

Health, Wellness and You

September 2026



“Health, Wellness and You” is the member newsletter for McLaren Health Plan Inc. Medicaid, Healthy Michigan, Individual and Community members, collectively referred to as “members.” It is published twice per year by McLaren Health Plan Inc., which shall be referred to as “MHP” throughout this newsletter.

TABLE OF CONTENTS

Customer Service	3
Welcome & Important Notice	4
Member Survey, Medicare Advantage Plans & MyCommunity Connect	5
Health Insurance Terms You Should Know	6
Dental Tips & Living With HIV	9
Rx Kids, McLaren Now, Shots & Wellness Checks For Kids	10
Seasonal Respiratory Viruses & Flu Shots	11
How MHP Helps Manage Your Health	12
Maven	16
Take Care Of Yourself!	17
Diabetes Prevention & Programs, Your Satisfaction	18
Stay In Touch Survey, MC3, Text Reminders	19
Available Public Benefits	20
Help Prevent Fraud, Waste and Abuse	22

We want to answer your questions and help you get the care you deserve. If you have questions about the content of this newsletter, please call Customer Service. Here's how you can reach us or find out more information:

Customer Service

Monday through Friday, 8 a.m. to 6 p.m.
888-327-0671 (TTY: 711)
Fax: 833-540-8648

Online

www.McLarenHealthPlan.org

Click on Contact Us in the Featured Links section on the Home Page.

Our website has been redesigned with you in mind! McLaren Health Plan updated www.McLarenHealthPlan.org to make information easier to find. It also includes useful member information, such as our Privacy Notice; provider directories; Rights and Responsibilities statement; healthy reminders; services covered by McLaren Health Plan; what to do when you need a medication; information about our quality programs; our Clinical Practice Guidelines and much more.

McLaren CONNECT is our member portal. Once you register, you can check your coverage and benefits, review claims, view and print ID cards, search the provider directory and more. The portal is easy to use. The Quick Links tab allows for easy access to Frequently Asked Questions, how to change your PCP, make payments and contact Customer Service. To register or sign in, go to www.mclarenhealthplan.org and click "McLaren CONNECT Login" in the upper right hand corner. If you need help, call Customer Service: 888-327-0671 (TTY: 711).

Member Handbooks

Your McLaren Health Plan member handbook is available on our website. Go to McLarenHealthPlan.org, click on Member, click on Communications, then find your plan specific handbook. The Medicaid member handbook will be updated in October and the most recent version can be found on our website. The handbooks are updated annually and include benefit details about your plan. For a complete list of your covered benefits and exclusions from coverage, please refer to your Certificate of Coverage and any applicable riders. Call Customer Service if you would like a printed copy of any of your member materials.

Mail

McLaren Health Plan
G-3245 Beecher Road
Flint, MI 48532

If you need to make a payment, please mail it to the appropriate lockbox listed below:

MCLAREN HEALTH ADVANTAGE

P.O. Box 771981

Detroit, MI 48277-1981

MCLAREN HEALTH PLAN

P.O. Box 771982

Detroit, MI 48277-1982

MCLAREN HEALTH PLAN COMMUNITY

P.O. Box 771983

Detroit, MI 48277-1983



Address Update

Medicaid beneficiaries: Please report any change in phone number, email or address to the Michigan Department of Health and Human Services (MDHHS). You can do this by going to www.newmibridges.michigan.gov. You will need to create an account if you don't have one by choosing Register. Please report changes in both the Profile section and the Report Changes section. Your local office will use the Report Changes area to update your address for your case.

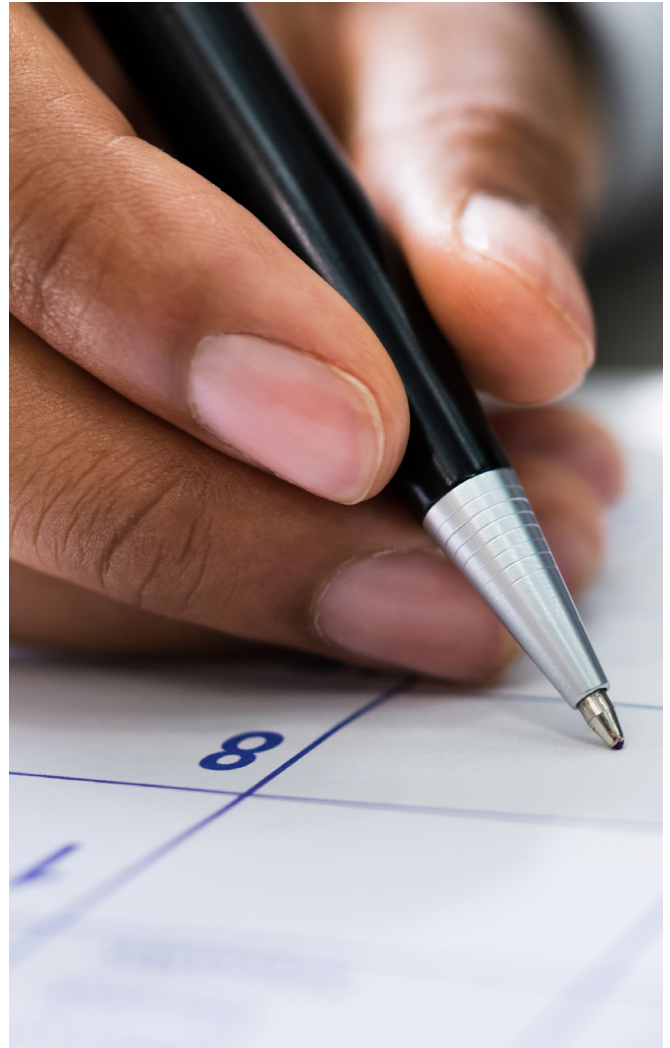
All other McLaren Health Plan members: Please report any changes in phone number, email or address to Customer Service by calling 888-327-0671 (TTY: 711).

WELCOME!



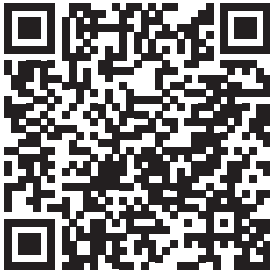
IMPORTANT NOTICE FOR HEALTHY MICHIGAN PLAN MEDICAID MEMBERS

Effective January 1, 2027, the state will need to check eligibility every six months instead of annually for people enrolled in McLaren Healthy Michigan Plan. Members may receive more requests to confirm information such as income or household size. It will be important for Member to update their contact information and respond to notices timely to maintain their coverage. To check your plan coverage and information, you can login to MI Bridges: www.michigan.gov/MIbridges.



HELP US UNDERSTAND YOUR NEEDS

Whether you are new to McLaren Health Plan or have been our member, we want to know more about you and how we can better serve your health needs. Please answer a few questions about your health history and demographic information on our website. It only takes a few minutes! Call Customer Service at 888-327-0671 (TTY: 711) for more information. Or use the QR code below to take the survey:



MEDICARE ADVANTAGE PLANS AVAILABLE

Turning 65? Retiring soon and ready to enroll in Medicare? Now is the time to explore our affordable Medicare Advantage plans. Medicare Advantage (Part C) plans provide Medicare Part A and Part B benefits (except hospice) and include prescription drug coverage, plus extra benefits

Please visit www.mclarenhealthplan.org/medicare or call 833-358-2404 (TTY:711) for more information. Medicare Member Services is available April 1-Sept. 30: Monday-Friday, 8 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days).

