



HEALTH PLAN

High Deductible Health Plans

Group Name _____

Group Effective Date _____

Agent Name Or Agency Name _____

| McLaren Health Plan High Deductible Health Plan Options | | | | |
|---|-------------|---------------|---|----------------|
| Available Plans | Coinsurance | Deductible | Out of Pocket Maximum <i>(Deductible, Coinsurance, and copays all accumulate to this OOP Max.)</i> | Rx Copays |
| <input type="checkbox"/> Plan 1 | 100% | \$2000/\$4000 | \$4000/\$8000 | \$10/\$25/\$40 |
| <input type="checkbox"/> Plan 1 w/ EHD1 | 100% | \$3000/\$6000 | \$4000/\$8000 | \$10/\$25/\$40 |
| <input type="checkbox"/> Plan 1 w/ FHD1 | 100% | \$2000/\$4000 | \$4000/\$8000 | \$15/\$25/\$50 |
| <input type="checkbox"/> Plan 1 w/ EHD1 & FHD1 | 100% | \$3000/\$6000 | \$4000/\$8000 | \$15/\$25/\$50 |
| <input type="checkbox"/> Plan 2 | 80% | \$2000/\$4000 | \$4000/\$8000 | \$10/\$25/\$40 |
| <input type="checkbox"/> Plan 2 w/ EHD1 | 80% | \$3000/\$6000 | \$4000/\$8000 | \$10/\$25/\$40 |
| <input type="checkbox"/> Plan 2 w/ FHD1 | 80% | \$2000/\$4000 | \$4000/\$8000 | \$15/\$25/\$50 |
| <input type="checkbox"/> Plan 2 w/ EHD1 & FHD1 | 80% | \$3000/\$6000 | \$4000/\$8000 | \$15/\$25/\$50 |

MHPC1163031

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|--|
| <input type="checkbox"/> Q1 : CHIRO \$500 |
| <input type="checkbox"/> Q2 : CHIRO \$1000 |
| <input type="checkbox"/> Q3 : CHIRO \$1500 |

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