Transparency in Coverage Notice

You are receiving this notice because you requested a cost estimate for an item or service. This notice contains important information about the cost estimate and information on the amount you may ultimately be required to pay for this item or service.

I. The Basics

What should I do with this notice?

Read this notice carefully along with the cost estimate. You may need to request a new cost estimate as you obtain new information, such as information on additional items or services you will receive as part of your treatment.

What are the key terms?

1. **An Allowed Amount** is the maximum amount your health plan will pay for a covered item or service furnished by an out-of-network provider.
2. **Cost-Sharing** is your share of costs for a covered item or service that you must pay (sometimes called “out-of-pocket costs”). Some examples of cost-sharing are deductibles, coinsurance, and copayments. This term does not include other costs you may be responsible for, such as premiums, balance billed amounts for out of network providers, or the cost of services not covered by your health plan.
3. **A Covered Item or Service** is an item or service that your health plan will pay, either in whole or in part, under the terms of your health plan.
4. **An Out-of-Network Provider** is a provider that does not have a contract with your plan to provide services at pre-negotiated rates.
5. **Prerequisites** are certain requirements your health plan may impose on you or your provider so that it can determine whether a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary before it will provide benefits for related items and services. Prerequisites include prior authorization, concurrent review, and step-therapy or fail-first requirements.

   Other common medical and insurance terms, including definitions of deductibles, coinsurance, and copayments, can be found in the Uniform Glossary of Coverage and Medical Terms, available here: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-terms-final.pdf

II. Important information about your cost estimate

This estimate is designed to provide you with information about the cost of an item or service before you receive care. However, this estimate has certain limitations that you should consider before making any decision to obtain the item or service.

1. If you are treated by an out-of-network provider, after paying the cost-sharing amount determined by your health plan, you may still receive a bill for the difference between the amount the out-of-network provider charges for the item or service and the amount paid by

your health plan. This is called balance billing, and this amount is not included in your cost estimate.

2. The actual charge for the item or service may be different than the cost estimate, depending on the actual care you receive. For example, if your physician provides additional services during your visit, your charges could be more than the cost estimate. This is one reason why it is important to discuss with your provider both before and during your visit which items and services you will receive and to request a new cost estimate if new information becomes available.
3. This cost estimate is not a benefit determination or guarantee of coverage for the item or service for which you requested information. For example, your plan may need to determine whether the item or service is medically necessary in your case before making a payment. You should follow your health plan's process for filing a claim for benefits and contact your health plan to help determine if there are any additional requirements that apply to you as part of that process.
4. The plan does not count copayment assistance or other third-party payments in the calculation of your applicable deductible and out-of-pocket maximum,

III. Prerequisites

Prior Authorization, or Preapproval

The following applies when the item or service is subject to the Prior Authorization or Preapproval as stated in the alert on the cost estimate page

1. Your health plan must decide whether this item or service is medically necessary before it will cover this item or service. This is called prior authorization or preapproval.
2. Your health plan may impose additional costs if you or your provider do not submit this item or service for prior authorization or preapproval before the item or service is provided.

Concurrent Review

The following applies when the item or service is subject to Concurrent Review as stated in as stated in the alert on the cost estimate page. .

1. Your health plan may require a review during an ongoing course of treatment to determine whether the plan will continue to cover the item or service. This is called concurrent review.
2. Your health plan may cease covering treatment if you or your provider do not submit this item or service for concurrent review within a specified time after beginning treatment.

Step-therapy

The following applies when the item or service is subject to Step-therapy as stated in the alert on the cost estimate page.

1. Your health plan will not pay for higher-cost therapies without evidence that certain lower-cost therapies have not been effective for the participant, beneficiary, or enrollee (these are known as fail-first policies or step-therapy protocols). You may be required to try a lower-cost alternative before your plan will cover this item or service.

IV. What if I need more information?

Contact: Please call the customer service number at 888-327-0671 or otherwise listed on the back of your McLaren ID Card to verify cost-sharing liability estimate and questions.