

MCLAREN HEALTH PLAN COMMUNITY

**INDIVIDUAL HMO MCLAREN REWARDS -- 0 COST SHARING/NATIVE AMERICAN 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.

Rewards Deductible	In-Network Deductible	Out-of-Pocket Maximum
\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family

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

Benefit	In-Network Member Financial Responsibility	Out-of-Network I/T/U Provider Member Financial Responsibility	Rewards Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility
Emergency Care – Emergency Room	\$0	Provider Balance Billing	\$0	No charge after Deductible
Urgent Care	\$0	Provider Balance Billing	\$0	No charge after Deductible plus Balance Billing
Ground Ambulance	\$0	No charge after In-Network Deductible	\$0	No charge after Deductible plus Balance Billing
Air Ambulance	\$0	Provider Balance Billing	\$0	No charge after Deductible
Inpatient Hospital Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Outpatient Hospital Services	\$0	No charge after In-Network Deductible	\$0	100% - No Coverage
Diagnostic and Therapeutic Services and Tests (other than Preventive Services)	\$0	Provider Balance Billing	\$0	100% - No Coverage
Organ and Tissue Transplants	\$0	Provider Balance Billing	\$0	100% - No Coverage
Special Surgical Procedures	\$0	Provider Balance Billing	\$0	100% - No Coverage
Breast Reconstruction Following Mastectomy	\$0	Provider Balance Billing	\$0	100% - No Coverage
Skilled Nursing Facility Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Home Care Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Hospice Care	\$0	Provider Balance Billing	\$0	100% - No Coverage
Outpatient Mental Health Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Inpatient Mental Health Services	\$0	Provider Balance Billing	\$0	100% - No Coverage

Benefit	In-Network Member Financial Responsibility	Out-of-Network I/T/U Provider Member Financial Responsibility	Rewards Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility
Emergency Mental Health Services	\$0	Provider Balance Billing	\$0	No charge after Deductible
Outpatient Substance Abuse Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Inpatient Substance Abuse Services	\$0	No charge after In-Network Deductible	\$0	100% - No Coverage
Emergency Substance Abuse Services	\$0	Provider Balance Billing	\$0	No charge after Deductible
Outpatient Habilitative Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Outpatient Rehabilitation	\$0	No charge after In-Network Deductible	\$0	100% - No Coverage
Durable Medical Equipment (DME) and Supplies	\$0	Provider Balance Billing	\$0	100% - No Coverage
Reproductive Care and Family Planning Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Pediatric Vision	\$0	Provider Balance Billing	\$0	100% - No Coverage
Oral Surgery	\$0	Provider Balance Billing	\$0	100% - No Coverage
Temporomandibular Joint Syndrome (TMJ) Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Orthognathic Surgery	\$0	Provider Balance Billing	\$0	100% - No Coverage
Pain Management	\$0	Provider Balance Billing	\$0	100% - No Coverage
Approved Clinical Trials	\$0	Provider Balance Billing	\$0	100% - No Coverage
Cancer Drug Therapy	\$0	Provider Balance Billing	\$0	100% - No Coverage

Benefit	In-Network Member Financial Responsibility	Out-of-Network I/T/U Provider Member Financial Responsibility	Rewards Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility
Educational Services	\$0 for Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	Provider Balance Billing	\$0 for Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	100% - No Coverage
Autism Spectrum Disorder Services a. Outpatient Mental Health b. ABA (Habilitative) Services	\$0	Provider Balance Billing	\$0	100% - No Coverage
Vision Exam (Adult)	\$0	Provider Balance Billing	\$0	100% - No Coverage

Pharmacy	In-Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility
Tier 1 (Preferred Generic)	\$0	100% - No Coverage
Tier 2 (Preferred Brand)	\$0	100% - No Coverage
Tier 3 (Non-Preferred Generic and Non-Preferred Brand)	\$0	100% - No Coverage
Tier 4 (Specialty Drugs)	\$0	100% - No Coverage
Preventive Drugs	\$0	100% - No Coverage