

2014  
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 where you belong.



Health Plans for Individuals and Families



chooseHAP.org





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**Other health plans  
make you a member.**

**We make you feel like a  
member of the family.**

We believe a health plan should be more than doctors and deductibles. We understand you want to know you'll be covered, listened to and treated well; that having a team you can trust to back you up means a lot. With HAP, you'll find exactly that: a place that feels like home, protects your health and makes you feel welcome at every turn. With personal care, exceptional customer service and excellent coverage, HAP helps at every age, stage and budget.

## Why Choose HAP?

You can tell how much your friends truly care by the little things they do to help. Why should it be any different with a health care plan? In short, it shouldn't. Which is why HAP Personal Alliance offers you extra perks to make using your health plan easier – not to mention extending what your coverage can do.

To make sure our relationship gets off to a healthy start, we assign you a Personal Service Coordinator for the first two years of your membership. His or her job is to get to know you and help you answer any of your questions, find solutions for you and guide you along the way.

A Personal Service Coordinator will contact you within 45 days of the date your health plan becomes effective to make sure you've received your benefit information and happily answer any questions you may have at that time.

HAP also helps when you're traveling in unfamiliar areas out of state or in another country. Be worry-free knowing HAP provides Assist America® and its global emergency services when you are traveling 100 miles or more from home. HAP works with Assist America® to help you find the right hospital; replace lost or left-behind prescriptions; provide luggage and document assistance; and much more. Assist America will completely arrange and pay for all the assistance services it provides without limits on the covered cost, and its call center is fully staffed 24/7.

Finally, HAP makes choosing the plan that fits your needs and your budget simpler than ever. Our new site, **chooseHAP.org**, reinvents the entire health plan shopping experience. With easy-to-follow step-by-step directions, you can find a HAP health plan that best matches the specific needs of you and your family.



## HAP Extras

We believe you deserve every advantage possible to keep yourself in the best health. Thanks to the HAP Advantage\* program, you'll receive money-saving discounts and have access to a variety of health and wellness-related activities, entertainment and websites, many of which are local to Southeast Michigan:

- FitZone for Women – Save 60% off registration and \$5 off monthly dues at the Livonia, Grand Blanc and Waterford locations
- Chiropractors – Save 15% on non-covered chiropractic services from participating chiropractors
- YMCAs of Metro Detroit – No sign-up fee at the 11 Metro Detroit YMCAs – a savings of up to \$250 for HAP members
- Automobile Association of America (AAA) – Discounted membership
- Palace Sports and Entertainment – Discounted tickets to events at the Palace, DTE and Meadowbrook
- Henry Ford OptimEyes – 20% off nonprescription sunglasses at 17 Metro Detroit locations offering convenient hours seven days a week
- Henry Ford Department of Ophthalmology – Significant savings on LASIK services
- Weight Watchers® – As part of HAP's commitment to healthy living and preventive care, qualified members can join Weight Watchers® for just \$25, and HAP will pay the rest of the enrollment fee
- *iStrive® for better health* – HAP has partnered with HealthMedia® to offer this revolutionary digital health coaching program, exclusively for members. *iStrive®* programs offer a free, confidential health risk assessment and a suite of additional tools to help you learn how to live a healthier life. Members can log in at **hap.org** and go to *iStrive®* for more information
- The HAP OnTheGo Mobile App for iPhone and Android™ – This mobile app allows you to view your most recent ID card in real time and on the go

\* The HAP Advantage program is a value-added program and the services and products made available under this program are not covered benefits under the Health Alliance Plan (HAP) or Alliance policy, Riders or Member Handbook or otherwise payable by HAP or Alliance. HAP or Alliance, its affiliates, agents and assigns make no representations or warranties regarding the quality, price or effectiveness of the services or products, or the credentialing of the providers, made available by HAP Advantage.

## Health Care Reform

### Health Care is in for Big Changes

It's called many names, but the official health care reform law, signed in 2010, is called the Patient Protection and Affordable Care Act (PPACA or just ACA). It was designed to improve access to health care for everyone. While some parts of the law are already in place, most of the major provisions of the ACA become effective in 2014. These changes are aimed at making health coverage more accessible and affordable for many more people. They include the creation of Health Insurance Marketplaces (also called Exchanges), coverage of Essential Health Benefits (EHBs) and individual tax credits. There will be even more changes coming over the next several years.

With the ACA, you cannot be denied coverage, or pay a higher rate, based on a pre-existing condition. Most people will be required to have health insurance starting in 2014 or pay a fine. Many kinds of coverage will satisfy the mandate, including private insurance obtained on your own or through a job, Medicare, Medicaid, Children's Health Insurance Program (CHIP), Veterans Affairs, the Indian Health Service and Tricare.

## Buying Coverage

### Where to Buy Health Insurance

There are three ways to buy a health care plan – through insurance companies like HAP, through the Health Insurance Marketplace or through an agent. There are also Navigators available to help guide you through the Health Insurance Marketplace.

#### Through HAP

You can purchase a HAP health plan for individuals and families through HAP or through the Health Insurance Marketplace. You can rest assured that all HAP plans, whether you join through HAP or through the Health Insurance Marketplace, will have the same high standards for coverage, quality and customer service. For more information, please visit [chooseHAP.org](http://chooseHAP.org), or call us at toll-free at **(855) WITH-HAP**.

#### Through the Health Insurance Marketplace

The Health Insurance Marketplace – sometimes called the Exchange – is where you can compare and select qualified health plans. You will be able to shop online, by phone or with the personal assistance of specially trained helpers called Navigators.

In Michigan, the Health Insurance Marketplace will be operated by the federal government and not by the state. To compare and shop for plans, you would go to [healthcare.gov](http://healthcare.gov). There you'll also find answers to many of the most common questions about the Health Insurance Marketplace.

#### Through an Agent

Licensed, specially trained health insurance agents can also guide you through the task of choosing coverage that meets your unique needs. Visit [chooseHAP.org](http://chooseHAP.org) for a list of qualified insurance agents in your area. You can also find agents online or in the phone book.



## Navigators

Specially trained individuals and groups called Navigators will be available, in person or by phone, to help you with the Health Insurance Marketplace application process and answer questions. They will be paid by the government and will not be allowed to favor one health plan over another. Navigators will also help you understand your coverage options, which may include Medicaid or lower-cost options through the Health Insurance Marketplace. Groups eligible to act as Navigators include unions, tribal organizations, church groups and chambers of commerce. At least one group in every state must be a consumer-oriented nonprofit. Another category of helpers, called “Certified Application Counselors,” will help consumers with the application process at community health centers, hospitals, social service agencies and similar institutions.

## Essential Health Benefits (EHBs)

As a part of PPACA, health plans will also be required to cover EHBs, which include at least the following 10 categories of health care services:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization
- Maternity and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric vision and dental services

Starting in 2014, adults under the age of 65 who are uninsured or who have “individual” coverage – which means you or your family buys health insurance rather than buying it through your employer – will have many new, affordable and accessible health plan options available through HAP and the Health Insurance Marketplace. Both destinations will provide a chance for you to compare and select qualified health plans.

HAP simplifies the search for the health plan that matches the needs and the budget of you and your family by putting all the available HAP plans in one place. At **chooseHAP.org**, you can compare HAP Personal Alliance health plans based on price, benefits, quality and other important features.

## Health Plan Levels

Also beginning in 2014, health plans will be ranked using metal tiers: Bronze, Silver, Gold and Platinum. The idea behind “metal level plans,” or metal tiers, is to allow you to compare health plans with similar coverage value (the technical term is actuarial value).

What this means is that health plans offered through HAP or the Health Insurance Marketplace will be grouped in different metal levels based on the percentage of health care costs the plan covers. Another type of plan is a catastrophic plan, which is for individuals who are under 30 or who are exempt from the coverage mandate.

