McLaren
HEALTH PLAN COMMUNITY

McLaren Health Plan Community
Out-of-Network Provider Payment Methodology

All services received by in-network or out-of-network providers must be medically necessary, covered benefits with required authorizations in place for payment consideration.

Members choosing to receive medically necessary, authorized covered services from an out-of-network provider will receive benefits at their out-of-network benefit level (Option B). If a member receives services from an out-of-network provider, the member may also be subject to "balance billing," meaning the member may have to pay the difference between the cost of the services and the amount reimbursed by McLaren Health Plan Community, less any applicable deductible, coinsurance or copay amounts. These costs can be significant which is why it is important for the member to understand their liability when using an out-of-network provider.

Medically necessary, authorized covered services billed by an out-of-network provider will be processed using the following methodology:

Provider Type	Reimbursement Methodology
Out-of-Network Professional	Percentage of Medicare
Out-of-Network ASC	Medicare Allowable
Out-of-Network Hospital	Percentage of Billed Charges*
Out-of-Network Skilled Nursing Facility	Medicare Allowable
Ambulance	Percentage of Billed Charges
All Other Out-of-Network Providers	Percentage of Medicare
Out-of-Network Pharmacy	Not Covered

*Not to exceed 150% of Medicare's allowable amount

For a reimbursement amount on a specific service or procedure code, please contact Customer Service at 888-327-0671 (TTY: 711).

McLaren Health Plan
G-3245 Beecher Road • Flint, Michigan • 48532
tel 888-327-0671 (TTY: 711) • fax 810-600-7979
McLarenHealthPlan.org