MY COMMUNITY CONNECT

McLaren Health Plan is here to help! Medicaid beneficiaries are required to update household income and demographic information with MDHHS. Make an appointment with one of our Community Navigators to receive help with your McLaren Medicaid renewal. Follow us on Facebook, call 888-327-0671 (TTY: 711) or go to <https://www.mclarenhealthplan.org/mclaren-health-plan/events> to schedule a one-on-one appointment.



HEALTH INSURANCE TERMS YOU SHOULD KNOW

We understand health insurance terms can be a bit confusing. Review the list below and call Customer Service at 888-327-0671 (TTY: 711) if you have any questions. (Not all terms apply to all McLaren Health Plan benefits.)

Allowed Amount - The highest amount an insurance company will cover (pay) for a service.

Benefit Period - When services are covered under your plan. It also defines the time when benefit maximums, deductibles and coinsurance limits build up. It has a start and end date. It is often one calendar year for health insurance plans.

Example: You may have a plan with a benefit period of Jan. 1 through Dec. 31 that covers 10 physical therapy visits. The 11th or more session will not be covered.

Coinurance - A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay.

Example: Your plan might cover 80 percent of your medical bill. You will have to pay the other 20 percent. The 20 percent is the coinsurance.

Coinurance Limit (or Maximum) - The most you will pay in coinsurance costs during a benefit period.

Condition - An injury, ailment, disease, illness or disorder.

Contract - The agreement between an insurance company and the policyholder.

Copayment (Copay) - The amount you pay to a health care provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan. Not all plans have a copay.

Covered Charges - Charges for covered services that a health plan paid for. There may be a limit on covered charges if you receive services from providers outside your plan's network of providers.

Covered Person - Any person covered under the plan.

Covered Service - A health care provider's service or medical supplies covered by a health plan. Benefits will be given for these services based on plan type.

Deductible - The amount you pay for your health care services before a health insurer pays. Deductibles are based on your benefit period (typically a year at a time). Example: If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your health care services. After you reach \$2,000, a health insurer will cover the rest of the costs.

Dependent Coverage - Coverage for your dependents who qualify.

Emergency Medical Condition - A medical problem with sudden and severe symptoms that must be treated quickly. In an emergency, a person with no medical training and an average knowledge of health/medicine could reasonably expect the problem could:

- Put a person's health at serious risk.
- Put an unborn child's health at serious risk.
- Result in serious damage to the person's body and how his or her body works. Result in serious damage of a person's organ or any part of the person.

FSA (Flexible Spending Account) - An FSA is often set up through an employer plan. It lets you set aside pre-tax money for common medical costs and dependent care. FSA funds must be used by the end of the term-year. It will be sent back to the employer if you don't use it. Check with your employer's Human Resources team. They can provide a list of FSA-qualified costs that you can purchase directly or be reimbursed for. A few common FSA-qualified costs include:

HEALTH INSURANCE TERMS YOU SHOULD KNOW



- Copays for doctors' visits, chiropractor and psychological sessions
- Hospital fees, medical tests and services (like X-rays and screenings)
- Physical rehabilitation
- Dental and orthodontic expenses (like cleaning, fillings and braces)
- Inpatient treatment for alcohol or drug addiction

HMO (Health Maintenance Organization) - Offers health care services only with specific HMO providers. Under an HMO plan, you might have to choose a primary care doctor. This doctor will be your main health care provider. The doctor will refer you to other HMO specialists when needed.

HRA (Health Reimbursement Account) - An account that lets an employer set aside funds for health care costs. These funds go to reimburse covered services paid for by employees who take part. An HRA has tax benefits for employer and employees.

HSA (Health Savings Account) - An account that lets you save for future medical costs. Money put in the account is not subject to federal income tax when deposited. Funds can build up and be used year to year. They are not required to be spent in a single year. HSAs must be paired with certain high-deductible health insurance plans (HDHP).

Health Assessment - A health survey that measures your current health, health risks and quality of life.

Inpatient Services - Services received when admitted to a hospital and a room and board charge is made.

Institution (Institutional) - A hospital or certain other facility.

Legal Guardian - The person who takes care of a child and makes health care decision for the child. This person is the natural parent or was made caretaker by a court of law.

Medicaid - Medicaid is a federal and state program that helps with health care costs for some people with limited income and resources.

Medical Care - Medical services received from a health care provider or facility to treat a condition.

Medically Necessary (or Medical Necessity) - Services, supplies or prescription drugs that are needed to diagnose or treat a medical condition. Also, an insurer must decide if this care is:

- Accepted as standard practice. It can't be experimental or investigational.
- Not just for your convenience or the convenience of a provider.
- The right amount or level of service that can be given to you.

Example: Inpatient care is medically necessary if your condition can't be treated properly as an outpatient service.

HEALTH INSURANCE TERMS YOU SHOULD KNOW

Medicare - A federal program for people age 65 or older that pays for certain health care expenses.

Network Provider/In-network Provider - A health care provider who is part of a plan's network.

Non-covered Charges - Charges for services and supplies that are not covered under the health plan. Examples of non-covered charges may include things like acupuncture, weight loss surgery or marriage counseling. Consult your plan for more information.

Non-network Provider/Out-of-network Provider

A health care provider who is not part of a plan's network. Costs associated with out-of-network providers may be higher or not covered by a plan.

Outpatient Services - Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.

Out-of-pocket Cost - Cost you must pay. Out-of-pocket costs vary by plan and each plan has a maximum out of pocket (MOOP) cost.

PPO (Preferred Provider Organization) - A type of insurance plan that offers more extensive coverage for the services of health care providers who are part of the plan's network, but still offers some coverage for providers who are not part of the plan's network. PPO plans generally offer more flexibility than HMO plans, but premiums tend to be higher.

Prescription Drug - Any medicine that may not be given without a prescription because of federal or state law.

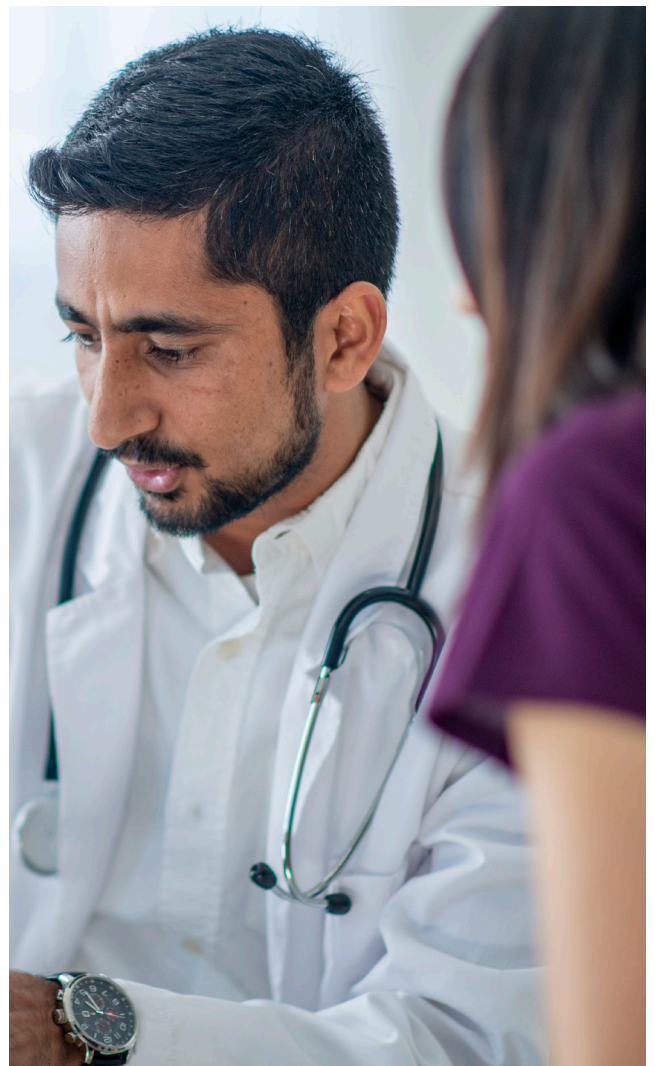
Premium - Payments you make to your insurance provider to keep your coverage. The payments are due at certain times.

