



HEALTH PLAN COMMUNITY

2027 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 ☐ WidowedAre 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



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PLAN COVERAGE SELECTION	
☐ MHP Gold \$2,100/\$4,200 Deductible, 20% Coinsurance Total Out of Pocket Max \$8,000/\$16,000	☐ MHP Gold Standard \$2,500/\$5,000 Deductible, 25% Coinsurance, Total Out of Pocket Max \$8,600/\$17,200
☐ MHP Silver Exchange 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	☐ MHP Silver Standard \$6,400/\$12,800 Deductible, 40% Coinsurance, Total Out of Pocket Max \$10,300/\$20,600
☐ MHP Silver Exchange \$4,250/\$8,500 Deductible, 20% Coinsurance Total Out of Pocket Max \$10,150/\$20,300	☐ MHP Bronze \$8,250/\$16,500 Deductible, 50% Coinsurance Total Out of Pocket Max \$10,150/\$20,300
☐ MHP Bronze Saver (Expanded) \$8,500/\$17,000 Deductible, 0% Coinsurance Total Out of Pocket Max \$8,500/\$17,000	☐ MHP Expanded Bronze Standard \$7,500/\$15,000 Deductible, 50% Coinsurance, Total Out of Pocket Max \$12,000/\$24,000
☐ MHP Young Adult/Catastrophic (30 years old or younger) \$12,000/\$24,000 Deductible, 0% Coinsurance Total Out of Pocket Max \$12,000/\$24,000	



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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): ☐ Contract ☐ Spouse ☐ Dependent(s)	Reason for Termination: ☐ Divorce ☐ Dependent Over Age ☐ Other-Please Explain: _____
Applicant Signature:			Date:
Agent's Name:			Date:

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McLarenHealthPlan.org