MCLAREN HEALTH PLAN COMMUNITY
INDIVIDUAL HMO – MHP SILVER EXCHANGE REWARDS 73%

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 Combined Medical and Drug Deductible*	
Individual	*Family*
$2,000	$2,000 per person $4,000 per group

In-Network Combined Medical and Drug Deductible		**Out-of-Network Combined Medical and Drug Deductible**	
Individual	*Family*	*Individual*	*Family*
$6,000	$6,000 per person $12,000 per group	Not Applicable	Not Applicable

In-Network Out-of-Pocket Maximum		**Out-of-Network Out-of-Pocket Maximum**	
Individual	*Family*	*Individual*	*Family*
$7,250	$7,250 per person $14,500 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 $4,000 more to go with Non-Rewards In-Network Providers to satisfy the In-Network Deductible.

Medical Benefit	Rewards Network Member Financial Responsibility	In-Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility*
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 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
Outpatient Hospital Services	No charge after Rewards Deductible	50% Coinsurance after In-Network Deductible	100% - No Coverage

Medical Benefit	Rewards Network Member Financial Responsibility	In-Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility*
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 Procedures	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
Prosthetics, Orthotics and Corrective Appliances	No charge after Rewards Deductible	50% Coinsurance after In-Network Deductible	100% - No Coverage

Medical Benefit	Rewards Network Member Financial Responsibility	In-Network Member Financial Responsibility	Out-of-Network Member Financial Responsibility*
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).

Pharmacy Benefit	In-Network Member Financial Responsibility*	Out-of-Network Member Financial Responsibility

Tier 1 (Preferred Generic)	$10 Copayment No Deductible	100% - No Coverage
Tier 2 (Preferred Brand)	$85 Copayment No Deductible	100% - No Coverage
Tier 3 (Non-Preferred Generic and Non-Preferred Brand)	50% Coinsurance after Deductible ($254.75 Coinsurance Maximum after Deductible per 30-day supply for Antineoplastic medication)**	100% - No Coverage
Tier 4 (Specialty Drugs)	50% Coinsurance after Deductible ($254.75 Coinsurance Maximum after Deductible per 30-day supply for Antineoplastic medication)**	100% - No Coverage
Preventive Drugs	$0	100% - No Coverage

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

**"Antineoplastic medication" means a medication used to kill, slow, or prevent the growth of cancerous cells. The Coinsurance Maximum is subject to the increase specified in MCL 500.3406ff(1)(b) and will be adjusted in your benefit effective January 1, 2027.