Prior Authorization - A process of getting approval for a medical service or medication before it is provided.

Provider (Health care Provider) - A hospital, facility, physician or other licensed health care professional.

Termed/Termination - To cancel or end either your benefits or coverage or to end a provider affiliation with the plan.

Urgent Care Provider - A provider of services for health problems that need medical help right away but are not emergency medical conditions.



DENTAL TIPS

Oral Health is crucial for overall well-being, impacting physical health, psychological well-being, and social interactions. Maintaining good oral hygiene prevents tooth decay and gum disease, which can lead to various systemic health issues. Furthermore, oral health significantly affects self-esteem and confidence.

If you don't have a dentist, call us at 888-327-0671 (TTY: 711) to talk about your options. Having healthy teeth and gums is important to your overall health. Conditions like mouth cancer and gum disease can be spotted during regular visits to your dentist and then treated. Don't wait until you're in pain to see a dentist. If you do have dental pain, call your dentist or doctor right away.

Dental Emergencies

When should you go to the ER?

If you think you have a dental emergency, ask yourself if any of the following are true:*

- Broken jaw or severe injury to the face or teeth
- Swelling of the face, throat, or mouth with any of the following:
 - Trouble breathing or swallowing
 - Fever of 100°F or higher
- Severe pain with or without swelling
- Bleeding in the mouth that won't stop

*These are examples of when to go to the ER for your dental problems, but it is up to you to decide. Regular dental visits are the best way to prevent emergencies.

If urgent care is needed, but not a visit to the ER

- If you do not have a dentist, visit [Provider Locator](#) or call 866-558-0280 toll-free to find a Delta Dental dentist.
- If you have a dental emergency and your regular dentist is not available, Delta Dental virtual visits with [Teledentistry.com](#) are here for you - call 866-716-4628 or visit [Delta Dental Michigan - Teledentistry.com](#).

Seek care in an urgent care center, but then call a dentist as soon as possible.

LIVING WITH HIV



According to the Michigan Department of Health and Human Services (MDHHS), there are 10,140,459 people living in Michigan. 18,952 of them are diagnosed with HIV. This means for every 100,000 Michigan residents, 187 are diagnosed with HIV. [1]

We are here to help. Your nurse can help answer questions, provide education on living with HIV, and what viral load means to you. Your nurse can also help you locate health care services, assist with transportation needs, and help connect you with resources. Contact Customer Service at 888-327-0671 (TTY:711) and ask to speak to your nurse.

MDHHS has also put together a comprehensive resource guide for people living with HIV. You can access the resource guide here: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Perinatal-HIV-STIs/MDHHS_HIV_Care_Resource_Guide_for_Pregnant_Women_Mothers_Infants.pdf?rev=9d2b9b0be8904c2c89eb586720cce289

The guide includes information on accessing health care providers, Ryan White Organizations, and other resources.

Other community resources can also be found by researching our resource directory here: <https://gethelp.mclaren.org/>

[1] Michigan Department of Health and Human Services, HIV Prevalence Report, Slides -2025 <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Data-and-Statistics/2025/HIV-Prevalence-Report-Slides-2024.pdf>

Source: National Institutes of Health <https://www.ncbi.nlm.nih.gov/books/NBK606114/>

RX KIDS

As the nation's first-ever community-wide prenatal and infant cash prescription program, Rx Kids is providing life-changing financial security that is universal and unconditional. Moms receive \$1,500 during pregnancy, and babies receive \$500 per month for either 6 or 12 months after birth, with local community leaders selecting the program duration based on funds raised.

To qualify for Rx Kids, you must be a resident of one of the participating locations. Find out if you live in an Rx Kids community and apply online at <https://rxkids.org/>.



VIRTUAL VISITS MAKE IT EASY TO SEE A DOCTOR

Virtual visits with a board-certified doctor are just a click away with McLarenNow. You can use your smartphone, tablet or computer with a webcam anytime, anywhere. McLarenNow virtual visits are great for your kids and are available for urgent care situations such as:

- Allergies
- Sinus problems
- Back strain
- Pink eye
- Ear pain
- Rashes
- Minor cuts or burns
- Vomiting or diarrhea
- Coughs or colds
- Sore throat
- Bronchitis
- Insect bites or stings

You do not have to be a McLaren Health Plan member to use McLarenNow. Anyone can use it. It's available in all 50 states. It's easy to use. There are multiple ways to access McLarenNow:

- Download the McLarenNow app from the App store or Google play, then register
- Download McLaren CONNECT - the McLaren Health Plan member portal - from the App store or Google play, then register
- Go to McLarenHealthPlan.org and sign in or register to access.
- Go to mclaren.org/main/mclaren-now-virtual-visit

WHAT SHOTS DO KIDS NEED?

Your kids are back to school and they likely need shots. Children 4 to 6 years old are due for these boosters:

- DTaP
- Polio
- Chickenpox
- MMR - measles, mumps and rubella

The CDC recommends all preteens and teens get a flu shot every year. Preteens also should get:

- HPV vaccine to protect against HPV infections that can cause cancer later in life
- DTaP booster to help protect from diphtheria, tetanus and pertussis; also called whooping cough
- Meningococcal conjugate vaccine to protect against meningitis and bloodstream infections, which can be very serious or even fatal.

The CDC recommends a COVID-19 vaccine for everyone six months and older and boosters for everyone five years and older, if eligible. Go to https://www.cdc.gov/vaccines-children/about/index.html#cdc_generic_section_3-schedule-for-vaccines for the most current recommendations.

Children also should be tested for lead poisoning at 9, 12 months and 24 months of age. Lead is commonly found in soil and in paint produced before 1978. Lead poisoning can cause health and behavioral problems. Some symptoms of high lead levels are:

- Irritability
- Diarrhea
- Slow reflexes
- Poor appetite
- Weight loss
- Constipation

If your children have not been tested at 9, 12 or 24 months of age, it is not too late. They can be tested at any age. Ask your doctor to test your children. It is a simple finger stick and it's free. For questions about blood lead testing, call the MDHHS Childhood Lead Poisoning Prevention Program at 517-335-8885 or email them at MDHHS-CLPPP@michigan.gov.

Keep Your Child's Health on Track with Annual Wellness Checks!

Did you know that your child's brain grows faster in their first three years than at any other time in life? That is why McLaren Health Plan follows national guidelines to make sure every child gets screened for developmental milestones before their 1st, 2nd, and 3rd birthdays. These quick, easy checkups help your doctor see how your child plays, learns, speaks, and moves. Catching small delays early gives your child the best support to grow up healthy and strong. Best of all, these screenings are covered by your plan at no cost to you! Call your child's doctor today to schedule their checkup or call Customer Service if you need help setting up a ride.

