

**HAP
IS HERE**

With the facts about
your EPO plan.

Our EPO plans make it easier for
you to get and stay healthy



What does EPO stand for:

An EPO, or Exclusive Provider Organization, is a health plan similar to PPO.

- EPO members have access to Health Alliance Plan's affiliated physician through our statewide PPO network.
- EPO members do not need to select a primary care physician (PCP) and referrals are NOT required to see a specialist.
- If you have an emergency or urgent care need, your services are covered 24/7, at any emergency or urgent care facility worldwide.

As an EPO enrollee:

- EPO members obtain all preventive, routine and specialty care services from in-network providers. With the exception of emergency and urgent care services, there's no coverage if you seek services from non-network providers, unless approved by HAP's Medical Director.
- As with all of Health Alliance Plan's products, EPO members are responsible for all applicable deductibles, copays and co-insurance amounts, up to their annual out of pocket maximum.
- EPO members have access to our national pharmacy network and Students Away program.
- If you have an EPO group plan, you can seek care through our statewide PPO network in Michigan and northwest Ohio. You can use the Cigna nationwide network if you permanently reside outside of Michigan. To see a network coverage map, visit hap.org/groupmaps.
- The Assist America global emergency services program supports you when you have a medical emergency away from home. Whenever you, your covered spouse or dependent children travel more than 100 miles away from home (for no longer than 90 days in a row) you can call upon Assist America to help handle any medical emergency. Visit assistamerica.com/hap for more information.
- You're covered for a wide range of routine services including annual wellness checkups, breast cancer screenings, immunizations and more. For a full list of preventive services, visit hap.org/preventive-services.

We want to help you achieve the best health possible. We offer many health and wellness programs:

- Care management programs
- iStrive for Better Health digital wellness manager
- Behavioral health management
- Weight management programs
- Tobacco cessation program

Learn more at [hap.org.health](https://hap.org/health)

Four main types of costs:

- **Deductible:** the fixed amount you must pay before your health benefits begin to cover medical services. After the deductible is met, covered services are payable at the allowable charge, based on the specific provisions of your Group Health Insurance Policy. Services must be a “covered” benefit to be applied towards the deductible.
- **Copay:** the amount you pay at the time of service. Copays typically are for physician office visits and prescription medications.
- **Co-insurance:** the percentage of charges you're responsible for when you get covered services. For example, if your Group Health Insurance Policy states that Alliance will pay 80 percent of allowable charges for covered services (after your deductible and/or copays have been met), the remaining 20 percent is your co-insurance.
- **Out-of-pocket maximum:** also called OOPM, is the most you'll pay out of your own pocket for expenses under your plan during the year.

When you're a HAP member you can access:

- Your online member account at hap.org
- Telehealth services at hap.org/telehealth
- Health Care Cost Estimator at hap.org/costestimator
- HAP Member Discounts at hap.org/memberdiscounts
- A dedicated team to answer your questions by calling **(800) 422-4641**

Learn more at hap.org/hapmember.

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