

## MCLAREN HEALTH PLAN COMMUNITY

### MCLAREN HMO – BRONZE – 0 COST SHARING/ NATIVE AMERICAN

#### 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.**

<b>Deductible</b>	<b>Out of Pocket Maximum</b>		
\$0 Individual \$0 Family	\$0 Individual \$0 Family		
<b>Medical Service</b>	<b>In-Network Member Financial Responsibility</b>	<b>Out-of-Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Preventive Services	\$0	Provider Balance Billing	100% - No Coverage
Diabetic Services	\$0	Provider Balance Billing	100% - No Coverage
Primary Care Physician (PCP) Office Visits	\$0	Provider Balance Billing	100% - No Coverage
Specialist Office Visit	\$0	Provider Balance Billing	100% - No Coverage
Immunizations (other than Preventive Care)	\$0	Provider Balance Billing	100% - No Coverage
Maternity Care	\$0	Provider Balance Billing	100% - No Coverage
Injectable Drugs Provided in the Physician Office	\$0	Provider Balance Billing	100% - No Coverage
Spinal Treatment	\$0	Provider Balance Billing	100% - No Coverage
Emergency Care – Emergency Room	\$0	Provider Balance Billing	Provider Balance Billing

Urgent Care	\$0	Provider Balance Billing	Provider Balance Billing
Ambulance	\$0	Provider Balance Billing	Provider Balance Billing
Inpatient Hospital Service	\$0	Provider Balance Billing	100% - No Coverage
Outpatient Hospital Services	\$0	Provider Balance Billing	100% - No Coverage
Diagnostic and Therapeutic Services and Tests (other than Preventive Services)	\$0	Provider Balance Billing	100% - No Coverage
Organ and Tissue Transplants	\$0	Provider Balance Billing	100% - No Coverage
Special Surgical Procedures	\$0	Provider Balance Billing	100% - No Coverage
Breast Reconstruction Following Mastectomy	\$0	Provider Balance Billing	100% - No Coverage
Skilled Nursing Facility Services	\$0	Provider Balance Billing	100% - No Coverage
Home Care Services	\$0	Provider Balance Billing	100% - No Coverage
Hospice Care	\$0	Provider Balance Billing	100% - No Coverage
Outpatient Mental Health Services	\$0	Provider Balance Billing	100% - No Coverage
Inpatient Mental Health Services	\$0	Provider Balance Billing	100% - No Coverage
Emergency Mental Health Services	\$0	Provider Balance Billing	Provider Balance Billing
Outpatient Substance Abuse Services	\$0	Provider Balance Billing	100% - No Coverage
Inpatient Substance Abuse Services	\$0	Provider Balance Billing	100% - No Coverage
Emergency Substance Abuse Services	\$0	Provider Balance Billing	Provider Balance Billing
Outpatient Habilitative Services	\$0	Provider Balance Billing	100% - No Coverage
Outpatient Rehabilitation	\$0	Provider Balance Billing	100% - No Coverage

Durable Medical Equipment (DME) and Supplies	\$0	Provider Balance Billing	100% - No Coverage
Reproductive Care and Family Planning Services	\$0	Provider Balance Billing	100% - No Coverage
Pediatric Vision	\$0	Provider Balance Billing	100% - No Coverage
Oral Surgery	\$0	Provider Balance Billing	100% - No Coverage
Temporomandibular Joint Syndrome (TMJ) Services	\$0	Provider Balance Billing	100% - No Coverage
Orthognathic Surgery	\$0	Provider Balance Billing	100% - No Coverage
Pain Management	\$0	Provider Balance Billing	100% - No Coverage
Approved Clinical Trials	\$0 for Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	Provider Balance Billing	100% - No Coverage
Cancer Drug Therapy	\$0	Provider Balance Billing	100% - No Coverage
Educational Services	\$0	Provider Balance Billing	100% - No Coverage
Autism Spectrum Disorder Services a. Outpatient Mental Health b. ABA (Habilitative) Services	\$0	Provider Balance Billing	100% - No Coverage

<b>Pharmacy</b>	<b>In-Network Member Financial Responsibility</b>	<b>Out-of- Network I/T/U Provider Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Tier 1	\$0	Provider Balance Billing	100% - No Coverage
Tier 2	\$0	Provider Balance Billing	100% - No Coverage
Tier 3	\$0	Provider Balance Billing	100% - No Coverage
Specialty Drugs	\$0	Provider Balance Billing	100% - No Coverage
Preventive	\$0	Provider Balance Billing	100% - No Coverage