

MCLAREN HEALTH PLAN COMMUNITY
INDIVIDUAL HMO MCLAREN REWARDS – SILVER 70%
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 |
|--------------------------------------|---------------------------------------|---------------------------------------|
| \$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.

| Benefit | In-Network Member Financial Responsibility | Rewards Network Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--|--|---|--|
| Preventive Services | \$0 | \$0 | 100% - No Coverage |
| Diabetic Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Primary Care Physician (PCP) Office Visits | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Specialist Office Visit | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |

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

| Benefit | In-Network Member Financial Responsibility | Rewards Network Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|---|--|--|---|
| Outpatient Mental Health Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Inpatient Mental Health Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Emergency Mental Health Services | No charge after In-Network Deductible | No charge after Rewards Deductible | No charge after Deductible |
| Outpatient Substance Abuse Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Inpatient Substance Abuse Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Emergency Substance Abuse Services | No charge after In-Network Deductible | No charge after Rewards Deductible | No charge after Deductible |
| Outpatient Habilitative Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Outpatient Rehabilitation | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Durable Medical Equipment (DME) and Supplies | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Reproductive Care and Family Planning Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Pediatric Vision | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Oral Surgery | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Temporomandibular Joint Syndrome (TMJ) Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Orthognathic Surgery | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Pain Management | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Approved Clinical Trials | 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 | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |

| Benefit | In-Network Member Financial Responsibility | Rewards Network Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--|--|--|---|
| Educational Services | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |
| Autism Spectrum Disorder Services a. Outpatient Mental Health b. ABA (Habilitative) Services | 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) | No charge after In-Network Deductible | No charge after Rewards Deductible | 100% - No Coverage |

| Pharmacy | In-Network Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--|---|---|
| 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 |