2026

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

Annual Notice of Change

HAP CareSource™
a partner of hap

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

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at **HAPCareSource.com.** Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

Additional resources

- **You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call HAP CareSource MI Coordinated Health at 1-833-230-2057 (TTY: 1-833-711-4711 or 711), 8 a.m. – 8 p.m., seven days a week. The call is free.**
- You can get this document, now and in the future, in other languages or other formats. You only have to make this request one time. You can also change your request. Call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**.

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MDHHS Michigan Department of Health & Human Services | MI Coordinated Health

A. Disclaimers

HAP CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in HAP CareSource depends on contract renewal.

B. Reviewing your Medicare and Michigan Medicaid (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Michigan Medicaid programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Michigan Medicaid and options and services in **Section G2**.

B1. Information about HAP CareSource MI Coordinated Health

- HAP CareSource MI Coordinated Health is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means HAP CareSource MI Coordinated Health.

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit changes to make sure they'll work for you next year.
  - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with HAP CareSource MI Coordinated Health:	**If you decide to change plans:**
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in HAP CareSource MI Coordinated Health.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2026, our plan name changes from HAP Medicare Complete Duals (HMO D-SNP) to HAP CareSource MI Coordinated Health (HMO D-SNP).

We will refer to you as a HAP CareSource MI Coordinated Health member in the communications you get from us. You will get your HAP CareSource MI Coordinated Health member ID card in a separate mailing. Our members receive this card a few weeks after the application has been accepted by the Centers for Medicare & Medicaid Services (CMS).

You will show your HAP CareSource member ID card each time you get medical, dental, vision or hearing care, medications, or supplies. Keep your card in a secure place.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **CareSource.com/mi/plans/mich/plan-documents/**. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory.*

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage* or call Member Services at the number at the bottom of the page for help.

E. Changes to benefits for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Flex Card/Healthy Benefits+ Allowance	The plan offers a Prepaid card with $163 per month that may be used to purchase over-the-counter (OTC) items, and for those who qualify, healthy food and produce items or home modifications, pest control, fuel at the pump, or ride share services (non-medical transportation) or utilities. Benefit is based on the member's eligibility for Extra Help.	The ***Healthy Benefits+ debit card*** provides all members ***$210 per month*** to purchase the following qualifying items, services and accessories at eligible locations: - Over-the-counter (OTC) items - Dental - Vision - Hearing Additionally, those with one or more qualifying conditions may use the allowance for additional items and services, such as: - Healthy Food* - Utilities* - Rent & Mortgage Assistance* - Home & Bathroom Safety Items* - Pest Control Retail Items* - Indoor Air Quality Items* - Household Cleaning Supplies* - Personal Care Items* - Pet Care Items* (not including veterinary or grooming) Unused amounts will roll over month-to-month and expire at the end of the year. *The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). Not all members qualify. See plan documents for list of conditions.

	2025 (this year)	2026 (next year)
Annual Physical Exam	Annual Physical Exam is not covered	Annual Physical Exam is covered
Barium Enemas	Barium Enemas are covered	Barium Enemas are not covered
Chiropractic Services	One routine chiropractic visit covered per year Non-Medicare-covered chiropractic x-rays are covered once per year	Routine chiropractic visits are not covered. Only manual manipulation of the spine to correct subluxation is covered. Non-Medicare-covered chiropractic x-rays are not covered
Dental Allowance	Maximum benefit of $2,000 for all covered dental services	Maximum benefit of $5,000 for dental implants and fluoride treatments only
Dental Services (continued on next page)	Removable Prosthodontics are not covered Dental Implant Services are not covered	Removable Prosthodontics are covered. Prior authorization is required. Dental Implant Services are covered, subject to the Dental Allowance. Prior authorization is required

	2025 (this year)	2026 (next year)
Dental Services (continued from previous page)	Oral and Maxillofacial surgery: Prior authorization is not required. Restorative Services: Prior authorization is not required Adjunctive Services: Prior authorization is not required	Oral and Maxillofacial surgery: Prior authorization is required Restorative Services: Prior authorization is required Adjunctive Services: Prior authorization is required
Diabetic Supplies	Prior authorization is not required	Prior authorization is required for some services Diabetic supplies and services are limited to specified manufacturers: Blood glucose test strips and meters: Abbott Diabetes & Trividia products Continuous glucose monitors (CGMs): Abbott FreeStyle & Dexcom
Fitness Benefit	You have a fitness benefit through SilverSneakers. Memory Fitness benefit is covered	You have a fitness benefit through Silver&Fit Healthy Aging and Exercise program. Memory Fitness is not covered
Group and Individual Sessions for Outpatient Substance Abuse	Prior authorization is not required	Prior authorization is required for some services

