



HEALTH PLAN COMMUNITY

2020 PRODUCTS AT A GLANCE

INDIVIDUAL, SMALL AND LARGE GROUP

This Summary is intended only to highlight the benefits provided by MHP Community and should not be relied upon to fully determine coverage. This health plan may not cover all health care expenses. Please refer to the MHP Community Certificate of Coverage for a complete listing of covered services, limitations and exclusions, and a description of all the terms and conditions of coverage. If this description conflicts in any way with the policy issued to the enrolling group, the policy will prevail. For answers to questions about information that appears in the summary, call Customer Service at 888-327-0671.



HEALTH PLAN COMMUNITY

2020 McLaren Health Plan (MHP) Individual HSA Qualified HDHP On and Off Exchange

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
Bronze Saver	\$6,900 Individual \$13,800 Two or more 0% Coinsurance	\$6,900 Individual, \$13,800 Two or more (\$8,150 for an Individual in a Family)	Covered 100% after deductible	Covered 100% after deductible	No charge after deductible	No charge after deductible

2020 McLaren Health Plan (MHP) Individual Young Adult/Catastrophic On and Off Exchange

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
Young Adult/ Catastrophic (30 years and under)	\$8,150 Individual \$16,300 Two or more 0% Coinsurance	\$8,150 Individual \$16,300 Two or more	Covered 100% after deductible	Covered 100% after deductible	No charge after deductible	No charge after deductible

Product Network Description

Standard MHP Community Plans use the Community Network of physicians.



HEALTH PLAN COMMUNITY

2020 McLaren Health Plan (MHP) Individual Plans

						Prescription Drugs			
Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
Silver 5000 (Off Exchange Only)	\$5,000 Individual \$10,000 Two or more 30% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care \$80 Specialist	\$60	30% coinsurance after deductible	\$20	\$70	\$250	\$350
Bronze 6500	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,150 Individual \$16,300 Two or more	50% after deductible	50% after deductible	50% after deductible	\$30	\$80	50% coinsurance after deductible	50% coinsurance after deductible
Gold 1400	\$1,400 Individual \$2,800 Two or more <u>Coinsurance:</u> Medical: 20% Prescription: 30%	\$6,000 Individual \$12,000 Two or more	\$25 Primary Care \$50 Specialist	\$60	20% coinsurance after deductible	\$10	\$50	\$150	30% coinsurance
Silver Exchange	\$3,700 Individual \$7,400 Two or more Rx Deductible: \$500 <u>Coinsurance:</u> Medical: 20% Rx: 40%	\$8,150 Individual \$16,300 Two or more	\$30 Primary Care \$65 Specialist after deductible	\$75	20% coinsurance after deductible	\$15	\$50	\$100	40% coinsurance after \$500 Rx deductible

Product Network Description

Standard MHP Community Plans use the Community Network of physicians.

