

# We've Got You Covered!

## HAP COVERAGE:

### PREVENTIVE SERVICES:

Well Baby Care  
 Periodic Health Evaluations,  
 Screening Tests,  
 Physical Exams and Immunizations  
 Breast & Pelvic Exams and Pap Smears  
 Breast Cancer Screenings  
 (mammography)  
 Eye and Hearing Exams

\$10 copay per visit

### OUTPATIENT SERVICES:

Outpatient Surgery and Related  
 Services  
 Operating, Recovery and other  
 Treatment Rooms  
 Diagnostic Laboratory Tests; X-rays  
 and Pathology Services  
 Radiation Therapy  
 Anesthesia Services  
 Family Planning Services  
 Infertility and Related Services  
 Physical, Speech and Occupational  
 Therapy

\$10 copay per visit  
 may apply

Up to 60 visits per  
 condition lifetime

### INPATIENT HOSPITAL SERVICES:

Days of Care Unlimited  
 Semi-Private Room Covered  
 (Specialty Care Units; when medically necessary)  
 Surgery and Related Services Covered  
 Anesthesia Covered  
 Lab Tests, EKGs, EEGs and  
 similar tests Covered  
 Physical Therapy Covered  
 Physician Services Covered  
 Diagnostic & Therapeutic X-Ray  
 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 \$10 copay per visit  
 Delivery in Hospital Covered  
 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 \$50 copay per visit  
 Emergency Ambulance Covered  
 Urgent Care Facility Services \$10 copay per visit

## HAP COVERAGE:

### CHEMICAL DEPENDENCY:

Inpatient Chemical  
 Dependency Treatment

45 days, renewable after 60  
 days or state mandated annual  
 aggregate dollar amount,  
 whichever is greater

Outpatient Chemical  
 Dependency Treatment

\$10 copay per visit; 35 visits per  
 member per calendar year or  
 state mandated annual  
 aggregate dollar amount,  
 whichever is greater

### MENTAL HEALTH:

Inpatient Mental Health  
 Hospital Services

45 days, renewable after  
 60 days

Outpatient Professional  
 Mental Health Services

\$10 copay per visit; 20 visits per  
 member per calendar year

### ADDITIONAL BENEFITS:

Prescription Drugs,  
 including Birth Control Pills

\$5 generic / \$10 brand name  
 copay per prescription

Durable Medical Equipment  
 (Wheelchairs, Special Beds, etc.)

Covered for authorized equipment

Prosthetic Appliances

Covered for authorized equipment

Orthotic Devices  
 (Special Back Braces, etc.)

Covered for authorized equipment

Hearing Aids

Covered for authorized  
 conventional hearing aids.

Skilled Nursing Care in  
 Convalescent Facility

Up to 730 days, renewable after  
 60 days

Assisted Reproductive  
 Technologies

One attempt of artificial  
 insemination per lifetime.

**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.