



HEALTH PLAN COMMUNITY

## 2021 PRODUCTS AT A GLANCE

### INDIVIDUAL, SMALL, AND LARGE GROUP

This Summary is intended only to highlight the benefits provided by MHP Community and should not be relied upon to fully determine coverage. This health plan may not cover all health care expenses. Please refer to the MHP Community Certificate of Coverage for a complete listing of covered services, limitations and exclusions, and a description of all the terms and conditions of coverage. If this description conflicts in any way with the policy issued to the enrolling group, the policy will prevail. For answers to questions about information that appears in the summary, call Customer Service at 888-327-0671.



## HEALTH PLAN COMMUNITY

### 2021 McLaren Health Plan (MHP) Individual HSA Qualified HDHP On and Off Exchange

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
Bronze Saver	\$6,900 Individual \$13,800 Two or more 0% Coinsurance	\$6,900 Individual, \$13,800 Two more more (\$8,550 for an Individual in a Family)	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible

### 2021 McLaren Health Plan (MHP) Individual Young Adult/Catastrophic On and Off Exchange

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
Young Adult/ Catastrophic (30 years and under)	\$8,550 Individual \$17,100 Two or more 0% Coinsurance	\$8,550 Individual \$17,100 Two or more	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible

#### Product Network Description

Standard MHP Community Plans use the Community Network of physicians.



## HEALTH PLAN COMMUNITY

2021 McLaren Health Plan (MHP) Individual Plans									
Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
Silver 5000 (Off Exchange Only)	\$5,000 Individual \$10,000 Two ore more 30% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care; \$80 Specialist	\$60	30% after deductible	\$15	\$75	\$200	30% after deductible
Bronze 6500	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,500 Individual \$17,000 Two or more	50% after deductible	50% after deductible	50% after deductible	\$30	\$80 after deductible	50% after deductible	50% after medical deductible
Gold 1400	\$1,400 Individual \$2,800 Two ore more <u>Coinsurance:</u> Medical: 20%	\$6,750 Individual \$13,500 Two or more	\$30 Primary Care; \$50 Specialist	\$60	20% after deductible	\$5	\$65	\$125	30%
Silver Exchange	\$3,700 Individual \$7,400 Two or more Rx Deductible: \$500 <u>Coinsurance:</u> Medical: 20%	\$8,150 Individual \$16,300 Two or more	\$30 Primary Care; \$65 Specialist after deductible	\$75	20% after deductible	\$10	\$75	\$125	40% after \$500 Rx deductible

### Product Network Description

Standard MHP Community Plans use the Community Network of physicians.