Individual



HEALTH PLAN COMMUNITY

2020 McLaren Health Plan (MHP) Community HMO Products for Small Groups Off Exchange									
						Prescription Drugs			
Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
Platinum Rewards	\$500 Individual \$1,000 Two or more 10% Coinsurance	\$2,550 Individual \$5,100 Two or more	\$25 Primary Care \$50 Specialist	\$60	\$250	\$5	\$30	\$200	\$300
Gold Rewards	\$2,500 Individual \$5,000 Two or more 25% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care \$60 Specialist	\$60	\$400	\$15	\$65	\$250	\$350
Silver Rewards	\$6,800 Individual \$13,600 Two or more 50% Coinsurance	\$8,150 Individual \$16,300 Two or more	50% after deductible	50% after deductible	50% after deductible	\$30	\$100	\$250	\$350
Platinum 750	\$750 Individual \$1,500 Two or more 10% Coinsurance	\$1,500 Individual \$3,000 Two or more	\$25 Primary Care \$50 Specialist	\$60	\$250	\$5	\$30	\$200	\$300
Gold 1250	\$1,250 Individual \$2,500 Two or more 20% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$30 Primary Care \$60 Specialist	\$60	\$250	\$10	\$40	\$200	\$300
Silver 5000-1	\$5,000 Individual \$10,000 Two or more 40% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care \$80 Specialist	\$60	\$400	\$20	\$70	\$250	\$350
Bronze 6500-1	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,150 Individual \$16,300 Two or more	50% after deductible	50% after deductible	50% after deductible	\$30	\$80	50% coinsurance after deductible	50% coinsurance after deductible, \$400 Max
Gold HRA 4500	\$4,500 Individual \$9,000 Two or more 30% Coinsurance \$500 Employer HRA Contribution allowed	\$6,550 Individual \$13,100 Two or more	\$20 Primary Care \$40 Specialist	\$60	30% coinsurance after deductible	\$10	\$30	\$200	\$300
NEW! Gold 2000	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$6,500 Individual \$13,000 Two or more	\$30 Primary Care \$60 Specialist	\$60	\$250	\$5	\$50 after deductible	\$200 after deductible	\$300 after deductible
NEW! Silver 2500	\$2,500 Individual \$5,000 Two or more 30% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care Specialist; 30% coinsurance after deductible	\$60	30% coinsurance after deductible	\$10	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible up to \$400 maximum
NEW! Silver 5000-2	\$5,000 Individual \$10,000 Two or more 30% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care; 30% coinsurance after deductible Specialist Visit	\$60	30% coinsurance after deductible	\$10	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible up to \$400 maximum
NEW! Bronze 6500-2	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$50 Primary Care; 50% coinsurance after deductible Specialist Visit	50% after deductible	50% after deductible	\$30	\$80 copay after deductible	50% coinsurance after deductible	50% coinsurance after deductible, Max \$400

Product Network Descriptions

Rewards Plans MHP Community Rewards Plans offer two networks of physicians to members; the larger Community Network and a Rewards Network which can reduce costs to members.

Standard HMO Plans Standard MHP Community Plans use the Community Network of physicians.



HEALTH PLAN COMMUNITY

2019 McLaren Health Plan (MHP) Community HMO Products for Small Groups HSA Off the Exchange

						Prescription Drugs			
Product Name	Deductible and Coinsurance	OOB Maximum	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP HSA Platinum 1400	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$1,400 Individual \$2,800 Two or more	No charge after deductible	No charge after deductible	No charge after deductible				No charge after deductible
HDHP HSA Gold 1750	\$1,750 Individual \$3,500 Two or more 20% Coinsurance	\$2,500 Individual \$5,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$40 after deductible	\$80 after deductible	20% coinsurance after deductible
HDHP HSA Silver 3000	\$3,000 Individual \$6,000 Two or more 30% Medical Coinsurance 20% Rx Coinsurance	\$6,000 Individual \$12,000 Two or more	30% after deductible	30% after deductible	30% after deductible	\$10 after deductible	\$40 after deductible	\$80 after deductible	20% coinsurance after deductible
HDHP HSA Bronze 6900	\$6,900 Individual \$13,800 Two or more 0% Coinsurance	\$6,900 Individual \$13,800 Two or more	No charge after deductible	No charge after deductible	No charge after deductible				No charge after deductible

Product Network Description

Standard MHP Community Plans use the Community Network of physicians.



HEALTH PLAN COMMUNITY

2020 McLaren Health Plan (MHP) Community HMO Select Products for Small Groups Off Exchange

Product Name	Deductible and Coinsurance	OOP Maximum	Office Visit	Urgent Care	Emergency Room	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
NEW! Silver 5000 - 1 Select	\$5,000 Individual \$10,000 Two or more 40% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care \$80 Specialist	\$60	\$400	\$20	\$70	\$250	\$350
NEW! Gold 2000 Select	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$6,500 Individual \$13,000 Two or more	\$30 Primary Care \$60 Specialist	\$60	\$250	\$5	\$50 after deductible	\$200 after deductible	\$300 after deductible

Product Network Description:

The Select Plans use the McLaren Health Plan Community Select Network of high quality providers to help reduce costs.



