



2024 CHANGE FORM

McLaren Health Plan Community Individual (Off Exchange) Application

HEALTH PLAN COMMUNITY

Mail completed application to: McLaren Health Plan Community, G-3245 Beecher Rd. Flint, MI 48532

Questions? Call: 888-327-0671 Fax: 810-600-7931

APPLICANT INFORMATION – PRIMARY APPLICANT

Applicant Name:				Member ID:	
Street Address:	City:	State:	Zip Code:	County:	
Home Phone Number: ()	Work Phone Number: ()		Mobile Phone Number: ()		
Marital Status: Single Married Divorced Widowed					

Are all applicants United States citizens, have a valid social security number, or non-U.S. citizens lawfully present in the U.S. and expected to remain so for the coverage year? Yes No

APPLICANT INFORMATION – LIST ALL INDIVIDUALS APPLYING FOR COVERAGE

Add or Delete	Name (Last, First, MI)	Gender	Race	Ethnicity	Language Preference	Birthdate (mm/dd/yyyy)	SS# <small>(you must supply this unless a child is less than 90 days old or the applicant is a lawful non-citizen)</small>	Primary Care Physician	Tobacco Usage
Add Delete	Primary Name:								
Add Delete	Spouse Name:								
Add Delete	Name: Dependent Child								
Add Delete	Name: Dependent Child								
Add Delete	Name: Dependent Child								
Add Delete	Name: Dependent Child								



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PLAN COVERAGE SELECTION

<p>McLaren Gold</p> <p>\$1,400/\$2,800 Deductible, 20% Coinsurance Total Out of Pocket Max \$8,000/\$16,000</p>	<p>McLaren Gold Standard</p> <p>\$1,500/\$3,000 Deductible, 25% Coinsurance, Total Out of Pocket Max \$8,700/\$17,400</p>
<p>McLaren Gold Virtual Care Plan (VCP)</p> <p>\$1,400/\$2,800 Deductible, 20% Coinsurance Total Out of Pocket Max \$8,000/\$16,000</p>	<p>McLaren Silver Standard</p> <p>\$5,900/\$11,800 Deductible, 40% Coinsurance, Total Out of Pocket Max \$9,100/\$18,200</p>
<p>McLaren Silver Exchange Virtual Care Plan (VCP)</p> <p>\$3,800/\$7,600 Deductible, 20% Coinsurance Total Out of Pocket Max \$8,550/\$17,100</p>	<p>McLaren Silver Exchange</p> <p>\$3,800/\$7,600 Deductible, 20% Coinsurance Total Out of Pocket Max \$8,550/\$17,100</p>
<p>McLaren Silver Rewards</p> <p>\$8,000/\$16,000 Deductible, 0% Coinsurance, Total Out of Pocket Max \$8,250/\$16,500 Reduced deductible of \$2,000/\$4,000 for Rewards providers</p>	<p>McLaren Bronze</p> <p>\$7,000/\$14,000 Deductible, 50% Coinsurance Total Out of Pocket Max \$9,450/\$18,900</p>
<p>McLaren Bronze Saver (Expanded) HSA</p> <p>\$7,500/\$15,000 Deductible, 0% Coinsurance Total Out of Pocket Max \$7,500/\$15,000</p>	<p>McLaren Bronze Virtual Care Plan (VCP)</p> <p>\$7,000/\$14,000 Deductible, 50% Coinsurance Total Out of Pocket Max \$9,450/\$18,900</p>
<p>McLaren Expanded Bronze Standard</p> <p>\$7,500/\$15,000 Deductible, 50% Coinsurance, Total Out of Pocket Max \$9,400/\$18,800</p>	<p>McLaren Young Adult/Catastrophic (30 years old or younger)</p> <p>\$9,450/\$18,900 Deductible, 0% Coinsurance Total Out of Pocket Max \$9,450/\$18,900</p>



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PLAN COVERAGE SELECTION (Continued)

Change	Effective Change Date: ____/____/____	Select reason for change below and attach any supporting documentation to substantiate change:	
		Marriage	Birth/Adoption of Child Name Change Address Change Other-Please Explain: _____
Termination	Effective Date to Terminate Coverage: ____/____/____	Terminate (select one):	Reason for Termination:
		Contract Spouse Dependent(s)	Divorce Dependent Over Age Other-Please Explain: _____
Applicant Signature:			Date:
Agent's Name:			Date:

G-3245 Beecher Road • Flint, Michigan • 48532
tel 888-327-0671 • fax 810-600-7931
McLarenHealthPlan.org