McLaren HEALTH PLAN COMMUNITY

2026 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**
☐ Add ☐ Delete	**Primary Name:**	Male	American Indian	Decline	Other				Yes
☐ Add ☐ Delete	**Spouse Name:**	Male	American Indian	Decline	Other				Yes
☐ Add ☐ Delete	**Name:**	Male	American Indian	Decline	Other				Yes
☐ Add ☐ Delete	**Name:**	Male	American Indian	Decline	Other				Yes
☐ Add ☐ Delete	**Name:**	Male	American Indian	Decline	Other				Yes
☐ Add ☐ Delete	**Name:**	Male	American Indian	Decline	Other				Yes

2026 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

PLAN COVERAGE SELECTION	
☐ **McLaren Gold** $2,100/$4,200 Deductible, 20% Coinsurance Total Out of Pocket Max $8,000/$16,000	☐ **McLaren Gold Standard** $2,000/$4,000 Deductible, 25% Coinsurance, Total Out of Pocket Max $8,200/$16,400
☐ **McLaren Silver Rewards** $8,000/$16,000 Deductible, 50% Coinsurance, Total Out of Pocket Max $9,000/18,000 Reduced deductible $2,000/$4,000 for Rewards providers	☐ **McLaren Silver Standard** $6,000/$12,000 Deductible, 40% Coinsurance, Total Out of Pocket Max $8,900/$17,800
☐ **McLaren Silver Exchange** $4,250/$8,500 Deductible, 20% Coinsurance Total Out of Pocket Max $10,150/$20,300	☐ **McLaren Bronze** $8,250/$16,500 Deductible, 50% Coinsurance Total Out of Pocket Max $10,150/$20,300
☐ **McLaren Bronze Saver (Expanded)** $8,500/$17,000 Deductible, 0% Coinsurance Total Out of Pocket Max $8,500/$17,000	☐ **McLaren Expanded Bronze Standard** $7,500/$15,000 Deductible, 50% Coinsurance, Total Out of Pocket Max $10,000/$20,000
☐ **McLaren Young Adult/Catastrophic (30 years old or younger)** $10,600/$21,200 Deductible, 0% Coinsurance Total Out of Pocket Max $10,600/21,200	

2026 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

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):** ☐ Contract ☐ Spouse ☐ Dependent(s)	**Reason for Termination:** ☐ 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