover for over-the-counter (OTC) items, copay assist for plan covered services (specialist, inpatient, PT/OT/ST) and more

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50-75% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

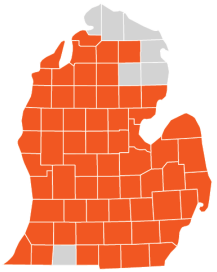
$275 surgical procedures

$100 non-surgical procedures

$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$0
Medical Deductible INN	$0
MOOP	$4,950
Inpatient Hospital	$325/1-6
Outpatient Hospital/ASC	$275/$275
PCP/Specialist	$0/$25
PT/OT/ST	$25
ER/UC	$130/$35
Labs	$0
OTC Benefit	Flex Card
Part D Deductible	$200 T3-T5
Preferred RX Copay T1-T5	$0/$8/20%/48%/31%

HAP Medicare MedicalAccess (HMO)



Available in: 61 Counties

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

Travel Benefit

In-network cost-share for plan covered benefits in AZ, FL, TX or outside our service area in MI

Flex Card Benefit

$95/quarter without rollover for over-the-counter (OTC) items

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50-75% coinsurance for most comprehensive services

Outpatient Hospital Benefits

$300 surgical procedures

$150 non-surgical procedures

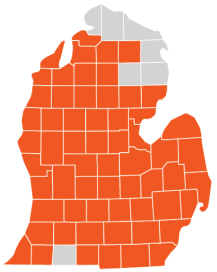
$0 colonoscopy if polyp removed during preventive

Part B Premium Reduction

$105 monthly Part B

	2027 Benefits
Premium	$0 with $105 Part B Rebate
Medical Deductible INN	$0
MOOP	$4,500
Inpatient Hospital	$325/1-5
Outpatient Hospital/ASC	$300/$225
PCP/Specialist	$0/$35
PT/OT/ST	$20
ER/UC	$130/$50
Labs	$0
OTC Benefit	Flex Card
Part D Deductible	N/A
Preferred RX Copay T1-T5	N/A

HAP Medicare Connect (HMO)



Available in: 61 Counties

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

Travel Benefit

In-network cost-share for plan covered benefits in AZ, FL, TX or outside our service area in MI

Flex Card Benefit

Not covered

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50-75% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

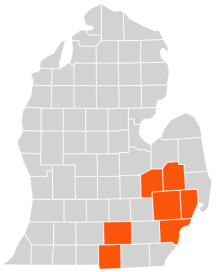
$375 surgical procedures

$145 non-surgical procedures

$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$0
Medical Deductible INN	$0
MOOP	$5,600
Inpatient Hospital	$375/1-6
Outpatient Hospital/ASC	$375/$325
PCP/Specialist	$0/$45
PT/OT/ST	$40
ER/UC	$130/$50
Labs	$0
OTC Benefit	Not covered
Part D Deductible	$200 T3-T5
Preferred RX Copay T1-T5	$0/$8/20%/48%/31%

HAP Senior Plus Henry Ford Tiered Access (HMO)



Available in:

- Genesee
- Hillsdale
- Jackson
- Lapeer
- Macomb
- Oakland
- Wayne

Travel Benefit

In-network cost-share for plan covered benefits in AZ, FL, TX or outside our service area in MI

Flex Card Benefit

$20/quarter without rollover for over-the-counter (OTC) items

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50-75% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

$150 T1/$205 T2 surgical procedures

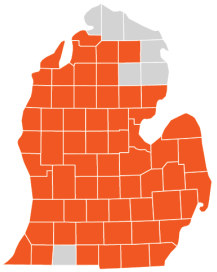
$55 T1/$100 T2 non-surgical procedures

$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$95
Medical Deductible INN	$0
MOOP	$4,750
Inpatient Hospital	$275 T1/$350 T2/1-6
Outpatient Hospital/ASC	$150 T1/$205 T2 $80 T1/$120 T2
PCP/Specialist	$0 T1/$35 T2 $30 T1/$50 T2
PT/OT/ST	$30 T1/$35 T2
ER/UC	$130/$50
Labs	$0
OTC Benefit	Flex Card
Part D Deductible	$0
Preferred RX Copay T1-T5	$0/$8/20%/48%/33%

Tier 1 = Henry Ford providers,
Tier 2 = All other providers

HAP Senior Plus (HMO-POS)



Available in: 61 Counties

Flex Card Benefit

$75/quarter without rollover for over-the-counter (OTC) items

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50-75% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

$225 surgical procedures

$110 non-surgical procedures

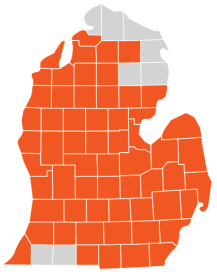
$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$105
Medical Deductible INN	$0
MOOP	$4,650 Combined Max Benefit for OON $1,000
Inpatient Hospital	$300/1-5, 20% OON
Outpatient Hospital/ASC	$225/$110, 20% OON
PCP/Specialist	$0/$30, 20% OON
PT/OT/ST	$10, 20% OON
ER/UC	$130/$50
Labs	$0, 20% OON
OTC Benefit	Flex Card
Part D Deductible	$0
Preferred RX Copay T1-T5	$0/$8/20%/41%/33%

PPO plans

Health Alliance Plan
by Henry Ford Health

HAP Medicare Prime (PPO)



