



HEALTH PLAN COMMUNITY

Plan Year		2023	
Plan Name		McLaren Rewards Gold Plan	
Market		Small Group	
Category	Service	In Network	
		MHPC Directly Contracted	Rewards
General Plan Information	Individual Deductible	\$4,000	None
	Family Deductible	\$8,000	None
	Member's Coinsurance	25%	None
	Individual OOP Max	\$8,150	
	Family OOP Max	\$16,300	
Preventive Care	Preventive Care/Screening/Immunization	No Charge	No Charge
	Well Baby Visits and Care	No Charge	No Charge
Office Visits	Primary Care Visit to Treat an Injury or Illness	\$40	No Charge
	Specialist Visit	\$75	No Charge
	Mental/Behavioral Health Outpatient Services	\$40	No Charge
	Substance Abuse Disorder Outpatient Services	\$40	No Charge
	Other Practitioner Office Visit	\$75	No Charge
Emergency Care	Urgent Care Centers or Facilities	\$60	No Charge
	Emergency Room Services	\$100 Copay after deductible	No Charge
	Emergency Transportation/Ambulance	25% Coinsurance after deductible	No Charge
Laboratory and Imaging	Laboratory Outpatient and Professional Services	25% Coinsurance after deductible	No Charge
	X-rays and Diagnostic Imaging	25% Coinsurance after deductible	No Charge
	Imaging (CT/PET Scans, MRIs)	25% Coinsurance after deductible	No Charge
Maternity Care	Prenatal Office Visits	No Charge	No Charge
	All Other Maternity Care	25% Coinsurance after deductible	No Charge
Hospital - Outpatient	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	25% Coinsurance after deductible	No Charge
	Outpatient Surgery Physician/Surgical Services	25% Coinsurance after deductible	No Charge
Hospital - Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	25% Coinsurance after deductible	No Charge
	Inpatient Physician and Surgical Services	25% Coinsurance after deductible	No Charge
	Mental/Behavioral Health Inpatient Services	25% Coinsurance after deductible	No Charge
	Substance Abuse Disorder Inpatient Services	25% Coinsurance after deductible	No Charge
Surgery	Reconstructive Surgery	25% Coinsurance after deductible	No Charge
	Bariatric Surgery	25% Coinsurance after deductible	No Charge
	Transplant	25% Coinsurance after deductible	No Charge
	Treatment for Temporomandibular Joint Disorders	25% Coinsurance after deductible	No Charge
	Accidental Dental	25% Coinsurance after deductible	No Charge

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Home Health Care	Home Health Care Services	25% Coinsurance after deductible	No Charge
	Hospice Services	25% Coinsurance after deductible	No Charge
	Habilitation Services	25% Coinsurance after deductible	No Charge
	Skilled Nursing Facility	25% Coinsurance after deductible	No Charge
Autism Treatment	Outpatient Mental Health Services to Treat Autism	\$40	No Charge
	Habilitation Services to Treat Autism	25% Coinsurance after deductible	No Charge
Other Services	Chiropractic Care	25% Coinsurance after deductible	No Charge
	Diabetes Education	25% Coinsurance after deductible	No Charge
	Allergy Testing	25% Coinsurance after deductible	No Charge
	Routine Eye Exam (Adult)	25% Coinsurance after deductible	No Charge
	Routine Eye Exam for Children	25% Coinsurance after deductible	No Charge
	Eye Glasses for Children	25% Coinsurance after deductible	No Charge
	Infertility Treatment	25% Coinsurance after deductible	No Charge
	Weight Loss Programs	25% Coinsurance after deductible	No Charge
	Chemotherapy	25% Coinsurance after deductible	No Charge
	Dialysis	25% Coinsurance after deductible	No Charge
	Durable Medical Equipment	25% Coinsurance after deductible	No Charge
	Infusion Therapy	25% Coinsurance after deductible	No Charge
	Outpatient Rehabilitation Services	25% Coinsurance after deductible	No Charge
	Prosthetic Devices	25% Coinsurance after deductible	No Charge
	Radiation	25% Coinsurance after deductible	No Charge
	Rehabilitative Occupational and Rehabilitative Physical Therapy	25% Coinsurance after deductible	No Charge
Rehabilitative Speech Therapy	25% Coinsurance after deductible	No Charge	
Prescription Drugs Other	25% Coinsurance after deductible	No Charge	
Mental Health Other	25% Coinsurance after deductible	No Charge	
Prescription Drugs	Generic Drugs		\$30
	Preferred Brand Drugs		\$50
	Non-Preferred Brand Drugs		\$125
	Specialty Drugs		\$275

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:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0671-327-888-1 (رقم هاتف الصم والبكم: 711)



HEALTH PLAN COMMUNITY

Plan Year		
Plan Name		
Market		
Category	Service	Out of Network
General Plan Information	Individual Deductible	Not Applicable
	Family Deductible	Not Applicable
	Member's Coinsurance	Not Applicable
	Individual OOP Max	Not Applicable
	Family OOP Max	Not Applicable
Preventive Care	Preventive Care/Screening/Immunization	Not Covered
	Well Baby Visits and Care	Not Covered
Office Visits	Primary Care Visit to Treat an Injury or Illness	Not Covered
	Specialist Visit	Not Covered
	Mental/Behavioral Health Outpatient Services	Not Covered
	Substance Abuse Disorder Outpatient Services	Not Covered
	Other Practitioner Office Visit	Not Covered
Emergency Care	Urgent Care Centers or Facilities	\$60
	Emergency Room Services	\$100 Copay after deductible
	Emergency Transportation/Ambulance	25% Coinsurance after deductible
Laboratory and Imaging	Laboratory Outpatient and Professional Services	Not Covered
	X-rays and Diagnostic Imaging	Not Covered
	Imaging (CT/PET Scans, MRIs)	Not Covered
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