



Group Name _____

Group Effective Date _____

HEALTH PLAN

Agent Name Or Agency Name _____

McLaren Health Plan Large Group (51+) Rider Options					
Office Visit Copay Option:	Emergency Room Copay Option:	Urgent Care Copay Option:	Member Coinsurance Option:		
<input type="checkbox"/> Option A: A \$5 <input type="checkbox"/> Option A: A1 \$10 <input type="checkbox"/> Option A: A2 \$15 <input type="checkbox"/> Option A: A3 \$20 <input type="checkbox"/> Option A: A4 \$0 <input type="checkbox"/> Option A: A5 \$25 <input type="checkbox"/> Option A: A6 \$30 <input type="checkbox"/> Option A: A7 \$10 copay waived on preventive services	<input type="checkbox"/> B \$25 <input type="checkbox"/> BP 1 \$50 <input type="checkbox"/> BP 2 \$75 <input type="checkbox"/> BP 3 \$100 <input type="checkbox"/> BP 4 \$0	<input type="checkbox"/> C \$10 <input type="checkbox"/> CP 1 \$25 <input type="checkbox"/> CP 2 \$35 <input type="checkbox"/> CP 3 \$50	<input type="checkbox"/> Option A: D 100% <input type="checkbox"/> Option A: D1 90%/\$1000/\$2000 OOP <input type="checkbox"/> Option A: D2 80%/\$2500/\$5000 OOP <input type="checkbox"/> Option A: D3 70%/\$3000/\$6000 OOP <input type="checkbox"/> Option A: D4 90%/\$500/\$1000 OOP <input type="checkbox"/> Option A: D5 80%/\$1500/\$3000 OOP <input type="checkbox"/> Option A: D6 80%/\$2000/\$4000 OOP <input type="checkbox"/> Option A: D7 70%/\$2500/\$5000 OOP	<input type="checkbox"/> Option B: DP1 90%/\$1000/\$2000 OOP <input type="checkbox"/> Option B: DP2 80%/\$1500/\$3000 OOP <input type="checkbox"/> Option B: DP3 80%/\$2000/\$4000 OOP <input type="checkbox"/> Option B: DP4 70%/\$2000/\$4000 OOP <input type="checkbox"/> Option B: DP5 80%/\$2500/\$5000 OOP <input type="checkbox"/> Option B: DP6 70%/\$3000/\$6000 OOP * default <input type="checkbox"/> Option B: DP7 60%/\$3000/\$6000 OOP <input type="checkbox"/> Option B: DP8 60%/\$4000/\$8000 OOP	Note: OOP Maximum \$6,000/\$12,000 (DP8 not to be combined with D2, D3, D7)
Deductible Option:			Prescription Drug Option:		
<input type="checkbox"/> Option A: E None <input type="checkbox"/> Option A: E1 \$100/\$250 <input type="checkbox"/> Option A: E2 \$250/\$500 <input type="checkbox"/> Option A: E3 \$500/\$1000 <input type="checkbox"/> Option A: E4 \$1000/\$1500 <input type="checkbox"/> Option A: E5 \$1000/\$2000 <input type="checkbox"/> Option A: E6 \$1500/\$3000 <input type="checkbox"/> Option A: E7 \$2500/\$5000 <input type="checkbox"/> Option A: E8 \$3000/\$6000	<input type="checkbox"/> Option B: EP None <input type="checkbox"/> Option B: EP1 \$100/\$200 <input type="checkbox"/> Option B: EP2 \$250/\$500 <input type="checkbox"/> Option B: EP3 \$500/\$1000 <input type="checkbox"/> Option B: EP4 \$750/\$1500 <input type="checkbox"/> Option B: EP5 \$1000/\$2000 <input type="checkbox"/> Option B: EP6 \$1500/\$3000 <input type="checkbox"/> Option B: EP7 \$2000/\$4000 <input type="checkbox"/> Option B: EP8 \$3000/\$6000	<input type="checkbox"/> F1 \$5/\$20/\$50 w/ C <input type="checkbox"/> F2 \$5/\$20/\$50 w/o C <input type="checkbox"/> F3 \$10/\$30/\$50 w/ C <input type="checkbox"/> F4 \$10/\$30/\$50 w/o C <input type="checkbox"/> F7 \$7/\$15/\$30 w/ C <input type="checkbox"/> F8 \$7/\$15/\$30 w/o C <input type="checkbox"/> F9 \$10/\$20/\$30 w/ C <input type="checkbox"/> F10 \$10/\$20/\$30 w/o C <input type="checkbox"/> F11 \$10/\$25/\$40 w/ C	<input type="checkbox"/> F12 \$10/\$25/\$40 w/o C <input type="checkbox"/> F13 \$15/\$25/\$50 w/ C <input type="checkbox"/> F14 \$15/\$25/\$50 w/o C <input type="checkbox"/> F15 Deductible \$100/\$200 <input type="checkbox"/> F16 \$2/\$10/\$20 w/ C <input type="checkbox"/> F17 \$2/\$10/\$20 w/o C <input type="checkbox"/> F18 Nonparticipating Pharmacy <input type="checkbox"/> F21 \$5/\$15/\$30 w/ C <input type="checkbox"/> F22 \$5/\$15/\$30 w/o C	<input type="checkbox"/> F23 \$7/\$20/\$40 w/ C <input type="checkbox"/> F24 \$7/\$20/\$40 w/o C <input type="checkbox"/> F25 \$10/\$25/\$50 w/ C <input type="checkbox"/> F26 \$10/\$25/\$50 w/o C <input type="checkbox"/> F29 \$5/\$10/\$10 w/ C <input type="checkbox"/> F30 \$5/\$10/\$10 w/o C <input type="checkbox"/> F31 \$10/\$20/\$20 w C <input type="checkbox"/> F32 \$10/\$20/\$20 w/o C <input type="checkbox"/> No RX	
Options Only For Groups 51+				Chiropractic Option:	
<input type="checkbox"/> Option A: G1 DME \$0 <input type="checkbox"/> Option A: H1 P&O \$0 <input type="checkbox"/> Option A: J1 Sp Surg Proc \$0 <input type="checkbox"/> Option A: K1 Reprod Care \$0	<input type="checkbox"/> Option A: L1 TMJ \$0 <input type="checkbox"/> Option A: N1 Orth Surgery \$0 <input type="checkbox"/> Option A: P1 MH & Sub Abuse \$0/45 days <input type="checkbox"/> Option A: T1 Removes Cov. / Term. Preg.	<input type="checkbox"/> Option A: Q1 Chiro \$500 <input type="checkbox"/> Option A: Q2 Chiro \$1000 <input type="checkbox"/> Option A: Q3 Chiro \$1500			

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