

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 \$14,700 Family	\$7,350 Individual \$14,700 Family	
Medical Service	In-Network Member Financial Responsibility	Out of Network Member Financial Responsibility
Preventive Services	\$0	100% - No Coverage
Diabetic Services	No Charge After Deductible	100% - No Coverage
Primary Care Physician (PCP) Office Visits	<ul style="list-style-type: none">1 – 3 Visits: \$0Additional Visits Subject to DeductibleNo Charge After Deductible	100% - No Coverage
Specialist Office Visit	No Charge After Deductible	100% - No Coverage
Immunizations (other than Preventive Care)	No Charge After Deductible	100% - No Coverage
Maternity Care	No Charge After Deductible	100% - No Coverage
Injectable Drugs Provided in the Physician Office	No Charge After Deductible	100% - No Coverage
Spinal Treatment	No Charge After Deductible	100% - No Coverage
Emergency Care – Emergency Room	No Charge After Deductible	Subject to Deductible Plus Any Balance Billing
Urgent Care	No Charge After Deductible	Subject to Deductible Plus Any Balance Billing

Ambulance	No Charge After Deductible	100% - No Coverage
Inpatient Hospital Service	No Charge After Deductible	100% - No Coverage
Outpatient Hospital Services	No Charge After Deductible	100% - No Coverage
Diagnostic and Therapeutic Services and Tests (other than Preventive Services)	No Charge After Deductible	100% - No Coverage
Organ and Tissue Transplants	No Charge After Deductible	100% - No Coverage
Special Surgical Procedures	No Charge After Deductible	100% - No Coverage
Breast Reconstruction Following Mastectomy	No Charge After Deductible	100% - No Coverage
Skilled Nursing Facility Services	No Charge After Deductible	100% - No Coverage
Home Care Services	No Charge After Deductible	100% - No Coverage
Hospice Care	No Charge After Deductible	100% - No Coverage
Outpatient Mental Health Services	No Charge After Deductible	100% - No Coverage
Inpatient Mental Health Services	No Charge After Deductible	100% - No Coverage
Emergency Mental Health Services	No Charge After Deductible	Subject to Deductible Plus Any Balance Billing
Outpatient Substance Abuse Services	No Charge After Deductible	100% - No Coverage
Inpatient Substance Abuse Services	No Charge After Deductible	100% - No Coverage
Emergency Substance Abuse Services	No Charge After Deductible	Subject to Deductible Plus Any Balance Billing
Outpatient Habilitative Services	No Charge After Deductible	100% - No Coverage
Outpatient Rehabilitation	No Charge After Deductible	100% - No Coverage
Durable Medical Equipment (DME)	No Charge After Deductible	100% - No Coverage
Reproductive Care and Family Planning Services	No Charge After Deductible	100% - No Coverage
Pediatric Vision	No Charge After Deductible	100% - No Coverage

Oral Surgery	No Charge After Deductible	100% - No Coverage
Temporomandibular Joint Syndrome (TMJ) Services	No Charge After Deductible	100% - 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 for Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	100% - No Coverage
Cancer Drug Therapy	No Charge After Deductible	100% - No Coverage
Educational Services	No Charge After Deductible	100% - No Coverage
Autism Spectrum Disorder Services a. Outpatient Mental Health b. ABA (Habilitative) Services	No Charge After Deductible	100% - No Coverage
Pharmacy	In-Network Member Financial Responsibility	Out-of-Network Member Financial 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