

---



## Verifying Member Eligibility in McLaren CONNECT Portal

---

As of July 1, 2022, McLaren Health Plan now allows contracted and non-contracted providers to view member eligibility and plan enrollment information within the Provider Portal. The purpose of this guide is to provide self-service instructions to verify member eligibility and enrollment via several of the most commonly requested inquiries within the Portal.

**Step 1:** Register or Log In to the McLaren Health Plan Provider Portal at:  
<https://secure.healthx.com/mclaren.provider>



Select Language   
Powered by  Google Translate

**Welcome to McLaren Connect, your new Provider Portal.**  
This portal allows access to all McLaren Health Plan lines of business and replaces the HealthRules and FACTSWeb portals. Register today!



### Log in to:

- View patient's eligibility status and benefit information
- Verify patient claims
- Download forms
- Request prior authorizations
- And more!

### Sign into your account

Username

Password


**SUBMIT**

[Forgot your username or password?](#)

**Need a username and password?**  
[Proceed to our sign up process.](#)

[Provider Directory](#)

**Step 2:** Once in the Portal, you can search for a member by navigating to the *Eligibility & Benefits* page, using the *Eligibility & Benefits* tab highlighted below.



You are currently logged in as: [Messages \(0\)](#) [Profile](#) [Logout](#)

Select Language

 Powered by [Google Translate](#)

Home **Eligibility & Benefits** Claims & Payment Auth & Case Mgmt Provider Directory Resources Attestation Bright Futures


Welcome to your Provider Portal

This site provides quick access to member eligibility and benefits, claims payment details, preauthorizations information and more!

**PROVIDERS ENTERING AUTHORIZATION/REFERRAL REQUESTS:** Include your name, phone number, fax number, and email in the notes section of your request. This will facilitate a timely, accurate response to your request.

When uploading files, file names should not contain a comma.

For Detailed Instructions Please Click [Here](#)



Quick Links

Auth & Case Management

Ask a Question

Find a Provider or Facility

Profile

Clinical Practice Guidelines


Optum Pay - Payments & Payment Reports

Contact Us

For questions or comments please contact McLaren Health Plan:

For claim inquiries, enrollment information and benefits:  
Phone: (888) 327-0671  
Fax: 877-502-1567

Customer Service hours:  
M-F 7:30a-5:30p



You are currently logged in as: [Messages \(0\)](#) [Profile](#) [Logout](#)

Select Language

 Powered by [Google Translate](#)

Home Eligibility & Benefits **Claims & Payment** Auth & Case Mgmt Provider Directory Resources Attestation Bright Futures

Please refer to the member's ID card to assist in completing searches.  
- For McLaren Health Plan Medicaid members use their 10-digit Member ID plus "00". Example: 11111111100  
- For McLaren Health Plan Community and McLaren Health Advantage members use their Contract # plus their 2-digit Person Code located on their ID Card.  
- Member's Name and Date of Birth must match their Member ID as well.

Select Provider: All Providers

Eligibility Claims

To search for a patient:

- Enter the Member ID **or**
- Enter the Last Name **and** Date of Birth (MM/DD/YYYY)
- Multiple Member IDs can be entered. Press the 'enter' key after each Member ID.

First Name:

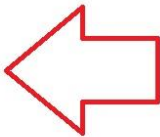
Last Name:

Member ID(s):

Date of Birth:

Group:

Search



**Step 3:** Within the “*Select Provider*” dropdown highlighted below, choose “All Providers”. Then use the fillable fields to search for a patient.

*Note: The search feature requires a Member ID, OR the patient’s Last Name and Date of Birth.*

**Step 4:** Once the member search is complete, the results will appear in a list below the search fields. Click the member’s name from the Search Results to view full eligibility details.

Select Provider: All Providers ▾

Eligibility Claims

To search for a patient:

- Enter the Member ID *or*
- Enter the Last Name *and* Date of Birth (MM/DD/YYYY)
- Multiple Member IDs can be entered. Press the 'enter' key after each Member ID

[Show/Hide Search](#)

First Name:

Last Name:

Member ID(s):

Date of Birth:

Group:

Search

| Name         | MemberID   | Group | Date of Birth | Gender | Benefit Plan | Effective Date |
|--------------|------------|-------|---------------|--------|--------------|----------------|
| TEST FRANKIE | 1234567890 | 10002 | 06/01/1999    | M      | Regular TANF | 01/01/2012     |

◀◀ ◀ Page 1 of 1 ▶ ▶▶

1 record found.

[Print Results](#) [Download Results](#)

**Step 5:** The member’s full eligibility details will display under **Subscriber** and **Coverages**, as shown in the image below.

For example, the member’s current benefit plan Status will display whether the member is either Active or Terminated. The members’ selected Primary Care Physician will display under Subscriber Info, and additional information like Benefit Plan and Effective Dates will display under Coverages.

