## MCLAREN HEALTH PLAN COMMUNITY

## MCLAREN HMO - HSA BRONZE 6550

## SCHEDULE OF COPAYMENTS AND DEDUCTIBLES

This document describes member costs associated with your Certificate of Coverage.

This is a summary of some of the Benefits that you will receive and your share of the cost associated with the plan.

	Out of Pocket	
Deductible	Maximum	
\$6,550 Individual	\$6,550 Individual	
\$13,100 Family	\$13,100 Family	
	In-Network	Out of Network
Medical	Member Financial	Member Financial
Service	Responsibility	Responsibility
Preventive Services	\$0	100% -
	Ψ.	No Coverage
Diabetic Services	No charge after	100% -
	Deductible	No Coverage
Primary Care Physician	No charge after	100% -
(PCP) Office Visits	Deductible	No Coverage
Specialist Office Visit	No charge after	100% -
	Deductible	No Coverage
Immunizations (other than	No charge after	100% -
Preventive Care)	Deductible	No Coverage
Maternity Care	No charge after	100% -
	Deductible	No Coverage
Injectable Drugs Provided	No charge after	100% -
in the Physician Office	Deductible	No Coverage
Spinal Treatment	No charge after	100% -
	Deductible	No Coverage
Emergency Care –	No charge after	No charge after
Emergency Room	Deductible	Deductible but subject to
		Balance Billing
Urgent Care	No charge after	No charge after
	Deductible	Deductible but subject to
		Balance Billing
Ambulance	No charge after	No charge after
	Deductible	Deductible but subject to
Least and the state of the stat	NI a di a	Balance Billing
Inpatient Hospital Service	No charge after	100% -
	Deductible	No Coverage

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Outpatient Hospital	No charge after	100% -
Services	Deductible	No Coverage
Diagnostic and Therapeutic	No charge after	100% -
Services and Tests (other	Deductible	No Coverage
than Preventive Services)		
Organ and Tissue	No charge after	100% -
Transplants	Deductible	No Coverage
Special Surgical	No charge after	100% -
Procedures	Deductible	No Coverage
Breast Reconstruction	No charge after	100% -
Following Mastectomy	Deductible	No Coverage
Skilled Nursing Facility	No charge after	100% -
Services	Deductible	No Coverage
Home Care Services	No charge after	100% -
Treme date del trede	Deductible	No Coverage
Hospice Care	No charge after	100% -
Tiospice Gare	Deductible	No Coverage
Outpatient Mental Health	No charge after	100% -
Services	Deductible	No Coverage
		100% -
Inpatient Mental Health	No charge after Deductible	
Services		No Coverage
Emergency Mental Health	No charge after	No charge after
Services	Deductible	Deductible but subject to
		Balance Billing
Outpatient Substance	No charge after	100% -
Abuse Services	Deductible	No Coverage
Inpatient Substance Abuse	No charge after	100% -
Services	Deductible	No Coverage
Emergency Substance	No charge after	No charge after
Abuse Services	Deductible	Deductible but subject to
		Balance Billing
Outpatient Habilitative	No charge after	100% -
Services	Deductible	No Coverage
Outpatient Rehabilitation	No charge after	100% -
	Deductible	No Coverage
Durable Medical Equipment	No charge after	100% -
(DME) and Supplies	Deductible	No Coverage
Reproductive Care and	No charge after	100% -
Family Planning Services	Deductible	No Coverage
Pediatric Vision	No charge after	100% -
	Deductible	No Coverage
Oral Surgery	No charge after	100% -
Oral Gargory	Deductible	No Coverage
Temporomandibular Joint	No charge after	100% -
Syndrome (TMJ) Services	Deductible	No Coverage
Syndrome (Tivis) Services	Deductible	No Coverage

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Orthognathic Surgery	No charge after	100% -
	Deductible	No Coverage
Pain Management	No charge after	100% -
	Deductible	No Coverage
Approved Clinical Trials	No charge after	100% -
	Deductible for Member	No Coverage
	Cost Sharing applicable to	
	Routine Patient Costs	
	outside of Approved Clinical	
	Trial	
Cancer Drug Therapy	No charge after	100% -
	Deductible	No Coverage
Educational Services	No charge after	100% -
	Deductible	No Coverage
Autism Spectrum Disorder	No charge after	100% -
Services	Deductible	No Coverage
a. Outpatient Mental		
Health		
b. ABA (Habilitative)		
Services		
	In-Network	Out-of-Network
	Member Financial	Member Financial
Pharmacy	Responsibility	Responsibility
Tier 1	No charge after	100% -
	Deductible	No Coverage
Tier 2	No charge after	100% -
1101 2	Deductible	No Coverage
Tier 3	No charge after	100% -
	Deductible	No Coverage
Specialty Drugs	No charge after	100% -
-   -   -   -   -   -   -   -   -   -		
		No Coverage
Preventive	Deductible	No Coverage 100% -
Preventive		