

Thank you for partnering with McLaren Health Plan Community. This guide has been designed to provide you with a resource for McLaren Health Plan Community.

If you require any information not covered in this guide, or if you need clarification of any information, please contact an Account Service Representative toll free at (888) 327-0671, option 3. See **Section 1: Contact Information** for additional departments' mailing addresses and telephone numbers.

Introduction

McLaren Health Plan, Inc. is a Michigan nonprofit corporation certified by the State of Michigan as a health maintenance organization (HMO). In this guide, the terms “McLaren Health Plan” and “MHP Community” also include reference to McLaren Health Plan Community, a Michigan nonprofit corporation and HMO that is a wholly owned subsidiary of McLaren Health Plan.

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Section 1: Contact Information

McLaren Health Plan Community Contacts

Department	Address					
Sales Department Group, Individual, Medicare Supplement, Medicare Advantage	McLaren Health Plan Community Attn: Sales Department G-3245 Beecher Road Flint, MI 48532 MHPsales@mclaren.org (888) 327-0671, option 3 (810) 600-7931 Fax	McLaren Medicare Advantage Attn: McLaren Medicare G-3245 Beecher Road Flint, MI 48532 MAPDsales@mclaren.org (833) 358-2404				
Premium Billing & Commission Questions	<p style="text-align: center;">McLaren Health Plan Community P.O. Box 771983 Detroit, MI 48277-1983</p> <table border="1" style="width: 100%; margin: 10px auto;"> <tr> <td style="width: 50%; text-align: center;">(888) 327-0671</td> <td style="width: 50%; text-align: center;">(810) 600-7947 Fax</td> </tr> <tr> <td style="width: 50%; text-align: center;">(810) 733-9750</td> <td></td> </tr> </table> <p style="text-align: center;">Over-night Payments should be sent to: McLaren Health Plan Attn: Finance Department G-3245 Beecher Road Flint, MI 48532</p> <p style="text-align: center;">Electronic payments: www.pay.instamed.com/mclaren.comm</p>		(888) 327-0671	(810) 600-7947 Fax	(810) 733-9750	
(888) 327-0671	(810) 600-7947 Fax					
(810) 733-9750						
Customer Service	<p style="text-align: center;">McLaren Health Plan Community Attn: Customer Service Department G-3245 Beecher Road Flint, MI 48532 customerservice@mclaren.org (888) 327-0671</p>					
Membership/Enrollment	<p style="text-align: center;">McLaren Health Plan Community Attn: Membership Department G-3245 Beecher Road Flint, MI 48532 enrollments@mclaren.org (810) 600-7944 Fax</p>					

Section 2: General Information

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2.1 Product Description

Large group

McLaren offers a variety of plans for large employers including HMO, HMO HDHP, POS, and POS HDHP. Each of these plans have various deductible, coinsurance, out-of-pocket maximum, prescription drug, and copay options. Our plans require selection of a primary care physician PCP, but no referrals are required. Preauthorization is required for some medical services. Please refer to the certificate of coverage for more detail. Members are covered for urgent and emergency care anywhere in the world.

HMO Plans give members access to McLaren Health Plan Community network, a large network of participating providers. There are 142 hospitals and over 78,000 provider locations of care available. Members must seek care from in-network providers, except for emergency care.

HMO High Deductible Health Plans (HDHP) use the McLaren Health Plan Community network. The deductible must be met before the plan begins to pay. Preventive services will be covered at 100% and are available in Option A. Deductible does not apply to these services. These plans may be paired with a Health Savings Account (HSA) to help pay for certain medical expenses with pre-tax dollars.

Point-of-Service (POS) Plans combine the elements of an HMO and a PPO into one plan by allowing members the flexibility to determine how and where they want to receive services and the amount they want to pay for those services. They can move between Option A (in-network benefits) and Option B (out-of-network) benefits each time they seek care. When seeking care in Option A (in-network) members will receive the highest benefit with least amount out of pocket. Option B (out-of-network) offers flexibility to seek care from providers outside of the network. However, higher cost share will apply.

POS HDHP Plans also provide the flexibility of moving between Options A and B (in-network and out-of-network) benefits each time members seek care. Most services require the deductible to be met before the plan begins to pay, excluding preventive services which are covered at 100%. Preventive services are covered in Option A. These plans may be paired with a Health Savings Account (HSA) to help pay for certain medical expenses with pre-tax dollars.