*Note: If a member's Termination Date is not populated, the member's plan is still current.*

#### Subscriber

|                               |               |                 |  |
|-------------------------------|---------------|-----------------|--|
| Member:                       | Test, Frankie | Group Name:     | Regular                                    |
| Member ID:                    | 1234567890    | Account Number: | 100002                                     |
| Status:                       | Active        | Address:        | 1234 MARIBEL LANE<br>FLINT, MICHIGAN 48503 |
| Primary Care Provider's Name: | REESE, TUCKER | Home Phone:     | 810-766-1234                               |

#### Coverages

|                                |                |                  |            |      |            |
|--------------------------------|----------------|------------------|------------|------|------------|
| Medical -                      |                |                  |            |      |            |
| Current Benefit Effective Date | 01/01/2012     | Termination Date |            | Tier | Individual |
| Plan                           | Regular - TANF |                  |            |      |            |
| Medical -                      |                |                  |            |      |            |
| Prior Benefit                  | 01/01/2001     | Termination Date | 12/31/2011 | Tier | Individual |
| Plan                           | Regular - TANF |                  |            |      |            |

**Step 6:** The member's benefit Accumulator detail will be listed below the member's eligibility in the previous step.

Below is an example of a Medicaid member's benefit details:

#### Accumulators

##### Current Year

Current Year Accumulators are not available in the Portal for terminated members. Please verify Subscriber Status above to determine if a members' health plan has been terminated. If you have further questions regarding a member's enrollment or benefit history, please contact Customer Service toll free: (888) 327-0671 TTY: 711

| Limits Name                    | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|--------------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| Chiropractic Services Limit    | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 18         | 18               |
| Frame Fit under Age 21 limit   | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 1          | 7          | 6                |
| Frames under Age 21 limit      | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 1          | 5          | 4                |
| Hearing Aid Accessory Limit    | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 1          | 1                |
| Hearing Aid Battery Limit      | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 72         | 72               |
| Hearing Aid Dispense Fee Limit | Medical  | 2022      | 01/01/2022 through 12/31/2026 | 07/18/2022   | 0          | 1          | 1                |
| Hearing Aid Fit Limit          | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 2          | 2                |
| Hearing Aid Limit              | Medical  | 2022      | 01/01/2022 through 12/31/2026 | 07/18/2022   | 0          | 1          | 1                |
| Hearing Aid Repair Limit       | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 2          | 2                |
| Home Health PT-OT Limit        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 24         | 24               |
| Hospice Care Services Limit    | Medical  | 2022      | Lifetime                      | 07/18/2022   | 0          | 99,999     | 99,999           |
| Lense AddOn under Age 21 limit | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 0          | 10         | 10               |
| Lenses under Age 21 limit      | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 2          | 10         | 8                |
| MIHP Assessment Limit          | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 1          | 1                |
| Occupational Therapy Limit     | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 144        | 144              |
| Physical Therapy Limit         | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 144        | 144              |
| Skilled Nursing Limits         | Medical  | 2022      | 07/19/2021 through 07/18/2022 | 07/18/2022   | 0          | 45         | 45               |
| Speech Therapy Limit           | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 36         | 36               |
| Vision Exam Limit              | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 1          | 1          | 0                |
| Vision Exam Limit - Facility   | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 0          | 1          | 1                |



Below is an example of a Commercial member's detail:

## Accumulators

### Current Year

Current Year Accumulators are not available in the Portal for terminated members. Please verify Subscriber Status above to determine if a members' health plan has been terminated. If you have further questions regarding a member's enrollment or benefit history, please contact Customer Service toll free: (888) 327-0671 TTY: 711

| Deductibles - Individual Name    | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|----------------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| In Plan Individual Deductible    | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$200.00   | \$200.00         |
| OON Individual Deductible        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$1,000.00 | \$1,000.00       |
| OOP Individual Deductible        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$1,000.00 | \$1,000.00       |
| OOP-Global Individual Deductible | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$1,000.00 | \$1,000.00       |

| Deductibles - Family Name    | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|------------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| In Plan Family Deductible    | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$200.00   | \$400.00   | \$200.00         |
| OON Family Deductible        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$2,000.00 | \$2,000.00       |
| OOP Family Deductible        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$2,000.00 | \$2,000.00       |
| OOP-Global Family Deductible | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$2,000.00 | \$2,000.00       |

| Out of Pocket Maximums - Individual Name | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|--|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| In Plan Individual Coins Max             | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$500.00   | \$500.00         |
| In Plan Individual Copay Max             | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$71.01    | \$8,000.00 | \$7,928.99       |
| OON Individual Coins Max                 | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$3,000.00 | \$3,000.00       |
| OON Individual Copay Max                 | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$7,000.00 | \$7,000.00       |
| OOP-Global Individual Coins Max          | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$3,000.00 | \$3,000.00       |
| OOP-Global Individual Copay Max          | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$7,000.00 | \$7,000.00       |
| Out of Plan Individual Coins Max         | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$3,000.00 | \$3,000.00       |
| Out of Plan Individual Copay Max         | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$7,000.00 | \$7,000.00       |

All **Previous Year** Accumulators are listed under the member's **Current Year** Accumulators for *active* members.

