

**MCLAREN HEALTH PLAN COMMUNITY**  
**INDIVIDUAL HMO MCLAREN REWARDS – SILVER 73%**  
**SCHEDULE OF COST SHARING**

**“Rewards Providers” are a subset of MHP Community Participating Providers. When you receive services from Rewards Providers, your standard Copayments, Coinsurance and Deductible may be reduced or eliminated. Please review the detailed chart below for information specific to each Covered Service. “Rewards Providers” are identified in the MHP Community Provider Directory.**

<b>Rewards Deductible*</b>	<b>In-Network Deductible*</b>	<b>Out-of-Pocket Maximum</b>
\$1,000 Individual \$2,000 Family	\$5,000 Individual \$10,000 Family	\$7,250 Individual \$14,500 Family

\* The Rewards Deductible is a subset of the In-Network Deductible. The following provides more information for clarity:

- All amounts applied towards a Deductible regardless of whether the Provider is a Rewards Provider or an In-Network Provider will count towards the Rewards Deductible and the In-Network Deductible
- Once the Rewards Deductible is met, the Member will not have Cost-Sharing for Covered Services provided by a Rewards Provider, but will continue to have Cost-Sharing for all other providers until the Member meets the In-Network Deductible
  - *Note* – nothing in this Schedule of Cost Sharing supersedes the limitations in your Certificate of Coverage. See your Certificate of Coverage for more info on what it means to see a Rewards Provider.
- Example: A single Member on an Individual Plan Member reaches \$2,000 worth of the In-Network Deductible, the Rewards Deductible is now satisfied because the member met \$2,000 worth of Deductible, but the Member would have \$3,000 more to go with Non-Rewards In-Network Providers to satisfy the In-Network Deductible.

<b>Benefit</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Preventive Services	\$0	\$0	100% - No Coverage
Diabetic Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Primary Care Physician (PCP) Office Visits	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Specialist Office Visit	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage

<b>Benefit</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Immunizations (other than Preventive Care)	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Maternity Care	Prenatal Office Visits - \$0 All other Maternity Care – No charge after Deductible	Prenatal Office Visits - \$0 All other Maternity Care – No charge after Rewards Deductible	100% - No Coverage
Injectable Drugs Provided in the Physician Office	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Emergency Care – Emergency Room	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible
Urgent Care	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible plus Balance Billing
Ground Ambulance	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible plus Balance Billing
Air Ambulance	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible
Inpatient Hospital Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Outpatient Hospital Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Diagnostic and Therapeutic Services and Tests (other than Preventive Services)	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Organ and Tissue Transplants	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Special Surgical Procedures	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Breast Reconstruction Following Mastectomy	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Skilled Nursing Facility Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Home Care Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Hospice Care	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage

<b>Benefit</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Outpatient Mental Health Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Inpatient Mental Health Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Emergency Mental Health Services	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible
Outpatient Substance Abuse Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Inpatient Substance Abuse Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Emergency Substance Abuse Services	No charge after In-Network Deductible	No charge after Rewards Deductible	No charge after Deductible
Outpatient Habilitative Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Outpatient Rehabilitation	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Durable Medical Equipment (DME) and Supplies	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Reproductive Care and Family Planning Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Pediatric Vision	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Oral Surgery	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Temporomandibular Joint Syndrome (TMJ) Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Orthognathic Surgery	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Pain Management	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Approved Clinical Trials	Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	Member Cost Sharing applicable to Routine Patient Costs outside of Approved Clinical Trial	100% - No Coverage
Cancer Drug Therapy	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage

<b>Benefit</b>	<b>In-Network Member Financial Responsibility</b>	<b>Rewards Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Educational Services	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Autism Spectrum Disorder Services a. Outpatient Mental Health  b. ABA (Habilitative) Services	a. No charge after In-Network Deductible  b. No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage
Vision Exam (Adult)	No charge after In-Network Deductible	No charge after Rewards Deductible	100% - No Coverage

<b>Pharmacy</b>	<b>In-Network Member Financial Responsibility</b>	<b>Out-of-Network Member Financial Responsibility</b>
Tier 1 (Preferred Generic)	\$10 Copayment No Deductible	100% - No Coverage
Tier 2 (Preferred Brand)	\$75 Copayment No Deductible	100% - No Coverage
Tier 3 (Non-Preferred Generic and Non-Preferred Brand)	50% Coinsurance	100% - No Coverage
Tier 4 (Specialty Drugs)	50% Coinsurance	100% - No Coverage
Preventive Drugs	\$0	100% - No Coverage