



HEALTH PLAN COMMUNITY

Plan Year		2023	
Plan Name		McLaren Rewards Platinum Plan	
Market		Small Group	
Category	Service	In Network	
		MHPC Directly Contracted	Rewards
General Plan Information	Individual Deductible	\$500	None
	Family Deductible	\$1,000	None
	Member's Coinsurance	20%	None
	Individual OOP Max	\$3,000	
	Family OOP Max	\$6,000	
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	\$30	No Charge
	Specialist Visit	\$40	No Charge
	Mental/Behavioral Health Outpatient Services	\$30	No Charge
	Substance Abuse Disorder Outpatient Services	\$30	No Charge
	Other Practitioner Office Visit	\$40	No Charge
Emergency Care	Urgent Care Centers or Facilities	\$60	No Charge
	Emergency Room Services	\$250	No Charge
	Emergency Transportation/Ambulance	20% Coinsurance after deductible	No Charge
Laboratory and Imaging	Laboratory Outpatient and Professional Services	20% Coinsurance after deductible	No Charge
	X-rays and Diagnostic Imaging	20% Coinsurance after deductible	No Charge
	Imaging (CT/PET Scans, MRIs)	20% Coinsurance after deductible	No Charge
Maternity Care	Prenatal Office Visits	No Charge	No Charge
	All Other Maternity Care	20% Coinsurance after deductible	No Charge
Hospital - Outpatient	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% Coinsurance after deductible	No Charge
	Outpatient Surgery Physician/Surgical Services	20% Coinsurance after deductible	No Charge
Hospital - Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	20% Coinsurance after deductible	No Charge
	Inpatient Physician and Surgical Services	20% Coinsurance after deductible	No Charge
	Mental/Behavioral Health Inpatient Services	20% Coinsurance after deductible	No Charge
	Substance Abuse Disorder Inpatient Services	20% Coinsurance after deductible	No Charge
Surgery	Reconstructive Surgery	20% Coinsurance after deductible	No Charge
	Bariatric Surgery	20% Coinsurance after deductible	No Charge
	Transplant	20% Coinsurance after deductible	No Charge
	Treatment for Temporomandibular Joint Disorders	20% Coinsurance after deductible	No Charge
	Accidental Dental	20% Coinsurance after deductible	No Charge

Plan Year		2023	
Plan Name		McLaren Rewards Platinum Plan	
Market		Small Group	
Category	Service	In Network	
		MHPC Directly Contracted	Rewards
Home Health Care	Home Health Care Services	20% Coinsurance after deductible	No Charge
	Hospice Services	20% Coinsurance after deductible	No Charge
	Habilitation Services	20% Coinsurance after deductible	No Charge
	Skilled Nursing Facility	20% Coinsurance after deductible	No Charge
Autism Treatment	Outpatient Mental Health Services to Treat Autism	\$30	No Charge
	Habilitation Services to Treat Autism	20% Coinsurance after deductible	No Charge
Other Services	Chiropractic Care	20% Coinsurance after deductible	No Charge
	Diabetes Education	20% Coinsurance after deductible	No Charge
	Allergy Testing	20% Coinsurance after deductible	No Charge
	Routine Eye Exam (Adult)	20% Coinsurance after deductible	No Charge
	Routine Eye Exam for Children	20% Coinsurance after deductible	No Charge
	Eye Glasses for Children	20% Coinsurance after deductible	No Charge
	Infertility Treatment	20% Coinsurance after deductible	No Charge
	Weight Loss Programs	20% Coinsurance after deductible	No Charge
	Chemotherapy	20% Coinsurance after deductible	No Charge
	Dialysis	20% Coinsurance after deductible	No Charge
	Durable Medical Equipment	20% Coinsurance after deductible	No Charge
	Infusion Therapy	20% Coinsurance after deductible	No Charge
	Outpatient Rehabilitation Services	20% Coinsurance after deductible	No Charge
	Prosthetic Devices	20% Coinsurance after deductible	No Charge
	Radiation	20% Coinsurance after deductible	No Charge
	Rehabilitative Occupational and Rehabilitative Physical Therapy	20% Coinsurance after deductible	No Charge
	Rehabilitative Speech Therapy	20% Coinsurance after deductible	No Charge
	Prescription Drugs Other	20% Coinsurance after deductible	No Charge
	Mental Health Other	20% Coinsurance after deductible	No Charge
Prescription Drugs	Generic Drugs	\$20	
	Preferred Brand Drugs	\$45	
	Non-Preferred Brand Drugs	\$75	
	Specialty Drugs	\$250	

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	\$250
	Emergency Transportation/Ambulance	20% 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
Maternity Care	Prenatal Office Visits	Not Covered
	All Other Maternity Care	Not Covered
Hospital - Outpatient	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Not Covered
	Outpatient Surgery Physician/Surgical Services	Not Covered
Hospital - Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	Not Covered
	Inpatient Physician and Surgical Services	Not Covered
	Mental/Behavioral Health Inpatient Services	Not Covered
	Substance Abuse Disorder Inpatient Services	Not Covered
Surgery	Reconstructive Surgery	Not Covered
	Bariatric Surgery	Not Covered
	Transplant	Not Covered
	Treatment for Temporomandibular Joint Disorders	Not Covered
	Accidental Dental	Not Covered

Plan Year		
Plan Name		
Market		
Category	Service	Out of Network
Home Health Care	Home Health Care Services	Not Covered
	Hospice Services	Not Covered
	Habilitation Services	Not Covered
	Skilled Nursing Facility	Not Covered
Autism Treatment	Outpatient Mental Health Services to Treat Autism	Not Covered
	Habilitation Services to Treat Autism	Not Covered
Other Services	Chiropractic Care	Not Covered
	Diabetes Education	Not Covered
	Allergy Testing	Not Covered
	Routine Eye Exam (Adult)	Not Covered
	Routine Eye Exam for Children	Not Covered
	Eye Glasses for Children	Not Covered
	Infertility Treatment	Not Covered
	Weight Loss Programs	Not Covered
	Chemotherapy	Not Covered
	Dialysis	Not Covered
	Durable Medical Equipment	Not Covered
	Infusion Therapy	Not Covered
	Outpatient Rehabilitation Services	Not Covered
	Prosthetic Devices	Not Covered
	Radiation	Not Covered
	Rehabilitative Occupational and Rehabilitative Physical Therapy	Not Covered
	Rehabilitative Speech Therapy	Not Covered
	Prescription Drugs Other	Not Covered
	Mental Health Other	Not Covered
Prescription Drugs	Generic Drugs	Not Covered
	Preferred Brand Drugs	Not Covered
	Non-Preferred Brand Drugs	Not Covered
	Specialty Drugs	Not Covered

McLaren Health Plan complies with applicable Federal civil rights laws and does not discriminate on the l

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Arabic:

نحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0671-327-888-1 (رقم هاتف الصم والبكم: 711)