

Plan Name Market Smiler Solver Solver In Network Smill Group  Category Service In Network School Not Applicable Individual Deductible School Not Applicable School Not Applicable Individual COP Max School Not Applicable Individual OOP Max School Not Covered Not Cov	Plan Year		2022	
Individual Deductible   \$5,000   Not Applicable   Family Deductible   \$5,000   Not Applicable   Family Deductible   \$5,000   Not Applicable   Family Deductible   \$5,000   Not Applicable   Member's Coinsurance   40%   Not Applicable   Not Appl	Plan Name		McLaren Silver 5000-1 Plan	
Individual Deductible	Market		Small Group	
Family Deductible   \$10,000   Not Applicable	Category	Service	In Network	Out of Network
Member's Coinsurance   40%   Not Applicable		Individual Deductible	\$5,000	Not Applicable
Individual OOP Max Family OOP Max Fa		Family Deductible	\$10,000	Not Applicable
Family OOP Max Preventive Care Preventive Care/Screening/Immunization Preventive Care/Screening/Immunization Preventive Care/Screening/Immunization No Charge Not Covered Specialist Visit S80 Not Covered No Chery Substance Abuse Disorder Outpatient Services Substance Abuse Disorder Indicate Services Substance Abuse Disorder Indicate Services All Other Maternity Care Inaging (CT/PET Scans, NRIS) Austernity Care All Other Maternity Care Inpatient Hospital Services (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services Au% Coinsurance after deductible Not Covered Inpatient Despital Services (e.g., Hospital Stay) Auß Coinsurance after deductible Not Covered Not Covered Not Covered Not Covered Not Covered Not Coinsurance after deductible Not Covered Not Covered Not Coinsurance after deductible Not Covered Not Covered Not Coinsurance after deductible Not Covered Not Coinsurance af		Member's Coinsurance	40%	Not Applicable
Preventive Care  Preventive Care  Well Baby Visits and Care  Well Baby Visits and Care  No Charge  No Charge  No Charge  No Covered  No Charge  Not Covered  No Charge  Not Covered  Specialist Visit  Mental/Behavioral Health Outpatient Services  Other Practitioner Office Visit  Urgent Care Centers or Facilities  Emergency Care  Emergency Care  Emergency Care  Laboratory and Imaging  Laboratory and Imaging  Laboratory and Imaging  Maternity Care  Maternity Care  Prenatal Office Visits  Maternity Care  Hospital - Outpatient  Hospital - Inpatient  Hospital - Inpatient  Hospital - Inpatient  Surgery  Not Covered  Not Covered  Not Covered  Not Covered  A0% Coinsurance after deductible  Not Covered  A0% Coinsurance after deductible  Not Covered  Not Covered  A0% Coinsurance after deductible  Not Covered  No		Individual OOP Max	\$8,300	Not Applicable
Preventive Care    Primary Care Visit to Treat an Injury or Illness   \$45   Not Covered		Family OOP Max	\$16,600	Not Applicable
Well Baby Visits and Care Primary Care Visit to Treat an Injury or Illness Specialist Visit Office Visits Mental/Behavioral Health Outpatient Services Substance Abuse Disorder Outpatient Services Surgery Freatment of Temporomandibular Joint Disorders Surgery Freatment for Temporomandibular Joint Disorders Preatment of Temporomandibular Joint Disorders Preatment for Temporomandibular Joint Disorders Pread Tempor Preatment Province Province P	Preventive Care	Preventive Care/Screening/Immunization	No Charge	Not Covered
Specialist Visit   Security   S		Well Baby Visits and Care	No Charge	Not Covered
Office Visits  Mental/Behavioral Health Outpatient Services Substance Abuse Disorder Outpatient Services Other Practitioner Office Visit  Laboratory and Imaging Laboratory and Imaging  Maternity Care  Maternity Care Hospital - Outpatient  Hospital - Inpatient  Material Agenavioral Health Inpatient Services  Mental/Behavioral Health Inpatient Services  Autocored Au	Office Visits	Primary Care Visit to Treat an Injury or Illness	\$45	Not Covered