SEASONAL RESPIRATORY VIRUSES

Fall is right around the corner. In Michigan it is common to get sick from respiratory viruses in the fall and winter months, these viruses can include Flu (contagious respiratory illness typically in the nose, throat and lungs caused by influenza viruses). Respiratory Syncytial Virus (common respiratory virus that usually causes mild, cold-like symptoms, including runny nose, coughing, sneezing, wheezing, and fever. These symptoms usually appear in stages and not all at once) and COVID-19 (most often causes respiratory symptoms that can feel like a cold, flu or pneumonia). Michigan Department of Health and Human Services state that the best protection for you and your family is being up to date on vaccines. [MDHHS vaccine recommendations... More>](#) You can act every day to keep yourself and your family safe:

- Get vaccinated
- Wash your hands frequently
- Get fresh air
- Cover coughs
- Seek treatment
- Stay home when sick
- Get tested

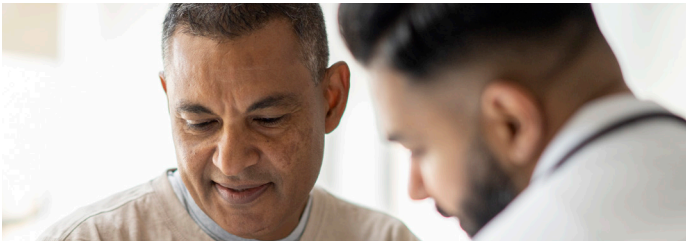
	Annual Influenza Vaccine 	RSV Immunization 	Annual COVID-19 Vaccine 
Infants and Children	All children 6 months and older. <i>Some children 6 months through 8 years may need multiple doses.</i>	All infants under 8 months and children 8 through 19 months with risk factors. <i>Typically administered October through March, if not received during pregnancy.</i>	All infants and children ages 6 months through 23 months, and all children ages 2 years through 18 years with risk factors, and any child over 6 months whose parents would like them to be vaccinated.
Pregnancy	All. <i>At any point in pregnancy.</i>	32 through 36 weeks gestation. <i>Pfizer, Abrysvo only. Typically administered September through January.</i>	All. <i>At any point in pregnancy.</i>
Adults 18 to 50	All.	Not applicable. <i>If pregnant, see above.</i>	All. <i>Especially important for people with risk factors or who have never received a vaccine.</i>
Adults 50 and older	All. <i>High-dose, recombinant or adjuvanted flu vaccine preferred for 65 and older, if available.</i>	All those 75 and older, and adults 50 through 74 with risk factors. <i>One lifetime dose of RSV vaccine.</i>	All. <i>Especially important for people with risk factors or who have never received a vaccine.</i>

IT'S FLU SHOT TIME

The Centers for Disease Control (CDC) recommends everyone age six months and older get a flu shot. A flu shot is especially important for people who are at high risk of developing serious flu complications:

- People age 65 and older
- Pregnant women
- Anyone with asthma, diabetes or heart disease
- Children younger than 5, especially those younger than age 2

You can get a flu shot at your local pharmacy, health department or primary care doctor's office. Talk to your doctor about when to get a flu shot.



HOW MHP HELPS MANAGE YOUR HEALTH

McLaren Health Plan (MHP) has health management programs for high blood pressure, diabetes, asthma, weight management and more on our website. Go to www.mclarenhealthplan.org, click on Health & Wellness. You can learn helpful tips, how to create a personal care plan, what tests you need every year, terms you should know and foods you should eat. These programs provide support from nurses and information to help you understand how to best manage your condition. Membership is up to you and it's free. If you are enrolled and no longer wish to be in any program, call us at 888-327-0671 (TTY: 711).

MHP also offers interactive tools to help you manage your health conditions. Contact your nurse or go to the websites below for help:

- Maintain a healthy weight: www.webmd.com/diet/obesity/default.htm
- Tobacco cessation: <https://michigan.quitlogix.org/en-us/> www.webmd.com/smoking-cessation/default.htm ; www.smokefree.gov/
- Physical activity: <https://www.webmd.com/fitness-exercise/default.htm>
- Eating healthy: www.webmd.com/diet/default.htm
- Managing stress: <https://www.webmd.com/balance/stress-management/default.htm>
- Avoiding at-risk drinking: <https://www.webmd.com/mental-health/addiction/default.htm>
- Identify depressive symptoms: <https://www.webmd.com/depression/default.htm>

HIGH BLOOD PRESSURE.

MHP has a program called "Down with Hypertension." Any member 18 years and older is eligible. This is a voluntary and free program. You will get:

- Newsletters
- Phone calls and educational mailings from your nurse
- Support in your self-management plan

Call us at 888-327-0671 (TTY: 711) to join.

The exact causes of high blood pressure are not known. Several things may play a role, including:

- Smoking ▪ Being overweight ▪ Not exercising
- Eating too much salt ▪ Heavy alcohol use

- Family history of high blood pressure
- Kidney problems ▪ And others

High blood pressure does tend to run in families. High blood pressure can lead to a heart attack or stroke. Your doctor should take your blood pressure when you visit. They may prescribe medication, if needed. Sometimes lifestyle changes can lower your blood pressure. Eating a diet low in sodium and exercising more often can help.

Source: www.webmd.com

MHP Medicaid has adopted revisions to the blood pressure monitoring requirements as of 10/1/2025 by expanding coverage of blood pressure monitors to any MHP Medicaid member who is pregnant or is within the 12-month postpartum period. You no longer need to have a hypertensive (high blood pressure) disorder for example, preeclampsia or uncontrolled blood pressure to receive a blood pressure monitor. Your ordering doctor must provide a pregnancy or postpartum related diagnosis code on the order/prescription. Prior authorization is not required. 1

1 Michigan Department of Health and Human Services, (2025, August 29 proposed). Revisions to Blood Pressure Monitoring Policy. Notice of Proposed Policy, 1-2.

DEPRESSION

If you're dealing with depression, don't do it alone. MHP has a program called Eyes Wide Open. We want to help you connect with behavioral health providers and follow your treatment plans. You are eligible for the program if you are age 18 or over. You will get a letter from us when you enroll. You'll also get a newsletter twice per year.

Please call us at 888-327-0671 (TTY: 711) and ask to speak with your nurse. We want to help you improve your health and quality of life!

DIABETES

Diabetes happens when a person has high blood sugar because of lack of insulin or because the body's cells do not respond correctly to insulin or both. MHP has a diabetes outreach program to help you. If you have diabetes, you are eligible to participate in this voluntary FREE program and will receive:

HOW MHP HELPS MANAGE YOUR HEALTH

- Personal contacts from your MHP nurse
- Educational materials and newsletters
- Assistance from healthcare professionals to help you control your diabetes

Please call 888-327-0671 (TTY: 711) today to join.

There are tests you should have every year. You should know and understand the results, so you and your doctor can work together to improve diabetes outcomes. Tests include:

- Hemoglobin A1c blood test (two times per year)
- Dilated eye exam
- Urine test
- Foot exam
- Blood pressure check
- Body mass index (BMI)
- Physical exam

Tell your dentist if you have diabetes. Over time, increased levels of blood glucose can put you at risk for oral health problems, so you'll want to get your teeth and gums cleaned and checked by your dentist twice a year. Your dentist may recommend you do it more often, depending upon your condition.

Glucometers are covered under your McLaren Health Plan benefits. Call us at 888-327-0671 (TTY: 711) if you need a glucometer. You need a prescription from your doctor for testing strips and supplies. After you have your prescription, you can get your supplies fast and easy at any in-network pharmacy.