The examples below define individual columns within the Accumulator table.

| Amount Met | Max Amount | Remaining Amount |
|------------|------------|------------------|
| 0          | 36         | 36               |
| 0          | 144        | 144              |
| 0          | 144        | 144              |



In the example to the left, **Amount Met** refers to the units the member has used for that benefit. **Max Amount** refers to the units available for that benefit. **Remaining Amount** refers to the units remaining for the benefit. As benefits are used, the units will adjust accordingly.

| Date Range                    |
|-------------------------------|
| 01/01/2022 through 12/31/2022 |
| 01/01/2022 through 12/31/2022 |
| 01/01/2022 through 12/31/2022 |
| 01/01/2022 through 12/31/2022 |



In the example to the left, **Date Range** refers to the length of time in which the benefit is effective.

**Step 7:** The most common benefit categories are listed below along with examples of their Accumulator names for various benefit plans.

### Physical Therapy, Occupational Therapy and Speech Therapy

PT, OT, ST Visit Limit  
 OON PT, OT, ST Visit Limit  
 OOP PT, OT, ST Visit Limit  
 OOPGlobal PT, OT, ST Visit Limit  
 PT, OT, ST Visit Limit  
 Home Health PT-OT Limit  
 Occupational Therapy Limit  
 Physical Therapy Limit  
 Speech Therapy Limit  
 Therapies Limit  
 PT OT Therapy  
 Speech Therapy

| Limits Name                | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|----------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| Speech Therapy Limit       | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 36         | 36               |
| Occupational Therapy Limit | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 144        | 144              |
| Physical Therapy Limit     | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 144        | 144              |

### Chiropractic

Chiropractic Services Limit  
 Chiropractic Services

| Limits Name                 | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|-----------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| Chiropractic Services Limit | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 18         | 18               |

### Hearing Aids

Hearing Aid Accessory Limit  
 Hearing Aid Battery Limit  
 Hearing Aid Dispense Fee Limit  
 Hearing Aid Fit Limit  
 Hearing Aid Limit  
 Hearing Aid Repair Limit  
 Hearing Aids  
 Hearing Aid

| Limits Name                    | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|--------------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| Hearing Aid Accessory Limit    | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 1          | 1                |
| Hearing Aid Battery Limit      | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 72         | 72               |
| Hearing Aid Dispense Fee Limit | Medical  | 2022      | 01/01/2022 through 12/31/2026 | 07/18/2022   | 0          | 1          | 1                |
| Hearing Aid Fit Limit          | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 2          | 2                |
| Hearing Aid Limit              | Medical  | 2022      | 01/01/2022 through 12/31/2026 | 07/18/2022   | 0          | 1          | 1                |
| Hearing Aid Repair Limit       | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | 0          | 2          | 2                |

**Deductibles/Out of Pockets** – For Deductibles & Out of Pockets, there are some benefit plans that may not have a Ded/OOP. Their lines of business include: All Medicaid members, some Medicare Advantage members, some Medicare Supplement members, some Health Advantage members and some Commercial members.

### Deductibles

In Plan Family Deductible  
 In Plan Individual Deductible  
 OON Family Deductible  
 OON FamilyDeductible  
 OON Individual Deductible  
 OON Plan HD-F Deductible  
 OON Plan HD-G Deductible  
 OOP Family Deductible  
 OOP Individual Deductible  
 OOP-Global Family Deductible  
 OOP-Global Individual Deductible  
 Out of Network Family Deductible  
 Out of Plan Family Deductible  
 OutofNet Individual Deductible  
 OutofPlan Individual Deductible  
 In Network Plan HD-G Deductible  
 In Network Plan HD-F Deductible  
 year deductible

| Deductibles - Individual Name    | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|----------------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| In Plan Individual Deductible    | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$200.00   | \$200.00         |
| OON Individual Deductible        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$1,000.00 | \$1,000.00       |
| OOP Individual Deductible        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$1,000.00 | \$1,000.00       |
| OOP-Global Individual Deductible | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$1,000.00 | \$1,000.00       |
| Deductibles - Family Name        | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
| In Plan Family Deductible        | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$200.00   | \$400.00   | \$200.00         |
| OON Family Deductible            | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$2,000.00 | \$2,000.00       |
| OOP Family Deductible            | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$2,000.00 | \$2,000.00       |
| OOP-Global Family Deductible     | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$2,000.00 | \$2,000.00       |