Substance Abuse Disorder Outpatient Services Other Practitioner Office Visit  Emergency Care  Emergency Care  Emergency Room Services Emergency Transportation/Ambulance Laboratory and Imaging Laboratory and Imaging  Maternity Care  Hospital - Outpatient Hospital - Inpatient Hospital - Inpatient Surgery  Surgery  Susgery  Suspers  Suspers  Suspers  Suspers  Suspers  Suspers  Sugery  Semergency Abous Emergency Care Centers or Facilities Semergency Transportation/Ambulance  \$400		Specialist Visit	\$80	Not Covered
Other Practitioner Office Visit  Emergency Care  Emergency Care  Emergency Room Services  Emergency Transportation/Ambulance  Laboratory and Imaging  Laboratory Outpatient and Professional Services  Laboratory and Imaging  Maternity Care  Hospital - Outpatient  Hospital - Inpatient  Hospital - Inpatient  Hospital - Inpatient  Maternity Surgery  Surgery  Fencial Office Visit  Metal/Behavioral Health Inpatient Services  Metal/Behavioral Health Inpatient Services  Aug Coinsurance after deductible  Avg Coinsurance after deductible  Not Covered  Aug Coinsurance after deductible  Not Cove		Mental/Behavioral Health Outpatient Services	\$45	Not Covered
Emergency Care  Emergency Care  Emergency Care  Emergency Transportation/Ambulance  Laboratory and Imaging  Laboratory and Diagnostic Imaging  Maternity Care  Hospital - Outpatient  Hospital - Inpatient  Fee (e.g., Ambulatory Surgery  Mental/Behavioral Health Inpatient Services  Mental/Behavioral Health Inpatient Services  Surgery  Merconstructive Surgery  Preatmant Care Centers or Facilities  \$60 \$50* \$400* \$400* \$400* Coinsurance after deductible  A0% Coinsurance after deductible  Not Covered  40% Coinsurance after deductible  Not Covered  Not Covered  A0% Coinsurance after deductible  Not Covered  A0% Coinsurance after deduct		Substance Abuse Disorder Outpatient Services	\$45	Not Covered
Emergency Care		Other Practitioner Office Visit	\$80	Not Covered
Emergency Transportation/Ambulance 40% Coinsurance after deductible 40% Coinsurance after deductible*  Laboratory Outpatient and Professional Services 40% Coinsurance after deductible Not Covered  X-rays and Diagnostic Imaging Imaging (CT/PET Scans, MRIs) 40% Coinsurance after deductible Not Covered  Maternity Care Prenatal Office Visits No Charge Not Covered  All Other Maternity Care 40% Coinsurance after deductible Not Covered  All Other Maternity Care 40% Coinsurance after deductible Not Covered  Outpatient Facility Fee (e.g., Ambulatory Surgery Center) 40% Coinsurance after deductible Not Covered  Outpatient Surgery Physician/Surgical Services 40% Coinsurance after deductible Not Covered  Inpatient Hospital Services (e.g., Hospital Stay) 40% Coinsurance after deductible Not Covered  Mental/Behavioral Health Inpatient Services 40% Coinsurance after deductible Not Covered  Mental/Behavioral Health Inpatient Services 40% Coinsurance after deductible Not Covered  Reconstructive Surgery 40% Coinsurance after deductible Not Covered  Reconstructive Surgery 40% Coinsurance after deductible Not Covered  Transplant 40% Coinsurance after deductible Not Covered  Transplant 40% Coinsurance after deductible Not Covered  Not Covered  Transplant 40% Coinsurance after deductible Not Covered	Emergency Care	Urgent Care Centers or Facilities	\$60	\$60*
Laboratory Outpatient and Professional Services  X-rays and Diagnostic Imaging  Maternity Care  Hospital - Outpatient  Hospital - Inpatient  Mental/Behavioral Health Inpatient Services  Surgery  Paragery  Reconstructive Surgery  Bariatric Surgery  Transplant  Laboratory Outpatient and Professional Services  40% Coinsurance after deductible  Not Covered		Emergency Room Services	\$400	\$400*
