



## 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?

- **Expanded Dental Coverage:** our dental plan now covers some of the most common procedures, such as crowns and bridges.
- **New Flex Cards:** a pre-paid MasterCard you can use for over-the-counter purchases and healthy food for those who qualify.
- **New and improved HAP App:** find a doctor and view your benefits and claims easily from your smartphone.
- **Pharmacy Payment Options:** More convenient options to make your medication more affordable.

As part of the Inflation Reduction Act, health plans needed to make some changes. Moving forward, you will never pay more than \$2,000 out of pocket for prescription expenses. Some other benefits and cost shares may have to be adjusted as a result.

### 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 navigator will walk you through the upcoming changes specific to your plan.

3031 W. Grand Blvd., Suite 110, Detroit, MI 48202 | [hap.org](http://hap.org)

**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:

HMO: (800) 801-1770 (TTY: 711)

PPO: (888) 658-2536 (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](http://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

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

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

### **Annual Notice of Changes for 2025**

You are currently enrolled as a member of *HAP Medicare MedicalAccess (HMO)*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **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).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, will be in our network next year.
- 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](http://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.

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### 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 MedicalAccess*.
- 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 MedicalAccess*.
- 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) 801-1770 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About HAP Medicare MedicalAccess

- Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Health Alliance Plan of Michigan (*HAP Medicare MedicalAccess (HMO)*). When it says “plan” or “our plan,” it means *HAP Medicare MedicalAccess*.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for *HAP Medicare MedicalAccess (HMO)* in several important areas. **Please note this is only a summary of costs.**

| Cost   | 2024 (this year)   | 2025 (next year)   |
|--|--|--|
| <p><b>Monthly plan premium</b></p> <p>See Section 2.1 for details.</p>   | \$0  | \$0  |
| <p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p> | \$4,500  | \$4,500  |
| <p><b>Doctor office visits</b></p>   | <p>Primary care visits:<br/>\$0 Copay per visit</p> <p>Specialist visits: \$35 Copay per visit</p> | <p>Primary care visits:<br/>\$0 Copay per visit</p> <p>Specialist visits: \$35 Copay per visit</p> |
| <p><b>Inpatient hospital stays</b></p>   | <p>\$325 Copay per day for days 1-5</p> <p>\$0 Copay per day for days 6-90</p>                     | <p>\$325 Copay per day for days 1-5</p> <p>\$0 Copay per day for days 6-90</p>                     |

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in HAP Medicare MedicalAccess (HMO) in 2025**

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

**If you do nothing by December 7, 2024, we will automatically enroll you in our HAP Medicare MedicalAccess.** This means starting January 1, 2025, you will be getting your medical coverage through HAP Medicare MedicalAccess. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

**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)   |
|---|--|--|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$0  | \$0  |
| <b>Optional dental plan monthly premium</b>   | Delta Dental 50<br>Member Pays<br>\$19.10 per month<br><br>Delta Dental 70<br>Member Pays<br>\$29.50 per month<br><br>Delta Dental 100<br>Member Pays<br>\$51.90 per month | Not offered. Please see your dental benefit below for your enhanced benefit changes. |

| Cost                           | 2024 (this year)   | 2025 (next year)                          |
|--------------------------------|--|---|
| <b>Medicare Part B Premium</b> | \$50 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 | There is no change for the upcoming year. |

## 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)   |
|---|------------------|--|
| <b>Maximum out-of-pocket amount</b>   | \$4,500          | \$4,500  |
| Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.<br>If you choose an optional supplemental dental plan, your costs for services also do not count toward your maximum out-of-pocket amount. |                  | Once you have paid \$4,500 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 Network

Updated directories are located on our website at [hap.providerlookuponlinesearch.com/search](http://hap.providerlookuponlinesearch.com/search). You may also call Customer Service for updated provider 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](http://hap.providerlookuponlinesearch.com/search) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.



