

**MCLAREN HEALTH PLAN COMMUNITY  
INDIVIDUAL HMO – MHP SILVER EXCHANGE REWARDS**

**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.

| <b>Rewards Deductible*</b> |   |
|----------------------------|---|
| <i>Individual</i>          | <i>Family</i>                           |
| \$2,000                    | \$2,000 per person<br>\$4,000 per group |

| <b>In-Network Medical Deductible</b> |  | <b>Out-of-Network Medical Deductible</b> |                |
|--------------------------------------|--|--|----------------|
| <i>Individual</i>                    | <i>Family</i>                            | <i>Individual</i>                        | <i>Family</i>  |
| \$8,000                              | \$8,000 per person<br>\$16,000 per group | Not Applicable                           | Not Applicable |

| <b>In-Network Drug Deductible</b> |                                 | <b>Out-of-Network Drug Deductible</b> |                |
|-----------------------------------|---------------------------------|---------------------------------------|----------------|
| <i>Individual</i>                 | <i>Family</i>                   | <i>Individual</i>                     | <i>Family</i>  |
| \$0                               | \$0 per person<br>\$0 per group | Not Applicable                        | Not Applicable |

| <b>In-Network Out-of-Pocket Maximum</b> |  | <b>Out-of-Network Out-of-Pocket Maximum</b> |                |
|---|--|---|----------------|
| <i>Individual</i>                       | <i>Family</i>                            | <i>Individual</i>                           | <i>Family</i>  |
| \$8,250                                 | \$8,250 per person<br>\$16,500 per group | Not Applicable                              | Not Applicable |

\* 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 \$6,000 more to go with Non-Rewards In-Network Providers to satisfy the In-Network Deductible.

| <b>Medical Benefit</b>   | <b>Rewards Network Member Financial Responsibility</b> | <b>In-Network Member Financial Responsibility</b> | <b>Out-of-Network Member Financial Responsibility*</b>           |
|--|--|---|--|
| Preventive Services  | \$0  | \$0   | 100% - No Coverage   |
| Diabetic Services and Supplies (other than Diabetes Education)   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |
| Primary Care Physician (PCP) Office Visits                       | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |
| Specialist Office Visit (other than Allergy Injections)          | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |
| Allergy Testing (Non-Injections)                                 | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |
| Allergy Injections   | \$0  | \$0   | 100% - No Coverage   |
| Immunizations (other than Preventive Care)                       | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |
| Maternity Care – Preventive Prenatal and Postnatal Office Visits | \$0  | \$0   | 100% - No Coverage   |
| Maternity Care – All Other Maternity Care                        | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |
| Injectable Drugs Provided in the Physician Office                | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |
| Emergency Care – Emergency Room                                  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 50% Coinsurance after In-Network Deductible                      |
| Urgent Care  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 50% Coinsurance after In-Network Deductible plus Balance Billing |
| Ground Ambulance   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 50% Coinsurance after In-Network Deductible plus Balance Billing |
| Air Ambulance  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 50% Coinsurance after In-Network Deductible                      |
| Inpatient Hospital Services                                      | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage   |

| <b>Medical Benefit</b>   | <b>Rewards Network Member Financial Responsibility</b> | <b>In-Network Member Financial Responsibility</b> | <b>Out-of-Network Member Financial Responsibility*</b> |
|--|--|---|--|
| Outpatient Hospital Services   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Diagnostic and Therapeutic Services and Tests (other than Preventive Services) | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Organ and Tissue Transplants   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Special Surgical Procedures  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Weight Loss Procedure  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Breast Reconstruction Following Mastectomy                                     | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Skilled Nursing Facility Services  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Home Care Services   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Hospice Care   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Outpatient Mental Health Services  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Inpatient Mental Health Services   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Emergency Mental Health Services   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 50% Coinsurance after In-Network Deductible            |
| Outpatient Substance Abuse Services  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Inpatient Substance Abuse Services   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Emergency Substance Abuse Services   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 50% Coinsurance after In-Network Deductible            |
| Outpatient Habilitative Services   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Outpatient Rehabilitation  | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |
| Durable Medical Equipment (DME) and Supplies                                   | No charge after Rewards Deductible                     | 50% Coinsurance after In-Network Deductible       | 100% - No Coverage                                     |

| <b>Medical Benefit</b>   | <b>Rewards Network Member Financial Responsibility</b>                                     | <b>In-Network Member Financial Responsibility</b>  | <b>Out-of-Network Member Financial Responsibility*</b> |
|--|--|--|--|
| Prosthetics, Orthotics and Corrective Appliances                                       | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Reproductive Care and Family Planning Services   | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Pediatric Vision   | \$0  | \$0  | 100% - No Coverage                                     |
| Oral Surgery   | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Temporomandibular Joint Syndrome (TMJ) Services  | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Orthognathic Surgery   | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Pain Management  | No charge after Rewards Deductible   | 50% Coinsurance after In-Network 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 Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Educational and Nutritional Counseling Services  | \$0  | \$0  | 100% - No Coverage                                     |
| Autism Spectrum Disorder Services - Outpatient Mental Health                           | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Autism Spectrum Disorder Services - All other Autism Services (including ABA Services) | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |
| Vision Exam (Adult)  | No charge after Rewards Deductible   | 50% Coinsurance after In-Network Deductible  | 100% - No Coverage                                     |

\*Note - except for balance billing, Cost-Sharing for Out-of-Network Covered Services applies towards the In-Network Cost-Sharing (e.g., Deductible and Out-of-Pocket Maximum, when applicable).

| <b>Pharmacy Benefit</b>                                | <b>In-Network Member Financial Responsibility*</b> | <b>Out-of-Network Member Financial Responsibility</b> |
|--|--|---|
| Tier 1 (Preferred Generic)                             | \$10 Copayment<br>No Deductible                    | 100% - No Coverage                                    |
| Tier 2 (Preferred Brand)                               | \$85 Copayment<br>No Deductible                    | 100% - No Coverage                                    |
| Tier 3 (Non-Preferred Generic and Non-Preferred Brand) | 50% Coinsurance<br>No Deductible                   | 100% - No Coverage                                    |
| Tier 4 (Specialty Drugs)                               | 50% Coinsurance<br>No Deductible                   | 100% - No Coverage                                    |
| Preventive Drugs                                       | \$0  | 100% - No Coverage                                    |

\*Specialty Drugs must be filled at an MHP Community Preferred Specialty Pharmacy.