Available in: 60 Counties

Travel Benefit

In-network cost-share for plan covered benefits in all 49 states outside of MI

Flex Card Benefit

$20/quarter without rollover for over-the-counter (OTC) items, dental, vision and hearing

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

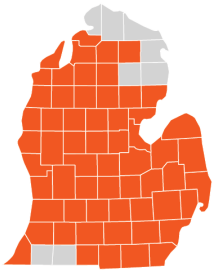
$350 surgical procedures

$160 non-surgical procedures

$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$0
Medical Deductible INN/OON	$195 Combined
MOOP	$6,400 Combined
Inpatient Hospital	$390/1-6, 35% OON
Outpatient Hospital/ASC	$350/$325, 35% OON
PCP/Specialist	$0/$50, $20/$60 OON
PT/OT/ST	$45, 35% OON
ER/UC	$130/$50
Labs	$0, 35% OON
OTC Benefit	Flex Card
Part D Deductible	$400 T3-T5
Preferred RX Copay T1-T5	$0/$9/20%/31%/29%

HAP Member Assist (PPO)



Available in: 60 Counties

***Depending on level of LIS, premium may reduce to $0**

Travel Benefit

In-network cost-share for plan covered benefits in all 49 states outside of MI

Flex Card Benefit

$65/quarter without rollover for over-the-counter (OTC) items and copay assist for plan covered services (i.e., specialist, PT/OT/ST)

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

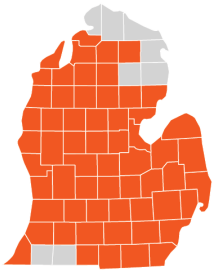
$275 surgical procedures

$100 non-surgical procedures

$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	Part C: $0; Part D: $6.30*
Medical Deductible INN/OON	$0
MOOP	$5,600 Combined
Inpatient Hospital	$335/1-7, 20% OON
Outpatient Hospital/ASC	$275/$225, 20% OON
PCP/Specialist	$0/$30, 20% OON
PT/OT/ST	$30, 20% OON
ER/UC	$130/$50
Labs	$0, 20% OON
OTC Benefit	Flex Card
Part D Deductible	$500 T3-T5
Preferred RX Copay T1-T5	$0/$7/20%/25%/28%

HAP Medicare Explore (PPO)



Available in: 60 Counties

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

Travel Benefit

In-network cost-share for plan covered benefits in all 49 states outside of MI

Flex Card Benefit

Not covered

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

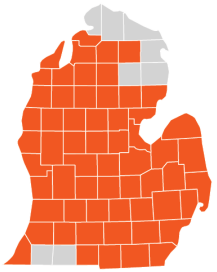
$350 surgical procedures

$160 non-surgical procedures

$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$0
Medical Deductible INN/OON	$275 Combined
MOOP	$6,050 Combined
Inpatient Hospital	$390/1-6, 40% OON
Outpatient Hospital/ASC	$350/$325, 40% OON
PCP/Specialist	$0/$50, 40% OON
PT/OT/ST	$45, 40% OON
ER/UC	$130/$50
Labs	$0, 40% OON
OTC Benefit	Not covered
Part D Deductible	$400 T3-T5
Preferred RX Copay T1-T5	$0/$9/20%/40%/29%

HAP Senior Plus (PPO)



Available in: 60 Counties

Travel Benefit

In-network cost-share for plan covered benefits in all 49 states outside of MI

Flex Card Benefit

$45/quarter without rollover for over-the-counter (OTC) items

Other Benefits

Embedded vision, hearing and fitness benefits

Dental Benefit

$1,500 through Delta Dental PPO network; Member pays 50% coinsurance for most comprehensive services

Prescription Benefit

T-1 and T-2 90-day mail order through Pharmacy Advantage for $0 copay

Outpatient Hospital Benefits

$200 surgical procedures

$100 non-surgical procedures

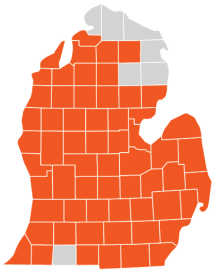
$0 colonoscopy if polyp removed during preventive

	2027 Benefits
Premium	$165
Medical Deductible INN/OON	$0
MOOP	$4,450 Combined
Inpatient Hospital	$250/1-5, 25% OON
Outpatient Hospital/ASC	$200/$180, 25% OON
PCP/Specialist	$0/$25, 25% OON
PT/OT/ST	$20, 25% OON
ER/UC	$150/$65
Labs	$0, 25% OON
OTC Benefit	Flex Card
Part D Deductible	$0
Preferred RX Copay T1-T5	$0/$9/20%/43%/33%

SNP plans

Health Alliance Plan
by Henry Ford Health

HAP Medicare Diabetes and Heart (HMO C-SNP)



Qualifying Conditions:

- Diabetes
- Chronic heart failure
- Cardiovascular disease

****Depending on level of LIS, Rx copays may reduce to $0.**

Flex Card Benefit

$150/quarter with rollover for over-the-counter (OTC) items, copay assist (specialist, PT/OT/ST, labs) and healthy food/produce*

Other Benefits

Embedded vision, hearing and fitness benefits

$0 Personal Emergency Response System (PERS)

Dental Benefit

$2,000 through Delta Dental PPO network for preventative and minor restorative services