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

## Section 2.4 – Changes to Benefits and Costs for Medical Services

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)  |
|---------------------------|---|---|
| <i>Ambulance Services</i> | You pay a \$275 Copay for ambulance services per trip.  | You pay a \$300 Copay for ambulance services per trip.  |
| <i>Companion Care</i>     | Companion care is covered.  | Companion care is <u>not</u> covered.   |
| <i>Dental Services</i>    | There is <b>\$3,000</b> allowance for all dental services per year. You pay nothing for 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewing x-rays and bridge repairs. You pay 50% coinsurance for root canals, fillings, crown repairs, simple extractions and oral surgery. Must use a Premier or PPO Delta Dental provider. | There is <b>\$2,000</b> allowance for all dental services per year. You pay nothing for 2 oral exams, 2 cleanings or 2 periodontal cleanings, 2 fluoride treatments, brush biopsy, 1 set of bitewing x-rays. You pay nothing for root canals, fillings, <b>bridges, and bridge repairs, onlays, crowns, crown repairs, simple extractions, oral surgery, emergency palliative treatment, occlusal guards/occlusal adjustments and anesthesia. Must use a PPO Delta Dental provider.</b> |

| Cost   | 2024 (this year)   | 2025 (next year)   |
|--|--|--|
| <p><b><i>Flex Card</i></b></p> <p>The food and produce benefit is a special supplemental benefit for the chronically ill (SSBCI) and is made available to members with one or more qualifying chronic conditions. Not all members will qualify for this benefit. Qualifying chronic conditions include but are not limited to diabetes, cardiovascular disorders, chronic lung disorders, cancer, and dementia. For a complete list of qualifying chronic conditions please see the plan’s Evidence of Coverage (EOC).</p> | <p>Flex card is <u>not</u> covered.</p>  | <p>\$60 allowance per quarter with rollover to next quarter for Over the Counter (OTC) drugs and healthy food/produce (for eligible members) from NationsOTC online catalog or from a retail store. You will receive a Prepaid Benefits Mastercard to use for this benefit.</p>  |
| <p><b><i>Hearing Aids</i></b></p>  | <p>You pay a \$689 copay for basic technology hearing aids.</p> <p>You pay a \$989 copay for prime technology hearing aids.</p> <p>You pay a \$1,539 copay for advanced technology hearing aids.</p> <p>You pay a \$2,039 copay for premium technology hearing aids.</p> <p>Must Use NationsHearing.</p> | <p>You pay a \$0 copay for value technology hearing aids.</p> <p>You pay a \$175 copay for basic technology hearing aids.</p> <p>You pay a \$475 copay for prime technology hearing aids.</p> <p>You pay a \$775 copay for preferred technology hearing aids.</p> <p>You pay a \$1,075 copay for advanced technology hearing aids.</p> <p>You pay a \$1,575 copay for premium technology hearing aids.</p> |
| <p><b><i>Hearing Aids (Continued)</i></b></p>  |  |  |

| Cost   | 2024 (this year)   | 2025 (next year)  |
|--|--|---|
|  |  | Must use NationsHearing.  |
| <b>Memory Fitness (BrainHQ®)</b>   | 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 <a href="http://hap.brainhq.com">hap.brainhq.com</a> or by calling 800-514-3961.  |
| <b>Outpatient Mental Health or Substance Abuse Services</b>  | You pay nothing for Mental Health or Substance Abuse Services per visit.   | You pay a \$15 Copay for Mental Health or Substance Abuse Services per visit.   |
| <p><b>Over-the-Counter (OTC) Items</b></p> <p>The food and produce benefit is a special supplemental benefit for the chronically ill (SSBCI) and is made available to members with one or more qualifying chronic conditions. Not all members will qualify for this benefit. Qualifying chronic conditions include but are not limited to diabetes, cardiovascular disorders, chronic lung disorders, cancer, and dementia. For a complete list of qualifying chronic conditions please see the plan’s Evidence of Coverage (EOC).</p> | <p>You pay nothing for this benefit. There is \$65 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 online catalog. Food and produce are covered for qualified individuals.</p> | <p>You have a Flex Card benefit that now includes coverage for eligible OTC items. There is a \$60 allowance every three months. The quarterly allowance will roll over to the next quarter and must be used by the end of the year. May use NationsOTC online catalog or a participating retail store. Food and produce are covered for qualified individuals. You will receive a Prepaid Benefits Mastercard to use for this benefit.</p> |