A health insurer’s Bronze plans usually will have the lowest premiums and highest out-of-pocket costs – copays, deductibles and coinsurance – while Platinum plans usually have the highest premiums and the lowest member cost sharing. However, it is also possible that lower-tier plans offered by one insurer may be less expensive than another insurer’s higher-tier plans. Insurers selling coverage to individuals may offer several different options within a given metal level, but they are not required to offer plans in all four levels.

## Our Member Online Tools

You’ve got everything you need for good health at your fingertips. We want to empower you to make better choices and changes that lead to better health. That’s why managing your health care needs to be easy. Register at [hap.org](http://hap.org) for access to convenient, personalized and secure online tools:

- Benefits and coverage information
- Find a doctor
- Copays – information on emergency, urgent care, physician’s office or pharmacy copays
- Health reminders
- *iStrive*®

## Our Family of Plans

### Fully Insured HMO

A Health Maintenance Organization (HMO) is a health plan that requires you to have a Personal Care Physician (PCP) within the network. This is your go-to doctor and first-line partner for better health. Your PCP is the doctor who will best know your medical history and will refer you to the right specialists if ever a need arises. HAP has an extensive network of leading doctors and hospitals. HAP Personal Alliance offers several HMO health plans with varying deductibles to fit every budget.

### HMO Service Area and Network

With our HMO health plans, you can receive services from doctors and medical facilities in the following nine counties: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne. Emergency services are available worldwide.

### Fully Insured PPO

A Preferred Provider Organization (PPO) lets members seek care from providers either within or outside of the network, without referrals. The plan offers a wide range of benefit options that includes incentives to seek care from preferred providers. HAP Personal Alliance offers several PPO health plans with varying deductibles to fit any budget.

### PPO Service Area and Network

You can purchase Personal Alliance PPO health plans if you live in any of the following 23 counties: Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Iosco, Isabella, Lapeer, Livingston, Macomb, Midland, Monroe, Oakland, Ogemaw, Roscommon, Saginaw, Sanilac, St. Clair, Tuscola, Washtenaw and Wayne. Once you're a PPO member, you can receive services from doctors and medical facilities through HAP's entire network.

### PPO Health Savings Account (HSA)

To maximize benefits, we offer PPO health plans that are paired with a Health Savings Account (HSA). An HSA is an individually owned bank account for medical expenses. You can use your HSA to pay for your health care costs, from doctor and hospital visits to copayments, eyeglasses and prescriptions. Covered health care costs paid from your HSA can be applied toward meeting your annual health plan deductible. If your combined expenses, whether small expenses, routine costs, or a serious injury or accident, exceed your health plan deductible, an Out-of-Pocket Maximum "caps" your costs but leaves your coverage in place.

Any unused funds in your HSA will roll over annually. You will never lose them.

### HSA Benefits

#### *Triple Tax Savings*

1. Contributions are made with pre-tax dollars
2. The interest you earn on your HSA balance is not taxed
3. Withdrawals from your HSA for qualified medical expenses aren't subject to federal or state income tax

#### *Flexibility*

1. The money grows and remains with you, even when you change health plans or retire – and even if you're no longer eligible to make contributions
2. As long as you're covered by a qualified High Deductible Health Plan, you, your family members or anyone else may contribute to your HSA up to the maximum annual contribution limit

# 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 PERSONAL ALLIANCE HEALTH PLANS									
Metal Tier	Plan Name	Deductible (In-Network) (Individual/Family)	Coinsurance (In-Network)	Out-of-Pocket Max (In-Network) (Individual/Family)	Primary Care Physician/Specialist Office Visit	Emergency Room/Urgent Care	RX – Generic/Preferred Brand/Non-Preferred Brand/Specialty		
 <b>Platinum</b>	HAP Personal Alliance 500 HMO	\$500/\$1,000	20%	\$1,500/\$3,000	\$10/\$30 copay	\$250/\$65 copay	\$5/\$40/50%/50%	✓	✓
 <b>Gold</b>	HAP Personal Alliance 1000 Direct HMO	\$1,000/\$2,000	20%	\$3,500/\$7,000	\$20/\$40 copay	\$250/\$65 copay	\$10/\$60/50%/50%	✓	
	HAP Personal Alliance 1000 HMO	\$1,000/\$2,000	0%	\$3,000/\$6,000	\$20/\$30 copay	\$250/\$65 copay	\$15/\$60/50%/50%		✓
	HAP Personal Alliance 1500 Direct PPO	\$1,500/\$3,000	0%	\$3,500/\$7,000	\$20/\$40 copay	\$250/\$65 copay	\$15/\$50/50%/50%	✓	
	HAP Personal Alliance 1500 PPO	\$1,500/\$3,000	0%	\$3,500/\$7,000	\$15/\$30 copay	\$250/\$65 copay	\$10/\$60/50%/50%		✓
	HAP Personal Alliance 2000 Direct PPO (HSA)	\$2,000/\$4,000	0%	\$2,000/\$4,000	Covered after deductible	Covered after deductible	Covered after deductible	✓	
 <b>Silver</b>	HAP Personal Alliance 2000 Direct PPO	\$2,000/\$4,000	20%	\$4,500/\$9,000	\$35/\$50 copay	\$250/\$65 copay	\$20/\$60/50%/50%	✓	
	HAP Personal Alliance 2500 Direct HMO	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$30/\$40 copay	\$250/\$65 copay	\$15/\$60/50%/50%	✓	
	HAP Personal Alliance 2500 HMO	\$2,500/\$5,000	20%	\$6,350/\$12,700	\$30/\$50 copay	\$250/\$65 copay	\$20/\$60/50%/50%		✓
	HAP Personal Alliance 3000 Direct PPO	\$3,000/\$6,000	0%	\$6,000/\$12,000	\$35 copay – Limit 4 then covered after deductible/ \$50 copay	\$250/\$65 copay	\$20/\$60/50%/50%	✓	
	HAP Personal Alliance 3000 PPO	\$3,000/\$6,000	20%	\$6,350/\$12,700	\$35/\$50 copay	\$250/\$65 copay	\$10/\$60/50%/50%		✓
 <b>Bronze</b>	HAP Personal Alliance 5000 HMO	\$5,000/\$10,000	20%	\$6,350/\$12,700	\$40/\$60 copay	\$250/\$65 copay	\$25/\$100/50%/50%	✓	✓
	HAP Personal Alliance 5000 PPO (HSA)	\$5,000/\$10,000	20%	\$6,350/\$12,700	20% after deductible	20% after deductible	20% after deductible	✓	✓
<b>Catastrophic</b>	HAP Personal Alliance 6350 PPO	\$6,350/\$12,700	0%	\$6,350/\$12,700	3 visits, then covered after deductible/ Covered after deductible	Covered after deductible	Covered after deductible	✓	✓



HAP Personal Alliance health plans available through HAP



HAP Personal Alliance health plans available through the Health Insurance Marketplace



Schedule of Benefits

PLATINUM

HAP PERSONAL ALLIANCE 500 HMO

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$500/\$1,000	Not Covered	20%	Not Applicable	\$1,500/\$3,000	Not Applicable

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$10 copay	Not Covered
Specialist visit (including Allergy Treatment)	\$30 copay	Not Covered
Diagnostic Test (X-Ray, Lab)	\$10 copay	Not Covered
Imaging (CT/PET Scans, MRIs)	20% after deductible	Not Covered
Chemotherapy/Dialysis/Radiation	20% after deductible	Not Covered
Outpatient Surgery and Related Services	20% after deductible	Not Covered
Eye Exams/Audiology Exams (for medical reasons)	\$30 copay	Not Covered
Chiropractic Care (20 Visit Limit)	\$30 copay	Not Covered
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	20% after deductible	Not Covered
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	20% after deductible	Not Covered
Outpatient Services	\$10 copay	Not Covered
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	20% after deductible	Not Covered
Hospice Services	20% after deductible	Not Covered
Skilled Nursing Facility – 45 days	20% after deductible	Not Covered
Durable Medical Equipment/Prosthetic Devices	20% after deductible	Not Covered
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$10 copay	Not Covered
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$10 copay	Not Covered
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$30 copay	Not Covered
Labor and Delivery	20% after deductible	Not Covered
<b>Additional Services</b>		
Pediatric Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Adult Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Pediatric Vision Hardware	One pair of glasses every 12 months	
Adult Vision Hardware	One pair of glasses every 12 months	
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs	\$5/\$40/50%/50%	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 500 HMO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



**GOLD**

**HAP PERSONAL ALLIANCE 1000 DIRECT HMO**

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$1,000/\$2,000	Not Covered	20%	Not Applicable	\$3,500/\$7,000	Not Applicable

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$20 copay	Not Covered
Specialist visit (including Allergy Treatment)	\$40 copay	Not Covered
Diagnostic Test (X-Ray, Lab)	\$20 copay	Not Covered
Imaging (CT/PET Scans, MRIs)	20% after deductible	Not Covered
Chemotherapy/Dialysis/Radiation	20% after deductible	Not Covered
Outpatient Surgery and Related Services	20% after deductible	Not Covered
Eye Exams/Audiology Exams (for medical reasons)	\$40 copay	Not Covered
Chiropractic Care (20 Visit Limit)	\$30 copay	Not Covered
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	20% after deductible	Not Covered
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	20% after deductible	Not Covered
Outpatient Services	\$20 copay	Not Covered
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	20% after deductible	Not Covered
Hospice Services	20% after deductible	Not Covered
Skilled Nursing Facility – 45 days	20% after deductible	Not Covered
Durable Medical Equipment/Prosthetic Devices	20% after deductible	Not Covered
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$20 copay	Not Covered
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$20 copay	Not Covered
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$40 copay	Not Covered
Labor and Delivery	20% after deductible	Not Covered
<b>Additional Services</b>		
Pediatric Dental		Optional benefits available
Adult Dental		Optional benefits available
Pediatric Vision Hardware		One pair of glasses every 12 months
Adult Vision Hardware		One pair of glasses every 12 months
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs		\$10/\$60/50%/50%

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 1000 Direct HMO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



## Schedule of Benefits

### GOLD

#### HAP PERSONAL ALLIANCE 1000 HMO

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$1,000/\$2,000	Not Covered	0%	Not Applicable	\$3,000/\$6,000	Not Applicable

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Period</b>	<b>Calendar Year</b>	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$20 copay	Not Covered
Specialist visit (including Allergy Treatment)	\$30 copay	Not Covered
Diagnostic Test (X-Ray, Lab)	\$20 copay	Not Covered
Imaging (CT/PET Scans, MRIs)	Covered after deductible	Not Covered
Chemotherapy/Dialysis/Radiation	Covered after deductible	Not Covered
Outpatient Surgery and Related Services	Covered after deductible	Not Covered
Eye Exams/Audiology Exams (for medical reasons)	\$30 copay	Not Covered
Chiropractic Care (20 Visit Limit)	\$30 copay	Not Covered
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	Covered after deductible	Not Covered
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	Covered after deductible	Not Covered
Outpatient Services	\$20 copay	Not Covered
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	Covered after deductible	Not Covered
Hospice Services	Covered after deductible	Not Covered
Skilled Nursing Facility – 45 days	Covered after deductible	Not Covered
Durable Medical Equipment/Prosthetic Devices	Covered after deductible	Not Covered
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$20 copay	Not Covered
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$20 copay	Not Covered
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$30 copay	Not Covered
Labor and Delivery	Covered after deductible	Not Covered
<b>Additional Services</b>		
Pediatric Dental		Not Covered
Adult Dental		Not Covered
Pediatric Vision Hardware		One pair of glasses every 12 months
Adult Vision Hardware		One pair of glasses every 12 months
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs		\$15/\$60/50%/50%

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 1000 HMO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



**GOLD**

**HAP PERSONAL ALLIANCE 1500 DIRECT PPO**

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$1,500/\$3,000	\$5,000/\$10,000	0%	50%	\$3,500/\$7,000	\$10,000/\$20,000

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$20 copay	50% after deductible
Specialist visit (including Allergy Treatment)	\$40 copay	50% after deductible
Diagnostic Test (X-Ray, Lab)	\$20 copay	50% after deductible
Imaging (CT/PET Scans, MRIs)	Covered after deductible	50% after deductible
Chemotherapy/Dialysis/Radiation	Covered after deductible	50% after deductible
Outpatient Surgery and Related Services	Covered after deductible	50% after deductible
Eye Exams/Audiology Exams (for medical reasons)	\$40 copay	50% after deductible
Chiropractic Care (20 Visit Limit)	\$30 copay	50% after deductible
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	Covered after deductible	50% after deductible
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	Covered after deductible	50% after deductible
Outpatient Services	\$20 copay	50% after deductible
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	Covered after deductible	50% after deductible
Hospice Services	Covered after deductible	50% after deductible
Skilled Nursing Facility – 45 days	Covered after deductible	50% after deductible
Durable Medical Equipment/Prosthetic Devices	Covered after deductible	50% after deductible
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$20 copay	50% after deductible
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$20 copay	50% after deductible
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$40 copay	50% after deductible
Labor and Delivery	Covered after deductible	50% after deductible
<b>Additional Services</b>		
Pediatric Dental		Optional benefits available
Adult Dental		Optional benefits available
Pediatric Vision Hardware		One pair of glasses every 12 months
Adult Vision Hardware		One pair of glasses every 12 months
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs		\$15/\$50/50%/50%

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 1500 Direct PPO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.





## Schedule of Benefits

GOLD					
HAP PERSONAL ALLIANCE 1500 PPO					
DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$1,500/\$3,000	\$5,000/\$10,000	0%	50%	\$3,500/\$7,000	\$10,000/\$20,000
HEALTH CARE SERVICES		IN-NETWORK		OUT-OF-NETWORK	
Benefit Period		Calendar Year			
Preventive Care					
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams		Covered		Not Covered	
Immunizations, related lab tests and X-rays, pap smears and mammograms		Covered		Not Covered	
Outpatient and Physician Services					
Nonspecialist office visit to treat an injury/illness		\$15 copay		50% after deductible	
Specialist visit (including Allergy Treatment)		\$30 copay		50% after deductible	
Diagnostic Test (X-Ray, Lab)		\$15 copay		50% after deductible	
Imaging (CT/PET Scans, MRIs)		Covered after deductible		50% after deductible	
Chemotherapy/Dialysis/Radiation		Covered after deductible		50% after deductible	
Outpatient Surgery and Related Services		Covered after deductible		50% after deductible	
Eye Exams/Audiology Exams (for medical reasons)		\$30 copay		50% after deductible	
Chiropractic Care (20 Visit Limit)		\$30 copay		50% after deductible	
Emergency Services					
Emergency Room Services		\$250 copay			
Urgent Care Facility Services		\$65 copay			
Emergency Ambulance Services		\$100 copay			
Inpatient Hospital Services					
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)		Covered after deductible		50% after deductible	
Mental Health Services/Chemical Dependency Services					
Inpatient Services		Covered after deductible		50% after deductible	
Outpatient Services		\$15 copay		50% after deductible	
Ancillary Services					
Home Health Care Services – 100 visits		Covered after deductible		50% after deductible	
Hospice Services		Covered after deductible		50% after deductible	
Skilled Nursing Facility – 45 days		Covered after deductible		50% after deductible	
Durable Medical Equipment/Prosthetic Devices		Covered after deductible		50% after deductible	
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy		\$15 copay		50% after deductible	
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy		\$15 copay		50% after deductible	
Maternity Care					
Prenatal Visits		Covered		Not Covered	
Postnatal Visits		\$30 copay		50% after deductible	
Labor and Delivery		Covered after deductible		50% after deductible	
Additional Services					
Pediatric Dental		Not Covered			
Adult Dental		Not Covered			
Pediatric Vision Hardware		One pair of glasses every 12 months			
Adult Vision Hardware		One pair of glasses every 12 months			
Prescription Drugs Rx Copay					
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs		\$10/\$60/50%/50%			

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 1500 PPO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



**GOLD**

**HAP PERSONAL ALLIANCE 2000 DIRECT PPO (HSA)**

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$2,000/\$4,000	\$4,000/\$8,000	0%	50%	\$2,000/\$4,000	\$8,000/16,000

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	Covered after deductible	50% after deductible
Specialist visit (including Allergy Treatment)	Covered after deductible	50% after deductible
Diagnostic Test (X-Ray, Lab)	Covered after deductible	50% after deductible
Imaging (CT/PET Scans, MRIs)	Covered after deductible	50% after deductible
Chemotherapy/Dialysis/Radiation	Covered after deductible	50% after deductible
Outpatient Surgery and Related Services	Covered after deductible	50% after deductible
Eye Exams/Audiology Exams (for medical reasons)	Covered after deductible	50% after deductible
Chiropractic Care (20 Visit Limit)	Covered after deductible	50% after deductible
<b>Emergency Services</b>		
Emergency Room Services	Covered after in-network deductible	
Urgent Care Facility Services	Covered after in-network deductible	
Emergency Ambulance Services	Covered after in-network deductible	
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	Covered after deductible	50% after deductible
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	Covered after deductible	50% after deductible
Outpatient Services	Covered after deductible	50% after deductible
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	Covered after deductible	50% after deductible
Hospice Services	Covered after deductible	50% after deductible
Skilled Nursing Facility – 45 days	Covered after deductible	50% after deductible
Durable Medical Equipment/Prosthetic Devices	Covered after deductible	50% after deductible
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	Covered after deductible	50% after deductible
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	Covered after deductible	50% after deductible
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	Covered after deductible	50% after deductible
Labor and Delivery	Covered after deductible	50% after deductible
<b>Additional Services</b>		
Pediatric Dental	Optional benefits available	
Adult Dental	Optional benefits available	
Pediatric Vision Hardware	One pair of glasses every 12 months	
Adult Vision Hardware	One pair of glasses every 12 months	
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs	Covered after deductible	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 2000 Direct PPO (HSA) Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



## Schedule of Benefits

### SILVER

#### HAP PERSONAL ALLIANCE 2000 DIRECT PPO

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$2,000/\$4,000	\$4,000/\$8,000	20%	50%	\$4,500/\$9,000	\$9,000/\$18,000

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Period</b>	<b>Calendar Year</b>	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$35 copay	50% after deductible
Specialist visit (including Allergy Treatment)	\$50 copay	50% after deductible
Diagnostic Test (X-Ray, Lab)	\$50 copay	50% after deductible
Imaging (CT/PET Scans, MRIs)	20% after deductible	50% after deductible
Chemotherapy/Dialysis/Radiation	20% after deductible	50% after deductible
Outpatient Surgery and Related Services	20% after deductible	50% after deductible
Eye Exams/Audiology Exams (for medical reasons)	\$50 copay	50% after deductible
Chiropractic Care (20 Visit Limit)	\$30 copay	50% after deductible
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	20% after deductible	50% after deductible
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	\$35 copay	50% after deductible
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	20% after deductible	50% after deductible
Hospice Services	20% after deductible	50% after deductible
Skilled Nursing Facility – 45 days	20% after deductible	50% after deductible
Durable Medical Equipment/Prosthetic Devices	20% after deductible	50% after deductible
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$35 copay	50% after deductible
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$35 copay	50% after deductible
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$50 copay	50% after deductible
Labor and Delivery	20% after deductible	50% after deductible
<b>Additional Services</b>		
Pediatric Dental		Optional benefits available
Adult Dental		Optional benefits available
Pediatric Vision Hardware		One pair of glasses every 12 months
Adult Vision Hardware		One pair of glasses every 12 months
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs		\$20/\$60/50%/50%

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 2000 Direct PPO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



SILVER

HAP PERSONAL ALLIANCE 2500 DIRECT HMO

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$2,500/\$5,000	Not Covered	20%	Not Applicable	\$5,000/\$10,000	Not Applicable

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$30 copay	Not Covered
Specialist visit (including Allergy Treatment)	\$40 copay	Not Covered
Diagnostic Test (X-Ray, Lab)	\$30 copay	Not Covered
Imaging (CT/PET Scans, MRIs)	20% after deductible	Not Covered
Chemotherapy/Dialysis/Radiation	20% after deductible	Not Covered
Outpatient Surgery and Related Services	20% after deductible	Not Covered
Eye Exams/Audiology Exams (for medical reasons)	\$40 copay	Not Covered
Chiropractic Care (20 Visit Limit)	\$30 copay	Not Covered
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	20% after deductible	Not Covered
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	20% after deductible	Not Covered
Outpatient Services	\$30 copay	Not Covered
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	20% after deductible	Not Covered
Hospice Services	20% after deductible	Not Covered
Skilled Nursing Facility – 45 days	20% after deductible	Not Covered
Durable Medical Equipment/Prosthetic Devices	20% after deductible	Not Covered
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$40 copay	Not Covered
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$40 copay	Not Covered
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$40 copay	Not Covered
Labor and Delivery	20% after deductible	Not Covered
<b>Additional Services</b>		
Pediatric Dental	Optional benefits available	
Adult Dental	Optional benefits available	
Pediatric Vision Hardware	One pair of glasses every 12 months	
Adult Vision Hardware	One pair of glasses every 12 months	
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs	\$15/\$60/50%/50%	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 2500 Direct HMO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



## Schedule of Benefits

### SILVER

#### HAP PERSONAL ALLIANCE 2500 HMO

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$2,500/\$5,000	Not Covered	20%	Not Applicable	\$6,350/\$12,700	Not Applicable
HEALTH CARE SERVICES		IN-NETWORK		OUT-OF-NETWORK	
Benefit Period		Calendar Year			
Preventive Care		Covered		Not Covered	
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams		Covered		Not Covered	
Immunizations, related lab tests and X-rays, pap smears and mammograms		Covered		Not Covered	
Outpatient and Physician Services		20% after deductible		Not Covered	
Nonspecialist office visit to treat an injury/illness		\$30 copay		Not Covered	
Specialist visit (including Allergy Treatment)		\$50 copay		Not Covered	
Diagnostic Test (X-Ray, Lab)		\$50 copay		Not Covered	
Imaging (CT/PET Scans, MRIs)		20% after deductible		Not Covered	
Chemotherapy/Dialysis/Radiation		20% after deductible		Not Covered	
Outpatient Surgery and Related Services		20% after deductible		Not Covered	
Eye Exams/Audiology Exams (for medical reasons)		\$50 copay		Not Covered	
Chiropractic Care (20 Visit Limit)		\$30 copay		Not Covered	
Emergency Services		\$250 copay		\$100 copay	
Emergency Room Services		\$250 copay		\$100 copay	
Urgent Care Facility Services		\$65 copay		\$100 copay	
Emergency Ambulance Services		\$100 copay		\$100 copay	
Inpatient Hospital Services		20% after deductible		Not Covered	
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)		20% after deductible		Not Covered	
Mental Health Services/Chemical Dependency Services		20% after deductible		Not Covered	
Inpatient Services		20% after deductible		Not Covered	
Outpatient Services		\$30 copay		Not Covered	
Ancillary Services		20% after deductible		Not Covered	
Home Health Care Services – 100 visits		20% after deductible		Not Covered	
Hospice Services		20% after deductible		Not Covered	
Skilled Nursing Facility – 45 days		20% after deductible		Not Covered	
Durable Medical Equipment/Prosthetic Devices		20% after deductible		Not Covered	
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy		\$50 copay		Not Covered	
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy		\$50 copay		Not Covered	
Maternity Care		Covered		Not Covered	
Prenatal Visits		Covered		Not Covered	
Postnatal Visits		\$50 copay		Not Covered	
Labor and Delivery		20% after deductible		Not Covered	
Additional Services		Not Covered		Not Covered	
Pediatric Dental		Not Covered		Not Covered	
Adult Dental		Not Covered		Not Covered	
Pediatric Vision Hardware		One pair of glasses every 12 months		One pair of glasses every 12 months	
Adult Vision Hardware		One pair of glasses every 12 months		One pair of glasses every 12 months	
Prescription Drugs Rx Copay		\$20/\$60/50%/50%		\$20/\$60/50%/50%	
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs		\$20/\$60/50%/50%		\$20/\$60/50%/50%	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 2500 HMO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



SILVER

HAP PERSONAL ALLIANCE 3000 DIRECT PPO

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$3,000/\$6,000	\$6,000/\$12,000	0%	50%	\$6,000/\$12,000	\$12,000/\$24,000

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$35 copay – Limit of 4 visits then covered after deductible	50% after deductible
Specialist visit (including Allergy Treatment)	\$50 copay	50% after deductible
Diagnostic Test (X-Ray, Lab)	\$35 copay	50% after deductible
Imaging (CT/PET Scans, MRIs)	Covered after deductible	50% after deductible
Chemotherapy/Dialysis/Radiation	Covered after deductible	50% after deductible
Outpatient Surgery and Related Services	Covered after deductible	50% after deductible
Eye Exams/Audiology Exams (for medical reasons)	\$50 copay	50% after deductible
Chiropractic Care (20 Visit Limit)	\$30 copay	50% after deductible
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	Covered after deductible	50% after deductible
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	Covered after deductible	50% after deductible
Outpatient Services	\$35 copay	50% after deductible
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	Covered after deductible	50% after deductible
Hospice Services	Covered after deductible	50% after deductible
Skilled Nursing Facility – 45 days	Covered after deductible	50% after deductible
Durable Medical Equipment/Prosthetic Devices	Covered after deductible	50% after deductible
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$35 copay	50% after deductible
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$35 copay	50% after deductible
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$50 copay	50% after deductible
Labor and Delivery	Covered after deductible	50% after deductible
<b>Additional Services</b>		
Pediatric Dental	Optional benefits available	
Adult Dental	Optional benefits available	
Pediatric Vision Hardware	One pair of glasses every 12 months	
Adult Vision Hardware	One pair of glasses every 12 months	
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs	\$20/\$60/50%/50%	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 3000 Direct PPO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



## Schedule of Benefits

### SILVER

#### HAP PERSONAL ALLIANCE 3000 PPO

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$3,000/\$6,000	\$6,000/\$12,000	20%	50%	\$6,350/\$12,700	\$12,000/\$24,000
HEALTH CARE SERVICES		IN-NETWORK		OUT-OF-NETWORK	
Benefit Period		Calendar Year			
Preventive Care					
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams		Covered		Not Covered	
Immunizations, related lab tests and X-rays, pap smears and mammograms		Covered		Not Covered	
Outpatient and Physician Services					
Nonspecialist office visit to treat an injury/illness		\$35 copay		50% after deductible	
Specialist visit (including Allergy Treatment)		\$50 copay		50% after deductible	
Diagnostic Test (X-Ray, Lab)		\$50 copay		50% after deductible	
Imaging (CT/PET Scans, MRIs)		20% after deductible		50% after deductible	
Chemotherapy/Dialysis/Radiation		20% after deductible		50% after deductible	
Outpatient Surgery and Related Services		20% after deductible		50% after deductible	
Eye Exams/Audiology Exams (for medical reasons)		\$50 copay		50% after deductible	
Chiropractic Care (20 Visit Limit)		\$30 copay		50% after deductible	
Emergency Services					
Emergency Room Services		\$250 copay			
Urgent Care Facility Services		\$65 copay			
Emergency Ambulance Services		\$100 copay			
Inpatient Hospital Services					
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)		20% after deductible		50% after deductible	
Mental Health Services/Chemical Dependency Services					
Inpatient Services		20% after deductible		50% after deductible	
Outpatient Services		\$35 copay		50% after deductible	
Ancillary Services					
Home Health Care Services – 100 visits		20% after deductible		50% after deductible	
Hospice Services		20% after deductible		50% after deductible	
Skilled Nursing Facility – 45 days		20% after deductible		50% after deductible	
Durable Medical Equipment/Prosthetic Devices		20% after deductible		50% after deductible	
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy		\$50 copay		50% after deductible	
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy		\$50 copay		50% after deductible	
Maternity Care					
Prenatal Visits		Covered		Not Covered	
Postnatal Visits		\$50 copay		50% after deductible	
Labor and Delivery		20% after deductible		50% after deductible	
Additional Services					
Pediatric Dental		Not Covered			
Adult Dental		Not Covered			
Pediatric Vision Hardware		One pair of glasses every 12 months			
Adult Vision Hardware		One pair of glasses every 12 months			
Prescription Drugs Rx Copay					
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs		\$10/\$60/50%/50%			

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 3000 PPO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



**BRONZE**

**HAP PERSONAL ALLIANCE 5000 HMO**

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$5,000/\$10,000	Not Covered	20%	Not Applicable	\$6,350/\$12,700	Not Applicable

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	\$40 copay	Not Covered
Specialist visit (including Allergy Treatment)	\$60 copay	Not Covered
Diagnostic Test (X-Ray, Lab)	\$40 copay after deductible	Not Covered
Imaging (CT/PET Scans, MRIs)	20% after deductible	Not Covered
Chemotherapy/Dialysis/Radiation	20% after deductible	Not Covered
Outpatient Surgery and Related Services	20% after deductible	Not Covered
Eye Exams/Audiology Exams (for medical reasons)	\$60 copay	Not Covered
Chiropractic Care (20 Visit Limit)	\$30 copay	Not Covered
<b>Emergency Services</b>		
Emergency Room Services		\$250 copay
Urgent Care Facility Services		\$65 copay
Emergency Ambulance Services		\$100 copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	20% after deductible	Not Covered
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	20% after deductible	Not Covered
Outpatient Services	\$40 copay	Not Covered
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	20% after deductible	Not Covered
Hospice Services	20% after deductible	Not Covered
Skilled Nursing Facility – 45 days	20% after deductible	Not Covered
Durable Medical Equipment/Prosthetic Devices	20% after deductible	Not Covered
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$40 copay after deductible	Not Covered
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	\$40 copay after deductible	Not Covered
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	\$60 copay	Not Covered
Labor and Delivery	20% after deductible	Not Covered
<b>Additional Services</b>		
Pediatric Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Adult Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Pediatric Vision Hardware	One pair of glasses every 12 months	
Adult Vision Hardware	One pair of glasses every 12 months	
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs	\$25/\$100/50%/50%	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 5000 HMO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.





## Schedule of Benefits

### BRONZE

#### HAP PERSONAL ALLIANCE 5000 PPO (HSA)

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$5,000/\$10,000	\$10,000/\$20,000	20%	50%	\$6,350/\$12,700	\$15,000/\$30,000

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	20% after deductible	50% after deductible
Specialist visit (including Allergy Treatment)	20% after deductible	50% after deductible
Diagnostic Test (X-Ray, Lab)	20% after deductible	50% after deductible
Imaging (CT/PET Scans, MRIs)	20% after deductible	50% after deductible
Chemotherapy/Dialysis/Radiation	20% after deductible	50% after deductible
Outpatient Surgery and Related Services	20% after deductible	50% after deductible
Eye Exams/Audiology Exams (for medical reasons)	20% after deductible	50% after deductible
Chiropractic Care (20 Visit Limit)	20% after deductible	50% after deductible
<b>Emergency Services</b>		
Emergency Room Services	20% after in-network deductible	
Urgent Care Facility Services	20% after in-network deductible	
Emergency Ambulance Services	20% after in-network deductible	
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	20% after deductible	50% after deductible
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	20% after deductible	50% after deductible
Hospice Services	20% after deductible	50% after deductible
Skilled Nursing Facility – 45 days	20% after deductible	50% after deductible
Durable Medical Equipment/Prosthetic Devices	20% after deductible	50% after deductible
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	20% after deductible	50% after deductible
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	20% after deductible	50% after deductible
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	20% after deductible	50% after deductible
Labor and Delivery	20% after deductible	50% after deductible
<b>Additional Services</b>		
Pediatric Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Adult Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Pediatric Vision Hardware	One pair of glasses every 12 months	
Adult Vision Hardware	One pair of glasses every 12 months	
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs	20% after deductible	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 5000 PPO (HSA) Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



