Updates to your 2025 Medicare Advantage plan

Dear Valued Member,

Thank you for being a HAP member. We want to keep you informed about a few changes to your Medicare Advantage plan for 2025. The information enclosed is an important update to your plan next year.

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

What's changing?

- **Added Dental Coverage:** dental health is part of total health. You are now 100% covered for preventive and comprehensive dental services. You won't pay the first $2,000 for most dental work.
- **$163 a month in a Prepaid Benefit Mastercard:** get a flex card you can use for over-the-counter purchases, and everyday expenses like healthy food, home improvements, ride shares, utilities and gas at the pump.
- **36 FREE one-way transportation trips:** get covered for 36 trips through HAP, then Medicaid covers the rest.
- **Personalized Navigator support**: trained specialists who can guide you through your healthcare options with simple, easy-to-understand responses.
- **New and improved HAP App:** find a doctor and view your benefits and claims easily from your smartphone.

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

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

While reading it, you might have a question or two. If so, we offer personalized ANOC reviews. A Medicare specialist will walk you through the upcoming changes specific to your plan.

For your personal ANOC review, please call us at:

1-833-HAP-HERE (1-833-427-4373)

Hours of Operation:

8:30 a.m. to 7:00 p.m.

From Oct. 1 – Dec. 20

To contact HAP customer service, please call:

(800) 848-4844 (TTY: 711)

Hours of operation:

Oct. 1 – Mar. 31
8 a.m. – 8 p.m.
Seven days a week

Apr. 1 – Sept. 30
8 a.m. – 8 p.m.
Monday – Friday

You can also find more information on our website at hap.org/medicare.

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

Sincerely,

HAP Customer Service

HAP Medicare Complete Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP) are Medicare health plans with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewal.

HAP Medicare Complete Duals (HMO D-SNP) offered by *Health Alliance Plan of Michigan*

Annual Notice of Changes for 2025

You are currently enrolled as a member of *HAP Medicare Complete Duals (HMO D-SNP)*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at https://www.hap.org/medicare/member-resources/medicare-plan-information/additional-information/forms. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in *HAP Medicare Complete Duals*.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with HAP Medicare Complete Duals.
- Look in section 4.2, page 12 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Customer Service number at (800) 848-4844 for additional information. (TTY users should call 711.) 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.
- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 8.1 of this booklet). This booklet is available in alternate formats such as large print.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About *HAP Medicare Complete Duals*

- *HAP Medicare Complete Duals (HMO D-SNP)* is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewal.

- When this document says "we," "us," or "our," it means *Health Alliance Plan of Michigan (HAP Medicare Complete Duals (HMO D-SNP)*. When it says "plan" or "our plan," it means *HAP Medicare Complete Duals*.

Annual Notice of Changes for 2025
Table of Contents

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for *HAP Medicare Complete Duals* in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0.00 - $35.90	$0.00 - $26.60
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit
Inpatient hospital stays	$0 copay	$0 copay

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $545 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: • Generic Drugs: You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. • Brand Drugs: You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Deductible: $590 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: • Generic Drugs: You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. • Brand Drugs: You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs.
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$8,850 If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$9,350 If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *HAP Medicare Complete Duals* in 2025

The information in this document tells you about the differences between your current benefits in *HAP Medicare Complete Duals* and the benefits you will have on January 1, 2025 as a member of *HAP Medicare Complete Duals*.

If you do nothing in 2024, we will automatically enroll you in our *HAP Medicare Complete Duals*. This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through *HAP Medicare Complete Duals*. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2025.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0.00 - $35.90	$0.00 - $26.60
Part B premium	Not Applicable	$2.60 Medicare Part B premium reduction. This reduction will be reflected in your monthly Social Security check. You must continue paying your Medicare premiums to remain a member of the plan.

Section 2.2 – 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$8,850	$9,350 Once you have paid $9,350 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

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

Updated directories are located on our website at hap.providerlookuponlinesearch.com/search. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory*** hap.providerlookuponlinesearch.com/search **to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Pharmacy Directory*** hap.providerlookuponlinesearch.com/search **to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Dental Services	Dental services are not covered.	You pay nothing for dental services. You must use a participating Delta Dental provider in the Delta Dental PPO Network. Dental services include: fillings, crown repairs, root canals, bridges, bridge repairs, simple extractions, brush biopsy, periodontics, oral surgery, emergency palliative treatment, anesthesia, occlusal guards/occlusal adjustments. Onlays, crowns, dentures, denture relines/repairs,

