

# Health Alliance Plan of Michigan



State: MI

Benefits 2008

<b>Plan facts</b>	Member services Member services hours Web address Product name	(800) 422-4641 Annual enrollment information: (800) 422-4641 Mon-Fri: 7:00 AM-7:00 PM; Sat: 8:00 AM-12:00 PM ET www.hap.org HAP HMO
<b>Your medical expenses</b>	Office visits Maternity care prenatal office visits  Inpatient hospitalization Outpatient surgical care  Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit \$25 copay per visit  \$500 copay per admission \$100 copay per visit  Covered at 100% \$50 copay/visit (waived if admitted) \$15 copay/visit (waived if admitted)
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	\$25 copay (generic), \$55 copay (preferred brand), \$115 copay (non-preferred brand) per prescription up to 90-day supply
<b>Preventive care</b>	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Physical: \$15 copay per visit. GYN: \$25 copay per visit \$25 copay per visit Well Child Care: \$15 copay per visit. Immunizations: Covered at 100% Covered at 100%
<b>Mental health</b>	Inpatient Outpatient	\$500 copay per admission. Limit 30 days per year (renewable after 60 days) \$25 copay per visit. Limit 20 visits per calendar year
<b>Substance abuse</b>	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$500 copay per admission. Limit 30 days per year (renewable after 60 days) combined with inpatient rehab \$500 copay per admission. Limit 30 days per year (renewable after 60 days) combined with inpatient detox \$25 copay per visit. Limit 35 visits per year combined with outpatient rehab \$25 copay per visit. Limit 35 visits per year combined with outpatient detox
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy Chiropractic care	Covered at 100%. Limit 60 visits per condition per therapy per lifetime Not covered
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered
<b>Key facts</b>	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent      Domestic partner coverage available: Yes              Domestic partner children coverage avail.: NA See website for details

\* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.