**CATASTROPHIC**

**HAP PERSONAL ALLIANCE 6350 PPO**

DEDUCTIBLE		COINSURANCE (Member)		OUT-OF-POCKET MAXIMUM	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$6,350/\$12,700	\$10,000/\$20,000	0%	50%	\$6,350/\$12,700	\$15,000/\$30,000

HEALTH CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
<b>Preventive Care</b>		
Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	Covered	Not Covered
Immunizations, related lab tests and X-rays, pap smears and mammograms	Covered	Not Covered
<b>Outpatient and Physician Services</b>		
Nonspecialist office visit to treat an injury/illness	Limit of 3 visits covered in full, then covered after deductible	50% after deductible
Specialist visit (including Allergy Treatment)	Covered after deductible	50% after deductible
Diagnostic Test (X-Ray, Lab)	Covered after deductible	50% after deductible
Imaging (CT/PET Scans, MRIs)	Covered after deductible	50% after deductible
Chemotherapy/Dialysis/Radiation	Covered after deductible	50% after deductible
Outpatient Surgery and Related Services	Covered after deductible	50% after deductible
Eye Exams/Audiology Exams (for medical reasons)	Covered after deductible	50% after deductible
Chiropractic Care (20 Visit Limit)	Covered after deductible	50% after deductible
<b>Emergency Services</b>		
Emergency Room Services	Covered after in-network deductible	
Urgent Care Facility Services	Covered after in-network deductible	
Emergency Ambulance Services	Covered after in-network deductible	
<b>Inpatient Hospital Services</b>		
Inpatient Hospital and related services (Intensive, Cardiac and Other Specialty Care Units as medically necessary)	Covered after deductible	50% after deductible
<b>Mental Health Services/Chemical Dependency Services</b>		
Inpatient Services	Covered after deductible	50% after deductible
Outpatient Services	Covered after deductible	50% after deductible
<b>Ancillary Services</b>		
Home Health Care Services – 100 visits	Covered after deductible	50% after deductible
Hospice Services	Covered after deductible	50% after deductible
Skilled Nursing Facility – 45 days	Covered after deductible	50% after deductible
Durable Medical Equipment/Prosthetic Devices	Covered after deductible	50% after deductible
Rehabilitative Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	Covered after deductible	50% after deductible
Habilitation Services 30 visits for Physical Therapy/Occupational Therapy 30 visits for Speech Therapy	Covered after deductible	50% after deductible
<b>Maternity Care</b>		
Prenatal Visits	Covered	Not Covered
Postnatal Visits	Covered after deductible	50% after deductible
Labor and Delivery	Covered after deductible	50% after deductible
<b>Additional Services</b>		
Pediatric Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Adult Dental	Optional benefits available through HAP – not available through the Health Insurance Marketplace	
Pediatric Vision Hardware	One pair of glasses every 12 months	
Adult Vision Hardware	One pair of glasses every 12 months	
<b>Prescription Drugs Rx Copay</b>		
Generic/Preferred Brand/Non-Preferred Brand/Specialty Drugs	Covered After Deductible	

This Schedule of Benefits is designed to provide an overview of the HAP Personal Alliance 6350 PPO Plan and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern.



## Prescription Drugs

HAP provides access to a list of covered drugs along with their respective copay tiers. No matter what plan you choose to enroll in, the same drug formulary applies. All drug benefits fall within the following four tiers: generic, preferred brand, non-preferred brand and specialty drugs. View and learn more about HAP's Drug Formulary at [hap.org/prescriptions](http://hap.org/prescriptions). In addition to filling your prescriptions at a retail pharmacy, we offer mail-order prescription service through Pharmacy Advantage Home Delivery. You'll get a 90-day supply of your medication, saving you time and money by eliminating monthly trips to the pharmacy.

## Vision Benefits

HAP has your vision benefits covered. One of the 10 Essential Health Benefits is pediatric vision, for those members under 19 years of age. All HAP Personal Alliance qualified health plans include vision coverage. All members, both adult and pediatric, will receive the following benefits.



### Vision benefits included with all plans.

#### Included Vision Benefits:

- Annual routine eye exam
- One pair of eyeglasses every calendar year
- One pair of lenses every calendar year, including your choice of single vision, conventional (lined bifocal or trifocal) and lenticular
  - Lenses, including choice of glass, plastic or polycarbonate; fashion and gradient tinting; oversized; scratch-resistant coating; and glass-grey #3 prescription sunglass lenses, are covered without cost sharing
- Contact lenses once every calendar year in lieu of eyeglasses
- Wide selection of designated collection frames and contact lenses

## Delta Dental

When you're considering a health plan, don't forget about your smile. Dental care is so very important. Minor oral health problems, left untreated, can lead to more serious health problems – which can affect your overall health. Dental care can also be very expensive without insurance.

A quality dental plan from Delta Dental can help make sure you get the care you need to stay healthy. Once you become a member, you can find additional benefit and coverage information and search for an affiliated dentist at [deltadentalmi.com](http://deltadentalmi.com).

### Did You Know...

- During a dental checkup, a dentist can detect oral cancer in its earliest stages or even when cells in your mouth are precancerous
- Routine teeth cleanings can help diabetics keep their disease in check
- Many productive school and work hours are lost each year to dental-related illness

## Dental Benefits

One of the 10 Essential Health Benefits is pediatric dental for those members under 19 years of age.


If you purchase a HAP Personal Alliance health plan through HAP, and have not or do not plan on purchasing dental benefits from a Health Insurance Marketplace certified stand-alone dental carrier, you must choose from one of the following Delta Dental options:

- Pediatric dental coverage
- Pediatric and adult dental coverage



## Delta Dental Pediatric Benefits

Pediatric dental is an EHB and includes members under the age of 19. Pediatric dental coverage is required with a health plan purchased directly through HAP. For the pediatric-only dental plans, the children’s coverage terminates at the end of the year they turn 19. The children’s benefit automatically converts to adult coverage the next January 1 after they turn 19. Coverage will continue at the same rate until the children reach the maximum age of 26.

	Pediatric Dental		
	In-Network		Out-of-Network
	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
<b>DIAGNOSTIC AND PREVENTIVE</b>			
Diagnostic and Preventive Services – exams, cleanings, fluoride and space maintainers	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
<b>BASIC SERVICES</b>			
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
<b>MAJOR SERVICES</b>			
Prosthodontic Services – bridges and dentures	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

In-Network Out-of-Pocket Maximum for EHB Covered Services - An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Policy shall be \$700 per Benefit Year if this Policy covers one individual under the age of 19, or \$1400 per Benefit Year if this Policy covers two or more individuals under the age of 19. Any Coinsurance, Copayments or Deductibles paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for Non-covered services; (iii) payments made by you to Out-of-Network Dentists; (iv) Coinsurance, Copayments, or Deductibles paid by you for services other than EHB Covered Services; or (v) Coinsurance, Copayments, or Deductibles paid by you for EHB Covered Services provided to individuals 19 years of age and older.

Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Out-of-Pocket Maximum for EHB Covered Services - There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. You will be responsible for all Coinsurance, Copayments, Deductibles and Balanced Billing Amounts associated with all Out-of-Network EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Annual and Lifetime Maximum Payments for EHB Covered Services - For all EHB Covered Services provided to individuals under the age of 19, there are no annual or lifetime Maximum Payments.

Deductibles for EHB Covered Services - None.

Waiting Period for EHB Covered Services - There are no waiting periods for individuals under the age of 19 seeking EHB Covered Services.


If you have any questions about this Policy, please call Delta Dental’s Customer Service department, toll-free, at (800) 971-4108. You may also write to Delta Dental’s Customer Service department at P.O. Box 1596, Indianapolis, Indiana 46206.

