Health Alliance Plan
by Henry Ford Health

Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan Summary of Benefits
UAW Trust GM General
HMO

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	$250 Individual; $500 Family	N/A	Deductible does not include copays or coinsurance.
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	N/A	N/A	
Preventive Services			
Routine Well Visits	$15 Copay - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	$15 Copay - Deductible does not apply	N/A	
HAP Telehealth	$15 Copay - Deductible does not apply	N/A	Through our designated telehealth partner. **Behavioral Services $0 Copay**
Specialist Office Visit	$25 Copay - Deductible does not apply	N/A	
Gynecology Office Visit	$25 Copay - Deductible does not apply	N/A	
Routine Hearing Exam	Not Covered		Coverage through TruHearing. Please call 1-844-394-5420 for more information.
Routine Eye Exam	Not Covered	N/A	Coverage is through VSP. Please call 800-442-4260 for more information.
Chiropractic Services	$20 Copay - Deductible does not apply	N/A	Up to 48 visits per Benefit Period.Spinal and extraspinal Chiropractic Manipulative Treatment Only and one standard set of flat X-rays per condition.
Allergy Treatment	Covered after Deductible	N/A	
Allergy Injections	Covered after Deductible	N/A	
Laboratory & Pathology	Covered - Deductible does not apply	N/A	Some services require Prior Authorization.
Imaging MRI, CT & PET Scans	Covered after Deductible	N/A	Services require Prior Authorization.
Radiology (X-ray)	Covered after Deductible	N/A	Some services require Prior Authorization.
Radiation Therapy & Chemotherapy	Covered after Deductible	N/A	
Dialysis	Covered after Deductible	N/A	
Outpatient Medical Drugs	Covered after Deductible	N/A	
Outpatient Hospital & Ambulatory Surgical Center Services			
Outpatient Hospital Surgical Facility	Covered after Deductible	N/A	
Ambulatory Surgical Center	Covered after Deductible	N/A	
Professional Surgical and Related Services	Covered after Deductible	N/A	
Emergency & Urgent Care			
Urgent Care	$40 Copay - Deductible does not apply		
Emergency Room Care	$125 Copay - Deductible does not apply		Emergency Room Care Copay is waived if admitted.
Emergency Medical Transportation	Covered after Deductible		Emergency transport only.

Inpatient Hospital Services			
Facility Fee	Covered after Deductible	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered after Deductible	N/A	
Bariatric Surgery and Related Services	Covered after Deductible	N/A	One procedure per lifetime.
Maternity Care Services			
Routine Prenatal Office Visits	$15 Copay - Deductible does not apply	N/A	
Routine Postnatal Office Visits	$15 Copay - Deductible does not apply	N/A	
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	
Mental Health & Substance Use Disorder Services			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	Covered - Deductible does not apply	N/A	
Other Services			
Home Health Care	Covered after Deductible	N/A	Does not include Rehabilitation Services. Unlimited.
Hospice Care	Covered after Deductible	N/A	Up to 210 days per lifetime.
Skilled Nursing Facility Services	Covered after Deductible	N/A	Services require Prior Authorization. Unlimited.
Durable Medical Equipment; Prosthetics & Orthotics	Covered - Deductible does not apply	N/A	Some equipment/supplies require Prior Authorization.
Hearing Aid Hardware	Not Covered		Coverage through TruHearing. Please call 1-844-394-5420 for more information.
Vision Hardware	Not Covered	N/A	Coverage is through VSP. Please call 800-442-4260 for more information.
Rehabilitation Services: Physical and Speech Therapy	Covered after Deductible; when rendered at a facility or via telehealth Covered- deductible does not apply; when rendered at home	N/A	May be rendered at home. Services require Prior Authorization. Up to 60 combined visits per Benefit Period.
Rehabilitation Services: Occupational Therapy	Covered after Deductible	N/A	
Habilitation Services: Physical and Speech Therapy	Covered after Deductible; when rendered at a facility or via telehealth Covered- deductible does not apply; when rendered at home	N/A	Limited to treatment of Autism Spectrum Disorder. Habilitation Services for conditions other than Autism Spectrum Disorders follow the Rehabilitation Services benefit, including its Cost-Sharing and visit limits. Services require Prior Authorization.
Habilitation Services: Occupational Therapy	Covered after Deductible	N/A	
Applied Behavioral Analysis	Covered - Deductible does not apply	N/A	Limited to treatment of Autism Spectrum Disorders. Services require Pior Authorization.
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy. See Preventive Services of tubal ligation.
Infertility Services	Covered after Deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Services require Prior Authorization.
Temporomandibular Joint Disorder	Covered after Deductible	N/A	Coverage is limited to non-surgical treatments.
Pharmacy – Not Covered			

Effective 01/2027

- This document provides a general overview of your benefits. It is not a contract or legal document. If there is a conflict between this document and the terms and conditions of your Policy/Contract, the terms and conditions of your Policy/Contract and any attached Schedule of Benefits and Riders will apply.
- You must notify Health Alliance Plan (HAP) prior to an elective hospital admissions. Health Alliance Plan must be notified within 48 hours after any emergency hospital admission. If Health Alliance Plan is not notified, your benefits may be reduced or denied.
- Some services require Prior Authorization. Failure to obtain Prior Authorization before receiving services could result in a reduction or denial of benefits.
- Health Alliance Plan's HMO coverage includes Students Away at School Program.
- For Outpatient Mental Health & Substance Use Disorder Services delivered via Telehealth, you will pay the lower of either the Outpatient Mental Health & Substance Use Disorder Cost-Share or the Telehealth Cost-Share.