



HEALTH PLAN

Small Group (2-50) Rider Option Form

Group Name

Group Effective Date

Agent Name Or Agency Name

McLaren Health Plan Small Group (2-50) Rider Options				
Office Visit Copay Option:	Emergency Room Copay Option:	Urgent Care Copay Option:	Member Coinsurance Option:	
<input type="checkbox"/> Option A: A1 \$10 <input type="checkbox"/> Option A: A3 \$20 <input type="checkbox"/> Option A: A6 \$30	<input type="checkbox"/> BP 2 \$75 <input type="checkbox"/> BP 3 \$100	<input type="checkbox"/> CP 3 \$50	<input type="checkbox"/> Option A: D3 70%/\$3000/\$6000 OOP <input type="checkbox"/> Option A: D6 80%/\$2000/\$4000 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/\$12000 (DP8 not to be combined with D3)				
Deductible Option:		Prescription Drug Option:		Chiropractic Option:
<input type="checkbox"/> Option A: E2 \$250/\$500 <input type="checkbox"/> Option A: E3 \$500/\$1000 <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: EP7 \$2000/\$4000 <input type="checkbox"/> Option B: EP8 \$3000/\$6000	<input type="checkbox"/> F13 \$15/\$25/\$50 w/ C <input type="checkbox"/> F14 \$15/\$25/\$50 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"/> No RX	<input type="checkbox"/> Option A: Q1 Chiro \$500 <input type="checkbox"/> Option A: Q2 Chiro \$1000 <input type="checkbox"/> Option A: Q3 Chiro \$1500	

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