

# **2023 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 option 3.



2023 McLaren Health						Prescription Dru	gs		
Product Name	Deductible and Coinsurance	ООР	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
Gold 1400	\$1,400 Individual \$2,800 Two or more 20% Coinsurance	\$8,000 Individual \$16,000 Two or more	\$30 Primary Care \$50 Specialist	\$60	30% after deductible	\$10	\$60	50% after deductible	50% after deductib
<b>NEW IN 2023</b> Gold 1400 VCP (Virtual Care Plan)	\$1,400 Individual \$2,800 Two or more 20% Coinsurance	\$8,000 Individual \$16,000 Two or more	\$0 Virtual Care Visit \$30 Primary Care \$50 Specialist	\$60	30% after deductible	\$10	\$60	50% after deductible	50% after deductib
<b>NEW IN 2023</b> Gold Standard	\$2,000 Individual \$4,000 Two or more 25% Coinsurance	\$8,700 Individual \$17,400 Two or more	\$30 Primary Care \$60 Specialist	\$45	25% after deductible	\$15	\$30	\$60	\$250
<b>NEW IN 2023</b> McLaren Silver Exchange Rewards	Tier 1: \$2,000 Individual \$4000 Two or More Tier 2: \$8,250 Individual \$16,500 Two or More 0% Coinsurance	\$8,250 Individual \$16,500 Two or more	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	\$10	\$75	50% coinsurance	50% coinsurance
Silver Exchange	\$3,800 Individual \$7,600 Two or more Rx Deductible: \$500 Coinsurance: Medical: 20%; Rx: 40%	\$8,550 Individual \$17,100 Two or more	\$30 Primary Care \$65 Specialist after deductible	\$75	20% after deductible	\$20	\$75	\$125	40% after \$500 Rx deductible
Silver Exchange VCP (Virtual Care Plan)	\$3,800 Individual \$7,600 Two or more; Rx Deductible: \$500 Coinsurance: Medical: 20% Rx: 40%	\$8,550 Individual \$17,100 Two or more	\$0 Virtual Care Visit \$30 Primary Care \$65 Specialist after deductible	\$75	20% after deductible	\$20	\$75	\$125	40% after \$500 Rx deductible
Silver 5000	\$5,000 Individual \$10,000 Two or more 30% Coinsurance	\$8,350 Individual \$16,700 Two or more	\$40 Primary Care \$80 Specialist	\$60	30% after deductible	\$10	\$75	\$150	30% after deductib
<b>New IN 2023</b> Silver Standard	\$5,800 Individual \$11,600 Two or more 40% Coinsurance	\$8,900 Individual \$17,800 Two or more	\$40 Primary Care \$80 Specialist	\$60	40% after deductible	\$20	\$40	\$80 after deductible	\$350 after deductib
*Bronze 6500	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$9,100 Individual \$18,200 Two or more	50% after deductible	50% after deductible	50% after deductible	\$25	\$75 after deductible	50% after deductible	50% after deductibl