Small Group

There are many HMO plans available with MHP off the exchange for employers with 2-50 full time employees. Members must select a PCP. No referrals are needed, but some services do require preauthorization. Agents can review plan options at:

www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/MHP%20Documents/2022ProductsataGlance.pdf

- Standard plans – Platinum, Gold, Silver, and Bronze
- H.S.A.-qualified HDHPs – Platinum, Gold, Silver, and Bronze
- Rewards plans – Platinum, Gold, and Silver
 - Deductibles and copays for these plans may be waived when members choose a provider in the Rewards network.
- Select plans – Gold and Silver
 - Available in specific counties, these plans offer access to a select network of providers to provide you with high-quality care at a lower cost.

Individual and Family Plans

For individuals and qualified dependents. Individual plans can be purchased on or off the exchange. McLaren Now Plans (Virtual PCP) are available in select areas and provide convenient virtual options for care.

Medicare Supplement

For individuals aged 65 and older MHP offers four Medicare Supplement plans – A, C, D, F, High Deductible F, G, and High Deductible G and N. Also called Medigap plans, they help cover certain costs Original Medicare does not. Members can use any provider contracted with Medicare. Family discounts are available.

Note: Plans C, F, and HD-F are only available to those eligible for Medicare prior to January 1, 2020 and may be subject to underwriting.

Medicare Advantage

McLaren Medicare is a Medicare Advantage Prescription Drug plan. We have three plans available currently. If you are eligible for a Medicare DSNP plan, we have one option available. We have a \$0 premium plan and plans with additional benefits such as a \$200 per year for over-the-counter items you use every day, additional dental and hearing benefits, and health and fitness perks. For more information, please call (833) 358-2404 or visit our website at:

<https://www.mclarenhealthplan.org/medicare/medicare-home>

2.2 Underwriting Guidelines

Underwriting Guidelines – Large Group

<https://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/Agents/UnderwritingGuidelinesLgGrp.pdf>

Underwriting Guidelines – Small Group

<https://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/Agents/UnderwritingGuidelinesSmGrp.pdf>

2.3 Frequently Asked Questions

The following questions and answers provide you with information on the most frequently asked questions and will help you find the information you need in this guide. If you're still having trouble finding what you need, please call an Account Service Representative at (888) 327-0671, option 3.

- **How do I submit a quote?**
 - **Large Groups:** Large group quotes can be submitted to your sales executive.
 - **Individual Quotes:** Email your quote request to quotes@mclaren.org
 - **Small Group Quotes:** The new McLaren Health Plan small group online rating tool, McLaren 1Quote, is now available. It's quick and easy to use. Simply input your census information and you will immediately receive your small group quote. If you are not yet signed up to use this online quoting tool, please contact mhpsales@mclaren.org. We will send you a link to register.

- **What is the turnaround time?** Large group 5-7 days; individual 1-2 days; small group immediate access through McLaren 1Quote.

- **What information is needed?**
 - **Large group:**
 - Group name and address, nature of business/SIC code, requested effective date and due date of quote.
 - Employee census including home zip codes, plan tier (single, double, family), and plan elections if multiple plans are offered.
 - Current carrier renewal packets for current and previous year, current benefit plan descriptions, and experience (if applicable).
 - **Small group:** Sign up for access to McLaren 1Quote to begin. McLaren 1Quote uses a specific census template. The template is available within the quoting program.

- **Individual:** Name, home city and zip, dates of birth, tobacco status, and requested effective date.
- **Commissions questions**
 - **When are commissions processed?** Commissions are processed at the end of the month.
 - **When should I expect payment?** If you have direct deposit, you should have your payment by the end of the month. If you are paid by check you should have your payment the first week of the following month.
 - **Can I sign up for direct deposit?** Yes, contact sales support for assistance, (888) 327-0731, option 3.
- **What information can I access on the McLaren Connect Agent Portal?**
 - Verify group/member eligibility
Please note: Currently unable to access individual or Medicare Sup membership through McLaren Connect.
 - View and print group/member eligibility rosters
 - View and print group benefit information
 - View a member's demographic information
 - View group premium billing statements
 - View commission statements, unless you are receiving payment through your agency
- **Medicare Advantage Agent Portal**
 - Create web enrollments
 - Lead Management System
 - Verify application status
 - Search for enrolled members

2.4 Provider Directory

Members of McLaren Health Plan Community will need to determine whether their provider participates with McLaren Health Plan. A provider directory that lists McLaren Health Plan Community's network physicians, hospitals, urgent care facilities, ancillary providers, and pharmacies is available at www.McLarenHealthPlan.org or by calling Customer Service at (888) 327-0671. The provider directory is kept as current as possible to reflect new providers joining McLaren Health Plan Community. If there are questions about a specific provider, a prompt answer may be obtained from Customer Service at (888) 327-0671.