Individual



HEALTH PLAN COMMUNITY

2021 McLaren Health Plan (MHP) Community HMO Products for Small Groups Off Exchange

						Prescription Drugs			
Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
Platinum Rewards	\$500 Individual \$1,000 Two or more 20% Coinsurance	\$3,000 Individual \$6,000 Two or more	\$30 Primary Care; \$40 Specialist	\$60	\$250	\$25	\$55	\$100	\$300
Platinum Rewards 1250	\$1,250 Individual \$2,500 Two or more 20% Coinsurance	\$5,500 Individual \$11,000 Two or more	\$30 Primary Care; \$40 Specialist	\$60	\$250	\$25	\$55	\$100	\$300
Gold Rewards	\$3,000 Individual \$6,000 Two or more 25% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care; \$60 Specialist	\$60	\$100 after deductible	\$30	\$65	\$150	\$350
Silver Rewards	\$8,550 Individual \$17,100 Two or more 50% Coinsurance	\$8,550 Individual \$17,100 Two or more	50% after deductible	50% after deductible	50% after deductible	\$45	\$150	\$250	\$350
Platinum 750	\$750 Individual Two or more 20% Coinsurance	\$1,500 \$2,500 Individual \$5,000 Two or more	\$20 Primary Care; \$40 Specialist	\$65	\$250	\$25	\$55	\$100	\$300
Gold 1250	\$1,250 Individual Two or more 20% Coinsurance	\$2,500 \$6,000 Individual \$12,000 Two or more	\$25 Primary Care; \$50 Specialist	\$50	\$250	\$30	\$65	\$150	\$350
Silver 5000-1	\$5,000 Individual \$10,000 Two or more 40% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$45 Primary Care; \$80 Specialist	\$60	\$400	\$35	\$90	\$200	\$350
Bronze 6500-1	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,150 Individual \$16,300 Two or more	50% after deductible	50% after deductible	50% after deductible	\$35	\$120	50% after deductible	50% after deductible, \$400 Max
Gold HRA 4500	\$4,500 Individual Two or more 20% Coinsurance \$500 Employer HRA Contribution allowed	\$9,000 \$6,350 Individual \$12,700 Two or more	\$30 Primary Care; \$50 Specialist	\$60	20% after deductible	\$35	\$80	\$120	\$350
Gold 2000	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$6,500 Individual \$13,000 Two or more	\$25 Primary Care; \$50 Specialist	\$50	\$250	\$30	\$65	\$150	\$350
Silver 3000	\$3,000 Individual \$6,000 Two or more 30% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$45 Primary Care; \$80 Specialist	\$60	30% after deductible	\$35	\$90	\$200	\$350
Silver 5000-2	\$5,000 Individual \$10,000 Two or more 30% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$40 Primary Care; \$60 Specialist	\$60	\$400 after deductible	\$35	\$90	\$200	\$350
Bronze 6500-2	\$6,500 Individual \$13,000 Two or more 50% Coinsurance	\$8,150 Individual \$16,300 Two or more	\$65 Primary Care; 50% after deductible Specialist	50% after deductible	50% after deductible	\$35	\$120	50% after deductible	50% after deductible, Max \$400

Product Network Descriptions

**Rewards Plans** MHP Community Rewards Plans offer two networks of physicians to members; the larger Community Network and a Rewards Network which can reduce costs to members.

**Standard HMO Plans** Standard MHP Community Plans use the Community Network of physicians.

Community Small Group Plans



HEALTH PLAN COMMUNITY

2021 McLaren Health Plan (MHP) Community HMO Products for Small Groups HSA Off the Exchange									
Product Name	Deductible and Coinsurance	OOP Maximum	Office Visit	Urgent Care	Emergency Room	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP HSA Platinum 1400	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$1,400 Individual \$2,800 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible			
HDHP HSA Gold 1750	\$1,750 Individual \$3,500 Two or more 20% Coinsurance	\$2,500 Individual \$5,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$40 after deductible	\$80 after deductible	20% after deductible
HDHP HSA Silver 3000	\$3,000 Individual \$6,000 Two or more 30% Medical Coinsurance 20% Rx Coinsurance	\$6,000 Individual \$12,000 Two or more	30% after deductible	30% after deductible	30% after deductible	\$10 after deductible	\$40 after deductible	\$80 after deductible	20% after deductible
HDHP HSA Bronze 6900	\$6,900 Individual \$13,800 Two or more 0% Coinsurance	\$6,900 Individual \$13,800 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible			

**Product Network Description**

Standard MHP Community Plans use the Community Network of physicians.



HEALTH PLAN COMMUNITY

2021 McLaren Health Plan (MHP) Community HMO Select Products for Small Groups Off Exchange									
						Prescription Drugs			
Product Name	Deductible and Coinsurance	OOP Maximum	Office Visit	Urgent Care	Emergency Room	Generic	Preferred Brand	Non-Preferred Brand	Specialty
Silver 5000 - 1 Select	\$5,000 Individual \$10,000 Family 40% Coinsurance	\$8,150 Individual \$16,300 Family	\$45 Primary Care; \$80 Specialist	\$60	\$400	\$35	\$90	\$200	\$350
Gold 2000 Select	\$2,000 Individual \$4,000 Family 20% Coinsurance	\$6,500 Individual \$13,000 Family	\$25 Primary Care; \$50 Specialist	\$50	\$250	\$30	\$65	\$150	\$350

**Product Network Description:**

The Select Plans use the McLaren Health Plan Community Select Network of high quality providers to help reduce costs.



