

2020 HAP Personal Alliance Qualified Health Plans



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

hap.org/individual

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%	\$8,150/\$16,300	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 5500 - HMO Henry Ford Choice 5500 - HMO Genesys Choice 5500 - PPO 5500	\$5,500/\$11,000	40%	\$8,150/\$16,300	Telehealth: \$0 PCP: \$40 Spec: \$65	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 6750 (HSA) - HMO Henry Ford Choice 6750 (HSA) - HMO Genesys Choice 6750 (HSA) - PPO 6750 (HSA)	\$6,750/\$13,500	0%	\$6,750/\$13,500	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
BRONZE	HAP Personal Alliance - HMO 7900 - HMO Henry Ford Choice 7900 - HMO Genesys Choice 7900 - PPO 7900	\$7,900/\$15,800	0%	\$7,900/\$15,800	Telehealth: \$0 PCP: \$30 Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Generic: \$5/\$30 Brand: Covered after deductible Specialty: Covered after deductible
	HAP Personal Alliance - HMO Catastrophic 8150 - HMO Henry Ford Choice Catastrophic 8150 - HMO Genesys Choice Catastrophic 8150 - PPO Catastrophic 8150 <i>These plans are available only to individuals under the age of 30, unless they qualify for a hardship exemption.</i>	\$8,150/\$16,300	0%	\$8,150/\$16,300	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
CATASTROPHIC							

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).