						Prescription Drug	gs		
Product Name	Deductible and Coinsurance	ООР	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
*Bronze 6500 VCP (Virtual Care Plan)	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$9,100 Individual \$18,200 Two or more	\$0 Virtual Care Visit 50% after deductible	50% after deductible	50% after deductible	\$25	\$75 after deductible	50% after deductible	50% after deductible
Expanded Bronze Standard	\$7,500 Individual \$15,000 Two or more 50% Coinsurance	\$9,000 Individual \$18,000 Two or more	\$50 Primary Care \$100 Specialist	\$75	50% after deductible	\$25	\$50 after deductible	\$100 after deductible	\$500 after deductibl
<b>NEW IN 2023</b> Bronze Standard	\$9,100 Individual \$18,200 Two or more	\$9,100 Individual \$18,200 Two or more	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible			
	0% Coinsurance								
2023 McLaren Health F		dual HSA Qualified	HDHP On and Of	f Exchange					
		dual HSA Qualified	HDHP On and Of	f Exchange		Prescription Drug	şs		
2023 McLaren Health F		dual HSA Qualified	HDHP On and Of	f Exchange Urgent Care	Emergency Room	Prescription Drug Generic	gs Preferred Brand	Non-Preferred Brand	Specialty
2023 McLaren Health F Product Name	Plan (MHP) Indivi		Office Visit		Emergency Room Covered 100% after deductible		Preferred Brand		Specialty
	Plan (MHP) Indivi Deductible and Coinsurance \$7,100 Individual \$14,200 Two or more 0% Coinsurance	OOP \$7,100 Individual, \$14,200 Two or more; (\$9,100 for ar Individual in a Family)	Office Visit Covered 100% after deductible	Urgent Care Covered 100% after deductible	Covered 100% after deductible	Generic	Preferred Brand		Specialty
2023 McLaren Health F Product Name Bronze Saver (HDHP)	Plan (MHP) Indivi Deductible and Coinsurance \$7,100 Individual \$14,200 Two or more 0% Coinsurance	OOP \$7,100 Individual, \$14,200 Two or more; (\$9,100 for ar Individual in a Family)	Office Visit Covered 100% after deductible	Urgent Care Covered 100% after deductible	Covered 100% after deductible	Generic	Preferred Brand		Specialty
2023 McLaren Health F Product Name Bronze Saver (HDHP)	Plan (MHP) Indivi Deductible and Coinsurance \$7,100 Individual \$14,200 Two or more 0% Coinsurance	OOP \$7,100 Individual, \$14,200 Two or more; (\$9,100 for ar Individual in a Family)	Office Visit Covered 100% after deductible	Urgent Care Covered 100% after deductible	Covered 100% after deductible	Generic Covered 100% after	Preferred Brand		Specialty

\* Bronze 6500 & Bronze 6500 VCP - New Benefit. Outpatient Lab Services covered with a \$10 copay.

Product Network Descriptions

HMO Plans

**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. All other Individual MHP Community Plans use the Community Network of physicians.



### 2023 McLaren Health Plan (MHP) Community HMO Products for Small Groups Off Exchange

						Prescription Drugs			
Product Name	Deductible and Coinsurance	ООР	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
Platinum Rewards	\$500 Individual \$1,000 Two or more 20% Coinsurance	\$3,000 Individual \$6,000 Two or more	\$30 Primary Care \$40 Specialist	\$60	\$250	\$20	\$45	\$75	\$250
Platinum Rewards 1250	\$1,250 Individual \$2,500 Two or more 20% Coinsurance	\$5,000 Individual \$10,000 Two or more	\$30 Primary Care \$40 Specialist	\$60	\$250	\$20	\$45	\$75	\$250
Gold Rewards	\$4,000 Individual \$8,000 Two or more 25% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care \$75 Specialist	\$60	\$100 after deductible	\$30	\$50	\$125	\$275
Silver Rewards	\$9,100 Individual \$18,200 Two or more 0% Coinsurance	\$9,100 Individual \$18,200 Two or more	100% after deductible	100% after deductible	100% after deductible	\$35	\$125	50% Coinsurance	50% Coinsuranc
latinum 750	\$750 Individual \$1,500 Two or more 20% Coinsurance	\$2,500 Individual \$5,000 Two or more	\$20 Primary Care \$40 Specialist	\$65	\$250	\$20	\$45	\$75	\$250
old 1250	\$1,250 Individual \$2,500 Two or more 20% Coinsurance	\$7,500 Individual \$15,000 Two or more	\$30 Primary Care \$60 Specialist	\$50	\$250	\$25	\$50	\$125	\$275
IEW PLAN IN 2023 iold 1250 VCP (Virtual Care Plan)	\$1,250 Individual \$2,500 Two or more 20% Coinsurance	\$7,500 Individual \$15,000 Two or more	\$0 Virtual Care Visit \$30 Primary Care \$60 Specialist	\$50	\$250	\$25	\$50	\$125	\$275
iold 2500	\$2,500 Individual \$5,000 Two or more 20% Coinsurance	\$7,350 Individual \$14,700 Two or more	\$25 Primary Care \$50 Specialist	\$50	\$250	\$30	\$65	\$125	\$275
ilver 3500	\$3,500 Individual \$7,000 Two or more 40% Coinsurance	\$8,750 Individual \$17,500 Two or more	\$45 Primary Care \$80 Specialist	\$60	40% after deductible	\$30	\$90	\$150	\$300
<b>IEW PLAN IN 2023</b> ilver 3500 VCP (Virtual Care Plan)	\$3,500 Individual \$7,000 Two or more 40% Coinsurance	\$8,750 Individual \$17,500 Two or more	\$0 Virtual Care Visit \$45 Primary Care \$80 Specialist	\$60 ommunity Small Group Plai	40% after deductible	\$30	\$90	\$150	\$300