| Cost   | 2024 (this year)  | 2025 (next year)  |
|--|---|---|
| <i>Personal Emergency Response System (PERS)</i>   | PERS is covered.  | PERS is <u>not</u> covered.   |
| <i>Physical, Occupational or Speech Therapy Services</i>                                 | You pay a \$10 copay for therapy services per visit.                    | You pay a \$20 copay for therapy services per visit.                    |
| <i>Skilled Nursing Facility (SNF)</i>  | You pay a \$203 copay for days 21-100 for SNF care.                     | You pay a \$214 copay for days 21-100 for SNF care.                     |
| <i>Therapeutic Radiological Services</i>   | You pay a \$60 copay therapeutic radiological services per visit.       | You pay a \$40 copay therapeutic radiological services per visit.       |
| <i>World-wide Emergency Services</i>   | You pay a \$110 copay for emergency care per visit.                     | You pay a \$125 copay for emergency care per visit.                     |
| <i>World-wide Urgently Needed Services</i><br><i><u>(Includes telehealth visits)</u></i> | You pay a \$55 copay for world-wide urgently needed services per visit. | You pay a \$45 copay for world-wide urgently needed services per visit. |

**SECTION 3 Administrative Changes**

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

| Cost                                      | 2024 (this year) | 2025 (next year)   |
|---|------------------|--|
| <i>Medicare Prescription Payment Plan</i> | 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 <b>monthly payments that vary throughout the year</b> (January - December). |

| Cost  | 2024 (this year) | 2025 (next year)  |
|---|------------------|---|
| <i>Medicare Prescription Payment Plan (Continued)</i> |                  | To learn more about this payment option, please contact us at 1-866-845-1803 or visit Medicare.gov. |

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in *HAP Medicare MedicalAccess*

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 MedicalAccess*.

### 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. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, *Health Alliance Plan of Michigan (HAP Medicare MedicalAccess (HMO))* 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 MedicalAccess*.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *HAP Medicare MedicalAccess*.
- 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.

## 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.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can 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](http://www.mmapinc.org)).

## 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.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, 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, HIV Care Section, 888-826-6565 (toll-free). 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 The Michigan Drug Assistance Program, HIV Care Section, at 888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. The Michigan Drug Assistance Program, HIV Care Section, can be reached at 888-826-6565 (toll-free).

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call The Michigan Drug Assistance Program, HIV Care Section, at 888-826-6565 (toll-free).

## SECTION 8 Questions?

### Section 8.1 – Getting Help from *HAP Medicare MedicalAccess*

Questions? We're here to help. Please call Customer Service at (800) 801-1770, (TTY only, call 711). We are available for phone calls April 1<sup>st</sup> through September 30<sup>th</sup> Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup> seven days a week, 8 a.m. to 8 p.m. 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 MedicalAccess (HMO)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. 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](http://www.hap.org/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

### 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](http://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](http://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.



## HAP Medicare MedicalAccess Customer Service

| Method  | Customer Service – Contact Information  |
|---------|---|
| CALL    | (800) 801-1770. Calls to this number are free. Our normal business hours are: 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and 8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30). |
| TTY     | 711. Calls to this number are free. Our normal business hours are: 8 a.m. to 8 p.m., Seven Days a Week (Oct. 1 – March 31) and 8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30).            |
| WRITE   | HAP Medicare Solutions, ATTN: Customer Service, 1414 East Maple Rd., Troy, MI 48083   |
| WEBSITE | <a href="http://www.hap.org/medicare">www.hap.org/medicare</a>  |

## 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<br>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 | <a href="http://www.mmapinc.org">www.mmapinc.org</a>  |

**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.