## **MCLAREN HEALTH PLAN COMMUNITY**

## **MCLAREN REWARDS - GOLD**

## SCHEDULE OF COPAYMENTS AND DEDUCTIBLES

"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		
\$1,800 Individual \$3,600 Family	\$6,000 Individual \$12,000 Family		
Medical Service	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	25% Coinsurance and Deductible	\$0	100% - No Coverage
Primary Care Physician (PCP) Office Visits	\$40 Copayment No Deductible	\$0	100% - No Coverage
Specialist Office Visit	\$60 Copayment No Deductible	\$0	100% - No Coverage
Immunizations (other than Preventive Care)	25% Coinsurance and Deductible	\$0	100% - No Coverage
Maternity Care	Prenatal Office Visits – \$0 All other Maternity Care – 25% Coinsurance and Deductible	\$0	100% - No Coverage
Injectable Drugs Provided in the Physician Office	25% Coinsurance and Deductible	\$0	100% - No Coverage
Spinal Treatment	25% Coinsurance and Deductible	\$0	100% - No Coverage

Emergency Roomadmitted to Hospital) No DeductibleUrgent Care\$60 Copayment No Deductible\$0Ambulance25% Coinsurance and Deductible\$0Inpatient Hospital Service25% Coinsurance and Deductible\$0Outpatient Hospital Services25% Coinsurance and Deductible\$0Outpatient Hospital Services and Tests (other than Preventive Services)25% Coinsurance and Deductible\$0Organ and Tissue Special Surgical Procedures25% Coinsurance and Deductible\$0Breast Reconstruction Services25% Coinsurance and Deductible\$0Skilled Nursing Facility Skilled Nursing Facility25% Coinsurance and Deductible\$0Outpatient Mental Health Services25% Coinsurance and Deductible\$0Envices25% Coinsurance and Deductible\$0Services25% Coinsurance and Deductible\$0Services25% Coinsurance and Deductible\$0Services25% Coinsurance and Deductible\$0Impatient Mental Health Services\$400 Copayment No Deductible\$0Deductible\$400 Copayment No Deductible\$0Cutpatient Substance Abuse Services\$400 Copayment No Deductible\$0	\$400 Copayment
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Inpatient Mental Health Services25% Coinsurance and Deductible\$0Emergency Mental Health Services\$400 Copayment (waived if 	100% - No Coverage
Servicesadmitted to Hospital) No DeductibleOutpatient Substance\$40 Copayment\$0	100% - No Coverage
	\$400 Copayment (waived if admitted to Hospital) plus Balance Billing No Deductible
	100% - No Coverage
Inpatient Substance Abuse Services25% Coinsurance and Deductible\$0	100% - No Coverage

Emergency Substance Abuse Services	\$400 Copayment (waived if admitted to Hospital) No Deductible	\$0	\$400 Copayment (waived if admitted to Hospital) plus
			Balance Billing No Deductible
Outpatient Habilitative Services	25% Coinsurance and Deductible	\$0	100% - No Coverage
Outpatient Rehabilitation	25% Coinsurance and Deductible	\$0	100% - No Coverage
Durable Medical Equipment (DME) and Supplies	25% Coinsurance and Deductible	\$0	100% - No Coverage
Reproductive Care and Family Planning Services	25% Coinsurance and Deductible	\$0	100% - No Coverage
Pediatric Vision	25% Coinsurance and Deductible	\$0	100% - No Coverage
Oral Surgery	25% Coinsurance and Deductible	\$0	100% - No Coverage
Temporomandibular Joint Syndrome (TMJ) Services	25% Coinsurance and Deductible	\$0	100% - No Coverage
Orthognathic Surgery	25% Coinsurance and Deductible	\$0	100% - No Coverage
Pain Management	25% Coinsurance and 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	25% Coinsurance and Deductible	\$0	100% - No Coverage
Educational Services	25% Coinsurance and Deductible	\$0	100% - No Coverage
Autism Spectrum Disorder Services a. Outpatient Mental Health b. ABA (Habilitative) Services	a. \$40 Copayment – No Deductible b. 25% Coinsurance and Deductible	\$O	100% - No Coverage

Pharmacy	Member Financial Responsibility	Out-of-Network
Tier 1	\$20 Copayment	100% - No Coverage
	No Deductible	
Tier 2	\$60 Copayment	100% - No Coverage
	No Deductible	
Tier 3	\$250 Copayment	100% - No Coverage
	No Deductible	
Specialty Drugs	\$350 Copayment	100% - No Coverage
	No Deductible	
Preventive Drugs	\$0	100% - No Coverage