

2021 HAP Individual Qualified Health Plans



hap.org/individual

HAP has everything you need right here, in one place. Here's our list of HAP Individual and Family plan options.

Chart reflects in-network benefits		Deductible (Individual/Family)	Coinsurance	Out-of-Pocket Limit (Individual/Family)	Telehealth PCP Specialist	Emergency Room Urgent Care	Rx Generic: Pref/Nonpref Brand: Pref/Nonpref Specialty: Pref/Nonpref
SILVER	HAP Personal Alliance - HMO 3200 - HMO Henry Ford Choice 3200 - HMO Genesys Choice 3200 - PPO 3200	\$3,200/ \$6,400	30%	\$8,550/ \$17,100	Telehealth: \$0 PCP: \$30 Spec: \$45	ER: 30% coinsurance after deductible UC: \$65	Generic: \$5/\$30 Brand: \$75/\$100 Specialty: 50% coinsurance after deductible
	HAP Personal Alliance - HMO VCP 3500	\$3,500/ \$7,000	30%	\$8,550/ \$17,100	Telehealth: Virtual visit covered (through HFHS) PCP: Virtual visit covered, Office visit \$70 copay Spec: Virtual visit covered, Office visit \$85 copay	ER: 30% coinsurance after deductible UC: Virtual visit covered, Office visit \$65 copay	Generic: \$5/\$30 Brand: \$75/\$100 Specialty: 50% coinsurance after deductible
	HAP Personal Alliance - HMO 5500 - HMO Henry Ford Choice 5500 - HMO Genesys Choice 5500 - PPO 5500	\$5,500/ \$11,000	40%	\$8,550/ \$17,100	Telehealth: \$0 PCP: \$40 Spec: \$65	ER: 40% coinsurance after deductible UC: 40% coinsurance after deductible	Generic: \$5/\$30 Brand: \$75/\$100 Specialty: 50% coinsurance after deductible
BRONZE	HAP Personal Alliance - HMO 7000 - HMO Henry Ford Choice 7000 - HMO Genesys Choice 7000 - PPO 7000	\$7,000/ \$14,000	40%	\$8,550/ \$17,100	Telehealth: \$0 PCP: \$55 Spec: \$85	ER: 40% coinsurance after deductible UC: 40% coinsurance after deductible	Generic: \$10/\$30 Brand: 50% coinsurance after deductible Specialty: 50% coinsurance after deductible
	HAP Personal Alliance - HMO 6900 (HSA) - HMO Henry Ford Choice 6900 (HSA) - HMO Genesys Choice 6900 (HSA) - PPO 6900 (HSA)	\$6,900/ \$13,800	0%	\$6,900/ \$13,800	Telehealth: Covered after deductible PCP: Covered after deductible Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Generic: Covered after deductible Brand: Covered after deductible Specialty: Covered after deductible
	HAP Personal Alliance - HMO 8550 - HMO Henry Ford Choice 8550 - HMO Genesys Choice 8550 - PPO 8550	\$8,550/ \$17,100	0%	\$8,550/ \$17,100	Telehealth: \$0 PCP: \$50 Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Generic: \$10/\$30 Brand: Covered after deductible Specialty: Covered after deductible
	HAP Personal Alliance - HMO VCP 7500	\$7,500/ \$15,000	40%	\$8,550/ \$17,100	Telehealth: Virtual visit covered (through HFHS) PCP: Virtual visit covered, Office visit \$80 copay Spec: Virtual visit covered, Office visit \$100 copay	ER: 40% coinsurance after deductible UC: Virtual visit covered, Office visit 40% coinsurance after deductible	Generic: \$10/\$30 Brand: 50% coinsurance after deductible Specialty: 50% coinsurance after deductible
	HAP Personal Alliance - HMO Catastrophic 8550 - HMO Henry Ford Choice Catastrophic 8550 - HMO Genesys Choice Catastrophic 8550 - PPO Catastrophic 8550 <i>These plans are available only to individuals under the age of 30, unless they qualify for a hardship exemption.</i>	\$8,550/ \$17,100	0%	\$8,550/ \$17,100	Telehealth: Covered after deductible PCP: Fully covered for first 3 visits, all other visits covered after deductible Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Generic: Covered after deductible Brand: Covered after deductible Specialty: Covered after deductible

The plans and rates are subject to change pending state and federal regulatory approval.

The above comparisons are to be used for general reference only. Please refer to the individual summaries for benefit levels for each service. This chart of HAP Personal Alliance Health Plans is designed to provide an overview of available plans. All plans are subject to the actual terms and conditions of the policy. In the case of a conflict between this chart and a policy, the terms and conditions of the policy govern. HAP Personal Alliance does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. HAP Personal Alliance HMO is offered through Health Alliance Plan (HAP), a state-certified health maintenance organization. HAP Personal Alliance PPO is offered through Alliance Health and Life Insurance Company (Alliance), a wholly owned subsidiary of Health Alliance Plan (HAP).