	2025 (this year)	2026 (next year)
Health Education	Health Education is not covered	Health Education is covered
Hearing Exams – Medicare Covered Exams	Prior authorization is not required	Prior authorization is required for some services
Hearing Aids	Up to two (2) hearing aids per calendar year. $1,000 allowance for hearing aids per calendar year. Includes 60 batteries for non-rechargeable models 3 follow-up visits within first year of initial fitting date Prior authorization is not required	The plan pays for evaluation and fitting for a hearing aid 2 Hearing Aids every 3 years (limit 1 hearing aid per ear every 3 years) Includes 3 years of batteries for non-rechargeable models Unlimited visits within first year of initial fitting date Prior authorization is required for some services
Home Health Agency Care	Prior authorization is not required	Prior authorization is required for some services
In-Home Support Services	In-Home Support Services (Companion Care) are covered (up to 8 hours per month)	Companion Care Services are not covered
Meal Benefit	2 meals per day for 14 days, limit of 2 discharges (annual maximum of 56 meals)	2 meals per day for 14 days following an inpatient or skilled nursing facility stay. Number of events is unlimited. Community Well* members only.

	2025 (this year)	2026 (next year)
Mental Health Specialty Services – Individual and Group Sessions	Prior authorization is not required	Prior authorization is required
Non-Medicare Additional Sessions of Smoking and Tobacco Cessation Counseling	Unlimited smoking and tobacco cessation counseling is covered	Medicare-covered smoking and tobacco cessation counseling is limited to 8 sessions per 12 months
Opioid Treatment Program Services	Prior authorization is not required	Prior authorization is required for some services
Other Health Care Professional	Prior authorization is required for some services	Prior authorization is not required
Outpatient Hospital Observation Services	Prior authorization is not required	Prior authorization is required for some services
Personal Emergency Response System (PERS)	Personal Emergency Response system is available to members who are at risk for falls.	Personal Emergency Response System is available to Community Well* members only.

*The Community Well category includes individuals who are eligible for both Medicare and Medicaid but do not need the level of care provided in a nursing facility. These members live in the community and may receive some home and community services, but they do not require nursing home care.

	2025 (this year)	2026 (next year)
Psychiatric Services – Individual and Group Sessions	Prior authorization is not required	Prior authorization is required for some services
Telehealth Benefits (additional)	Online video visits with a provider 24 hours a day are covered. Must use Amwell.	Teladoc provides 24-hour telehealth access for IDD (Intellectual and Developmental Disabilities) members Non-emergency, same day visits with a behavioral health or general medicine provider over phone or video.
Transportation Services	36 one-way trips to any plan approved health related location.	Unlimited Non-Emergency Transportation (NEMT) for medically necessary Medicaid-covered services, pharmacy services, community/wellness services, and Social Determinants of Health (SDOH)-related services including grocery stores, fitness program participating gyms.
24-Hour Nurse Advice Line	24-Hour Nurse Advice Line is not covered	24-Hour Nurse Advice Line is covered
Vision Services – Eye Exam	1 eye exam is covered every year	1 eye exam is covered every 2 years
Vision Services – Medicare covered eye exam	Prior authorization is required	Prior authorization is not required

	2025 (this year)	2026 (next year)
Vision Services – Medicare Covered Eyewear	Prior authorization is not required	Prior authorization is required
Vision Services – Eyewear	A $300 allowance per year for contact lenses or eyeglasses (frame, lenses and/or lens options). You must use EyeMed. Prior authorization not required for Eyeglasses (lenses and frames) or contact lenses	Contact lenses and eyeglasses (frames and lenses) are covered. The plan covers services in accordance with the Medicaid Provider Manual found at http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf. Prior authorization is required for Eyeglasses (lenses and frames) or contact lenses
Worldwide Emergency Services, Urgently Needed Services, and Transportation	Worldwide Emergency Services, Urgently Needed Services and Transportation are covered. Unlimited benefit.	Worldwide Emergency Services, Urgently Needed Services, and Transportation are covered. Maximum annual benefit of $10,000.
Augment Therapy	Augment Therapy is not covered	Therapy providing members with a qualifying condition with remote therapy to improve activities of daily living is covered.
CareBridge	CareBridge is not covered	Cellular enabled tablet for access to a trained medical team for members meeting certain requirements is covered.
Caregiving.com	Caregiving.com is not covered	Family caregiver education and support platform is covered

	2025 (this year)	2026 (next year)
LifeServices	LifeServices is not covered	HAP CareSource Life Services work, available to both members and their caregivers for: **FoodConnect** helps ensure that members have access to culturally and medically appropriate meals in a timely manner. **HousingConnect** connects members to housing supports, including resources to facilitate repairs meant to make existing housing safe. **PeerConnect** connects members with certified peer supporters who have similar lived experience and who can provide emotional support through life's challenges. **CaregiverConnect** is designed specifically to support the caregivers who support our members through educational resources and social support. **HAP CareSource JobConnect** supports members and their key supporters in their path toward educational attainment and job (re-) training.
MyLife	MyLife App is not covered	MyLife App is covered. Provides a personalized digital experience for members to obtain their ID, plan and benefit information, connect with their Care Coordinator, and more from their phone.