Hearing Benefit

$1,000 allowance, 2 hearing aids per year, must obtain through NationsHearing

Meal Benefit

Post discharge meals: 28 meals/ 14 days max, annual limit of 2 discharges/year

	2027 Benefits
Premium	Part C: $0; Part D: $6.30**
Medical Deductible INN	$0
MOOP	$9,850
Inpatient Hospital	$395/1-5
Outpatient Hospital/ASC	$395/$395
PCP/Specialist	$0/$30
PT/OT/ST	$15
ER/UC	$115/$40
Labs	$0
OTC Benefit	Flex Card
Part D Deductible	$700 All Tiers
Standard RX Copay T1-T5	25% (Defined Standard)

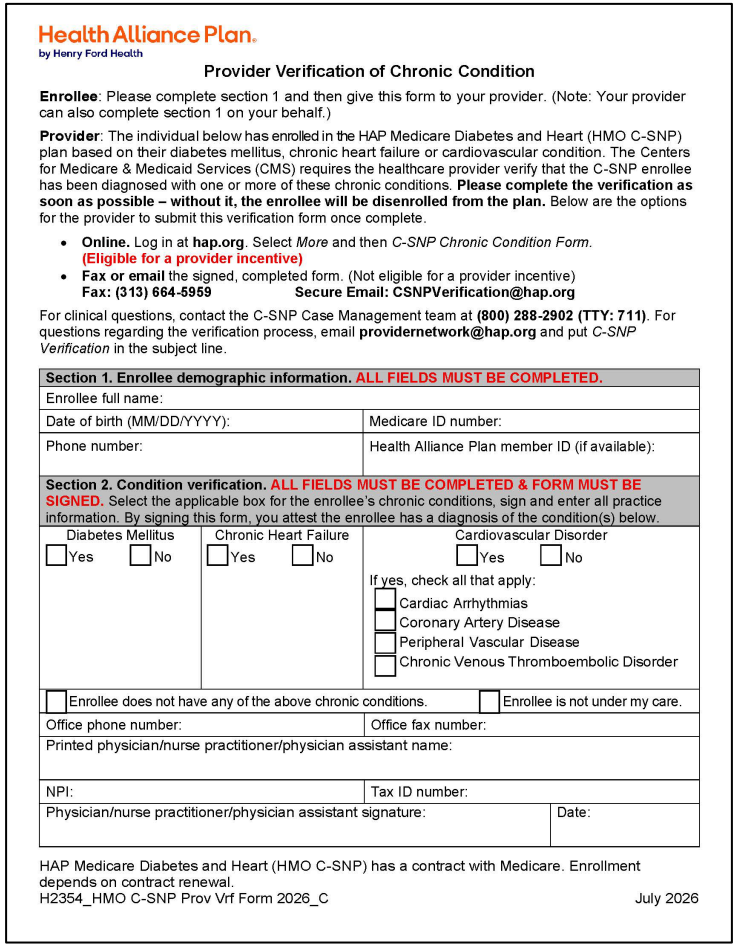
**Special Supplemental Benefits for the Chronically Ill (SSBCI) are available only to members who meet specific plan criteria and are not available to all members. Eligibility is determined by the plan.*

HAP Medicare Diabetes and Heart (HMO C-SNP) qualifying conditions and next steps

To enroll in the Chronic Condition Special Needs Plan (C-SNP), members must have one or more of the following chronic conditions:

- Diabetes mellitus
- Chronic heart failure
- Cardiovascular disorders, including:
  - Cardiac arrhythmias
  - Peripheral vascular disease (PAD)
  - Coronary artery disease (CAD)
  - Chronic venous thromboembolic disorder (VTE)

A doctor must confirm the diagnosis before a member can enroll in a C-SNP plan.



Health Alliance Plan
by Henry Ford Health

Provider Verification of Chronic Condition

Enrollee: Please complete section 1 and then give this form to your provider. (Note: Your provider can also complete section 1 on your behalf.)

Provider: The individual below has enrolled in the HAP Medicare Diabetes and Heart (HMO C-SNP) plan based on their diabetes mellitus, chronic heart failure or cardiovascular condition. The Centers for Medicare & Medicaid Services (CMS) requires the healthcare provider verify that the C-SNP enrollee has been diagnosed with one or more of these chronic conditions. **Please complete the verification as soon as possible – without it, the enrollee will be disenrolled from the plan.** Below are the options for the provider to submit this verification form once complete.

- **Online.** Log in at **hap.org**. Select *More* and then *C-SNP Chronic Condition Form*. **(Eligible for a provider incentive)**
- **Fax or email** the signed, completed form. (Not eligible for a provider incentive)
  Fax: (313) 664-5959 **Secure Email: CSNPVerification@hap.org**

For clinical questions, contact the C-SNP Case Management team at **(800) 288-2902 (TTY: 711)**. For questions regarding the verification process, email **providernetwork@hap.org** and put *C-SNP Verification* in the subject line.

Section 1. Enrollee demographic information. ALL FIELDS MUST BE COMPLETED.	
Enrollee full name:	
Date of birth (MM/DD/YYYY):	Medicare ID number:
Phone number:	Health Alliance Plan member ID (if available):

Section 2. Condition verification. ALL FIELDS MUST BE COMPLETED & FORM MUST BE SIGNED. Select the applicable box for the enrollee's chronic conditions, sign and enter all practice information. By signing this form, you attest the enrollee has a diagnosis of the condition(s) below.