If you take behavioral health medicines and have gained weight, talk to your doctor. Some medicines people take for these illnesses increase the chance of developing Type 2 diabetes or insulin resistance. It's important to tell your doctor that you take these kinds of medicines. Not everyone taking behavioral health medicines will develop diabetes. Instead, people who use certain medicines are at an increased risk. The weight gain caused by many behavioral health medicines is one reason people who take them are at a greater risk for diabetes. Not getting enough exercise is another reason. You can lower your risk by watching your weight and exercising. If you take these medicines, diabetes screening is important for you. Your doctor should test your blood for diabetes on a regular basis. You can even provide your A1c numbers to your doctor through a telehealth visit.

ASTHMA

Asthma is a serious long-term disease of the lungs caused by swelling and narrowing of the airways making it hard to breathe. MHP has an Asthma Outreach program to help you. If you have asthma,

you are eligible to participate. Participation is voluntary and you will receive:

- Personal contacts from your MHP nurse
- Educational materials and newsletters
- Assistance from healthcare professionals to help you control your asthma

Please call 888-327-0671 (TTY: 711) today to join.

No one wants to spend time in the emergency room if you don't have to, especially if it could be avoided. If you have asthma, having an asthma action plan can help you manage your condition at home and reduce your chances of having to go to the hospital for care.

You and your doctor create an asthma action plan that helps you manage your condition. It should include:

- Your asthma triggers
- The asthma medications you take - how much and how often
- What to do if you have an asthma attack
- When to call your doctor
- Who to call in an emergency situation

Be sure to fill your inhaler medications when needed. If your child has asthma, make sure they have an asthma action plan on file at school.

WEIGHT MANAGEMENT

If you need an extra boost to get rid of a few pounds, we have a program called "Take it Off." You'll get:

- Support from your MHP nurse care manager to find the best ways to manage your nutrition and assess your health status
- Educational materials and the latest information on nutrition and exercise
- Tools to understand and manage your nutritional needs, snacks and physical activity
- Visits with your primary care doctor

Call Customer Service at 888-327-0671 (TTY: 711) to join.

Chronic Kidney Disease (CKD)

Chronic Kidney Disease is permanent kidney damage or decreased level of kidney function for three months or more; 33% of adults in the United States are at risk for kidney disease. That's 1 in every 3 people. Of the estimated thirty million American adults with CKD, over 80% are unaware of the condition that increases their risk for cardiovascular events and progression to kidney failure and death. Almost 90% of adults with type-2 diabetes and CKD are not currently diagnosed, and as many as 50% of patients with advanced CKD

HOW MHP HELPS MANAGE YOUR HEALTH

(Stage G4) remain undiagnosed in primary care populations (National Kidney Foundation). Diabetes and hypertension are the leading causes of Chronic Kidney Disease. Other risk factors include obesity, family history of CKD, history of acute kidney injury, patients over the age of 60, and being a member of a minority race or ethnicity.

- Because CKD is often asymptomatic, many patients are unaware they have the disease until it has progressed to later stages.
- Early identification of CKD in your at-risk patients creates the opportunity to slow or prevent the progression of this disease and can result in decreased hospitalizations and costs. Learn more about CKD, the 33% campaign, and your risks: <https://www.kidney.org/phi/155274/awareness>

If you are at risk for or living with CKD, MHP has a CKD program for you. Our nurses will:

- Help you understand the testing and monitoring process.
- Provide educational materials
- Assistance in coordinating care and access to physicians

Call Customer Service at 888-327-0671 (TTY: 711) to join.

PREGNANCY

We are here to help you through your entire pregnancy and after your baby is born. Please call us at 888-327-0671 (TTY: 711) and ask to talk to your McLaren Miracles nurse if you have any questions or concerns.

You may be eligible for nutrition assistance through the Michigan Women Infants & Children (WIC) program. Call 211 to locate your local WIC office to see if you qualify.

For Medicaid members, services by your local Maternal Infant Health Program (MIHP) or Visiting Nurse program are free to you. There are several programs to keep you and your baby well and to provide resources through your pregnancy, childbirth and caring for a newborn. If you are not connected with an MIHP and would like to be, please contact MHP Customer Service at 888-327-0671 (TTY:711) and ask to speak with your nurse.

If you do not wish to participate in our care management programs you may opt out by calling Customer Service at 888-327-0671 (TTY:711).

SYPHILIS, HIV AND PREGNANCY

If you are pregnant or plan to become pregnant, it is important to get routine prenatal care that includes Syphilis and HIV testing. It's important to prevent the transmission of Syphilis or HIV to your baby. Syphilis is a sexually transmitted infection that can be treated and cured with antibiotics. Syphilis can cause major health problems for your baby if left untreated. HIV is a chronic disease that can damage the baby's immune system. HIV cannot be cured, but it can be managed with medication.

Pregnancy and Continuous Glucose Monitors

According to the American Diabetes Association (ADA) (n.d.) Continuous glucose monitors (CGMs) are increasingly being used during pregnancy. A CGM monitors your blood glucose (sugar) constantly 24 hours per day. If your blood sugar drops when you are sleeping an alarm will sound. That's an important benefit of CGMs especially for those who are more likely to experience low blood sugar. For McLaren Health Plan Medicaid members, a prior authorization is not required for a CGM if you have a diagnosis of gestational diabetes. If you're pregnant and have diabetes, talk with your doctor about the potential use of a CGM and find out if one is right for you.

Source: <https://diabetes.org/living-with-diabetes/pregnancy>

Contraceptive Care

Did you recently deliver a baby and need contraceptive care? Please contact your doctor to discuss a method of contraception that is right for you. MHP Medicaid covers among other things, birth control pills; implantable contraceptive drugs; condoms, contraceptive foams or devices; I.U.D.s (including insertion and removal); contraceptive jellies and ointments. These services and supplies do not require a referral. MHP Community's coverage for contraceptives includes coverage at no cost for at least one drug/device in each of the FDA's categories. Some covered medications require a copay and some do not. MHP Community covers at least one contraceptive in each HRSA Guidelines category at no cost sharing. please review the formulary found at <https://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/MHP%20Documents/MHPCommunityIndividualSmallGroupDrugFormulary.pdf> for more information. Some devices and appliances (e.g., IUD's) are Covered under the medical Benefits and are subject to the medical conditions of Coverage.

HOW MHP HELPS MANAGE YOUR HEALTH

Prenatal and Post Partum Depression

If you are pregnant or have had a baby within the last year, it's important to be checked for depression. Prenatal and postpartum depression (PPD) are medical conditions that happens while pregnant or after childbirth. It's associated with strong feelings of sadness, worrying (anxiety) and tiredness that lasts for a long time after giving birth. It often begins during pregnancy or within 1-3 weeks of having a baby and needs treatment to get better. These feelings can make it hard to take care of the baby and yourself. It is also the most common complication for those who have recently had a baby. About 1 out of 8 child-bearing adults are affected by PPD. You should watch for things like:

- Feeling depressed most of the day every day
- Feeling shame, guilt or feeling like a failure
- Feeling scared or panicked a lot of the time
- Severe mood swings
- Not having much interest in things you normally like to do
- Feeling tired all the time
- Having trouble sleeping or sleeping too much
- Having trouble bonding with your baby

If you think you might have PPD, call your doctor right away. You should be checked for PPD, and there are treatments that can help you feel better and be able to take care of your baby. If you need help contacting your doctor or finding a doctor, call McLaren Health Plan at 1-888-327-0671 (TTY: 711) and ask for your nurse.

