MCLAREN HEALTH PLAN COMMUNITY

MCLAREN HMO - CATASTROPHIC

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.

Deductible	Out of Pocket Maximum	
\$7,350 Individual	\$7,350 Individual	
\$14,700 Family	\$14,700 Family	
ψ14,700 Tairilly	In-Network	Out of Network
Madiaal		
Medical	Member Financial	Member Financial
Service	Responsibility	Responsibility
Preventive Services	\$0	100% -
		No Coverage
Diabetic Services	No Charge After Deductible	100% -
		No Coverage
Primary Care Physician	● 1 – 3 Visits: \$0	100% -
(PCP) Office Visits	Additional Visits Subject	No Coverage
	to Deductible	
	No Charge After	
	Deductible	
Specialist Office Visit	No Charge After Deductible	100% -
		No Coverage
Immunizations (other than	No Charge After Deductible	100% -
Preventive Care)		No Coverage
Maternity Care	No Charge After Deductible	100% -
		No Coverage
Injectable Drugs Provided	No Charge After Deductible	100% -
in the Physician Office		No Coverage
Spinal Treatment	No Charge After Deductible	100% -
		No Coverage
Emergency Care –	No Charge After Deductible	Subject to
Emergency Room		Deductible Plus Any
		Balance Billing
Urgent Care	No Charge After Deductible	Subject to
		Deductible Plus Any
		Balance Billing

Ambulance	No Charge After Deductible	100% -
Ambulance	No Charge After Deductible	No Coverage
Inpatient Hospital Service	No Charge After Deductible	100% -
Impatient Hospital Gervice	140 Charge / Her Beddelible	No Coverage
Outpatient Hospital	No Charge After Deductible	100% -
Services	140 Charge Alter Beddelible	No Coverage
Diagnostic and Therapeutic	No Charge After Deductible	100% -
Services and Tests (other	No Charge Arter Deductible	No Coverage
than Preventive Services)		No Coverage
Organ and Tissue	No Charge After Deductible	100% -
Transplants	140 Charge Alter Beddelible	No Coverage
Special Surgical	No Charge After Deductible	100% -
Procedures	No Charge Arter Deductible	No Coverage
Breast Reconstruction	No Charge After Deductible	100% -
	No Charge After Deductible	No Coverage
Following Mastectomy	No Charge After Deductible	100% -
Skilled Nursing Facility Services	No Charge After Deductible	
Home Care Services	No Charge After Deductible	No Coverage 100% -
Home Care Services	No Charge After Deductible	
Hanisa Cara	No Charge After Deductible	No Coverage
Hospice Care	No Charge After Deductible	100% -
	N OL AG D L CL	No Coverage
Outpatient Mental Health	No Charge After Deductible	100% -
Services	N O AG D I CIL	No Coverage
Inpatient Mental Health	No Charge After Deductible	100% -
Services	16. 5	No Coverage
Emergency Mental Health	No Charge After Deductible	Subject to
Services		Deductible Plus Any
	15. 5. 1. 11.	Balance Billing
Outpatient Substance	No Charge After Deductible	100% -
Abuse Services	15. 5	No Coverage
Inpatient Substance Abuse	No Charge After Deductible	100% -
Services		No Coverage
Emergency Substance	No Charge After Deductible	Subject to
Abuse Services		Deductible Plus Any
		Balance Billing
Outpatient Habilitative	No Charge After Deductible	100% -
Services		No Coverage
Outpatient Rehabilitation	No Charge After Deductible	100% -
		No Coverage
Durable Medical Equipment	No Charge After Deductible	100% -
(DME)		No Coverage
Reproductive Care and	No Charge After Deductible	100% -
Family Planning Services		No Coverage
Pediatric Vision	No Charge After Deductible	100% -
		No Coverage

Oral Surgery	No Charge After Deductible	100% -
Tanana and a different later	No Observe After Deal of the	No Coverage
Temporomandibular Joint	No Charge After Deductible	100% -
Syndrome (TMJ) Services	1 1 2 1 1 1	No Coverage
Orthognathic Surgery	No Charge After Deductible	100% -
		No Coverage
Pain Management	No Charge After Deductible	100% -
		No Coverage
Approved Clinical Trials	No Charge After Deductible	100% -
	for Member Cost Sharing	No Coverage
	applicable to Routine	
	Patient Costs outside of	
	Approved Clinical Trial	
Cancer Drug Therapy	No Charge After Deductible	100% -
		No Coverage
Educational Services	No Charge After Deductible	100% -
		No Coverage
Autism Spectrum Disorder		100% -
Services	No Charge After 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 Deductible	100% -
		No Coverage
Tier 2	No Charge After Deductible	100% -
		No Coverage
Tier 3	No Charge After Deductible	100% -
	_	No Coverage
Specialty Drugs	No Charge After Deductible	100% -
		No Coverage
Preventive	\$0	100% -
		No Coverage