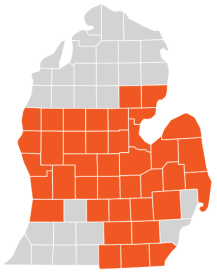
Diabetes Mellitus	Chronic Heart Failure	Cardiovascular Disorder
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No If yes, check all that apply: ☐ Cardiac Arrhythmias ☐ Coronary Artery Disease ☐ Peripheral Vascular Disease ☐ Chronic Venous Thromboembolic Disorder

☐ Enrollee does not have any of the above chronic conditions. ☐ Enrollee is not under my care.

Office phone number:	Office fax number:
Printed physician/nurse practitioner/physician assistant name:	
NPI:	Tax ID number:
Physician/nurse practitioner/physician assistant signature:	Date:

HAP Medicare Diabetes and Heart (HMO C-SNP) has a contract with Medicare. Enrollment depends on contract renewal.
H2354_HMO C-SNP Prov Vrf Form 2026_C July 2026

HAP Medicare Complete Duals (HMO D-SNP)



Available in HMO service area: 39 counties

Health Alliance Plan claims will process with Original Medicare benefits. If Medicaid pays the difference, the member will owe $0 cost share indicated. If the member loses Medicaid, they will pay the cost share as if they had Original Medicare. **Depending on level of LIS, Rx copays may reduce to $0.

Requirement

Must be full-dual eligible (QMB+, SLMB+ FBDE)

Flex Card Benefit

$148/month with rollover for over-the-counter (OTC) items, healthy food/produce*, pest control*, utilities*, home modifications* and fuel at the pump*/rideshare services*

Meal Benefit

Post discharge meals: 28 meals/14 days max, annual limit of 2 discharges/year

Dental Benefit

$2,000 through Delta Dental PPO network for preventative and minor restorative services

Hearing Benefit

$1,000 allowance, 2 hearing aids per year, must obtain through NationsHearing

Vision Benefit

$300 vision allowance through EyeMed

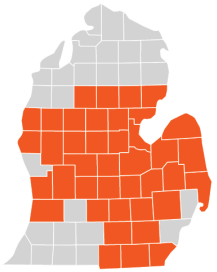
Transportation Benefit

36 one-way trips

	2027 Benefits
Premium	Part C: $0; Part B: $283 Premium Reduction; Part D: $6.30**
Medical Deductible INN	$0
MOOP	$9,850
Inpatient Hospital	$0
Outpatient Hospital/ASC	$0
PCP/Specialist	$0
PT/OT/ST	$0
ER/UC	$0
Labs	$0
OTC Benefit	Flex Card
Part D Deductible	$700 T2 – T5
Standard RX Copay T1-T5	$0/25%/25%/ 25%/25%

**Special Supplemental Benefits for the Chronically Ill (SSBCI) are available only to members who meet specific plan criteria and are not available to all members. Eligibility is determined by the plan.*

HAP Medicare Complete Assist (PPO D-SNP)



Available in HMO service area: 40 counties

Health Alliance Plan claims will process with Original Medicare benefits. If Medicaid pays the difference, the member will owe $0 cost share indicated. If the member loses Medicaid, they will pay the cost share as if they had Original Medicare. **Depending on level of LIS, RX copays may reduce to $0.

Requirement

Partial duals qualify

Flex Card Benefit

$114/month with rollover for over-the-counter (OTC) items, copay assist, healthy food/produce*, pest control*, utilities*, home modifications* and fuel at the pump*/rideshare services*

Meal Benefit

Post discharge meals: 28 meals/14 days max, annual limit of 2 discharges/year

Dental Benefit

$2,000 through Delta Dental PPO network for preventative and minor restorative services

Hearing Benefit

$1,000 allowance, 2 hearing aids per year, must obtain through NationsHearing

Vision Benefit

$300 vision allowance through EyeMed

Other Benefit

$0 Personal Emergency Response System (PERS)

	2027 Benefits
Premium	Part C: $0; Part B: $283 Premium Reduction; Part D: $6.30**
Medical Deductible INN/OON	$0
MOOP	$9,850/$14,800
Inpatient Hospital	$0 or $2,125 per Stay
Outpatient Hospital/ASC	$0 or 20%/$0 or 20%
PCP/Specialist	$0 or 20%/$0 or 20%
PT/OT/ST	$0 or 20% (CMS Maximum Applies)
ER/UC	$0 or $115/$0 or $40
Labs	$0 or 20%
OTC Benefit	Flex Card
Part D Deductible	$700 T2-T5
Standard RX Copay T1-T5	$0/25%/25%/ 25%/25%

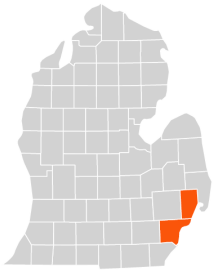
Special Supplemental Benefits for the Chronically Ill (SSBCI) are available only to members who meet specific plan criteria and are not available to all members. Eligibility is determined by the plan.

