



HEALTH PLAN COMMUNITY

Plan Year		2023	
Plan Name		McLaren Silver Exchange Rewards	
Market		Individual - Off Exchange Only	
Category	Service	In Network	Out of Network
General Plan Information	Individual Deductible*	Tier 1 \$2,000; Tier 2 \$8,250*	Not Applicable
	Family Deductible*	Tier 1 \$4,000; Tier 2 \$16,500*	Not Applicable
	Member's Coinsurance	0%	Not Applicable
	Individual OOP Max	\$8,250	Not Applicable
	Family OOP Max	\$16,700	Not Applicable
Preventive Care	Preventive Care/Screening/Immunization	No Charge	Not Covered
	Well Baby Visits and Care	No Charge	Not Covered
Office Visits	Primary Care Visit to Treat an Injury or Illness	Subject to Deductible	Not Covered
	Specialist Visit	Subject to Deductible	Not Covered
	Mental/Behavioral Health Outpatient Services	Subject to Deductible	Not Covered
	Substance Abuse Disorder Outpatient Services	Subject to Deductible	Not Covered
	Other Practitioner Office Visit	Subject to Deductible	Not Covered
Emergency Care	Urgent Care Centers or Facilities	Subject to Deductible	Subject to Deductible
	Emergency Room Services	Subject to Deductible	Subject to Deductible
	Emergency Transportation/Ambulance	Subject to Deductible	Subject to Deductible
Laboratory and Imaging	Laboratory Outpatient and Professional Services	Subject to Deductible	Not Covered
	X-rays and Diagnostic Imaging	Subject to Deductible	Not Covered
	Imaging (CT/PET Scans, MRIs)	Subject to Deductible	Not Covered
Maternity Care	Prenatal Office Visits	No Charge	Not Covered
	All Other Maternity Care	Subject to Deductible	Not Covered
Hospital - Outpatient	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Subject to Deductible	Not Covered
	Outpatient Surgery Physician/Surgical Services	Subject to Deductible	Not Covered
Hospital - Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	Subject to Deductible	Not Covered
	Inpatient Physician and Surgical Services	Subject to Deductible	Not Covered
	Mental/Behavioral Health Inpatient Services	Subject to Deductible	Not Covered
	Substance Abuse Disorder Inpatient Services	Subject to Deductible	Not Covered
Surgery	Reconstructive Surgery	Subject to Deductible	Not Covered
	Bariatric Surgery	Subject to Deductible	Not Covered
	Transplant	Subject to Deductible	Not Covered
	Treatment for Temporomandibular Joint Disorders	Subject to Deductible	Not Covered
	Accidental Dental	Subject to Deductible	Not Covered

Category	Service	In Network	Out of Network
Home Health Care	Home Health Care Services	Subject to Deductible	Not Covered
	Hospice Services	Subject to Deductible	Not Covered
	Habilitation Services	Subject to Deductible	Not Covered
	Skilled Nursing Facility	Subject to Deductible	Not Covered
Autism Treatment	Outpatient Mental Health Services to Treat Autism	Subject to Deductible	Not Covered
	Habilitation Services to Treat Autism	Subject to Deductible	Not Covered
Other Services	Chiropractic Care	Subject to Deductible	Not Covered
	Diabetes Education	Subject to Deductible	Not Covered
	Allergy Testing	Subject to Deductible	Not Covered
	Routine Eye Exam (Adult)	Subject to Deductible	Not Covered
	Routine Eye Exam for Children	Subject to Deductible	Not Covered
	Eye Glasses for Children	Subject to Deductible	Not Covered
	Infertility Treatment	Subject to Deductible	Not Covered
	Weight Loss Programs	Subject to Deductible	Not Covered
	Chemotherapy	Subject to Deductible	Not Covered
	Dialysis	Subject to Deductible	Not Covered
	Durable Medical Equipment	Subject to Deductible	Not Covered
	Infusion Therapy	Subject to Deductible	Not Covered
	Outpatient Rehabilitation Services	Subject to Deductible	Not Covered
	Prosthetic Devices	Subject to Deductible	Not Covered
	Radiation	Subject to Deductible	Not Covered
	Rehabilitative Occupational and Rehabilitative Physical Therapy	Subject to Deductible	Not Covered
	Rehabilitative Speech Therapy	Subject to Deductible	Not Covered
Prescription Drugs Other	Subject to Deductible	Not Covered	
Mental Health Other	Subject to Deductible	Not Covered	
Prescription Drugs	Generic Drugs	\$10	Not Covered
	Preferred Brand Drugs	\$75	Not Covered
	Non-Preferred Brand Drugs	50% Coinsurance	Not Covered
	Specialty Drugs	50% Coinsurance	Not Covered

*Tier 1 Rewards Network

*Tier 2 Community Network

McLaren Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-327-0671 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-327-0671 (رقم هاتف الصم والبكم: 711).