HEALTH PLAN COMMUNITY

2020 McLaren Health Plan (MHP) Community Point of Service Products for Large Groups

Product Name	Product Information	Deductible and Coinsurance	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
Point of Service Plan	The MHP Point of Service Plans utilize the Community Network of physicians. The Point of Service plans are customized for each large group and provide Out of Network Access.	Deductibles range from \$0 to \$5,000 Individual and \$0 to \$10,000 Family Coinsurance ranges from 70% to 100%	Office Visit Copays range from \$10 to \$50	Urgent Care Copays range from \$25 to \$75	Emergency Room Copays range from \$50 to \$300	See drug copays listed below*

2020 McLaren Health Plan (MHP) Community HMO Products for Large Groups

Product Name	Product Information	Deductible and Coinsurance	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
HMO	The MHP HMO Plans utilize the Community Network of physicians.	Deductibles range from \$0 to \$5,000 Individual and \$0 to \$10,000 Family Coinsurance ranges from 70% to 100%	Office Visit Copays range from \$10 to \$50	Urgent Care Copays range from \$25 to \$75	Emergency Room Copays range from \$50 to \$300	See drug copays listed below*

*\$5/\$20/\$50; \$10/\$30/\$50; \$10/\$20/\$30; \$10/\$25/\$40; \$15/\$25/\$50; \$10/\$25/\$50; \$10/\$30/\$60; \$20/\$50/\$80; \$5/\$30/\$60; \$15/\$30/\$60; \$10/\$40/\$40; \$10/\$40/\$80; \$20/\$40/\$80/\$100; \$20/\$50/\$80/\$200; \$10/\$20/\$200/\$300; \$20/\$40/\$200/\$300; \$5/\$30/\$100/\$250; \$10/\$40/\$200/\$350; \$20/\$50/\$200/25% max \$400; \$0/\$15/\$50/25% max \$200

New Riders:

Additional Specialist Copay Option	\$40 Specialist Copay Rider
High Tech Imaging Copayment Riders	\$150 copay or 50% of approved amount, whichever is less
	\$250 copay or 50% of approved amount, whichever is less

NEW! Select Plan - The Select Plan uses the McLaren Health Plan Select Network of high quality providers to reduce costs.

Talk to your sales executive to learn more about this exciting new product. The Select Plan is only available with the HMO plan.

Note: Plans cannot be sold without Rx at this time



HEALTH PLAN COMMUNITY

2020 McLaren Health Plan (MHP) Community HMO High Deductible Health Plans for Large Groups

Product Information - The MHP HMO High Deductible Health Plans utilize the Community Network of physicians. These plans are HSA (Health Savings Account) compatible plans.

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 1400 - 100 - Plan A	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1400 - 100 - Plan B	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 1400 - 100 - Plan C	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$1,400 Individual \$2,800 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible			
HDHP 1400 - 80 - Plan A	\$1,400 Individual \$2,800 Two or more 20% Coinsurance	\$2,800 Individual \$5,600 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1400 - 80 - Plan B	\$1,400 Individual \$2,800 Two or more 20% Coinsurance	\$2,800 Individual \$5,600 Two or more	20% after deductible	20% after deductible	20% after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 1750 - 80 - Plan A	\$1,750 Individual \$3,500 Two or more 20% Coinsurance	\$3,500 Individual \$7,000 Two or more	\$10 Primary Care \$20 Specialist Copays apply after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1750 - 80 - Plan B	\$1,750 Individual \$3,500 Two or more 20% Coinsurance	\$3,500 Individual \$7,000 Two or more	\$20 Primary Care \$40 Specialist Copays apply after deductible	20% after deductible	20% after deductible	\$20 after deductible	\$35 after deductible	\$80 after deductible	\$80 after deductible

2020 McLaren Health Plan (MHP) Community HMO High Deductible Health Plans for Large Groups

Product Information - The MHP HMO High Deductible Health Plans utilize the Community Network of physicians. These plans are HSA (Health Savings Account) compatible plans.