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for costs and complete details of coverage, including policy exclusions and limitations, or call us toll-free at (800) 971-4108.

This Policy is underwritten by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation.

## Delta Dental PPO Adult Benefits

For families that want adult dental coverage, all adults have to elect coverage. If members indicate they have EHB-certified pediatric coverage, HAP will not offer adult-only dental coverage. Adults without children will be charged a \$0 pediatric plan premium and will be provided with evidence of compliance for the EHB pediatric coverage from Delta Dental. All adults (over the age of 19 upon effective date) will be included if adult coverage is selected. Only the three oldest children under 19 are charged the pediatric rate.

	Adult Dental		
	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
<b>DIAGNOSTIC AND PREVENTIVE</b>			
Diagnostic and Preventive Services – exams, cleanings, fluoride and space maintainers	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
<b>BASIC SERVICES</b>			
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
<b>MAJOR SERVICES</b>			
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants and dentures	50%	50%	50%

Annual and Lifetime Maximum Payments for Non-EHB Covered Services - For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Maximum Payment is \$1,000 per individual total per Benefit Year on all services.

Out-of-Pocket Maximum Payment for Non-EHB Covered Services - An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Annual Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Coinsurance, Copayments, Deductibles and Balanced Billing Amounts associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Deductibles for Non-EHB Covered Services - None.

Waiting Period for Non-EHB Covered Services - There are no waiting periods for Covered Services under this Plan.

Eligibility - In addition to you, the following persons are eligible under this Policy:

Your Legal Spouse and your Children under age 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

You and your Eligible Dependents must enroll for a minimum of 12 months. If Coverage is terminated prior to completing 12 months, you may not re-enroll for at least 12 months from the date of termination.

Benefits will cease on the last day of the month in which you have paid premium.

If you have any questions about this Policy, please call Delta Dental's Customer Service department, toll-free, at (800) 971-4108. You may also write to Delta Dental's Customer Service department at P.O. Box 1596, Indianapolis, Indiana 46206.

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for costs and complete details of coverage, including policy exclusions and limitations, or call us toll-free at (800) 971-4108.

This Policy is underwritten by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation.

## Payment Options

### Purchasing Through HAP

When purchasing a Personal Alliance health plan through HAP, you can use one of three methods for all premium payments, including the initial payment: Electronic Funds Transfer (EFT), credit card and Bill Me Option. The Bill Me Option will allow the applicant to receive a paper bill at the time of enrollment instead of having to pay with a credit card or checking account.

If you choose credit card or EFT at the time of application, the first payment will be automatically drawn based on your payment method chosen.

If you choose Bill Me Option at the time of application, payment must be received and processed prior to the due date on the bill.

Your effective date is the 1st of the month, and the payment will be processed on or around the 26th of the month prior to the activation of coverage. If the withdraw date falls on a weekend or holiday, then the payment will be withdrawn on the next business day immediately following the weekend.

If your account does not have sufficient funds available to pay for your coverage, contact HAP Accounts Receivable to correct the situation. Contact Accounts Receivable at **(248) 443-7731**. HAP is not responsible for any related charges that you may incur with your financial institution.

It is your responsibility to contact HAP with any changes to your bank account or credit card.

### Purchasing Through the Health Insurance Marketplace

When purchasing a HAP Personal Alliance health plan through the Health Insurance Marketplace, you can only receive a paper bill. You will not have an option for EFT/credit card. Your effective date will be the first-of-the-month. Payment must be received and processed prior to the due date on the bill.

## Taxes Under the Patient Protection and Affordable Care Act

Effective January 1, 2014, the Patient Protection and Affordable Care Act (PPACA) will take effect along with new taxes and fees included in the law. These new taxes have been embedded into all Qualified Health Plans (QHPs) effective January 1, 2014.

## Cancellation of Coverage

### Cancellation Process for Health Plans Available Through HAP or the Health Insurance Marketplace with No Cost Savings

- Premiums for health plans purchased through HAP or the Health Insurance Marketplace are due by the designated processing date based on a first-of-the-month effective date. If you are paying by credit card or EFT, payment will be processed on or around the 26th of the month. If the 26th falls on a weekend or holiday, then payment will be withdrawn on the next business day immediately following the weekend



- If payment is not received by the due date, you will not have access to benefits after the first day of delinquency  
Prescription claims will also be rejected after the first day of delinquency
- You will be sent a notification of delinquency
- Your coverage will be terminated after the 35th day of nonpayment of the premium
- You will be liable for any charges incurred if coverage is not paid in full

### **Cancellation Process for Health Plans Available Through the Health Insurance Marketplace with Cost Savings**

- Premiums for health plans purchased through the Health Insurance Marketplace are due by the designated processing date based on a first-of-the-month effective date
- If you enrolled through the Health Insurance Marketplace, you will receive a paper bill
- If payment is not received by the due date, and you purchased a health plan through the Health Insurance Marketplace and received a cost savings, you will not have access to benefits after the 31st day of delinquency. Prescription claims will be rejected after the 31st day of delinquency
- You will be sent a notification of delinquency\*
- Your coverage will be terminated at the end of the 90-day grace period for nonpayment provided that the member received a cost savings and made one full premium payment
- You will be liable for any charges incurred if coverage is not paid in full

### **Enrollment Guidelines and Eligibility**

When purchasing your own coverage, either directly from HAP or through the Health Insurance Marketplace, you will only be able to apply for or change health plans during the “open enrollment period” each year. The first open enrollment period for health plans effective in 2014 will begin on October 1, 2013, and end on March 31, 2014.

For 2015 and beyond, annual open enrollment periods will be held from October 15 to December 7 of each year, with an initial effective date of January 1 of the following year. Effective dates are always the first of the month.

Although you will generally be accepted only during the open enrollment period, there are exceptions for enrollment within 60 days of a life-changing event, such as the loss of a job, salary change, death of a spouse or birth of a child.

\* The Health Insurance Marketplace delinquency process applies after a member has paid their first months premium.

# Checklist for Open Enrollment

## Make Sure You're Ready

Here are some things you can do now to get ready for open enrollment.

1. Have an idea of what you want out of a health care plan
2. Make sure you understand how coverage works (insurance premiums, deductibles, copayments, coinsurance, etc.)
3. Write down a list of questions
4. Gather basic information about your household, such as:
  - Number of people in your family who need insurance
  - Monthly household income and expenses
  - Personal information on each person to be covered (date of birth, Social Security number, etc.)
5. Set a budget – how much you can afford to spend every month on health insurance
6. Have a go-to doctor in mind for you and members of your family who will be covered under the plan
7. Make a list of any medications you or your family takes so you can check if those medications are included in the health plan's drug formulary. To view HAP's drug formulary, visit us at [hap.org](http://hap.org) under the Prescriptions tab

## Limitations and Exclusions

### Non-Covered Services (This Applies to All Qualified Health Plans)

The following is a partial list of services and supplies that are generally not covered. It is designed for convenient reference only. Consult your policy for a complete list of limitations and exclusions.

