MCLAREN HEALTH PLAN COMMUNITY

MCLAREN HMO STANDARD PLAN – SILVER – 0 COST SHARING/NATIVE AMERICAN

SCHEDULE OF COPAYMENTS AND DEDUCTIBLES

This document is a part of your Certificate of Coverage. It provides information about your financial responsibility with respect to your MHP Community Benefits. Please review the detailed chart below for information specific to each Covered Service.

Deductible	**Out of Pocket Maximum**		
$0 Individual $0 Family	$0 Individual $0 Family		
Pharmacy Deductible			
$0 Individual $0 Family			
Medical Service	**In-Network Member Financial Responsibility**	**Out-of-Network I/T/U Provider Member Financial Responsibility**	**Out-of-Network Member Financial Responsibility**
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

Pharmacy	In-Network Member Financial Responsibility	Out-of-Network I/T/U Provider Member Financial Responsibility	Out-of-Network Member Financial Responsibility
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