2023 McLaren He	alth Plan (MHP) Com	munity HMO Produ	icts for Small Grou	ps Off Exchange						
						Prescription Drugs				
Product Name	Deductible and Coinsurance	ООР	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty	
Silver 5000	\$5,000 Individual \$10,000 Two or more 60% Coinsurance	\$9,100 Individual \$18,200 Two or more	\$50 Primary Care \$80 Specialist	\$60	\$400	\$30	\$90	\$150	\$300	
Silver 5500	\$5,500 Individual \$11,000 Two or more 30% Coinsurance	\$9,100 Individual \$18,200 Two or more	\$40 Primary Care \$60 Specialist	\$60	\$400 after deductible	\$30	\$90	\$150	\$300	
Bronze 6500-1	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,300 Individual \$16,600 Two or more	50% after deductible	50% after deductible	50% after deductible	\$30	\$100	50% after deductible Max \$250	50% after deductible Max \$350	
Bronze 6500-2	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,300 Individual \$16,600 Two or more	\$65 Primary Care 50% after deductible Specialist	50% after deductible	50% after deductible	\$30	\$100	50% after deductible Max \$250	50% after deductible Max \$350	
2023 McLaren Healt	h Plan (MHP) Community	y HMO Products for Sr	mall Groups HSA Off t	the Exchange						
HDHP HSA Gold 1750	\$1,750 Individual \$3,500 Two or more 20% Coinsurance	\$3,000 Individual, \$6,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$25 after deductible	\$75 after deductible	\$100 after deductible	20% after deductible Max \$300	
HDHP HSA Silver 3000	\$3,000 Individual \$6,000 Two or more 30% Coinsurance	\$6,000 Individual \$12,000 Two or more (\$9,100 for an Individual within a Family)	30% after deductible	30% after deductible	30% after deductible	\$35 after deductible	\$85 after deductible	\$125 after deductible	30% after deductible Max \$350	
HDHP HSA Bronze 6900	\$6,900 Individual \$13,800 Two or more 0% Coinsurance	\$6,900 Individual \$13,800 Two or more (\$9,100 for an Individual within a Family)	No charge after deductible	No charge after deductible	No charge after deductible	e No charge after deductible				
2023 McLaren He	alth Plan (MHP) Com	munity HMO Select	t Products for Sma	ll Groups Off Exch	ange					
Gold 2500 Select	\$2,500 Individual \$5,000 Family 20% Coinsurance	\$7,350 Individual, \$14,700 Family	\$25 Primary Care \$50 Specialist	\$50	\$250	\$30	\$65	\$125	\$275	
Silver 5000 Select	\$5,000 Individual \$10,000 Family 60% Coinsurance	\$9,100 Individual \$18,200 Family	\$50 Primary Care \$80 Specialist	\$60	\$400	\$30	\$90	\$150	\$300	

**Rewards Plans\*** HMO Plans

**Product Network Descriptions** 

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. All other Small Group HMO plans use the MHP Community Plans use the Community Network of physicians.



HEALTH PLAN COMMUNITY

2023 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, \$0 to \$10,000 Family. Coinsurance ranges from 70% to 100%	Primary Care Office Visit Copays range from \$10 to \$50; Specialist Office Visit Copays range from \$40 to \$80	Urgent Care Copays range from \$20 to \$75	Emergency Room Copays range from \$50 to \$300	A variety of prescription drug riders are available.		

2023 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
	НМО		Deductibles range from \$0 to \$5,000 Individual, \$0 to \$10,000 Family. Coinsurance ranges from 70% to 100%	Office Visit Copays range from \$10 to \$50	Urgent Care Copays	Emergency Room Copays range from \$50 to \$300	A variety of prescription drug riders are available.

New for 2023: Additional options for deductible, max out of pocket, a 5 tier prescription drug option, and a \$0 virtual visit rider.

### 2023 McLaren Health Plan (MHP) Community 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.

McLaren Health Plan offers qualified High Deductible Health Plans on the HMO or Point-of-Service (POS) platform. We offer a wide variety of deductible and coinsurance options. New for 2023, we are now offering both Embedded and Aggregate HDHP options. Embedded HDHP options are available on plans with a \$3000 deductible or higher.