Laboratory and Imaging  X-rays and Diagnostic Imaging  Maternity Care  Maternity Care  Hospital - Outpatient  Hospital - Inpatient  Material - Inpatient  Surgery  Penatal Office Visits  All Other Maternity Care  Moutpatient Hospital Services (e.g., Hospital Services  Moutpatient Surgery Physician Assurance Substance Abuse Disorder Inpatient Surgery  Reconstructive Surgery  Bariatric Surgery  Transplant  Treatment for Temporomandibular Joint Disorders  40% Coinsurance after deductible  Adw Coinsurance after deductible  Not Covered  Not Covered  Adw Coinsurance after deductible  Not Covered  Adw Coinsurance after deductible  Not Covered		Emergency Transportation/Ambulance	40% Coinsurance after deductible	40% Coinsurance after deductible*
Imaging (CT/PET Scans, MRIs)   40% Coinsurance after deductible   Not Covered		Laboratory Outpatient and Professional Services	40% Coinsurance after deductible	Not Covered
Maternity Care   Prenatal Office Visits   No Charge   Not Covered	Laboratory and Imaging	X-rays and Diagnostic Imaging	40% Coinsurance after deductible	Not Covered
All Other Maternity Care		Imaging (CT/PET Scans, MRIs)	40% Coinsurance after deductible	Not Covered
Hospital - Outpatient Hospital - Inpatient Hospital - Inpatient  Hospital - Surgery  All Other Maternity Care  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Inpatient Hospital Services (e.g., Hospital Stay)  Inpatient Physician and Surgical Services  Mental/Behavioral Health Inpatient Services  Au% Coinsurance after deductible  Not Covered  Montal/Behavioral Health Inpatient Services  Au% Coinsurance after deductible  Not Covered	Matarnity Caro	Prenatal Office Visits	No Charge	Not Covered
Hospital - Outpatient Outpatient Surgery Physician/Surgical Services Hospital - Inpatient Hospital Services (e.g., Hospital Stay) Hospital - Inpatient Hospital Services (e.g., Hospital Stay)  Inpatient Physician and Surgical Services Inpatient Physician and Surgical Services Mental/Behavioral Health Inpatient Services Mental/Behavioral Health Inpatient Services Substance Abuse Disorder Inpatient Services A0% Coinsurance after deductible Not Covered Whome Coinsurance after deductible Not Covered A0% Coinsurance after deductible Not Covered	Maternity Care	All Other Maternity Care	40% Coinsurance after deductible	Not Covered
Hospital - Inpatient Hospital - Inpatient Hospital - Inpatient Hospital - Surgery  Inpatient Hospital Services (e.g., Hospital Stay)  Inpatient Hospital Services (e.g., Hospital Stay)  Inpatient Physician and Surgical Services  Mental/Behavioral Health Inpatient Services  Mental/Behavioral Health Inpatient Services  Substance Abuse Disorder Inpatient Services  A0% Coinsurance after deductible  Not Covered  40% Coinsurance after deductible  Not Covered  Not Covered  Not Covered  A0% Coinsurance after deductible  Not Covered  Not Covered  Not Covered  A0% Coinsurance after deductible  Not Covered  Not Covered  Not Covered  A0% Coinsurance after deductible  Not Covered  Not Covered  Transplant  A0% Coinsurance after deductible  Not Covered  Not Covered  Not Covered  Treatment for Temporomandibular Joint Disorders  40% Coinsurance after deductible  Not Covered  Not Covered	Hospital - Outpatient	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% Coinsurance after deductible	Not Covered
Hospital - Inpatient Inpatient Physician and Surgical Services Mental/Behavioral Health Inpatient Services Substance Abuse Disorder Inpatient Services A0% Coinsurance after deductible Not Covered		Outpatient Surgery Physician/Surgical Services	40% Coinsurance after deductible	Not Covered
Hospital - Inpatient Mental/Behavioral Health Inpatient Services Substance Abuse Disorder Inpatient Services 40% Coinsurance after deductible Not Covered Transplant 40% Coinsurance after deductible Not Covered	Hospital - Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	40% Coinsurance after deductible	Not Covered