Source: <https://www.marchofdimes.org/find-support/topics/postpartum/postpartum-depression#:~:text=It%20often%20starts%20within%201,have%20just%20had%20a%20baby>

Sexually Transmitted Infections (STIs)

Screening for STIs is important for your overall health. There are various factors that influence who should get tested and when they should get tested. Please visit <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/STI/STI-Screening-Guidelines.pdf> for Michigan Department of Health and Human Services STI screening recommendations. Please contact your doctor to determine what testing is right for you.

PrEP 101

You could be HIV negative yet at risk for HIV. You can take PrEP, a medicine that can reduce your chance of

getting HIV. The medicine is free. You may benefit from PrEP if you:

- Have a sexual partner with HIV
- Have not consistently used a condom
- Have been diagnosed with an STD in the past six months
- Share needles, syringes or other equipment to inject drugs

Visit your doctor or find a doctor to help you at www.preplocator.org.

Should You Be Screened for Hepatitis C?

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). It's contagious and symptoms may include jaundice, fatigue, nausea, fever and muscle aches. The good news is HCV is curable. McLaren Health Plan covers the drugs used to treat hepatitis C.

Sickle Cell Disease

Sickle Cell Disease (SCD) is a group of inherited conditions that affect hemoglobin, a protein that allows your red blood cells (RBC) to carry oxygen to all parts of the body. It causes the RBC to become hard and shaped like a sickle (a shape like the letter "C"). This decreases delivery of oxygen to cells in the body. SCD can cause a variety of health problems such as infections, stroke, eye disease, and severe pain episodes. About 1 in 365 African American babies are born with SCD each year, but anyone can inherit sickle cell if the genetics are in place (<https://www.scdaami.org/sickle-cell-disease>).

SCD treatment: There are treatment options to help control symptoms, complications and pain. Treatment options are life-long and vary from person to person. Treatment options can include:

- Pain medications
- Fluids
- Hydroxyurea
- Blood transfusions
- Antibiotics to prevent infection
- Immunizations

It is important for persons with SCD to see their PCP/pediatrician and a doctor who specializes in sickle cell disease regularly. Recommendations for preventive services for children from the National Heart, Lung, & Blood Institute:

- Annual Transcranial Doppler for ages 2-16 years
- Daily Hydroxyurea for ages 9 months +
- Daily antibiotics for ages 0-5 years

Please call Customer Service at 888-327-0671 (TTY: 711) and ask to speak with your nurse. Your nurse can assist you with additional information on SCD, resources for care, and navigating the health system.

How MHP Helps Manage Your Health (cont.)

Managing your Sickle Cell has its rewards.

Be on your way to better health with McLaren Member Rewards. Complete the following services by Dec. 31, 2026 to earn up to \$170* in rewards:

- 1 PCP visit: \$10 annually
- 1 TransCranial Doppler (TCD) Screening: \$50 annually
- 1 Hematologist Visit: \$10 annually
- Antibiotic prophylaxis (300 days used) Members age 3mths-5years: \$50 annually
- Hydroxyurea (300 days used) Members age 1-18: \$50 annually

*Rewards are in the form of McLaren Visa gift cards. You may redeem your rewards for each eligible activity separately but you must report within 90 days of completing the service. You do not have to complete all activities to claim your rewards.

Your nurse can assist you with your needs related to Sickle Cell Disease by providing support, education, and resources to help manage your disease and improve your health. For questions or to opt out of this program, contact Customer Service toll free at 1-888-327-0671 (TTY: 711).

Your Mental Health is as Important as Your Physical Health

People who are hospitalized for a mental health issue are more at risk for relapse, readmission and poor outcomes after being discharged. It's critical to follow up with a mental health provider within seven days of discharge. Mental health resources are available for McLaren Health Plan members. Please call customer service at 888- 327-0671 (TTY: 711) if you need help locating a behavioral health provider or have barriers to receiving care.

Children's Special Health Care Services (CSHCS) Family Center

The Family Center for Children and Youth with Special Health Care Needs (Family Center) is the statewide, parent-directed center within Children's Special Health Care Services (CSHCS). The Family Center empowers families through education and connection to their communities, are a resource families can turn to for support and encouragement, and each Family Center team member is the parent of a child with special health care needs. Families do not have to be enrolled in CSHCS to receive Family Center services and supports. You can call the Family Phone line at 1-800-359-3722 Monday through Friday 8am to 5pm. Call the Family Phone line to:

- Talk to a Family Center team member for information or encouragement
- Learn about the CSHCS program and Family Center Services
- Connect with other caregivers for peer support
- Find resources for your local area, county, or state
- Get help with enrolling in or resolving an issue with CSHCS coverage

The Family Center also supports siblings and their families.

Source: Michigan Department of Health and Human Services (n.d.). Children's Special Health Care Services: Family Center 101.



MAVEN

Free 24/7 virtual support for pregnancy & postpartum

We're excited to share a new way to help you as you become a parent. Maven provides women and families with 24/7 support while they're pregnant. They can also help once the baby is here.

The best part? Maven is included at no cost as part of your McLaren Health Plan. That means no co-pays and no surprise bills (yes, seriously!)

You and your partner have free access to:

- Unlimited online appointments and messages with doctors
- A dedicated Care Advocate to help you find the right provider for your needs
- Trusted resources including articles and parenting classes



[Join Maven for free](#)

TAKE CARE OF YOURSELF!

October is Breast Cancer Awareness Month. Along with this important reminder, there are other check-ups and exams needed every year. If you've missed these annual services, now is the time to get back on track and schedule these services soon!

Mammogram

A mammogram is an x-ray picture of the breast. They are used to check for breast cancer in those who have no signs or symptoms of the disease. This type of mammogram is called a screening mammogram. The x-ray images often make it possible to detect tumors that cannot be felt. They also can find tiny deposits of calcium that sometimes indicate the presence of breast cancer.

Screening mammograms are covered by McLaren Health Plan. Early detection means that treatment can be started earlier during the disease, if needed.

Regular, high-quality screening mammograms and clinical breast exams are the most sensitive ways to screen for breast cancer and can help reduce the number of deaths from breast cancer among adults ages 40 to 74, especially for those over age 50.

Annual Exam

An annual exam with your primary care physician provides you with an opportunity to ask questions about your health. Some diseases may not have any symptoms, so you may have health problems you don't know about. Talking to your doctor gives both of you the chance to ask questions about your overall well-being.

When you have your check-up or physical, here are a few things your doctor may do:

- A complete medical history, which includes questions about your family health history and previous illnesses
- Check on how well your body organs are working, such as your eyes, ears, heart and skin
- Check your vital signs, such as blood pressure, pulse, breathing rate, temperature, height & weight
- Listen to and look at specific parts of your body
- Discuss any health concerns you may have

During your checkup, ask questions to make sure you understand what your doctor is saying to you. Don't forget to ask about any tests you might need, such as a mammogram, Pap screening or blood tests. Also ask about birth control, many options are covered by McLaren Health Plan:

Chlamydia

Talk to your doctor about this important test. Most people who have Chlamydia don't know it. That's because it often has no symptoms. Anyone can get Chlamydia. It is very common among teens and young adults. You can pass Chlamydia to others without knowing it, so that's why it's very important to be tested for it. Chlamydia is easy to treat and cure. If you don't treat it, it can lead to serious health problems.

All sexually active childbearing adults should be tested every year. It's even more important for those under age 25 and males age 16-18 to be tested. It can make childbearing adults unable to get pregnant. It can harm newborn babies of infected mothers. Use a condom every time you have sex to prevent Chlamydia.

