



**Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
Summary of Benefits - UAW Trust Ford Protected (AA001607)**

| Health Care Services | In-Network | Limitations |
|---|---------------------------------|--|
| Plan Attributes | | |
| Benefit Period | Calendar Year | |
| Annual Deductible | \$0 Individual; \$0 Family | |
| Coinsurance | 0% | |
| Annual Coinsurance Maximum | N/A | |
| Annual Out-of-Pocket Maximum | \$0 Individual; \$0 Family | |
| Preventive Services | | |
| Office Visit, Physical Exam, Well Baby Exam | \$25 Copay | |
| Related Laboratory and Radiology Services | Covered | |
| Pap Smear, Mammogram, Tubal Ligation | Covered | |
| Immunizations | Covered | |
| Outpatient & Physician Services | | |
| Primary Care Office Visit | \$25 Copay | |
| Telehealth Visit | \$25 Copay | Through our contracted telehealth services provider |
| Specialist Office Visit | \$25 Copay | |
| Audiology Office Visit | \$25 Copay | One routine hearing exam per benefit period at no cost share |
| Eye Exam Office Visit | \$25 Copay | One routine eye exam per benefit period at no cost share |
| Allergy Treatment | Covered | |
| Allergy Injections | Covered | |
| Laboratory and Pathology | Covered | |
| Imaging MRI, CT and PET Scans | Covered | |
| Radiology (X-ray) | Covered | |
| Radiation Therapy and Chemotherapy | Covered | |
| Dialysis | Covered | |
| Outpatient Surgery | Covered | |
| Chiropractic Services | Not covered | |
| Emergency/Urgent Care | | |
| Urgent Care | Covered | |
| Emergency Room Care | Covered | |
| Emergency Medical Transportation | Covered | Emergency transport only |
| Inpatient Hospital Services | | |
| Facility Fee | Covered | |
| Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | Covered | |
| Bariatric Surgery and Related Services | Covered | One procedure per lifetime |
| Maternity Services | | |
| Prenatal Office Visits | \$25 Copay | Covered under Preventive Services |
| Postnatal Office Visits | \$25 Copay | |
| Labor, Delivery and Newborn Care | See Inpatient Hospital Services | |
| Mental Health & Substance Use Disorder | | |
| Inpatient Services | See Inpatient Hospital Services | |
| Outpatient Services | Covered | |

| Other Services | | |
|--|---------|--|
| Home Health Care | Covered | Unlimited; does not include Rehabilitation Services |
| Hospice Care | Covered | Up to 210 days per lifetime |
| Skilled Nursing Care | Covered | Covered for authorized services; maximum benefits 100 days per benefit period. Maximum benefit renews after 60-day nonconfinement. See plan for further details. |
| Durable Medical Equipment, Prosthetics and Orthotics | Covered | Coverage for approved equipment only |
| Hearing Aid Hardware | Covered | Covered for authorized equipment only |
| Vision Hardware | Covered | Coverage for one pair of eye glasses each year. Detailed information regarding coverage of lenses and Collection frames can be found in your policy or plan documents. |
| Rehabilitation Services: Physical, Occupational and Speech Therapy | Covered | May be rendered at home; up to 60 combined visits per benefit period |
| Habilitation Services | Covered | Limited to Applied Behavior Analysis (ABA) and Physical, Speech and Occupational Therapy services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only. See Outpatient Mental Health for cost sharing amount. |
| Voluntary Sterilizations | Covered | Limited to vasectomy |
| Infertility Services | Covered | Services for diagnosis, counseling and treatment of bodily disorders causing infertility. Covered for authorized services only. |
| Temporomandibular Joint Disorder | Covered | |
| Pharmacy – Not Covered | | |

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Benefit Riders: H00T, HMHE, H696, H538, H537, H148, H124, H081, H014, H013

- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours of any emergency hospital admission. Failure to notify HAP could result in a reduction of benefits or nonpayment
- Students away at school are covered for acute illness and injury related services according to HAP criteria.
- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.