MCLAREN HEALTH PLAN COMMUNITY

INDIVIDUAL HMO – BRONZE 6500 – LIMITED COST SHARING SCHEDULE OF COST SHARING

This document is a part of your Certificate of Coverage. It provides information about your financial responsibility with respect to your MHP Community Benefits. Please review the detailed chart below for information specific to each Covered Service.

| Deductible | Out-of-Pocket Maximum |
|--------------------|-----------------------|
| \$6,500 Individual | \$8,500 Individual |
| \$13,000 Family | \$17,000 Family |

| Benefit | In-Network Member Financial Responsibility | In-Network I/T/U Provider Member Financial Responsibility | Out-of-Network I/T/U Provider Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--|---|---|---|---|
| Preventive Services | \$0 | \$0 | Provider Balance Billing | 100% - No Coverage |
| Diabetic Services | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Primary Care Physician (PCP) Office Visits | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Specialist Office Visit | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Immunizations (other than Preventive Care) | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Maternity Care | Prenatal Office Visits - \$0 All other Maternity Care - 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |

| Benefit | In-Network Member Financial Responsibility | In-Network I/T/U Provider Member Financial Responsibility | Out-of-Network I/T/U Provider Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--|---|---|---|--|
| Injectable Drugs Provided in the Physician Office | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Emergency Care – Emergency Room | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 50% Coinsurance and Deductible plus Balance Billing |
| Urgent Care | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 50% Coinsurance and Deductible plus Balance Billing |
| Ambulance | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 50% Coinsurance and Deductible plus Balance Billing |
| Inpatient Hospital Services | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Outpatient Hospital Services | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Diagnostic and Therapeutic Services and Tests (other than Preventive Services) | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Organ and Tissue Transplants | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Special Surgical Procedures | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Breast Reconstruction Following Mastectomy | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Skilled Nursing Facility Services | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |
| Home Care Services | 50% Coinsurance and Deductible | \$0 | Provider Balance Billing | 100% - No Coverage |

| Benefit | In-Network Member Financial Responsibility | In-Network I/T/U Provider Member Financial Responsibility | Out-of-Network I/T/U Provider Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--------------------------------------|---|---|---|---|
| Hospice Care | 50% Coinsurance | \$0 | Provider | 100% - |
| Outpotiont Montal | and Deductible | \$0 | Balance Billing | No Coverage 100% - |
| Outpatient Mental Health Services | 50% Coinsurance and Deductible | ŞU | Provider | No Coverage |
| Inpatient Mental | 50% Coinsurance | \$0 | Balance Billing Provider | 100% - |
| Health Services | and Deductible | ŞU | Balance Billing | No Coverage |
| | 50% Coinsurance | \$0 | Provider | 50% Coinsurance |
| Emergency Mental Health Services | and Deductible | ŞU | Balance Billing | and Deductible |
| nealth Services | and Deductible | | Dalatice billing | plus Balance |
| | | | | Billing |
| Outpatient | 50% Coinsurance | \$0 | Provider | 100% - |
| Substance Abuse | and Deductible | ΨŪ | Balance Billing | No Coverage |
| Services | and Deddenore | | Balaries Billing | ino corelage |
| Inpatient Substance | 50% Coinsurance | \$0 | Provider | 100% - |
| Abuse Services | and Deductible | | Balance Billing | No Coverage |
| Emergency | 50% Coinsurance | \$0 | Provider | 50% Coinsurance |
| Substance Abuse | and Deductible | | Balance Billing | and Deductible |
| Services | | | | plus Balance |
| | | | | Billing |
| Outpatient | 50% Coinsurance | \$0 | Provider | 100% - |
| Habilitative Services | and Deductible | | Balance Billing | No Coverage |
| Outpatient | 50% Coinsurance | \$0 | Provider | 100% - |
| Rehabilitation | and Deductible | | Balance Billing | No Coverage |
| Durable Medical | 50% Coinsurance | \$0 | Provider | 100% - |
| Equipment (DME) | and Deductible | | Balance Billing | No Coverage |
| and Supplies | | | | |
| Reproductive Care | 50% Coinsurance | \$0 | Provider | 100% - |
| and Family Planning | and Deductible | | Balance Billing | No Coverage |
| Services | | | | |
| Pediatric Vision | 50% Coinsurance | \$0 | Provider | 100% - |
| | and Deductible | | Balance Billing | No Coverage |
| Oral Surgery | 50% Coinsurance | \$0 | Provider | 100% - |
| | and Deductible | | Balance Billing | No Coverage |
| Temporomandibular | 50% Coinsurance | \$0 | Provider | 100% - |
| Joint Syndrome | and Deductible | | Balance Billing | No Coverage |
| (TMJ) Services | | | | |

| Benefit | In-Network Member Financial Responsibility | In-Network I/T/U Provider Member Financial Responsibility | Out-of-Network I/T/U Provider Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|-----------------------------|---|---|---|---|
| Orthognathic | 50% Coinsurance | \$0 | Provider | 100% - |
| Surgery | and Deductible | | Balance Billing | No Coverage |
| Pain Management | 50% Coinsurance | \$0 | Provider | 100% - |
| | and Deductible | | Balance Billing | No Coverage |
| Approved Clinical | Member Cost | \$0 for Member | Provider | 100% - |
| Trials | Sharing | Cost Sharing | Balance Billing | No Coverage |
| | applicable to | applicable to | | |
| | Routine Patient | Routine Patient | | |
| | Costs outside of | Costs outside of | | |
| | Approved Clinical | Approved Clinical | | |
| | Trial | Trial | | |
| Cancer Drug | 50% Coinsurance | \$0 | Provider | 100% - |
| Therapy | and Deductible | | Balance Billing | No Coverage |
| Educational Services | 50% Coinsurance | \$0 | Provider | 100% - |
| | and Deductible | | Balance Billing | No Coverage |
| Autism Spectrum | 50% Coinsurance | \$0 | Provider | 100% - |
| Disorder Services | and Deductible | | Balance Billing | No Coverage |
| a. Outpatient | | | | |
| Mental | | | | |
| Health | | | | |
| b. ABA | | | | |
| (Habilitative) | | | | |
| Services | | | | |

| Pharmacy | In-Network Member Financial Responsibility* | In-Network I/T/U Provider Member Financial Responsibility | Out-of-Network I/T/U Provider Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|-------------------------------------|--|---|---|---|
| Tier 1 (Preferred | \$30 Copayment | \$0 | Provider | 100% - |
| Generic) | No Deductible | | Balance Billing | No Coverage |
| Tier 2 (Preferred | \$80 Copayment | \$0 | Provider | 100% - |
| Brand) | After Deductible | | Balance Billing | No Coverage |
| Tier 3 (Non- | 50% Coinsurance | \$0 | Provider | 100% - |
| Preferred Generic and Non-Preferred | and Deductible | | Balance Billing | No Coverage |
| Brand) | | | | |
| Tier 4 (Specialty | 50% Coinsurance | \$0 | Provider | 100% - |
| Drugs) | and Deductible | | Balance Billing | No Coverage |
| Preventive Drugs | \$0 | \$0 | Provider | 100% - |
| | | | Balance Billing | No Coverage |

^{*}Specialty Drugs must be filled at an MHP Community Preferred Specialty Pharmacy.