McLaren HEALTH PLAN

Large Group Non-Grandfathered POS

Group Effective Date

Group Name

Agent Name Or Agency Name

McLaren Health Plan Large Group (51+) Rider Options

Office Visit Copay Option:

- ☐ Option A: A $5
- ☐ Option A: A1 $10
- ☐ Option A: A2 $15
- ☐ Option A: A3 $20
- ☐ Option A: A4 $0
- ☐ Option A: A5 $25
- ☐ Option A: A6 $30

Emergency Room Copay Option:

- ☐ B $25
- ☐ BP 1 $50
- ☐ BP 2 $75
- ☐ BP 3 $100
- ☐ BP 4 $0

Urgent Care Copay Option:

- ☐ C $10
- ☐ CP 1 $25
- ☐ CP 2 $35
- ☐ CP 3 $50

Member Coinsurance Option:

- ☐ Option A: D 100%
- ☐ Option A: D1 90%/$1000/$2000 OOP
- ☐ Option A: D2 80%/$2500/$5000 OOP
- ☐ Option A: D3 70%/$3000/$6000 OOP
- ☐ Option A: D4 90%/$500/$1000 OOP
- ☐ Option A: D5 80%/$1500/$3000 OOP
- ☐ Option A: D6 80%/$2000/$4000 OOP
- ☐ Option A: D7 70%/$2500/$5000 OOP
- ☐ Option B: DP1 90%/$1000/$2000 OOP
- ☐ Option B: DP2 80%/$1500/$3000 OOP
- ☐ Option B: DP3 80%/$2000/$4000 OOP
- ☐ Option B: DP4 70%/$2000/$4000 OOP
- ☐ Option B: DP5 80%/$2500/$5000 OOP
- ☐ Option B: DP6 70%/$3000/$6000 OOP * default
- ☐ Option B: DP7 60%/$3000/$6000OOP
- ☐ Option B: DP8 60%/$4000/$8000 OOP

Note: OOP Maximum $6,000/$12000 (DP8 not to be combined with D2, D3, D7)

Deductible Option:

- ☐ Option A: E None
- ☐ Option A: E1 $100/$250
- ☐ Option A: E2 $250/$500
- ☐ Option A: E3 $500/$1000
- ☐ Option A: E4 $1000/$1500
- ☐ Option A: E5 $1000/$2000
- ☐ Option A: E6 $1500/$3000
- ☐ Option A: E7 $2500/$5000
- ☐ Option A: E8 $3000/$6000
- ☐ Option B: EP None
- ☐ Option B: EP1 $100/$200
- ☐ Option B: EP2 $250/$500
- ☐ Option B: EP3 $500/$1000
- ☐ Option B: EP4 $750/$1500
- ☐ Option B: EP5 $1000/$2000
- ☐ Option B: EP6 $1500/$3000
- ☐ Option B: EP7 $2000/$4000
- ☐ Option B: EP8 $3000/$6000

Prescription Drug Option:

- ☐ W2: $5/$20/$50
- ☐ W4: $10/$30/$50
- ☐ W8: $7/$15/$30
- ☐ W10: $10/$20/$30
- ☐ W12: $10/$25/$40
- ☐ W14: $15/$25/$50
- ☐ W17: $2/$10/$20
- ☐ W22: $5/$15/$30
- ☐ W24: $7/$20/$40
- ☐ W26: $10/$25/$50
- ☐ W30: $5/$10/$10
- ☐ W32: $10/$20$20
- ☐ No RX

Options Only For Groups 51+

- ☐ Option A: G1 DME $0
- ☐ Option A: H1 P&O $0
- ☐ Option A: J1 Sp Surg Proc $0
- ☐ Option A: K1 Reprod Care $0
- ☐ Option A: L1 TMJ $0
- ☐ Option A: N1 Orth Surgery $0
- ☐ Option A: P1 MH & Sub Abuse $0/45 days
- ☐ Option A: T1 Removes Cov. / Term. Preg.

Chiropractic Option:

- ☐ Option A: Q1 Chiro $500
- ☐ Option A: Q2 Chiro $1000
- ☐ Option A: Q3 Chiro $1500

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Please send completed form via fax: (810) 733-9596 Attn: Sales or Email: Quotes@mclaren.org
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