MI Coordinated Health (MICH)

- The State of Michigan is transitioning from a coordination-only (CO) D-SNP model to a highly-integrated dual-eligible special needs plan (HIDE-SNP) model (also known as MI Coordinated Health or MICH). This was designed to unify Medicare and Medicaid services for dual-eligible members.
  - Phase 1 was launched on Jan. 1, 2026. In this phase, Region 1 (the UP), Region 8 (Southwest MI) and two counties in Region 10 (Wayne and Macomb) introduced HIDE-SNP plans and eliminated D-SNP plans.
  - Phase 2, where the remainder of the state will move to HIDE-SNP, was originally set for 2027. However, this phase has been paused.
- Once a county moves to HIDE-SNP, CO D-SNP plans will no longer be offered.
  - In 2026, HAP Medicare Complete Duals (HMO D-SNP) members in Wayne and Macomb were cross-walked to the HAP CareSource™ MI Coordinated Health (HMO D-SNP) plan.
  - **In 2027, HAP CareSource™ will continue to offer the MICH HIDE-SNP plan in Wayne and Macomb counties.**

****To sell the HAP CareSource™ MI Coordinated Health (HMO D-SNP) plan, you must be contracted and** ready-to-sell (RTS) **with both CareSource and Health Alliance Plan****

HAP CareSource™ MI Coordinated Health (HMO D-SNP)



HAP CareSource™

Available in: • Macomb • Wayne

Requirement

Must be full-dual eligible (QMB+, SLMB+ FBDE)

Fitness Benefit

Access to a network of no-cost participating fitness centers; In addition, members can choose 1 home fitness kit per benefit year at no cost

Meal Benefit

28 meals/inpatient or SNF discharge

Hearing Benefit

2 hearing aides every 3 years

Dental Benefit

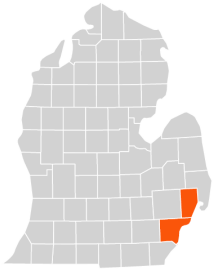
Core Medicaid benefits plus 2 fluoride treatments and dentures, maximum $3,000 benefit

Vision Benefit

Medicaid benefit plus $250 eyewear allowance

	2027 Benefits
Premium	$0
Medical Deductible INN/OON	$0
MOOP	N/A
Inpatient Hospital	$0
Outpatient Hospital/ASC	$0
PCP/Specialist	$0
PT/OT/ST	$0
ER/UC	$0
Labs	$0
OTC Benefit	Flex Card
Medicare Part D Drugs	$0
Medicaid Covered Drugs	$0

HAP CareSource™ MI Coordinated Health (HMO D-SNP) cont.



HAP CareSource™

Available in: • Macomb • Wayne

Flex Card Benefit

$205/month WITH rollover for qualifying over-the-counter (OTC), dental, vision and hearing items, services and accessories; Members approved for SSBCI benefits may use it for these additional qualifying items and services: healthy food*, utilities*, rent and mortgage assistance*, household cleaning supplies*, and personal care items*

**The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). Members may qualify for SSBCI if they are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, overweight/obesity/metabolic syndrome, chronic and disabling mental health conditions, or neurologic disorders. For a full list of qualifying chronic conditions or to learn more about other eligibility requirements for SSBCI, members should contact HAP CareSource Member Services or their Care Coordinator.*

	2027 Benefits
Premium	$0
Medical Deductible INN/OON	$0
MOOP	N/A
Inpatient Hospital	$0
Outpatient Hospital/ASC	$0
PCP/Specialist	$0
PT/OT/ST	$0
ER/UC	$0
Labs	$0
OTC Benefit	Flex Card
Medicare Part D Drugs	$0
Medicaid Covered Drugs	$0

Other covered benefits

Health Alliance Plan
by Henry Ford Health

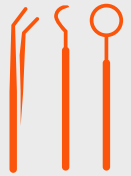
Dental coverage

Embedded dental

- Health Alliance Plan utilizes Delta Dental's PPO network for embedded benefits.

Dental buy-up

- Members who select the optional dental buy-up will have access to Delta Dental Premier and PPO dentists.



Dental changes (non-SNP plans)

- HMO and PPO: The maximum allowance for both preventative and comprehensive services is now $1,500.
- HMO only: Crowns/onlays and crown repairs covered at 25%.
- PPO only: Crowns/onlays and crown repairs are not covered.

Dental coverage – HMO plans

***For all HMO plans except C-SNP and D-SNP plans**

Coverage	2027 embedded
Oral exams	2 per year
Cleanings (prophylaxis and perio cleanings)	2 per year
Bitewing x-rays	1 per year
Panoramic x-rays	1 per 5 years
Fluoride treatments	2 per year
Amalgam/composite filling	50% coinsurance**
Root canal	50% coinsurance**
Crown/repair	25% coinsurance**
Simple extraction	50% coinsurance**
Maximum benefit	$1,500

***All coinsurances shown are the percentage (%) that the plan will pay toward a particular service.*

Dental coverage – PPO plans

***For all PPO plans except D-SNP plan**

Coverage	2027 embedded
Oral exams	2 per year
Cleanings (prophylaxis and perio cleanings)	2 per year
Bitewing x-rays	1 per year
Panoramic x-rays	1 per 5 years
Fluoride treatments	2 per year
Amalgam/composite filling	50% coinsurance**
Root canal	50% coinsurance**
Crown/repair	Not covered
Simple extraction	50% coinsurance**
Maximum benefit	$1,500

