

2021 High Deductible Health Plans (HMO+POS)

Group Name

Group Effective Date

Agent Name or Agency Name

McLaren Health Plan High Deductible Health Plan Options (HMO)							
Available Plans	Coinsurance		Deductible		Out of Pocket Maximum (Deductible, coinsurance and copays all accumulate to this OOP max)		Rx Copays
<input type="checkbox"/> Option 1 HDHP 1400 - 100 - Plan A	100%		\$1,400 / \$2,800		\$2,800 / \$5,600		\$10 / \$25 / \$40
<input type="checkbox"/> Option 2 HDHP 1400 - 100 - Plan B	100%		\$1,400 / \$2,800		\$2,800 / \$5,600		\$15 / \$25 / \$50
<input type="checkbox"/> Option 3 HDHP 1400 - 100 - Plan C	100%		\$1,400 / \$2,800		\$1,400 / \$2,800		\$0
<input type="checkbox"/> Option 4 HDHP 1400 - 80 - Plan A	80%		\$1,400 / \$2,800		\$2,800 / \$5,600		\$10 / \$25 / \$40
<input type="checkbox"/> Option 5 HDHP 1400 - 80 - Plan B	80%		\$1,400 / \$2,800		\$2,800 / \$5,600		\$15 / \$25 / \$50
<input type="checkbox"/> Option 6 HDHP 1750 - 80 - Plan A	80%		\$1,750 / \$3,500		\$3,500 / \$7,000		\$10 / \$25 / \$40
<input type="checkbox"/> Option 7 HDHP 1750 - 80 - Plan B	80%		\$1,750 / \$3,500		\$3,500 / \$7,000		\$20 / \$35 / \$80
<input type="checkbox"/> Option 8 HDHP 2000 - 100 - Plan A	100%		\$2,000 / \$4,000		\$4,000 / \$8,000		\$10 / \$25 / \$40
<input type="checkbox"/> Option 9 HDHP 2000 - 100 - Plan B	100%		\$2,000 / \$4,000		\$4,000 / \$8,000		\$15 / \$25 / \$50
<input type="checkbox"/> Option 10 HDHP 2000 - 80 - Plan A	80%		\$2,000 / \$4,000		\$4,000 / \$8,000		\$10 / \$25 / \$40
<input type="checkbox"/> Option 11 HDHP 2000 - 80 - Plan B	80%		\$2,000 / \$4,000		\$4,000 / \$8,000		\$15 / \$25 / \$50
<input type="checkbox"/> Option 12 HDHP 3000 - 100 - Plan A	100%		\$3,000 / \$6,000		\$6,000 / \$12,000		\$10 / \$25 / \$40
<input type="checkbox"/> Option 13 HDHP 3000 - 100 - Plan B	100%		\$3,000 / \$6,000		\$6,000 / \$12,000		\$15 / \$25 / \$50
<input type="checkbox"/> Option 14 HDHP 3000 - 80 - Plan A	80%		\$3,000 / \$6,000		\$6,000 / \$12,000		\$10 / \$25 / \$40
<input type="checkbox"/> Option 15 HDHP 3000 - 80 - Plan B	80%		\$3,000 / \$6,000		\$6,000 / \$12,000		\$15 / \$25 / \$50
<input type="checkbox"/> Option 16 HDHP 3000 - 70 - Plan A	70%		\$3,000 / \$6,000		\$6,000 / \$12,000		\$10 / \$25 / \$40
<input type="checkbox"/> Option 17 HDHP 3000 - 70 - Plan B	70%		\$3,000 / \$6,000		\$6,000 / \$12,000		\$20 / \$35 / \$80
<input type="checkbox"/> Option 18 HDHP 6550 - 100 - Plan A	100%		\$6,550 / \$13,100		\$6,550 / \$13,100		\$0
McLaren Health Plan High Deductible Health Plan Options (POS)							
Available Plans	Coinsurance		Deductible		Out of Pocket Maximum (Deductible, coinsurance and copays all accumulate to this OOP max)		Rx Copays
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
<input type="checkbox"/> Option 19 HDHP POS 1400 - Plan A	0%	30%	\$1,400/\$2,800	\$2,800/\$5,600	\$2,800/\$5,600	\$5,600/\$11,200	\$10/\$25/\$40
<input type="checkbox"/> Option 20 HDHP POS 1400 - Plan B	0%	30%	\$1,400/\$2,800	\$2,800/\$5,600	\$2,800/\$5,600	\$5,600/\$11,200	\$15/\$25/\$50
<input type="checkbox"/> Option 21 HDHP POS 2000 - Plan A	20%	40%	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000	\$10/\$25/\$40
<input type="checkbox"/> Option 22 HDHP POS 2000 - Plan B	20%	40%	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000	\$15/\$25/\$50
<input type="checkbox"/> Option 23 HDHP POS 3000 - Plan A	20%	40%	\$3,000/\$6,000	\$6,000/12,000	\$6,000/\$12,000	\$12,000/\$24,000	\$10/\$25/\$40
<input type="checkbox"/> Option 24 HDHP POS 3000 - Plan B	20%	40%	\$3,000/\$6,000	\$6,000/12,000	\$6,000/\$12,000	\$12,000/\$24,000	\$15/\$25/\$50

☐ Q1 : CHIRO \$500

☐ H2 : HEARING AID

☐ HX150 : HIGH TECH RADIOLOGY

☐ Q2 : CHIRO \$1000

☐ NT6 : Termination of Pregnancy 80%

☐ HX250 : HIGH TECH RADIOLOGY

☐ Q3 : CHIRO \$1500

☐ NT7 : Termination of Pregnancy 100%

Please send completed forms Attn: SALES via fax: 810-600-7931; or email: Quotes@mcclaren.org

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McclarenHealthPlan.org