<https://www.mclarenhealthplan.org/community-consumer/find-a-provider-community>

2.5 Selecting a Primary Care Physician (PCP)

Each member must select a PCP from the list of MHP Community participating providers. A parent has the option of choosing an MHP Community participating pediatrician as the PCP for a child under 18 years of age. MHP Community will make every attempt to honor the member's choice.

Members who need to change their PCP can do this online at <http://www.McLarenhealthplan.org> or they may call Customer Service at (888) 327-0671. MHP Community can assist members with their requests and verify that the PCP they have chosen is accepting new patients. Members may also visit our website at <https://www.mclarenhealthplan.org/community-consumer/find-a-provider-community> for the current provider directory. The change will be effective the first day of the month following notification to MHP Community. Members may start seeing their new PCP when the change becomes effective.

2.6 Customer Service

Customer Service is the first point of contact for members with health care coverage concerns or questions. Customer Service representatives are available to respond to inquiries regarding issues such as eligibility, benefits, selecting a PCP, member ID cards, and claims processing. In addition, Customer Service representatives may assist members when they have questions regarding the administrative process in situations where services require MHP Community preauthorization, emergency services, or requesting reconsideration of a claim's payment.

Customer Service is available Monday through Friday, 8:00 am to 6:00 pm at (888) 327-0671 to assist Members with any health plan inquiry.

2.7 Confidentiality

All individually identifiable member information – including medical records and information, referrals, evaluations, and personal information – is kept confidential in accordance with federal and state laws. Employees of McLaren Health Plan Community follow confidentiality policies and are required to follow specific procedures while handling members' medical and personal information. Internal disclosure to McLaren Health Plan Community employees is permitted for the purpose of accomplishing business functions but is restricted to only those who need to know the information to perform their job duties.

Except as otherwise provided by law, McLaren Health Plan Community will not honor a request for the release of individually identifiable member information without the express written consent of the member or person authorized by law to act on behalf of the member. If an employee member or individual member wants you (as the agent representative) or another person to discuss their confidential member information or receive their medical records, they must sign an Authorization for Use and Disclosure of Protected Health Information form so that MHP Community can discuss their

confidential information (including claims) with you. This form can also be found on our on our website here:

<https://www.mclarenhealthplan.org/mhp/auth-for-use-mhp>

Except for enrollment information, information that MHP Community shares with agents is not personally identifiable unless consent is obtained from the member. MHP Community also states its expectations about the confidentiality of member information and records within all practitioner, provider, and vendor contracts.

Section 3: Group Enrollment and Renewals

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3.1 Group Enrollment Requirements

- A group must enroll and maintain a minimum of two (2) employees per benefit plan to be eligible.
- Small group coverage is available only for businesses with at least one full-time equivalent (FTE) employee other than owners, partners, or family members.
Note: A family member is considered as living within the same household.
- Group must be of a permanent nature and financially stable.
- Group must have been formed for a purpose other than to secure group insurance.
- Eligible employees are employees who receive a W-2 form and who work a minimum of 30 hours per week. Part-time employees are eligible provided they work a minimum of 17.5 hours per week. Eligibility is specified in the Group Enrollment and Coverage Agreement and rules are applied to all employees uniformly.
- Seasonal employees, directors, corporate officers, trustees, corporate lawyers, and owners or partners are not eligible unless they are full-time employees. Contracted employees (1099) are not eligible.
- The group must carry workers' compensation insurance unless it is not required by law. If the employer is exempt from providing workers' compensation insurance, the Notice of Exclusion form must be provided. The form must include the Michigan Department of Labor Notice of Exclusion stamp in the upper right-hand corner.
- Group must have a physical presence in the MHP Community approved service area.
- No more than 10 percent of eligible employees may reside outside the MHP Community approved service area; this rule applies to large group only. For small group, all employees must reside within the service area.