***All coinsurances shown are the percentage (%) that the plan will pay toward a particular service.*

Dental coverage – SNP plans

***For HMO C-SNP, HMO D-SNP and PPO D-SNP plans only**

Coverage	2027 embedded
Oral exams	2 per year
Cleanings (prophylaxis and perio cleanings)	2 per year
Bitewing x-rays	1 per year
Panoramic x-rays	1 per 5 years
Fluoride treatments	2 per year
Amalgam/composite filling	Covered 100%
Root canal	Covered 100%
Crown repairs	Covered 100%
Bridge realign/repair	Covered 100%
Simple extraction	Covered 100%
Maximum benefit	$2,000

***All coinsurances shown are the percentage (%) that the plan will pay toward a particular service.*

Medicare Advantage dental buy-up

$2,000 limit

Dental buy-up plan covers:

- Additional preventative services
- Diagnostic imaging
- Perio procedures
- Implants
- Bridges
- Anesthesia
- Emergency palliative treatment

HMO monthly premium: $38.90
PPO monthly premium: $48.50

**Dental buy-up not available to members enrolled in -SNP plans.*

Health Alliance Plan
2027 Medicare Advantage Benefits

Category	CDT Code Set	Services
Preventive	**Diagnostic** D0100-D0999	Oral Exams
		Bitewing Radiographs
		Full-Mouth Series X-ray/Panoramic Film/Periapical
		Other Diagnostic Imaging (Cone Beams/Intraoral)
		Additional Tests and Examinations
	Preventive D1000-D1999	Dental Prophylaxis
		Fluoride Treatment
Comprehensive	**Restorative** D2000-D2999	Amalgams
		Resin Based Composites
		Onlays/Crowns
		Crown Repairs
	Endodontics D3000-D3999	Endodontics (Root Canals)
	Periodontics D4000-D4999	Perio Maintenance
		Perio Surgical Procedures
		Perio Non-Surgical Procedures
	Prosthodontics, Removeable D5000-D5899	Dentures
		Denture Relines/Repairs
	Implant Services D6000-D6199	Implant Services
		Implant Repairs
	Prosthodontics, Fixed D6200-D6999	Bridges
		Bridge Repairs
	Oral and Maxillofacial Surgery D7000-D7999	Simple Extractions
		Surgical Extractions/Oral Surgery
		Brush Biopsy
	Adjunctive General Services D9000-D9999	Emergency Palliative Treatment
		Occlusal Guards/Occlusal Adjustments
		Anesthesia

Other covered benefits

Vision

- Powered by EyeMed's Insight network
- $0 routine eye exam
- $150 allowance ($300 for D-SNP and C-SNP plans)
- 20% discount over the plan benefit maximum

Hearing

- Powered by NationsHearing
- Member sets up appointment by calling NationsHearing
- $0 routine hearing exam
- 60 batteries per year per hearing aid

Flex card

- Powered by Sunny Benefits
- Retail over-the-counter (major retailers) and catalog options
- D-SNP plans include fuel at the pump benefit

Other covered benefits

Travel benefits

- 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 for plan covered benefits at **any Medicare provider**

Assist America

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

Fitness

- Powered by One Pass
- Unlimited access to gyms, online workouts and more
- 100s of in-network facilities across MI, including YMCA, Life Time and MVP Athletic Clubs

Health Alliance Plan Navigators

Health Alliance Plan
by Henry Ford Health

The Health Alliance Plan Navigator Program

Our Navigators serve as a dedicated, single point of contact – building lasting relationships and guiding members throughout their entire journey with Health Alliance Plan. They are focused on:

- Understanding each member's unique needs and goals
- Providing personalized guidance on Medicare Advantage benefits and value-added services
- Addressing member questions, concerns and issues
- Supporting benefit education, goal setting and member portal navigation

Navigators are available with the following Health Alliance Plan Medicare Advantage plans

HMO plans

- Henry Ford Select (HMO)
- HAP Medicare Superior (HMO)

PPO plans

- HAP Medicare Prime (PPO)
- HAP Member Assist (PPO)

SNP plans

- HAP Medicare Diabetes and Heart (HMO C-SNP)
- HAP Medicare Complete Duals (HMO D-SNP)
- HAP CareSource™ MI Coordinated Health (HMO D-SNP)*

**Navigators are referred to as Care Coordinators for the HAP CareSource™ HIDE-SNP plan.*

Health Alliance Plan member support overview

New member outreach journey

Outreach 1

- Navigator welcome call

Outreach 2

- Reinforce member and Navigator relationship

Outreach 3

- Supplemental benefit check-in

Outreach 4

- Pre-renewal readiness call

Outreach 5

- Advanced goal setting

Member model of care/agent support

Health Alliance Plan Member

Health Alliance Plan Navigator

- Dedicated service representative for your members
- Reduces service calls to you
- Allows you to focus on new business