## HEALTH PLAN COMMUNITY

### 2021 McLaren Health Plan (MHP) Community Point of Service Products for Large Groups

Product Name	Product Information	Deductible and Coinsurance	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
Point of Service Plan	The MHP Point of Service Plans utilize the Community Network of physicians. The Point of Service plans are customized for each large group and provide Out of Network Access.	Deductibles range from \$0 to \$5,000 Individual \$0 to \$10,000 Family Coinsurance ranges from 70% to 100%	Office Visit Copays range from \$10 to \$50	Urgent Care Copays range from \$25 to \$75	Emergency Room Copays range from \$50 to \$300	See drug copays listed below*

### 2021 McLaren Health Plan (MHP) Community HMO Products for Large Groups

Product Name	Product Information	Deductible and Coinsurance	Office Visit	Urgent Care	Emergency Room	Prescription Drugs
HMO	The MHP HMO Plans utilize the Community Network of physicians.	Deductibles range from \$0 to \$5,000 Individual \$0 to \$10,000 Family Coinsurance ranges from 70% to 100%	Office Visit Copays range from \$10 to \$50	Urgent Care Copays range from \$25 to \$75	Emergency Room Copays range from \$50 to \$300	See drug copays listed below*

\*\$5/\$20/\$50; \$10/\$30/\$50; \$10/\$20/\$30; \$10/\$25/\$40; \$15/\$25/\$50; \$10/\$25/\$50; \$10/\$30/\$60; \$20/\$50/\$80; \$5/\$30/\$60; \$15/\$30/\$60; \$10/\$40/\$40; \$10/\$40/\$80; \$20/\$40/\$80/\$100; \$20/\$50/\$80/\$200; \$10/\$20/\$200/\$300; \$20/\$40/\$200/\$300; \$5/\$30/\$100/\$250; \$10/\$40/\$200/\$350; \$20/\$50/\$200/25% max \$400; \$0/\$15/\$50/25% max \$200

**New Riders:** Additional Specialist Copay Option \$40 Specialist Copay Rider  
High Tech Imaging Copayment Riders \$150 copay or 50% of approved amount, whichever is less  
\$250 copay or 50% of approved amount, whichever is less

**Select Plan - The Select Plan uses the McLaren Health Plan Select Network of high quality providers to reduce costs.**

**Talk to your sales executive to learn more about this exciting new product. The Select Plan is only available with the HMO plan.**

**Note:** ns cannot be sold without Rx at this time



HEALTH PLAN COMMUNITY

2021 McLaren Health Plan (MHP) Community HMO High Deductible Health Plans for Large Groups

Product Information - The MHP HMO High Deductible Health Plans utilize the Community Network of physicians. These plans are HSA (Health Savings Account) compatible plans.

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 1400 - 100 - Plan A	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1400 - 100 - Plan B	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 1400 - 100 - Plan C	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$1,400 Individual \$2,800 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible			
HDHP 1400 - 80 - Plan A	\$1,400 Individual \$2,800 Two or more 20% Coinsurance	\$2,800 Individual \$5,600 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1400 - 80 - Plan B	\$1,400 Individual \$2,800 Two or more 20% Coinsurance	\$2,800 Individual \$5,600 Two or more	20% after deductible	20% after deductible	20% after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 1750 - 80 - Plan A	\$1,750 Individual \$3,500 Two or more 20% Coinsurance	\$3,500 Individual \$7,000 Two or more	\$10 Primary Care \$20 Specialist Copays apply after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1750 - 80 - Plan B	\$1,750 Individual \$3,500 Two or more 20% Coinsurance	\$3,500 Individual \$7,000 Two or more	\$20 Primary Care \$40 Specialist Copays apply after deductible	20% after deductible	20% after deductible	\$20 after deductible	\$35 after deductible	\$80 after deductible	\$80 after deductible
HDHP 2000 - 100 - Plan A	\$2,000 Individual \$4,000 Two or more 0% Coinsurance	\$4,000 Individual \$8,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 2000 - 100 - Plan B	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$4,000 Individual \$8,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 2000 - 80 - Plan A	\$2,000 Individual \$4,000 Two or more 0% Coinsurance	\$4,000 Individual \$8,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 2000 - 80 - Plan B	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$4,000 Individual \$8,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 3000 - 100 - Plan A	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 3000 - 100 - Plan B	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible



**2021 McLaren Health Plan (MHP) Community HMO High Deductible Health Plans for Large Groups**

**Product Information** - The MHP HMO High Deductible Health Plans utilize the Community Network of physicians. These plans are HSA (Health Savings Account) compatible plans.

Product Name	Deductible and Coinsurance	OOP	Office Visit	Urgent Care	Emergency Room	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 3000 - 80 - Plan A	\$3,000 Individual \$6,000 Two or more 20% Coinsurance	\$6,000 Individual \$12,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 3000 - 80 - Plan B	\$3,000 Individual \$6,000 Two or more 20% Coinsurance	\$6,000 Individual \$12,000 Two or more	20% after deductible	20% after deductible	20% after deductible	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 3000 - 70 - Plan A	\$3,000 Individual \$6,000 Two or more 30% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$15 Primary Care \$30 Specialist Copays apply after deductible	30% after deductible	30% after deductible	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 3000 - 70 - Plan B	\$3,000 Individual \$6,000 Two or more 30% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$40 Primary Care \$80 Specialist Copays apply after deductible	30% after deductible	30% after deductible	\$20 after deductible	\$35 after deductible	\$80 after deductible	\$80 after deductible
HDHP 6550 - 100 - Plan A	\$6,550 Individual \$13,100 Two or more 0% Coinsurance	\$6,550 Individual \$13,100 Two or more	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible			

**NEW! Select Plan** - The Select Plan uses the McLaren Health Plan Select Network of high quality providers to reduce costs. Talk to your sales executive to learn more about this exciting new product.

**2021 McLaren Health Plan (MHP) Community POS High Deductible Health Plans for Large Groups**

Product Name	Deductible and Coinsurance (In Network)	OOP (In Network)	Deductible (Out of Network)	Coinsurance (Out of Network)	OOP (Out of Network)	Prescription Drugs			
						Generic	Preferred Brand	Non-Preferred Brand	Specialty
HDHP 1400 - 100 - Plan A	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	\$2,800 Individual \$5,600 Two or more	30% after deductible	\$5,600 Individual Family \$11,200	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 1400 - 100 - Plan B	\$1,400 Individual \$2,800 Two or more 0% Coinsurance	\$2,800 Individual \$5,600 Two or more	\$2,800 Individual \$5,600 Two or more	30% after deductible	\$5,600 Individual Family \$11,200	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 2000 - 80 - Plan A	\$2,000 Individual \$4,000 Two or more 0% Coinsurance	\$4,000 Individual \$8,000 Two or more	\$4,000 Individual \$8,000 Two or more	40% after deductible	\$8,000 Individual Family \$16,000	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 2000 - 80 - Plan B	\$2,000 Individual \$4,000 Two or more 20% Coinsurance	\$4,000 Individual \$8,000 Two or more	\$4,000 Individual \$8,000 Two or more	40% after deductible	\$8,000 Individual Family \$16,000	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible
HDHP 3000 - 100 - Plan A	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$6,000 Individual \$12,000 Two or more	40% after deductible	\$12,000 Individual Family \$24,000	\$10 after deductible	\$25 after deductible	\$40 after deductible	\$40 after deductible
HDHP 3000 - 100 - Plan B	\$3,000 Individual \$6,000 Two or more 0% Coinsurance	\$6,000 Individual \$12,000 Two or more	\$6,000 Individual \$12,000 Two or more	40% after deductible	\$12,000 Individual Family \$24,000	\$15 after deductible	\$25 after deductible	\$50 after deductible	\$50 after deductible