



HEALTH ADVANTAGE

Provider Network Definitions

In order to ensure that all McLaren Health Advantage members understand the benefit levels as they pertain to provider networks, the grid below will explain network designations and benefit levels.

In-Network Benefit Level			
Network Name	Description	Benefit Level	What does it mean to me?
Domestic Provider	McLaren owned or employed Facilities and Providers	In-Network copays, deductibles and coinsurance apply and there is NO balance billing	You will receive the lowest out-of-pocket expense when services are obtained from Domestic Providers or In-Network Providers
In-Network Provider	Health Care Provider directly contracted with McLaren Health Advantage	In-Network copays, deductibles and coinsurance apply and there is NO balance billing	You will receive the lowest out-of-pocket expense when services are obtained from In-Network Providers

Out-of-Network Benefit Level			
Network Name	Description	Benefit Level	What does it mean to me?
Specifically Designated Provider (Secondary Network)	Health Care Providers that have a contractual relationship with McLaren Health Advantage in the Secondary Network	Out-of-Network copays, deductibles and coinsurance apply, but there is NO balance billing	Your out-of-pocket expense is higher when you receive services from a Specifically Designated Provider, however you are protected from balance billing
Out-of-Network Provider	A Provider who is not In-Network with McLaren Health Advantage.	Out-of-Network copays, deductibles, coinsurance and balance billing apply	Your out-of-pocket expense is higher when you receive services from an Out-of-Network Provider. In addition you may be subject to balance billing. Balance Billing is the difference between the Provider's charges and the reasonable and customary amount paid by the plan

If you have any questions about a Provider's network status, you can contact Customer Service at (888) 327-0671, TTY: 711.