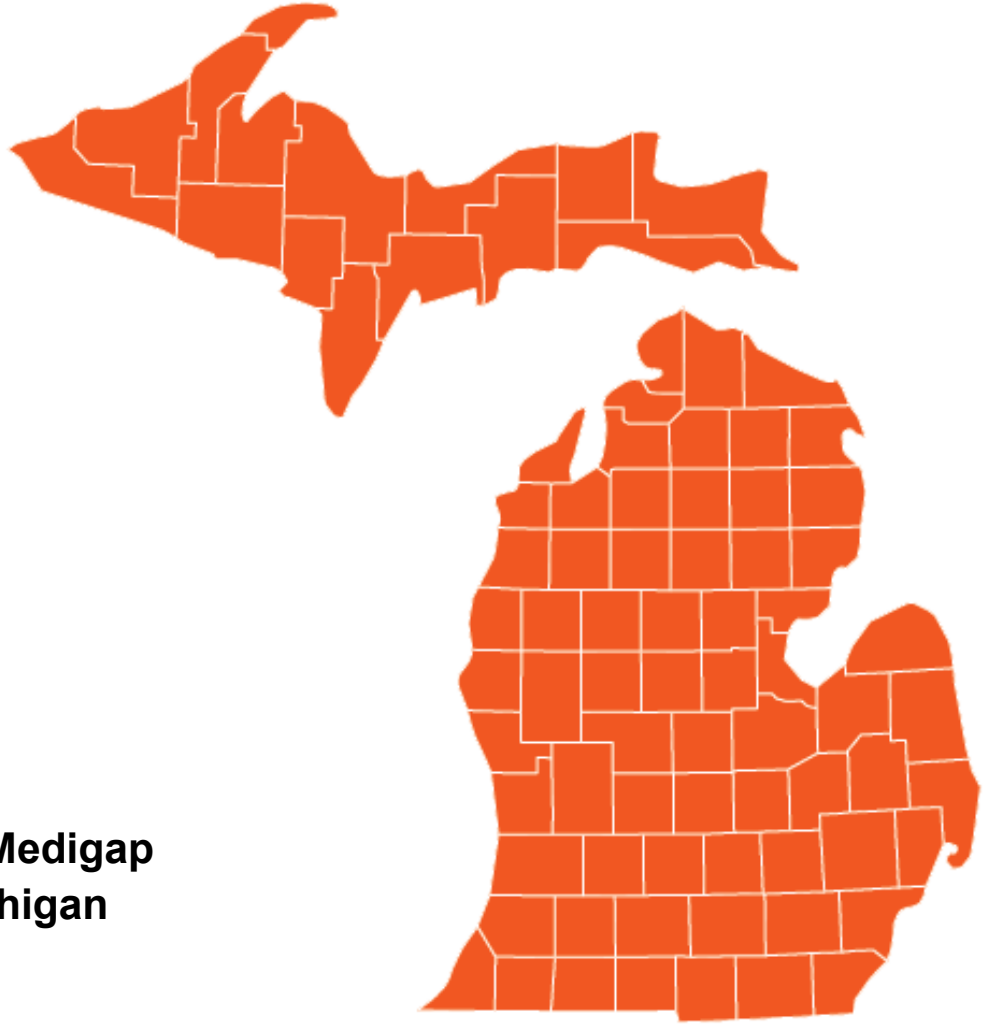
Health Alliance Plan Personal Nurse

- RN to answer health-related questions
- Each D-SNP and C-SNP member has one assigned; Other members can elect to have one
- Care advocate

MedSupp/Medigap plans

Health Alliance Plan
by Henry Ford Health

MedSupp/Medigap service area



***Health Alliance Plan's MedSupp/Medigap is available in every county in Michigan**

MedSupp/Medigap plans

Plan options

- Health Alliance Plan offers plans A, C*, D, F*, G and N
- C, D, F and G are available for guaranteed issue for loss of creditable coverage
- *C and F are only available for those eligible for Medicare prior to 1/1/2020
- U65 can buy A or G if eligible after 1/1/2020; If eligible prior to that date, they can buy A and C

Eligibility

- Beneficiary must be a permanent resident of Michigan and have original Medicare (Parts A and B)
- Guaranteed issue rates are determined by age and gender
- Underwritten applications may qualify for preferred rates, standard rates or be denied

Household discount

- Health Alliance Plan offers a $10 per member per month household discount for two members of the same household
- 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

Extras

- Bundled buy-up dental and vision package is available for members to purchase
- New and existing MedSupp/Medigap members receive the One Pass fitness membership (includes YMCAs, Lifetime Fitness and MVP Athletic Clubs)
- Members also receive the Assist America benefit

MedSupp/Medigap dental and vison buy-up

Coverage	Delta 50	Delta 70	Delta 100
Premium	**$52.30**	**$71.00**	**$69.90**
Delta Dental network	Premier/PPO	Premier/PPO	PPO Only
Exams/cleanings	100%	100%	100%
Preventative	100%	100%	100%
Emergency pain treatment	100%	100%	100%
Filling	50%	70%	50%
Crown	50%	50%	50%
Periodontics	50%	70%	100%
Bridge	50%	70%	50%; Repairs 100%
Simple extraction	50%	70%	100%
Oral surgery	50%	70%	100%
Dentures	50%	50%	50%
Implants	50%	50%	50%
Maximum benefit	**$800**	**$1,500**	**$2,500**

- 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

Additional resources

Health Alliance Plan
by Henry Ford Health

Why use the Ascend enrollment platform?