Cost	2024 (this year)	2025 (next year)
Dental Services (Continued)		implants, implant repairs are <u>not</u> covered.
Flex Card	You have a Flex Card benefit of up to $1,300 a year to be used to reduce your out-of-pocket expenses to purchase healthy food items or home modifications at select retail locations or if done by a contractor, dental services, pest control, or utilities. Members with certain qualifying conditions are eligible under special supplemental benefits for the chronically ill (SSBCI) to use the Flex Card benefit towards healthy food and produce, home modifications, pest control and utilities.	You have a Flex Card benefit of up to $163 per month with rollover to the next month to be used to reduce your out-of-pocket expenses to purchase OTC, healthy food items or home modifications at select retail locations or if done by a contractor, pest control, utilities, fuel at the pump or ride share services. Because we participate in the Value Based Insurance Design (VBID) Model, members who are eligible for "Extra Help" may use the Flex Card benefit towards healthy food and produce, home modifications, pest control, utilities and fuel at the pump or ride share services.
Memory Fitness (BrainHQ®)	Memory fitness provided by BrainHQ is <u>not</u> covered.	You pay nothing for memory fitness provided by BrainHQ. BrainHQ is an online, evidence-based brain health program to address your overall brain health. You can register for BrainHQ at

Cost	2024 (this year)	2025 (next year)
Memory Fitness (BrainHQ®) (Continued)		hap.brainhq.com or by calling 800-514-3961.
Over-the-Counter (OTC) Items	You pay nothing for this benefit. There is $200 allowance every three months for approved OTC items. The quarterly benefits will roll over to the next quarter and must be used by the end of the year. Must use NationsOTC.	You have a Flex Card benefit that now includes coverage for eligible OTC items. There is a combined allowance of $163 every month that may also be used toward OTC items. The monthly allowance will roll over to the next month and must be used by the end of the year. May use NationsOTC online catalog or a participating retail store. You will receive a Prepaid Benefits Mastercard to use for this benefit.
Transportation	You pay nothing for this benefit. Limited to 12 trips per year.	You pay nothing for this benefit. Limited to 36 trips per year.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

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

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

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

We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Customer Service for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.	The deductible is $545	The deductible is $590

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is 25%. **Generic drugs:** You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is 25%. **Generic drugs:** You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.

Stage	2024 (this year)	2025 (next year)
The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply; or for mail order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage.* We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you.	**Brand drugs:** You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).	**Brand drugs:** You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Once you have paid $2000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

HAP has administrative changes for 2025. The changes are summarized below.

Cost	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not Applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January - December). To learn more about this payment option, please contact us at 1-866-845-1803 or visit Medicare.gov.
Service Area	Service area consists of: Genesee, Macomb, Oakland, Wayne counties.	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, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne counties.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in *HAP Medicare Complete Duals*

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our *HAP Medicare Complete Duals*.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Health Alliance Plan of Michigan *(HAP Medicare Complete Duals (HMO D-SNP)* offers other Medicare health plans *and* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *HAP Medicare Complete Duals*.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from *HAP Medicare Complete Duals*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
    - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Michigan Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 6 Programs That Offer 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.

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

counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Michigan Medicare Assistance Program at (800) 803-7174. You can learn more about Michigan Medicare Assistance Program by visiting their website (www.mmapinc.org).

For questions about your Michigan Medicaid benefits, contact Michigan Medicaid Beneficiary Help Line at, (800) 642-3195, TTY (888) 263-5897, Monday through Friday, 8 a.m. to 7 p.m. For help with service or billing problems, contact MI Health Link Ombudsman, (888) 746-6456, TTY 711, Monday through Friday, 8 a.m. to 5 p.m. For help with getting information about nursing homes and resolve problems between nursing homes and residents or their families, contact MI Long Term Care Ombudsman, (866) 485-9393. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about "Extra Help," call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should 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 individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- The **Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you

manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

"Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at (866) 845-1803 or visit Medicare.gov.

SECTION 8 Questions?

Section 8.1 – Getting Help from *HAP Medicare Complete Duals*

Questions? We're here to help. Please call Customer Service at (800) 848-4844. (TTY only, call 711). We are 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. Prescription drug benefit related calls are available 24 hours a day, seven days a week. Calls to these numbers are free.

Read your *2025 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for *HAP Medicare Complete Duals.* 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. A copy of the *Evidence of Coverage* is located on our website at *https://www.hap.org/medicare/member-resources/medicare-plan-information/additional-information/forms*. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at *www.hap.org/medicare*. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 8.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling
1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 8.3 – Getting Help from Medicare

To get information from Medicaid you can call Michigan Medicaid Beneficiary Help Line at (800) 642-3195. TTY users should call (888) 263-5897, Monday - Friday, 8:00 a.m. - 7:00 p.m.

HAP Medicare Complete Duals Customer Service

Method	Customer Service – Contact Information
CALL	(800) 848-4844. Calls to this number are free. Our normal business hours are: 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and 8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30.) Prescription drug benefit related calls: Available 24 hours a day, seven days a week.
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). Prescription drug benefit related calls: Available 24 hours a day, seven days a week.
WRITE	HAP Medicare Solutions, 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 204, Lansing, MI 48917-4850
WEBSITE	www.mmapinc.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, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*