Mental/Behavioral Health Inpatient Services   40% Coinsurance after deductible   Not Covered		Inpatient Physician and Surgical Services	40% Coinsurance after deductible	Not Covered
Reconstructive Surgery 40% Coinsurance after deductible Not Covered 40% Coinsurance after deductible Not Covered 10% Coinsurance after deductible		Mental/Behavioral Health Inpatient Services	40% Coinsurance after deductible	Not Covered
Bariatric Surgery 40% Coinsurance after deductible Not Covered  Transplant 40% Coinsurance after deductible Not Covered  Treatment for Temporomandibular Joint Disorders 40% Coinsurance after deductible Not Covered		Substance Abuse Disorder Inpatient Services	40% Coinsurance after deductible	Not Covered
Surgery Transplant 40% Coinsurance after deductible Not Covered Treatment for Temporomandibular Joint Disorders 40% Coinsurance after deductible Not Covered	Surgery	Reconstructive Surgery	40% Coinsurance after deductible	Not Covered
Treatment for Temporomandibular Joint Disorders 40% Coinsurance after deductible Not Covered		Bariatric Surgery	40% Coinsurance after deductible	Not Covered
		Transplant	40% Coinsurance after deductible	Not Covered
Accidental Dental 40% Coinsurance after deductible Not Covered		Treatment for Temporomandibular Joint Disorders	40% Coinsurance after deductible	Not Covered
		Accidental Dental	40% Coinsurance after deductible	Not Covered

Plan Year		2022	
Plan Name Market		McLaren Silver 5000-1 Plan Small Group	
	Home Health Care Services	40% Coinsurance after deductible	Not Covered
Home Health Care	Hospice Services	40% Coinsurance after deductible	Not Covered
nome nearm care	Habilitation Services	40% Coinsurance after deductible	Not Covered
	Skilled Nursing Facility	40% Coinsurance after deductible	Not Covered
Autism Treatment	Outpatient Mental Health Services to Treat Autism	\$45	Not Covered
Autism Treatment	Habilitation Services to Treat Autism	40% Coinsurance after deductible	Not Covered
	Chiropractic Care	40% Coinsurance after deductible	Not Covered
	Diabetes Education	40% Coinsurance after deductible	Not Covered
	Allergy Testing	40% Coinsurance after deductible	Not Covered
	Routine Eye Exam (Adult)	40% Coinsurance after deductible	Not Covered
	Routine Eye Exam for Children	40% Coinsurance after deductible	Not Covered
	Eye Glasses for Children	40% Coinsurance after deductible	Not Covered
	Infertility Treatment	40% Coinsurance after deductible	Not Covered
	Weight Loss Programs	40% Coinsurance after deductible	Not Covered
	Chemotherapy	40% Coinsurance after deductible	Not Covered
Other Services	Dialysis	40% Coinsurance after deductible	Not Covered
	Durable Medical Equipment	40% Coinsurance after deductible	Not Covered
	Infusion Therapy	40% Coinsurance after deductible	Not Covered
	Outpatient Rehabilitation Services	40% Coinsurance after deductible	Not Covered
	Prosthetic Devices	40% Coinsurance after deductible	Not Covered
	Radiation	40% Coinsurance after deductible	Not Covered
	Rehabilitative Occupational and Rehabilitative Physical Therapy	40% Coinsurance after deductible	Not Covered
	Rehabilitative Speech Therapy	40% Coinsurance after deductible	Not Covered
	Prescription Drugs Other	40% Coinsurance after deductible	Not Covered
	Mental Health Other	40% Coinsurance after deductible	Not Covered
Prescription Drugs	Generic Drugs	\$30	Not Covered
	Preferred Brand Drugs	\$90	Not Covered
	Non-Preferred Brand Drugs	\$150	Not Covered
	Specialty Drugs	\$300	Not Covered

<sup>\*</sup> Balance billed amounts charged by the provider are the responsibility of the member

McLaren Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-327-0671 (TTY: 711).

## Arabic:

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