### Out of Pocket Maximums

|                                |                                  |                                  |
|--------------------------------|----------------------------------|----------------------------------|
| In Plan Family Coins Max       | OOP-Global Family Coins Max      | Out of Plan Family OOP Max       |
| In Plan Family Copay Max       | OOP-Global Family Copay Max      | Out of Plan Individual Coins Max |
| In Plan Family Copay/Coins     | OOP-Global Family OOP Max        | Out of Plan Individual Copay Max |
| In Plan Family OOP Max         | OOP-Global Individual Coins Max  | Out of Plan Individual OOP Max   |
| In Plan Individual Coins Max   | OOP-Global Individual Copay Max  | OutofNet Individual Copay/Coins  |
| In Plan Individual Copay/Coins | OOP-Global Individual OOP Max    | OutofNetwork Family Coins Max    |
| In Plan Individual OOP Max     | Out of Net Individual Coins Max  | OutofNetwork Family Copay/Coins  |
| OON Family Coins Max           | Out of Network Family OOP Max    | OutofNetwork Individual OOP Max  |
| OON Family Copay Max           | Out of Netwrk Family OOP Max     | OutofPlan Individual Copay/Coins |
| OON Family OOP Max             | Out of Netwrk Individual OOP Max | In Plan Individual Copay Max     |
| OON Individual Coins Max       | Out of Plan Family Coins Max     | OOP Family Coins Max             |
| OON Individual Copay Max       | Out of Plan Family Copay Max     | OOP Individual CoinsMax          |
| OON Individual OOP Max         | Out of Plan Family Copay Max     | In Network OOP Max               |
| OOP Individual Copay/Coins     | Out of Plan Family Copay/Coins   |                                  |

| Out of Pocket Maximums - Individual Name | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|--|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| In Plan Individual Coins Max             | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$500.00   | \$500.00         |
| In Plan Individual Copay Max             | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$71.01    | \$8,000.00 | \$7,928.99       |
| OON Individual Coins Max                 | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$3,000.00 | \$3,000.00       |
| OON Individual Copay Max                 | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$7,000.00 | \$7,000.00       |
| OOP-Global Individual Coins Max          | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$3,000.00 | \$3,000.00       |
| OOP-Global Individual Copay Max          | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$7,000.00 | \$7,000.00       |
| Out of Plan Individual Coins Max         | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$3,000.00 | \$3,000.00       |
| Out of Plan Individual Copay Max         | Medical  | 2022      | 01/01/2022 through 12/31/2022 | 07/18/2022   | \$0.00     | \$7,000.00 | \$7,000.00       |

### Vision Exams/Frames/Lenses

Frame Fit Age 21 and over Limit

Frames Age 21 and over Limit

Lense AddOn Age 21 an over Limit

Lenses Age 21 and over Limit

Lenses under Age 21 limit

Pediatric Frame Fitting

Pediatric Frames

Pediatric Lenses

Pediatric Vision Exam

Vision Exam

Vision Exam Limit

Vision Screening

Vision Exam Limit – Facility

Frame Fit under Age 21 limit

Frames under Age 21 limit

Lense AddOn under Age 21 limit

| Limits Name                    | Coverage | Plan year | Date Range                    | Last Updated | Amount Met | Max Amount | Remaining Amount |
|--------------------------------|----------|-----------|-------------------------------|--------------|------------|------------|------------------|
| Frame Fit under Age 21 limit   | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 1          | 7          | 6                |
| Frames under Age 21 limit      | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 1          | 5          | 4                |
| Lense AddOn under Age 21 limit | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 0          | 10         | 10               |
| Lenses under Age 21 limit      | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 2          | 10         | 8                |
| Vision Exam Limit - Facility   | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 0          | 1          | 1                |
| Vision Exam Limit              | Medical  | 2022      | 08/01/2020 through 07/31/2022 | 07/18/2022   | 1          | 1          | 0                |

*If you have further questions regarding a member's enrollment or benefit history, please contact Customer Service through the Provider Portal or at (888) 327-0671, TTY: 711.*

#### Quick Links

|  |    |
|--|----|
| <a href="#">Auth &amp; Case Management</a>                 | >> |
| <a href="#">Ask a Question</a>                             | >> |
| <a href="#">Find a Provider or Facility</a>                | >> |
| <a href="#">Profile</a>                                    | >> |
| <a href="#">Clinical Practice Guidelines</a>               | >> |
| <a href="#">Optum Pay - Payments &amp; Payment Reports</a> | >> |

#### Contact Us

For questions or comments please contact McLaren Health Plan:

For claim inquiries, enrollment information and benefits:  
Phone: (888) 327-0671  
Fax: 877-502-1567

Customer Service hours:  
M-F 7:30a-5:30p