Chlamydia is treated with antibiotics. Your partner also should get tested and treated if necessary. If you have Chlamydia, your doctor may be able to offer your partner something called Expedited Partner Therapy or EPT. This is the clinical practice of treating the sexual partner of people who receive a Chlamydia diagnosis without having to examine the partner. In other words, EPT is a convenient, fast and private way for you to help your sexual partner get treated.

If you are diagnosed with Chlamydia, ask your doctor about EPT treatment.

Cervical Cancer

Your annual exam is the best time to talk to your doctor about cervical cancer screening and the HPV vaccine. Almost every person who is sexually active will get human papillomavirus, or HPV, at some time in their life without HPV vaccination. While most HPV infections will go away on their own, infections that don't go away can cause certain types of cancer. HPV can cause cervical cancer. Early-stage cervical cancer generally produces no signs or symptoms, which is why it's important to stay on top of screening tests to reduce your risk of developing cervical cancer.

The HPV vaccine provides safe, effective and long-lasting protection. Adolescents should start getting the shot at age 11 or 12. HPV vaccine is recommended for young childbearing adults through age 26. Cervical cancer screening (Pap test) is recommended to detect changes on the cervix that might become cancer if they are not treated.

MICHIGAN DIABETES PREVENTION PROGRAM (MIDPP)

MiDPP is a benefit that is available to our Medicaid members over the age of 18 that have prediabetes. Prediabetes is a condition that occurs before diabetes type 2 when you have a body mass index (BMI) that is in the overweight or obese range along with:

- Elevated blood glucose or
- History of gestational diabetes or
- A high risk score on a prediabetes risk test.

You must be referred to a MiDPP program by your provider.

MiDPP includes coaching and sessions that includes:

- Healthy eating
- Physical activity and goals
- Healthy behaviors
- Setting goals for weight loss
- Stress management and problem-solving

To learn more, talk to your provider or visit the MDHHS website for additional information <https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/diabetes>

Sources: <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2023-Bulletins/Final-Bulletin-MMP-23-33--MiDPP.pdf>, <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/Public-Comment/2306-MiDPP-P.pdf>, Michigan Department of Health and Human Services. (July 2026). Michigan Diabetes Prevention Program & Diabetes Self-Management Education and Support.

Diabetes Self-Management Education & Support (DSMES)

DSMES is provided mostly by Registered Dietitians, Registered Nurses, and Pharmacists who had additional training in diabetes. The program focuses on 7 key areas individualized for each individual including:

- Healthy eating
- Physical activity
- Taking medications
- Diabetes technology

The program may be attended in-person or by telehealth and a referral is required to receive services. To learn more, please visit: <https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/diabetes>

Source: Michigan Department of Health and Human Services. (July 2026). Michigan Diabetes Prevention Program & Diabetes Self-Management Education and Support.



YOUR SATISFACTION IS IMPORTANT TO US

You have the right to be satisfied with the services and care you receive from McLaren Health Plan. If you are not happy with the care or services you received, you or your designated representative can file a complaint. We will review your concerns and follow up with you about our decision. If you don't agree with how we handled your complaint or concern, you can appeal. If we deny you a service or authorization you may also file an appeal. Someone who was not involved in the previous decision will review your appeal and we will contact you about our decision about your appeal.

If you are still not satisfied with our decision, you have the right to request an independent review and/or a State Fair Hearing. Your appeal letter will provide you with the steps to complete these additional options. Please call Customer Service at 888-327-0671 (TTY: 711) if you have questions about our appeal process, the independent review and/or State Fair Hearing process.

'STAY IN TOUCH' BY TAKING OUR SURVEY

We can better coordinate your care if our team at McLaren Health Plan (MHP) knows a little bit about your health and well-being before you start getting services. That's why we'd like you to complete our "Staying in Touch" survey. We will help you find the right health care services if you tell us about any health conditions or special needs you may have. Making sure you get the best care possible when you need it is important to MHP. This could mean continuing treatment with doctors you are already seeing. We also ask about family members and other factors in your life (stress, ER visits, lifestyle behaviors) that could affect your health. A nurse will contact you, if requested, to help coordinate the best care for your situation after you complete and return the survey. We're here to help.

The survey is on our website. Go to McLarenHealthPlan.org, click on Health and Wellness then click on Staying in Touch program. If you want a paper copy to fill it out and mail back to us, call Customer Service at 888-327-0671 (TTY:711) and we will mail it to you.

MC3

If you are pregnant or have recently delivered a baby, need mental health support, and live in Wayne, Oakland, Macomb, Ingham or Washtenaw Counties, MC3 can help. Perinatal Patient Care: Provides expert guidance and personalized resource matching to connect perinatal patients with comprehensive community mental health resources and support. If you live in Genesee County, MC3 is partnering with Genesee Health System to offer patients personalized assistance with navigating local resources for behavioral health services with the help of a Behavioral Resource Specialist. You can reach MC3 by visiting their website here: <https://mc3michigan.org/peripatient/> Then click on "Get help now - it's free!"

*Information for this article was sourced from mc3michigan.org.



TEXT REMINDERS HELP!

McLaren Health Plan may text you from time to time. If you've given us your mobile phone number, we may text you to remind you it's time for your annual check-up. We may text you to tell you about flu shot clinics in your area or about a free food giveaway we're hosting. You can opt out of text messaging at anytime if you do not wish to receive them. Simply reply STOP and we won't text you anymore. It's your choice.

AVAILABLE PUBLIC BENEFITS



WIC

WIC, or the Women, Infants, and Children Program, is a program that is available through your local health department. WIC serves low to moderate income women, infants, and children that have nutritional risk. WIC provides food, formula, nutritional information, and breastfeeding support. To learn more about the benefits that WIC provides, click here: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder48/FactsAboutWIC_09_20_16.pdf

You may apply for WIC benefits through MiBridges by clicking here: https://newmibridges.michigan.gov/s/isd-external-afb-screen?language=en_US

To locate your local WIC clinic, click here: <https://signupwic.com/>

SNAP

SNAP is temporary food assistance for eligible low-income families. You can apply for SNAP benefits through MiBridges by clicking here: https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US

For a list of foods that may be purchased using SNAP benefits, click here: <https://www.fns.usda.gov/snap/eligible-food-items>

TANF

TANF is Temporary Assistance for Needy Families. Benefits are for qualified low-income families and may include:

- Cash assistance.
- Child care.
- Services to support employment, including job search services and assistance with transportation.
- Support for children in foster care and adoption assistance.
- Hunger relief.
- Services for school children at-risk of struggling with academics.
- Buying diapers.

AVAILABLE PUBLIC BENEFITS

To apply for TANF benefits through MiBridges, click here: https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US

Utility Programs

There are several programs in Michigan that provide utility assistance to low-income households.