	2025 (this year)	2026 (next year)
myStrength	myStrength is not covered	myStrength digital tool to support emotional health is covered
Pulsewrx – cellular phone	Pulsewrx is not covered	Services to connect you to a free or low-cost cell phone are covered.
Remote Patient Monitoring	Not covered	Remote patient monitoring such as pulse oximeters and glucometers for members who meet certain conditions is covered
Service Animal Stipend Teladoc	Not covered	$20 per month for the maintenance of a service animal is covered for those who qualify

E2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at **CareSource.com/mi/plans/mich/plan-documents/**. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the calendar 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 a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
    - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
    - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
    - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
    - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Evidence of Coverage*.)
    - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Any current formulary exceptions you may have will still be covered next year as long as the coverage determination has not expired.

Changes to drug costs

The following table shows your costs for drugs in each of our drug tiers.

	2025 (this year)	2026 (next year)
Generic and Brand Name Drugs Cost for a one-month supply of a drug that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is **25% coinsurance.**	Your copay for a one-month (30-day) supply is **$0**.

F. Administrative changes

In 2026, HAP Medicare Complete Duals (HMO D-SNP) will change to a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) called HAP CareSource™ MI Coordinated Health (HMO D-SNP). Your Medicare and Medicaid coverage will be managed by HAP CareSource under one plan.

	2025 (this year)	2026 (next year)
Plan Name Change	HAP Medicare Complete Duals (HMO D-SNP)	HAP CareSource™ MI Coordinated Health (HMO D-SNP)

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Michigan Medicaid MICH plan, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Michigan Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan. *You may also make a selection of a different integrated Special Needs plan in any month of the year. This will result in your membership with us ending, and your enrollment will transfer to the plan you choose for both your Medicare and Medicaid benefits on the first of the month following when your selection is made.*

1. You can change to: **Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.**	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-445-4554. If you need help or more information: • Call Michigan's State Health Insurance Assistance Program (SHIP), MI Options at 1-800-803-7174 (TTY: 711), 8 a.m. to 5 p.m. Monday through Friday. or visit Michigan.gov/MDHHSMIOptions. For more information or to find a local SHIP program office in your area, please visit Michigan.gov/mdhhs. **OR** Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins. You can also contact the plan you wish to enroll in directly.

2. You can change to: **Original Medicare with a separate Medicare drug plan** **To apply for Medicaid, complete an application online at** www.michigan.gov/mibridges**.**	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call Michigan's State Health Insurance Assistance Program (SHIP), MI Options at 1-800-803-7174 (TTY: 711), 8 a.m. to 5 p.m. Monday through Friday, or visit Michigan.gov/MDHHSMIOptions. For more information or to find a local SHIP program office in your area, please visit Michigan.gov/mdhhs. **OR** Enroll in a new Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

3. You can change to: **Original Medicare without a separate Medicare drug plan** **To apply for Medicaid, complete an application online at** www.michigan.gov/mibridges**.** **NOTE**: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call Michigan's State Health Insurance Assistance Program (SHIP), MI Options, Inc. at 1-800-803-7174 (TTY: 711), 8 a.m. to 5 p.m. Monday through Friday, or visit Michigan.gov/MDHHSMIOptions.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call Michigan's State Health Insurance Assistance Program (SHIP), MI Options at 1-800-803-7174 (TTY: 711), 8 a.m. to 5 p.m. Monday through Friday, or visit Michigan.gov/MDHHSMIOptions. For more information or to find a local office in your area, please visit Michigan.gov/mdhhs. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

4. You can change to:	**Here is what to do:**
Any Medicare health plan during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-445-4554. If you need help or more information: Call .1-800-803-7174 (TTY: 711), 8 a.m. to 5 p.m. Monday through Friday. In Michigan, the SHIP is called MI Options **OR** Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.

Your Michigan Medicaid services

For questions about how to get your Michigan Medicaid services after you leave our plan, contact the Beneficiary Help Line: 1-800-642-3195 or beneficiarysupport@michigan.gov. For more information log on to www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Evidence of Coverage*

Your *Evidence of Coverage* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Evidence of Coverage* for 2026 will be available by October 15. An up-to-date copy of the *Evidence of Coverage* is available on our website at **CareSource.com/mi/plans/mich/plan-documents/**. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you an *Evidence of Coverage* for 2026.