						Prescription Drugs			
Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 2000 - 100 - Plan A	\$2,000 Individual \$4,000 Two or more 0% Coinsurance	\$4,000 Individual \$8,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 2000 - 100 - Plan B	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$4,000 Individual \$8,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 2000 - 80 - Plan A	\$2,000 Individual \$4,000 Two or more 0% Coinsurance	\$4,000 Individual \$8,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 2000 - 80 - Plan B	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$4,000 Individual \$8,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 3000 - 100 - Plan A	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 3000 - 100 - Plan B	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 3000 - 80 - Plan A	\$3,000 Individual \$6,000 Two or more 20% Coinsurance	\$6,000 Individual \$12,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 3000 - 80 - Plan B	\$3,000 Individual \$6,000 Two or more 20% Coinsurance	\$6,000 Individual \$12,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 3000 - 70 - Plan A	\$3,000 Individual \$6,000 Two or more 30% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$15 Primary Care \$30 Specialist Copays apply after deductible	30% after deductible	30% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible

2020 McLaren Health Plan (MHP) Community HMO High Deductible Health Plans for Large Groups

Product Information - The MHP HMO High Deductible Health Plans utilize the Community Network of physicians. These plans are HSA (Health Savings Account) compatible plans.

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 3000 - 70 - Plan B	\$3,000 Individual \$6,000 Two or more 30% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$40 Primary Care \$80 Specialist Copays apply after deductible	30% after deductible	30% after deductible	\$20 after deductible	\$35 after deductible	\$80 after deductible	\$80 after deductible
HDHP 6550 - 100 - Plan A	\$6,550 Individual \$13,100 Two or more 0% Coinsurance	\$6,550 Individual \$13,100 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible			

NEW! Select Plan - The Select Plan uses the McLaren Health Plan Select Network of high quality providers to reduce costs.

Talk to your sales executive to learn more about this exciting new product.

2020 McLaren Health Plan (MHP) Community POS High Deductible Health Plans for Large Groups

Product Name	Deductible and Coinsurance (In Network)	OOP (In Network)	Deductible (Out of Network)	Coinsurance (Out of Network)	OOP (Out of Network)	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 1400 - 100 - Plan A	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	\$2,800 Individual \$5,600 Two or more	30% after deductible	\$5,600 Individual \$11,200 Family	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1400 - 100 - Plan B	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	\$2,800 Individual \$5,600 Two or more	30% after deductible	\$5,600 Individual \$11,200 Family	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 2000 - 80 - Plan A	\$2,000 Individual \$4,000 Two or more 0% Coinsurance	\$4,000 Individual \$8,000 Two or more	\$4,000 Individual \$8,000 Two or more	40% after deductible	\$8,000 Individual \$16,000 Family	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible

2020 McLaren Health Plan (MHP) Community HMO High Deductible Health Plans for Large Groups

Product Information - The MHP HMO High Deductible Health Plans utilize the Community Network of physicians. These plans are HSA (Health Savings Account) compatible plans.

						Prescription Drugs			
Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 2000 - 80 - Plan B	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$4,000 Individual \$8,000 Two or more	\$4,000 Individual \$8,000 Two or more	40% after deductible	\$8,000 Individual \$16,000 Family	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 3000 - 100 - Plan A	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$6,000 Individual \$12,000 Two or more	40% after deductible	\$12,000 Individual \$24,000 Family	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 3000 - 100 - Plan B	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$6,000 Individual \$12,000 Two or more	40% after deductible	\$12,000 Individual \$24,000 Family	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible