

We've Got You Covered!

	HAP COVERAGE:		HAP COVERAGE:
PREVENTIVE SERVICES:	\$20 copay per visit	CHEMICAL DEPENDENCY SERVICES:	
Preventive Office Visits		Inpatient Services	\$500 copay per admission; 30 days, renewable after 60 days or state mandated annual aggregate dollar amount, whichever is greater
Periodic Physical Exams		Outpatient Services	50% copay per visit; 35 visits per member per calendar year or state mandated annual aggregate dollar amount, whichever is greater
Well Baby/Child Exams			
Immunizations		MENTAL HEALTH SERVICES:	
Routine Eye and Hearing Exams		Inpatient Services	\$500 copay per admission; 30 days, renewable after 60 days
Related Lab Tests and X-Rays		Outpatient Services	50% copay per visit; 20 visits per member per calendar year
Pap Smears and Mammograms			
OUTPATIENT & PHYSICIAN SERVICES:	\$20 office visit copay may apply	ADDITIONAL BENEFITS:	
Office Visits		Prescription Drugs	\$10 1st Tier, \$20 2nd Tier, \$40 3rd Tier copay per prescription
Allergy Testing and Injections		Durable Medical Equipment (Wheelchairs, Special Beds, etc.)	50% copay per item; Covered for authorized equipment
Other Injections		Prosthetic Appliances	50% copay per item; Covered for authorized equipment
Lab Tests & X-Rays		Orthotic Devices (Special Back Braces, etc.)	50% copay per item; Covered for authorized equipment
Outpatient/Office Surgery & Related Services		Skilled Nursing Care in Convalescent Facility	Up to 730 days, renewable after 60 days
Radiation/Chemotherapy			
Infertility and Related Services	50% copay		
Physical, Speech and Occupational Therapy	Covered within 60 days of illness/injury		
INPATIENT HOSPITAL SERVICES:	\$500 copay per admission Unlimited		
Days of Care			
Semi-Private Room (Specialty Care Units; Covered when medically necessary)	Covered		
Surgery and Related Services	Covered		
Anesthesia	Covered		
Related Lab Tests & X-Rays	Covered		
Related Therapy Services	Covered		
Physician/Professional Services	Covered		
HOME HEALTH CARE:			
Home Health Care (by RN or LPN)	Covered		
Hospice Care	Covered; 210 days lifetime		
MATERNITY SERVICES:			
Outpatient Prenatal and Postnatal Care	\$20 copay per visit		
Labor and Delivery	\$250 copay per admission		
Newborn Care in Hospital	Covered		
EMERGENCY/URGENT CARE:			
Covered in any hospital or urgent care facility when unable to reach a HAP facility; usually billed directly to HAP			
Emergency Room Services	\$75 copay per visit		
Urgent Care Facility Services	\$20 copay per visit		
Emergency Ambulance	\$25 copay per visit transport		

H46 01/05

Health Alliance Plan of Michigan
Metro Detroit area: (313) 872-8100


Students away from school are covered for acute illness and injury related services according to HAP criteria. Students away at school are not covered for routine physicals, non-emergency psychiatric care, elective surgeries, obstetrical care, sports medicine and vision care services. This is a summary of coverages, and is subject to the terms and conditions of your actual contract. In case of conflicts between this summary and your contract, the terms and conditions of the contract govern.

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