1. Services rendered or expenses incurred prior to your effective date of enrollment, or after cancellation of coverage
2. Services or benefits that are not expressly listed as covered services in the policy
3. Services and supplies not medically necessary, as defined in the policy
4. Services for treatment of an illness or injury resulting from declared or undeclared acts of war
5. Services or supplies provided by a local, state or government agency, except when payment is expressly required by federal or state law, including Medicaid, Medicare or CHIP
6. Any condition for which benefits are paid, recovered or can be recovered, either by an adjudication settlement or otherwise, under any worker's compensation, employer's liability law or occupational disease law, even if you do not claim those benefits
7. Reproductive care and family planning services related to reversal of voluntary surgically induced sterilization, voluntary termination of pregnancy, infertility services to a person with a history of voluntary sterilization, and services or benefits furnished in connection with any assisted reproductive technologies procedure that involves harvesting, storage and manipulation of eggs or sperm
8. Transgender reassignment services
9. Cosmetic services, including but not limited to, cosmetic surgery or any of the related services, such as presurgical/postsurgical care, treatment of hair loss or restoration
10. Community-based weight-loss programs and classes
11. Experimental and investigational services, except approved clinical trial services as provided in the policy
12. Foot orthotics, corrective shoes or shoe inserts or supports
13. Private duty nursing services, residential and basic nursing services provide in a skilled nursing facility that has not been prior authorized according to our benefit, referral and practice policies
14. Dietary drugs, food and food supplements, except supplemental feedings administered via tube or intravenously
15. Therapy for habilitative and rehabilitative services beyond the authorized visit limit

16. Any services, procedures, supplies, drugs or devices related to lifestyle improvements, including but not limited to, wellness programs or physical fitness programs, including but not limited to health clubs or health spas, aerobic and strength conditioning, work-hardening programs, and related materials and products for these programs
17. Services required by a third party
18. Services provided if you are in police custody, unless an emergency exists or such benefits and services are provided at an affiliated hospital by an affiliated provider
19. Services for any injury, illness or condition that results from or to which a contributing cause was your commission of or attempt to commit a felony, or engagement in illegal occupations
20. Any balance between the allowable charges and the provider's charge for a service or supply

## Precertification (for PPO Health Plans Only)

Some services and supplies require precertification by HAP in order to be covered services under the policy. You must notify HAP before the supply is purchased, before the procedure is performed or before the treatment starts. If precertification is not obtained, coverage for the procedure, supply or treatment will be denied. The denial of benefits is imposed for each incidence of noncompliance. The complete and detailed list of the services and supplies requiring precertification is available by calling the Client Services department at **(800) 944-9399** or visiting our website at **hap.org**.

The following general categories of services and supplies that require precertification are:

1. All inpatient services. You do not need precertification to seek care for an emergency medical condition or when urgent care is needed. Additionally, inpatient hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section do not require precertification. However, we encourage you to notify us at least 60 days before your due date so we are better prepared to assist you at that time
2. Outpatient services as outlined on our website, **hap.org**
3. Durable Medical Equipment (DME) charges over \$1,500, including rentals and repairs
4. Prosthetic appliance and orthotic appliance charges over \$1,500
5. Oral and maxillofacial services, except emergency services
6. High-tech radiology examinations, including but not limited to:
  - a) Positron-emission tomography (PET) scans
  - b) Magnetic resonance imaging (MRI)
  - c) Computed tomography (CT) scans
  - d) Nuclear cardiology studies
7. Selected injectable drugs
8. Supplemental feedings administered via tube or IV
9. Transplants and evaluations for transplants
10. Genetic testing
11. Clinical trials for cancer care
12. Additional items as outlined on our website, **hap.org**



## Glossary

### Actuarial Value

The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70 percent, on average, you would be responsible for 30 percent of the costs of all covered benefits. However, you could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on your actual health care needs and the terms of your insurance policy.

### Affordable Care Act (ACA)/(see also: Patient Protection and Affordable Care Act)

The federal health care reform law enacted in March 2010.

### Affordable Coverage

As it relates to the health care reform law, employer coverage is considered affordable if the employee's share of the annual premium for individual coverage is no greater than 9.5 percent of annual household income. Starting in 2014, individuals offered employer-sponsored coverage that's affordable and provides minimum value won't be eligible for a premium tax credit.

### Catastrophic Health Plan

Some insurers describe this as a plan that only covers certain types of expensive care, like hospitalization. Other insurers describe it as a plan that has a high deductible and begins to pay only after you've first paid up to a certain amount for covered services. On the Health Insurance Marketplace, to qualify for a catastrophic plan, you must be under 30 years old or get a "hardship exemption" because the Marketplace determined that you're unable to afford health coverage.

### Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

### Copay

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

### Cost Sharing

The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and copays, or similar charges, but it doesn't include premiums, balance billing amounts for non-network providers or the cost of non-covered services.

### Cost-Sharing Reduction

A discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance and copays. You can get this reduction if you get health insurance through the Marketplace, your income is below a certain level, and you choose a health plan from the Silver plan category. If you're a member of a federally recognized tribe, you may qualify for additional cost-sharing benefits.

### Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to deductible. The deductible may not apply to all services.

### Essential Health Benefits (EHBs)

A set of health care service categories that must be covered by certain plans, starting in 2014. EHBs must include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

**Exchange (see also: Health Insurance Marketplace)**

A resource where individuals, families and small businesses can learn about their health coverage options; compare health insurance plans based on costs, benefits and other important features; choose a plan; and enroll in coverage. The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. In some states, the Marketplace is run by the state. In others, it is run by the federal government.

**Health Insurance Claims Assessment Act (HICAA) Tax**

A state tax applied to certain health insurance claims paid for services provided on or after January 1, 2012. Funds generated by the tax will support Michigan's Medicaid program.

**Health Insurance Marketplace (see also: Exchange)**

A resource where individuals, families and small businesses can learn about their health coverage options; compare health insurance plans based on costs, benefits and other important features; choose a plan; and enroll in coverage. The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. In some states, the Marketplace is run by the state. In others, it is run by the federal government.

**Health Insurance Premiums**

The monthly fee paid for health insurance coverage for the duration of a defined benefit period.

**Health Insurance Premium Tax**

An excise tax assessed on all fully insured health plans, effective January 1, 2014, to help fund the ACA.

**Health Savings Account (HSA)**

A medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan. The funds contributed to the account aren't subject to federal income tax at the time of deposit. Funds must be used to pay for qualified medical expenses. If you don't spend them, funds roll over year to year.

**HMO (Health Maintenance Organization)**

A form of health coverage that emphasizes preventive care. With an HMO, members prepay a premium for health services, which generally includes inpatient and outpatient care. For the member, it means reduced out-of-pocket costs and no paperwork.

**Medicaid**

A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities and, in some states, other adults. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid will vary from state to state.

**Medical Loss Ratio Requirements**

Health plans must spend a minimum amount of premium revenue on medical claims and activities to improve health care quality.

**Navigator**

An individual or organization that is trained and able to help consumers, small businesses and their employees as they look for health coverage options through the Marketplace, including completing eligibility and enrollment forms. These individuals and organizations are required to not favor one insurer over another. Their services are free to consumers.

**In-Network**

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Out-of-Network**

Doctors, hospitals or other health care providers who are considered nonparticipants in an insurance plan. Expenses incurred by services provided by out-of-network health professionals may not be covered by the insurance plan.

**Out-of-Pocket Costs**

Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include copays, coinsurance and deductibles for covered services, plus all costs for services that aren't covered.

**Patient-Centered Outcomes Research Institute (PCORI) Fee**

Funds the Patient-Centered Outcomes Research Institute (PCORI), which will produce and promote research on clinical effectiveness to help patients and their health care providers make more informed health care decisions.

**Patient Protection and Affordable Care Act (PPACA) (see also: Affordable Care Act)**

The federal health care reform law enacted in March 2010.

**Personal Care Physician (PCP)**

An affiliated physician who has agreed to coordinate the medical care of HAP members. A personal care physician may practice in the area of family practice, internal medicine or pediatrics.

**Preferred Provider Organization (PPO)**

Members do not have a PCP. Members can self-refer, and receive a higher level of benefits when they receive care from participating providers, and a lower level of benefits when they receive care from non-participating providers.

**Premium**

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

**Qualified Health Plan (QHP)**

An insurance plan that is certified for the Health Insurance Marketplace, provides Essential Health Benefits, follows established limits on cost sharing and meets other requirements established by the Marketplace in which it is offered.

**Rx**

A common abbreviation for a prescription written by a physician for medication or equipment.

**Subsidy/Advanced Premium Tax Credit**

The amount of the monthly premium the government pays to help the taxpayer purchase health insurance. The subsidy is sometimes referred to as the advanced premium tax credit (APTC) or premium assistance, and the amount is determined using a sliding scale based on income.



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