State Emergency Relief Program (SER) – This program may help low-income families pay part of their heating or electric bill, help to keep services active, or have services restored. You can apply for these services through MiBridges by clicking here: https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US

Michigan Energy Assistance Program (MEAP) – MEAP provides supplemental assistance and other services to low-income families. MEAP services are provided by community agencies throughout Michigan. For a list of MEAP agencies, click here: <https://www.michigan.gov/mpsc/consumer/energy-assistance/2020-meap-grant-program-fact-sheets>

Home Heating Credit – Qualified low-income families may apply to receive credit to help with paying winter heating bills. If you are low-income, receive public assistance, or unemployment, you may be eligible. For information about the program and how to apply, click here: https://www.michigan.gov/mpsc/-/media/Project/Websites/mpsc/consumer/info/tips/Home_Heating_Credit.pdf

Other resources may be available. You can call 211 or visit <https://www.mi211.org/> for additional resources. You may also visit McLaren Helps by clicking here: <https://gethelp.mclaren.org/>

Weatherization Programs

The Weatherization Assistance Program is a program for low-income families that is federally funded. The program provides energy conservation and related services, making improvements to a home to make it more efficient. Some services that may be available under this program include:

- Home Energy Audit
- Weather-stripping, caulking, and air sealing
- Attic, foundation, wall, or sill box insulation
- Programmable thermostat installation
- Furnace or water heater tune-up or replacement
- Refrigerator replacement
- Lightbulb replacement

More information about the program is available by clicking here: <https://www.energy.gov/scep/wap/weatherization-assistance-program>

To find resources for your specific county, click here: <https://www.michigan.gov/helpinghand/housing/weatherization/state-map-of-weatherization-operators>

Other resources may be available. You can call 211 or visit <https://www.mi211.org/> for additional resources. You may also visit McLaren Helps by clicking here: <https://gethelp.mclaren.org/>



Other

If you have additional needs, there may be help available. You can call 211 or visit <https://www.mi211.org/> for additional resources. You may also visit McLaren Helps by clicking here: <https://gethelp.mclaren.org/>. Contact our Customer Service for additional information or assistance.

HELP PREVENT FRAUD, WASTE AND ABUSE

McLaren Health Plan works hard to prevent fraud, waste and abuse. We follow state and federal laws about fraud, waste and abuse. Examples of fraud, waste and abuse by a member include:

- Changing a prescription form
- Changing medical records
- Changing referral forms
- Letting someone else use his or her MHP ID card to get health care benefits
- Resale of prescriptions

Examples of fraud, waste and abuse by a doctor include:

- Falsifying their credentials
- Billing for care not given
- Billing more than once for the same service
- Performing services that are not needed
- Not ordering services that are medically necessary
- Prescribing medicine that is not needed

Call MHP's Fraud and Abuse line at 866-866-2135 if you think a doctor, other health care provider or member might be committing fraud, waste or abuse. You can email MHP's Compliance department at MHPcompliance@McLaren.org.

You also can write to MHP at:

McLaren Health Plan Inc.
Attn: Compliance
P.O. Box 1511
Flint, MI 48501-1511



Contact the State of Michigan if you think a member has committed fraud, waste or abuse. Here's how:

- Fill out a fraud referral form at mdhhs.michigan.gov/Fraud/ OR
- Call the MDHHS office in the county where you think the fraud, waste or abuse took place OR
- Call the MDHHS office in the county where the member lives

Contact the Michigan Department of Health and Human Services Office of Inspector General if you think a doctor or other health care provider has committed fraud, waste or abuse. Here's how:

- Call them at 855-MI-FRAUD (855-643-7283) OR
- Send an email to MDHHS-OIG@michigan.gov OR
- Write to them at Office of Inspector General, P.O. Box 30062, Lansing, MI 48909

Help Protect Yourself From Fraud

You might be the target of a fraud scheme if you receive medical supplies that you or your doctor did not order.

Take action to protect your benefits:

- Refuse medical supplies you did not order
- Return unordered medical supplies that are shipped to your home
- Report companies that send you these items

Identity theft can lead to higher health care costs and personal financial loss. Don't let anybody steal your identity.

Current fraud schemes to be on the lookout for include:

- People using your health plan number for reimbursement of services you never received
- People calling you to ask for your health plan numbers
- People trying to bribe you to use a doctor you don't know to get services you may not need

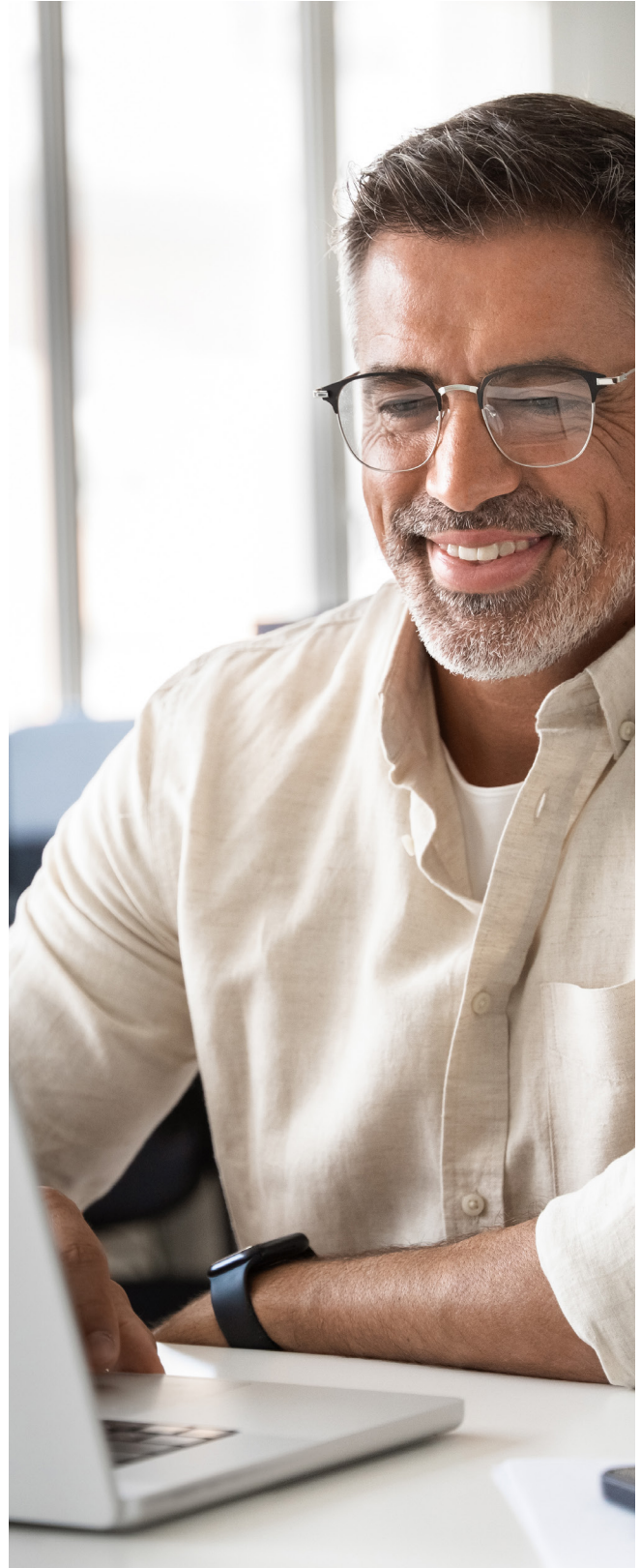
You are one of the first lines of defense against fraud. Do your part and report services or items that you have been billed for but did not receive.

- Review your plan explanations of benefits (EOBs) and bills from physicians
- Make sure you received the services or items billed
- Check the number of services billed
- Ensure the same service has not been billed more than once

Do Your Part!

- Never give out your Social Security number, health plan numbers or banking information to someone you do not know
- Carefully review your MHP Explanation of Benefits (EOBs) to ensure the information is correct
- Know that free services DO NOT require you to give your MHP ID number to anyone

Share this information with your friends. Please call Customer Service at 888-327-0671 (TTY: 711) to discuss benefit, coverage or claims payment concerns.





HEALTH PLAN

G-3245 Beecher Road
Flint, MI 48532