Our website

You can visit our website at **CareSource.com/mi/plans/mich/plan-documents/**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List* (*List of Covered Drugs*).

H2. MI Options

You can also call the state health insurance program (SHIP). In Michigan, the SHIP is called the MI Options. MI Options can help you understand your plan choices and answer questions about switching plans. MI Options isn't connected with us or with any insurance company or health plan. MI Options has trained counselors Macomb and Wayne Counties and services are free. Their phone number is 1-800-803-7174 (TTY: 711). For more information or to find a local MI Options office in your area, please visit Michigan.gov/MDHHSMIOptions.

H3. The MICH Ombudsman

The MICH Ombudsman (MO) serves as an advocate and problem-solver for people enrolled in Michigan's MICH program. MO isn't connected with any insurance company or health plan and all of its services are free and it keeps all information confidential. Call the MO if you have trouble or delay with your MICH plan providing medical care, services, equipment, other benefits, or with the quality of care. MO can also help you learn about MICH and options for care in the community, including your rights. You can call MO if your MICH plan has denied medical care, services, equipment, or other benefits - including help with appeals.

Contact us at our toll-free hotline at:1-888-746-6456

H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at P.O. Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

H5. Michigan Medicaid

Michigan Medicaid is a health care program that provides comprehensive health care services to low income adults and children. Services covered by Medicaid are offered through what's called fee-for-service or through Medicaid Health Plans:

- Fee-for-service is the term for Medicaid paid services that aren't provided through a health plan. This means that Medicaid pays for the service. People under fee-for-service will use the MIhealth card to receive services.
- Additional information regarding MIhealth can be found by accessing the following website https://www.michigan.gov/mdhhs/assistance-programs/healthcare/adults/quicklinks/the-mihealth-card.

- Most people must join a health plan. The health plan pays for most of the services. For people that need to join a health plan, Michigan Enrolls will send a letter with more information. After enrollment with a health plan, both the MIhealth card and the health plan card are needed to access services. For additional information regarding joining a health plan, please visit the following website https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder14/Folder1/Folder114/MHP_Service_Area_Listing.pdf?rev=fe2f344f7c46481fb39eb034a8601cd5&hash=D59C718240AE79F1F708D4103AD823A8.

Costs

Enrollees don't have to pay the full cost of covered services; however, a small amount called a co-pay may be required. People age 21 and older may have a co-pay for the services listed in the Beneficiary Co-Payment Requirements. To see a list of co-pay amounts in this chart, please visit https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder60/WebCo-PayTable_11-02-06.pdf?rev=39dfeae1839e4434b66f503f84d63e45&hash=18CE85BF53B120E81739BD1F781CE2B8.

H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.Medicare.gov.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**.

Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame al **1-833-230-2057 (TTY: 1-833-711-4711 o 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-833-230-2057** (TTY: **"الهاتف النصيّ للصم وضعاف السمع :"1-833-711-4711 أو 711)**.

通过口译员和其他书面材料，获得您所使用语言的免费帮助。 **如果您有残疾，可以**获得免费的辅助设备和支持。 请致电**1-833-230-2057（TTY 专线：1-833-711-4711 或 711）。**

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an **1-833-230-2057 (TTY: 1-833-711-4711 oder 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-833-230-2057 (TTY: 1-833-711-4711 ou le 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2057 (TTY: 1-833-711-4711 hoặc 711)**.

Grick Helfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Helfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-833-230-2057 (TTY: 1-833-711-4711 odder 711)**.

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसएबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-833-230-2057 (TTY: 1-833-711-4711 या 711)**.

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2057 (TTY: 1-833-711-4711 또는 711)**. 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-833-230-2057 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba ìrànlọ́wọ́ ọ̀fẹ́ ní èdè rẹ pẹ̀lú àwọn ògbifọ̀ àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànlọ́wọ́ àti àtìlẹ́yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2057 (TTY: 1-833-711-4711 tàbí 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2057 (TTY: 1-833-711-4711 o 711)**.

په خپله ژبه کې د شفاهي ژباړونکو او نورو لیکل شویو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلولیت لرئ نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمیرې ته زنګ ووهئ **1-833-230-2057(711 یا TTY: 1-833-711-4711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-833-230-2057 (TTY: 1-833-711-4711 वा 711)** मा फोन गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် **1-833-230-2057 (TTY: 1-833-711-4711 သို့မဟုတ် 711)** သို့ ဖုန်းခေါ်ဆိုပါ။

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2057 (TTY: 1-833-711-4711 oubyen 711)**.

Bōk jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bōk jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kall e **1-833-230-2057 (TTY: 1-833-711-4711 ak 711)**.

H4193_MI-SNP-M-4151217_C CMS/MDHHS Approved: 09/11/2025

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