MCLAREN HEALTH PLAN COMMUNITY INDIVIDUAL HMO – MHP SILVER EXCHANGE REWARDS ZERO COST SHARING

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		
Individual Family		
\$0	\$0 per person	
	\$0 per group	

In-Network Medical Deductible		Out-of-Network Medical Deductible	
Individual	Family	Individual	Family
\$0	\$0 per person \$0 per group	Not Applicable	Not Applicable

In-Network Pharmacy Deductible		Out-of-Network Pharmacy Deductible	
Individual	Family	Individual	Family
\$0	\$0 per person \$0 per group	Not Applicable	Not Applicable

In-Network Out-of-Pocket Maximum		Out-of-Network Out-	of-Pocket Maximum
Individual	Family	Individual	Family
\$0	\$0 per person \$0 per group	Not Applicable	Not Applicable

Medical Benefit	Rewards Network Member Financial Responsibility	In-Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility
Preventive Services	\$0	\$0	100% -
Disharia Caratana and	ćo.	ćo.	No Coverage
Diabetic Services and	\$0	\$0	100% -
Supplies (other than			No Coverage
Diabetes Education)			
Primary Care Physician	\$0	\$0	100% -
(PCP) Office Visits			No Coverage

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Medical Benefit	Rewards Network	In-Network	Out-of-Network
	Member Financial	Member Financial	Member Financial
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Responsibility	Responsibility	Responsibility
Specialist Office Visit	\$0	\$0	100% -
(other than Allergy			No Coverage
Testing and Allergy			
Injections)			
Allergy Testing (Non-	\$0	\$0	100% -
Injections)			No Coverage
Allergy Injections	\$0	\$0	100% -
			No Coverage
Immunizations (other	\$0	\$0	100% -
than Preventive Care)			No Coverage
Maternity Care	\$0	\$0	100% -
			No Coverage
Injectable Drugs	\$0	\$0	100% -
Provided in the			No Coverage
Physician Office			
Emergency Care –	\$0	\$0	\$0
Emergency Room			
Urgent Care	\$0	\$0	\$0
			plus Balance Billing
Ground Ambulance	\$0	\$0	\$0
			plus Balance Billing
Air Ambulance	\$0	\$0	\$0
	40	40	4000/
Inpatient Hospital	\$0	\$0	100% -
Services			No Coverage
Outpatient Hospital	\$0	\$0	100% -
Services	·	·	No Coverage
Diagnostic and	\$0	\$0	100% -
Therapeutic Services			No Coverage
and Tests (other than			
Preventive Services)			
Organ and Tissue	\$0	\$0	100% -
Transplants			No Coverage
Special Surgical	\$0	\$0	100% -
Procedures			No Coverage
Weight Loss	\$0	\$0	100% -
Procedures			No Coverage
Breast Reconstruction	\$0	\$0	100% -
Following Mastectomy			No Coverage

2024 Benefit Year

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Medical Benefit	Rewards Network	In-Network	Out-of-Network
	Member Financial	Member Financial	Member Financial
	Responsibility	Responsibility	Responsibility
Skilled Nursing Facility	\$0	\$0	100% -
Services			No Coverage
Home Care Services	\$0	\$0	100% -
			No Coverage
Hospice Care	\$0	\$0	100% -
			No Coverage
Outpatient Mental	\$0	\$0	100% -
Health Services			No Coverage
Inpatient Mental	\$0	\$0	100% -
Health Services			No Coverage
Emergency Mental	\$0	\$0	\$0
Health Services			
Outpatient Substance	\$0	\$0	100% -
Abuse Services			No Coverage
Inpatient Substance	\$0	\$0	100% -
Abuse Services			No Coverage
Emergency Substance	\$0	\$0	\$0
Abuse Services			
Outpatient Habilitative	\$0	\$0	100% -
Services			No Coverage
Outpatient	\$0	\$0	100% -
Rehabilitation			No Coverage
Durable Medical	\$0	\$0	100% -
Equipment (DME) and			No Coverage
Supplies			
Prosthetics, Orthotics	\$0	\$0	100 % -
and Corrective			No Coverage
Appliances		1.	
Reproductive Care and	\$0	\$0	100% -
Family Planning			No Coverage
Services	<u> </u>	40	4000/
Pediatric Vision	\$0	\$0	100% -
0.16	<u> </u>	40	No Coverage
Oral Surgery	\$0	\$0	100% -
Tananana and Alla Isa	ćo	ćo	No Coverage
Temporomandibular	\$0	\$0	100% -
Joint Syndrome (TMJ)			No Coverage
Services Orthographic Surgery	ćη	\$0	100% -
Orthognathic Surgery	\$0	ŞU	
			No Coverage

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Medical Benefit	Rewards Network Member Financial Responsibility	In-Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility
Pain Management	\$0	\$0	100% -
			No Coverage
Approved Clinical Trials	\$0 Member Cost	\$0 Member Cost	100% -
	Sharing applicable to	Sharing applicable to	No Coverage
	Routine Patient Costs	Routine Patient Costs	
	outside of Approved	outside of Approved	
	Clinical Trial	Clinical Trial	
Cancer Drug Therapy	\$0	\$0	100% -
			No Coverage
Educational and	\$0	\$0	100% -
Nutritional Counseling			No Coverage
Services			
Autism Spectrum	\$0	\$0	100% -
Disorder Services -			No Coverage
Outpatient Mental			
Health			
Autism Spectrum	\$0	\$0	100% -
Disorder Services - All			No Coverage
other Autism Services			
(including ABA			
Services)			
Vision Exam (Adult)	\$0	\$0	100% -
			No Coverage

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

^{*}Specialty Drugs must be filled at an MHP Community Preferred Specialty Pharmacy.

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