



HEALTH PLAN COMMUNITY

2025 CHANGE FORM

McLaren Health Plan Community Individual (Off Exchange) Application

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# (you must supply this unless a child is less than 90 days old or the applicant is a lawful non-citizen)	Primary Care Physician	Tobacco Usage
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Primary Name:								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Spouse Name:								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Name:								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Name:								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Name:								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Name:								



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PLAN COVERAGE SELECTION

☐

MHP Gold

\$1,400/\$2,800 Deductible, 20% Coinsurance Total Out of Pocket Max
\$8,000/\$16,000

☐

MHP Gold Standard

\$1,500/\$3,000 Deductible, 25% Coinsurance, Total Out of Pocket Max
\$7,800/\$15,600

☐

MHP Silver Exchange Rewards

\$8,000/\$16,000 Deductible, 50% Coinsurance, Total Out of Pocket
Max \$8,250/\$16,500
Reduced deductible of \$2,000/\$4,000 for Rewards providers

☐

MHP Silver Standard

\$5,000/\$10,000 Deductible, 40% Coinsurance, Total Out of Pocket
Max \$8,000/\$16,000

☐

MHP Silver Exchange

\$3,500/\$7,000 Deductible, 20% Coinsurance Total Out of Pocket Max
\$9,200/\$18,400

☐

MHP Bronze

\$7,500/\$15,000 Deductible, 50% Coinsurance Total Out of Pocket Max
\$9,200/\$18,400

☐

MHP Bronze Saver (Expanded)

\$8,300/\$16,600 Deductible, 0% Coinsurance Total Out of Pocket Max
\$8,300/\$16,000

☐

MHP Expanded Bronze Standard

\$7,500/\$15,000 Deductible, 50% Coinsurance, Total Out of Pocket Max
\$9,200/\$18,400

☐

MHP Young Adult/Catastrophic (30 years old or younger)

\$9,200/\$18,400 Deductible, 0% Coinsurance Total Out of Pocket Max
\$9,200/\$18,400



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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: <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption of Child <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Other-Please Explain: _____	
Termination	Effective Date to Terminate Coverage: ____/____/____	Terminate (select one): <input type="checkbox"/> Contract <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent(s)	Reason for Termination: <input type="checkbox"/> Divorce <input type="checkbox"/> Dependent Over Age <input type="checkbox"/> Other-Please Explain: _____
Applicant Signature:			Date:
Agent's Name:			Date:

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McLarenHealthPlan.org