

MCLAREN HEALTH PLAN COMMUNITY
SMALL GROUP HMO MCLAREN REWARDS – SILVER
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.

| Deductible | Out-of-Pocket Maximum |
|---------------------------------------|---------------------------------------|
| \$9,100 Individual \$18,200 Family | \$9,100 Individual \$18,200 Family |

| 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 Deductible | \$0 | 100% - No Coverage |
| Primary Care Physician (PCP) Office Visits | No charge after Deductible | \$0 | 100% - No Coverage |
| Specialist Office Visit | No charge after Deductible | \$0 | 100% - No Coverage |
| Immunizations (other than Preventive Care) | No charge after Deductible | \$0 | 100% - No Coverage |
| Maternity Care | Prenatal Office Visits - \$0 All other Maternity Care – No charge after Deductible | \$0 | 100% - No Coverage |
| Injectable Drugs Provided in the Physician Office | No charge after Deductible | \$0 | 100% - No Coverage |
| Emergency Care – Emergency Room | No charge after Deductible | \$0 | No charge after Deductible |
| Urgent Care | No charge after Deductible | \$0 | No charge after Deductible plus Balance Billing |
| Ground Ambulance | No charge after Deductible | \$0 | No charge after Deductible plus Balance Billing |

| Benefit | In-Network Member Financial Responsibility | Rewards Network Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--|---|--|---|
| Air Ambulance | No charge after Deductible | \$0 | No charge after Deductible |
| Inpatient Hospital Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Outpatient Hospital Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Diagnostic and Therapeutic Services and Tests (other than Preventive Services) | No charge after Deductible | \$0 | 100% - No Coverage |
| Organ and Tissue Transplants | No charge after Deductible | \$0 | 100% - No Coverage |
| Special Surgical Procedures | No charge after Deductible | \$0 | 100% - No Coverage |
| Breast Reconstruction Following Mastectomy | No charge after Deductible | \$0 | 100% - No Coverage |
| Skilled Nursing Facility Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Home Care Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Hospice Care | No charge after Deductible | \$0 | 100% - No Coverage |
| Outpatient Mental Health Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Inpatient Mental Health Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Emergency Mental Health Services | No charge after Deductible | \$0 | No charge after Deductible |
| Outpatient Substance Abuse Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Inpatient Substance Abuse Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Emergency Substance Abuse Services | No charge after Deductible | \$0 | No charge after Deductible |
| Outpatient Habilitative Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Outpatient Rehabilitation | No charge after Deductible | \$0 | 100% - No Coverage |

| Benefit | In-Network Member Financial Responsibility | Rewards Network Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|--|--|--|---|
| Durable Medical Equipment (DME) and Supplies | No charge after Deductible | \$0 | 100% - No Coverage |
| Reproductive Care and Family Planning Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Pediatric Vision | No charge after Deductible | \$0 | 100% - No Coverage |
| Oral Surgery | No charge after Deductible | \$0 | 100% - No Coverage |
| Temporomandibular Joint Syndrome (TMJ) Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Orthognathic Surgery | No charge after Deductible | \$0 | 100% - No Coverage |
| Pain Management | No charge after Deductible | \$0 | 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 Deductible | \$0 | 100% - No Coverage |
| Educational Services | No charge after Deductible | \$0 | 100% - No Coverage |
| Autism Spectrum Disorder Services a. Outpatient Mental Health b. ABA (Habilitative) Services | a. No charge after Deductible b. No charge after Deductible | \$0 | 100% - No Coverage |
| Vision Exam (Adult) | No charge after Deductible | \$0 | 100% - No Coverage |

| Pharmacy | In-Network Member Financial Responsibility | Out-of-Network Member Financial Responsibility |
|---|---|---|
| Tier 1 (Preferred Generic) | \$35 Copayment No Deductible | 100% - No Coverage |
| Tier 2 (Preferred Brand) | \$125 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 |