

We've Got You Covered!

HAP COVERAGE:

PREVENTIVE SERVICES:

Preventive Office Visits
 Periodic Physical Exams
 Well Baby/Child Exams
 Immunizations
 Routine Eye and Hearing Exams
 Related Lab Tests and X-Rays
 Pap Smears and Mammograms

\$15 copay per visit

OUTPATIENT & PHYSICIAN SERVICES: \$15 office visit copay may apply

Office Visits
 Allergy Testing and Injections
 Other Injections
 Lab Tests & X-Rays
 Outpatient/Office Surgery & Related Services
 Radiation/Chemotherapy
 Infertility and Related Services
 Physical, Speech and Occupational Therapy

Up to 60 visits per condition lifetime

INPATIENT HOSPITAL SERVICES:

Days of Care
 Semi-Private Room (Specialty Care Units; Covered when medically necessary)
 Surgery and Related Services
 Anesthesia
 Related Lab Tests & X-Rays
 Related Therapy Services
 Physician/Professional Services

\$500 copay per admission
 Unlimited
 Covered
 Covered
 Covered
 Covered
 Covered

HOME HEALTH CARE:

Home Health Care (by RN or LPN)
 Hospice Care

Covered
 Covered; 210 days lifetime

MATERNITY SERVICES:

Outpatient Prenatal and Postnatal Care
 Labor and Delivery

\$15 copay per visit
 \$500 copay per admission
 \$500 copay per admission

Newborn Care in Hospital

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
 Urgent Care Facility Services
 Emergency Ambulance

\$50 copay per visit
 \$15 copay per visit
 \$25 copay per transport

HAP COVERAGE:

CHEMICAL DEPENDENCY SERVICES:

Inpatient Services

\$500 copay per admission; 30 days, renewable after 60 days or state mandated annual aggregate dollar amount, whichever is greater

Outpatient Services

50% Coverage - 35 visits per member per year or state mandated annual aggregate dollar amount, whichever is greater

MENTAL HEALTH SERVICES:

Inpatient Services

\$500 copay per admission; 30 days, renewable after 60 days

Outpatient Services

50% Coverage - 20 visits per member per calendar year

ADDITIONAL BENEFITS:

Prescription Drugs

\$10 1st Tier, \$20 2nd Tier, \$40 3rd Tier copay per prescription