

**MCLAREN HEALTH PLAN COMMUNITY**

**INDIVIDUAL HMO MCLAREN REWARDS – SILVER 70% - LIMITED COST SHARING  
SCHEDULE OF COST SHARING**

**“Rewards Providers” are a subset of MHP Community Participating Providers. When you receive services from Rewards Providers, your standard Copayments, Coinsurance and Deductible may be reduced or eliminated. Please review the detailed chart below for information specific to each Covered Service. “Rewards Providers” are identified in the MHP Community Provider Directory.**

<b>Rewards Deductible</b>	<b>In-Network Deductible</b>	<b>Out-of-Pocket Maximum</b>
\$2,000 Individual \$4,000 Family	\$8,200 Individual \$16,400 Family	\$8,250 Individual \$16,500 Family

\* The Rewards Deductible is a subset of the In-Network Deductible. The following provides more information for clarity:

- All amounts applied towards a Deductible regardless of whether the Provider is a Rewards Provider or an In-Network Provider will count towards the Rewards Deductible and the In-Network Deductible
- Once the Rewards Deductible is met, the Member will not have Cost-Sharing for Covered Services provided by a Rewards Provider, but will continue to have Cost-Sharing for all other providers until the Member meets the In-Network Deductible
  - *Note* – nothing in this Schedule of Cost Sharing supersedes the limitations in your Certificate of Coverage. See your Certificate of Coverage for more info on what it means to see a Rewards Provider.
- Example: A single Member on an Individual Plan Member reaches \$2,000 worth of the In-Network Deductible, the Rewards Deductible is now satisfied because the member met \$2,000 worth of Deductible, but the Member would have \$6,250 more to go with Non-Rewards In-Network Providers to satisfy the In-Network Deductible.

<b>Benefit</b>	<b>In-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Preventive Services	\$0	Provider Balance Billing	\$0	\$0	100% - No Coverage

<b>Benefit</b>	<b>In-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Diabetic Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Primary Care Physician (PCP) Office Visits	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Specialist Office Visit	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Immunizations (other than Preventive Care)	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Maternity Care	\$0	Provider Balance Billing	Prenatal Office Visits - \$0 All other Maternity Care – No charge after Deductible	Prenatal Office Visits - \$0 All other Maternity Care – No charge after Rewards Deductible	100% - No Coverage
Injectable Drugs Provided in the Physician Office	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage

<b>Benefit</b>	<b>In-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Emergency Care – Emergency Room	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible
Urgent Care	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible plus Balance Billing
Ground Ambulance	\$0	No charge after In-Network Deductible	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible plus Balance Billing
Air Ambulance	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible
Inpatient Hospital Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Outpatient Hospital Services	\$0	No charge after In-Network Deductible	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Diagnostic and Therapeutic Services and Tests (other than Preventive Services)	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Organ and Tissue Transplants	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after	100% - No Coverage

<b>Benefit</b>	<b>In-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
				Rewards Deductible	
Special Surgical Procedures	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Breast Reconstruction Following Mastectomy	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Skilled Nursing Facility Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Home Care Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Hospice Care	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Outpatient Mental Health Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Inpatient Mental Health Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Emergency Mental Health Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible

<b>Benefit</b>	<b>In-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Outpatient Substance Abuse Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Inpatient Substance Abuse Services	\$0	No charge after In-Network Deductible	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Emergency Substance Abuse Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible
Outpatient Habilitative Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Outpatient Rehabilitation	\$0	No charge after In-Network Deductible	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Durable Medical Equipment (DME) and Supplies	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Reproductive Care and Family Planning Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Pediatric Vision	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Oral Surgery	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after	100% - No Coverage

<b>Benefit</b>	<b>In-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
				Rewards Deductible	
Temporomandibular Joint Syndrome (TMJ) Services	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Orthognathic Surgery	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Pain Management	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Approved Clinical Trials	\$0	Provider Balance Billing	Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	100% - No Coverage
Cancer Drug Therapy	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Educational Services	\$0 for Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage

<b>Benefit</b>	<b>In-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Autism Spectrum Disorder Services a. Outpatient Mental Health  b. ABA (Habilitative) Services	\$0	Provider Balance Billing	a. No charge after In-Network Deductible  b. No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Vision Exam (Adult)	\$0	Provider Balance Billing	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage

<b>Pharmacy</b>	<b>In-Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Tier 1 (Preferred Generic)	\$10 Copayment No Deductible	100% - No Coverage
Tier 2 (Preferred Brand)	\$75 Copayment No Deductible	100% - No Coverage
Tier 3 (Non-Preferred Generic and Non-Preferred Brand)	50% Coinsurance	100% - No Coverage
Tier 4 (Specialty Drugs)	50% Coinsurance	100% - No Coverage
Preventive Drugs	\$0	100% - No Coverage