- Simplify compliance with fast, electronic SOA delivery
- Deliver quotes instantly via text or email
- Confidently confirm LIS eligibility
- Help clients understand costs with easy-to-understand prescription breakdowns
- Quickly find in-network providers with an intuitive search tool
- Close business faster with digital application signatures
- Enhance your brand with a personalized URL

Compliance – fraud, waste and abuse

Reporting fraud, waste and abuse

- Health Alliance Plan is required to have policies and procedures in place to address non-compliance and fraud, waste and abuse. These policies and procedures include reporting mechanisms for suspected or actual incidents.
- Here are the ways to report suspected or actual non-compliance and fraud, waste and abuse:

Notify Health Alliance Plan

Sangria Barber
sbarber@hap.org

Reach out to Health Alliance Plan Compliance

complianceoffice@hap.org

Call the Health Alliance Plan Ethics and Compliance Hotline

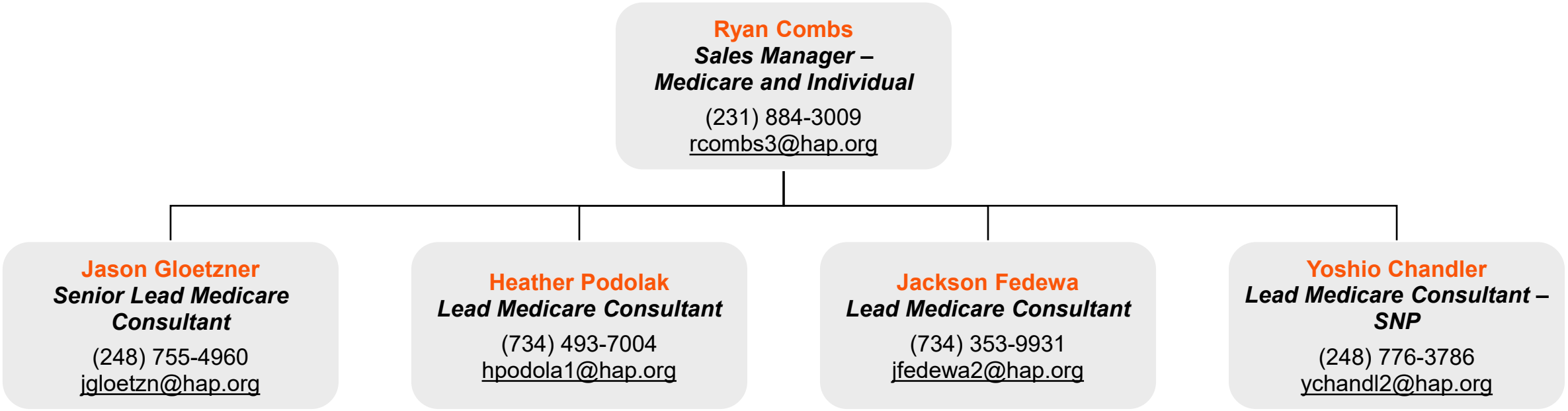
(877) 746-2501*

***Reports made through the Ethics and Compliance hotline are confidential and can be made anonymously.**

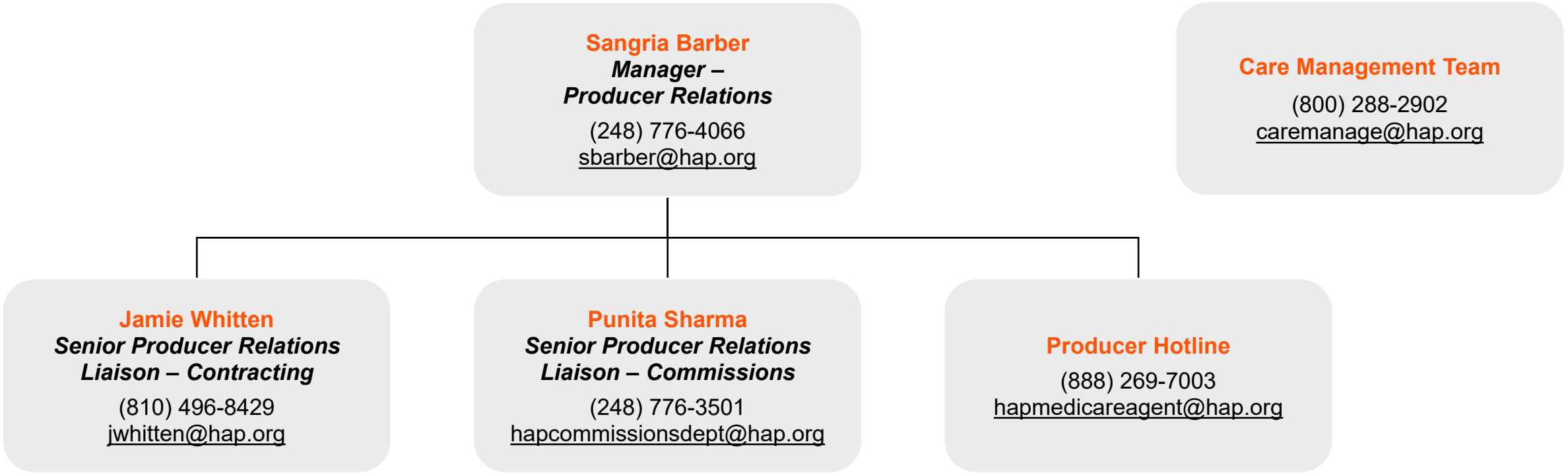
Contact information

Health Alliance Plan
by Henry Ford Health

Health Alliance Plan contact information – sales team



Health Alliance Plan contact information – service team



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Thank you

Please contact your Lead Medicare Consultant with any questions

hap.org