



Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
 Summary of Benefits for
Northville Public Schools

| Health Care Services | Coverage | Limitations / Remarks |
|---|--------------------|--|
| Benefit Period, Annual Deductible, and Annual Coinsurance Maximums: | | |
| Benefit Period: | Calendar Year | |
| Annual Deductible | None | |
| Coinsurance (amount claimant pays) | None | |
| Annual Coinsurance Maximums | NA | |
| Preventive Services: | | |
| Preventive Office Visit | Covered | |
| Well Baby Exam | Covered | |
| Immunization | Covered | |
| Related Laboratory and Radiology Services | Covered | |
| Pap Smears and Mammograms | Covered | |
| Outpatient & Physician Services: | | |
| Primary Care Office Visit | Covered | |
| Specialty Physician Office Visit | Covered | |
| Gynecology | Covered | |
| Audiology Examinations | Covered | |
| Eye Examinations | Covered | |
| Allergy Treatment and Injections | Covered | |
| Laboratory and Radiology Services | Covered | |
| Dialysis | Covered | |
| Chemotherapy | Covered | |
| Radiation | Covered | |
| Outpatient/Office Surgery & Related Services | Covered | |
| Chiropractic Services | Not Covered | |
| Emergency/Urgent Care: | | |
| Emergency Room Services | Covered | |
| Urgent Care Facility Services | Covered | |
| Emergency Ambulance Services | Covered | |
| Inpatient Hospital Services: | | |
| Hospital Inpatient Stay in Semi-Private Room, Specialty Units as medically necessary, Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | Covered | |
| Bariatric Surgery & Related Services | \$1,000 Co-pay | |
| Maternity Services: | | |
| Initial Office Visit to Confirm Pregnancy | Covered | |
| Subsequent Prenatal and Postnatal Office Visits | Covered | |
| Delivery and Nursery care | Covered | |
| Mental Health: | | |
| Inpatient Services | Covered | |
| Outpatient Services | Covered | |
| Chemical Dependency: | | |
| Inpatient Services | Covered | |
| Outpatient Services | Covered | |
| Other Services: | | |
| Home Health Care | Covered | |
| Hospice Care | Covered | 210 days lifetime |
| Skilled Nursing Care | Covered | Up to 730 days, renewable after 60 days |
| Durable Medical Equipment; Prosthetic & Orthotics | Covered | Coverage provided for authorized equipment |
| Hearing Aid (Hardware) | Covered | Covered for authorized conventional hearing aids |
| Vision Care Services (Hardware) | Not Covered | |
| Physical, Speech and Occupational Therapy | Covered | Up to 60 combined visits per benefit period |
| Voluntary Sterilizations | Covered | |
| Voluntary Termination of Pregnancy | Not Covered | |
| Infertility Services | Covered | Services for diagnosis, counseling, and treatment of anatomical disorders causing infertility in accordance with HAP's benefit, referral and practice policies |
| Assisted Reproductive Technologies | Covered | One attempt of artificial insemination per lifetime |
| Pharmacy: | | |
| Generic / Brand | \$10 / \$20 Co-pay | Retail: 35 day supply for non-maintenance drugs at one co-pay; 35 day supply or 100 doses, whichever is greater, for eligible maintenance drugs at 1 co-pay Mail Order: 90 day supply of non-maintenance drugs at 3 co-pays less \$5.00; 35 day supply or 100 doses, whichever is greater, for eligible maintenance drugs at 1 co-pay |

Benefit Code / Riders: NH / 012,013,016,071,124,126 - Modified to comply with the Mental Health Parity Act

- Hospital admissions require that HAP be notified within 48 hours of admission. Failure to notify HAP within 48 hours could result in a reduction of benefits, or nonpayment.
- Students away at school are covered for acute illness and injury related services according to HAP criteria. Students away at school are not covered for routine physicals, non-emergency psychiatric care, elective surgeries, obstetrical care, sports medicine and vision care services.
- In cases of conflict between this summary and your HMO Subscriber Contract, the terms and conditions of the HMO Subscriber Contract govern.