3.2 New Group Submission Process

Sales Sold Group Checklist – Small Group --

<https://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/Agents/MHP20170623SmGrpSoldChckList.pdf>

Sales Sold Group Checklist – Large Group --

<https://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/Agents/MHP20170713LgGrpSoldChckList.pdf>

3.3 Renewal Process

Renewal Requirements

Approximately 90 days prior to renewal month, MHP will provide group renewal package with new rates, additional plan options, and a Group Status Verification form.

- a. Group Status Verification** – Group must complete and return the Group Status Verification form at least 30 days prior renewal date to ensure timely implementation of any change(s) and to allow ample time to re-issue ID cards if there is a change.
- b. Waivers** – Group must provide a current list of employees waiving coverage and their reason at least 30 days prior to the renewal date each year.
- c. Workers' Compensation Insurance Declarations Page** – Group must maintain valid and up-to-date Workers' Compensation coverage and supply an updated copy of the policy to MHP upon request, unless group is exempt from maintaining Workers' Compensation. Proof of exemption will be required.
- d. Quarterly Wage Detail Report** – Upon MHP's request, group must provide a copy of the most recent Quarterly Wage Detail Report when submitting renewal documents.

Note: Large groups with less than 25 enrolled must automatically provide the Quarterly Wage Detail Report to MHP at least 30 days prior to renewal. Small groups of five (5) or less enrolled must automatically provide the Quarterly Wage Detail Report to Plan at least 30 days prior to renewal.

Open Enrollment

McLaren Health Plan and the group will hold an open enrollment period where employees can make changes if they wish to. McLaren Health Plan will supply open enrollment materials and can assist with employee presentations if necessary.

Member Materials

If the group makes a benefit change (for example, office visit, or ER co-payment) that will impact the ID cards, new ID cards are issued for the entire group within 10-15 business days after the renewal is completed. Any change to the policy will be mailed to each subscriber's home within 30 days of the group's renewal. Members will also receive a Member Handbook.

Section 4: Online Tools

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4.1 Agent Portal

McLaren CONNECT agent portal can be accessed on [McLaren CONNECT](#). Log in credentials will be provided after MHP has set up the account. If you don't have an account and would like one, please email MHPsales@mcclaren.org. The portal is a secure, web-based system that allows you to:

- Verify group/member eligibility
Please note: Currently unable to access individual or Medicare Sup membership through McLaren Connect.
- View and print group/member eligibility rosters
- View and print group benefit information
- View a member's demographic information
- View group premium billing statements
- View commission statements, unless you are receiving payment through your agency

4.2 Group Information

McLaren Health Plan Community group administrator portal can be accessed on [McLaren CONNECT](#). Log in credentials will be provided once the group is active. The portal is a secure, web-based system that allows the group to:

- Verify member eligibility
- View and print member eligibility rosters
- View and print member benefit information
- View a member's demographic information
- Enroll new employees
- Make changes to current enrollees, such as adding new dependents, performing address changes, and termination of employee policies

4.3 Member Information

McLaren Health Plan Community encourages employers to direct their employees to our website for useful information regarding:

- McLaren Connect member portal
- Review enrollment history
- Access claims history
- Request a PCP change
- View and print ID cards
- View and print EOBs
- Search for network providers
- View plan summaries
- Look up Rx claims history, prescription costs, drug interactions, and generic equivalents
- Send customer service inquiries via secure email
- Use the mobile app with all the features above (available through the Apple App Store and Google Play)



- The latest edition of the McLaren Health Plan Community Member Newsletter
- Guides to obtaining prescription medication, including how to work with McLaren Health Plan Community formulary

McLaren Health Plan Community Members are also encouraged to contact Customer Service with questions concerning their health care benefits or required medical care. Customer Service representatives are available Monday through Friday from 8:00 am to 6:00 pm at **(888) 327-0671**.

4.4 Member Portal

- **McLaren CONNECT:**
<https://www.mclarenhealthplan.org/community-member/mclaren-connect>

4.5 Other Resources and Links

- **Find A Provider:**
<https://www.mclarenhealthplan.org/community-member/find-a-provider-community>
- **Pharmacy Benefit Information:**
<https://www.mclarenhealthplan.org/community-member/pharmacy-mhp>
- **Health and Wellness:**
<https://www.mclarenhealthplan.org/community-member/health-mhp>
- **Member Information:**
<https://www.mclarenhealthplan.org/community-member/customer-information-mhp>
- **Service Area Map:**
<https://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/MHP%20Documents/Service-Area-Map-2022.pdf>