



MEDICARE

Annual Notice of Changes  
Inspire (HMO)



## ***McLaren Medicare Inspire (HMO) offered by McLaren Health Plan, Inc.***

# **Annual Notice of Changes for 2023**

You are currently enrolled as a member of McLaren Medicare Inspire. Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare). You may also call Member Services to ask us to mail you an Evidence of Coverage.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### **What to do now**

#### **1. ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in McLaren Medicare Inspire.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with McLaren Medicare Inspire.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- Please contact our Member Services number at 833-358-2404 for additional information. (TTY users should call 711.) Hours are April 1<sup>st</sup> through September 30<sup>th</sup> Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup> seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m.
- This document is available in alternate formats such as Braille and large print.
- Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About McLaren Medicare Inspire**

- McLaren Medicare is an HMO plan with a Medicare contract. Enrollment in McLaren Medicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means McLaren Health Plan, Inc. (Plan/Part D sponsor). When it says “plan” or “our plan,” it means McLaren Medicare Inspire.

## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for McLaren Medicare Inspire in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
<b>Deductible</b>	\$300	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$5,200	\$4,200
<b>Doctor office visits</b>	Primary care visits: \$5 per visit  Specialist visits: \$40 per visit	Primary care visits: \$0 per visit  Specialist visits: \$40 per visit
<b>Inpatient hospital stays</b>	Per admission:  \$250 copay per day for days 1 – 7  \$0 copay per day for days 8 – 90  \$0 copay for additional covered hospital days.	Per admission:  \$275 copay per day for days 1 – 7  \$0 copay per day for days 8 – 90  \$0 copay for additional covered hospital days.

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.) If you have questions about the Drug List, you can call Member Services (Phone numbers for Member Services are printed on the back cover of this document).	Deductible: \$100 for drugs in Tiers 3 - 5  Copayment/coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3.50</li> <li>• Drug Tier 2: \$12.50               <ul style="list-style-type: none"> <li>○ Select Insulins: \$10</li> </ul> </li> <li>• Drug Tier 3: \$47               <ul style="list-style-type: none"> <li>○ Select Insulins: \$35</li> </ul> </li> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 31%</li> <li>• Drug Tier 6: \$0</li> </ul>	Deductible: \$0  Copayment/coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$12               <ul style="list-style-type: none"> <li>○ Insulins: \$10</li> </ul> </li> <li>• Drug Tier 3: \$47               <ul style="list-style-type: none"> <li>○ Insulins: \$35</li> </ul> </li> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 33%</li> <li>• Drug Tier 6: \$0</li> </ul>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0  There is no change to your monthly premium for 2023.
<b>Optional dental plan monthly premium</b>	Delta Dental Option 1 \$24 per month	Delta Dental Option 1 \$24.50 per month
	Delta Dental Option 2 \$36 per month	Delta Dental Option 2 \$38 per month

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b>	\$5,200	\$4,200
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$4,200 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider/Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

### Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<b>Referrals</b>	You must have a referral from your Primary Care Provider to see other providers in our plan's network, such as specialists, hospitals, skilled nursing facilities, or home health care agencies.	You do not need a referral to see providers in our plan's network.
<b>Ambulance</b>	You pay a \$250 copay for Medicare-covered ambulance services per one-way trip.	You pay a \$220 copay for Medicare-covered ambulance services per one-way trip.
<p><b>Delta Dental Option 1</b></p> <p>The optional Delta dental plan is in addition to the dental benefit you receive automatically when you enroll in our plan.</p> <p>In order to receive these services you must sign up for them and pay an additional monthly premium.</p>	<p>You pay 50% of the cost for perio non-surgical procedures.</p> <p>You pay 50% of the cost for simple extractions.</p> <p>Delta Dental Option 1 \$24 per month</p>	<p>Perio non-surgical procedures are not covered under the optional dental benefit. You pay 0% of the cost for perio non-surgical procedures under the dental benefit you receive automatically as a member of our plan.</p> <p>Simple extractions are not covered under the optional dental benefit. You pay 50% of the cost for simple extractions under the dental benefit you receive automatically as a member of our plan.</p> <p>Delta Dental Option 1 \$24.50 per month</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Delta Dental Option 2</b></p> <p>The optional Delta dental plan is in addition to the dental benefit you receive automatically when you enroll in our plan.</p> <p>In order to receive these services you must sign up for them and pay an additional monthly premium.</p>	<p>You pay 20% of the cost for perio non-surgical procedures.</p> <p>You pay 20% of the cost for simple extractions.</p> <p>Delta Dental Option 1 \$36 per month</p>	<p>Perio non-surgical procedures are not covered under the optional dental benefit. You pay 0% of the cost for perio non-surgical procedures under the dental benefit you receive automatically as a member of our plan.</p> <p>Simple extractions are not covered under the optional dental benefit. You pay 50% of the cost for simple extractions under the dental benefit you receive automatically as a member of our plan.</p> <p>Delta Dental Option 1 \$38 per month</p>
<b>Dental Services</b>	<p>Perio non-surgical procedures are not covered.</p> <p>Simple extractions are not covered.</p> <p>There is no yearly maximum for covered dental services.</p>	<p>You pay 0% of the cost for perio non-surgical procedures.</p> <p>You pay 50% of the cost for simple extractions.</p> <p>There is a \$1,500 yearly maximum for covered dental services.</p>
<b>Durable Medical Equipment</b>	Prior authorization is required.	Prior authorization is required for Durable Medicare Equipment that costs more than \$1000, insulin pumps and bone stimulators.

Cost	2022 (this year)	2023 (next year)
<b>Emergency Care</b>	You pay a \$90 copay for each Medicare-covered emergency room visit in the United States and its territories.	You pay a \$95 copay for each Medicare-covered emergency room visit in the United States and its territories.
<b>Enhanced Disease Management</b>	Prior authorization <u>is</u> required.	Prior authorization <u>is not</u> required.
<b>Hearing Aids</b>	Our plan will reimburse you up to a maximum of \$750 for up to two hearing aids (one per ear) each year. You will be responsible for any costs above \$750.	You pay either a \$699 per aid copay for Advanced Aids or a \$999 copay per aid for Premium Aids. Benefit covers up to two TruHearing-branded hearing aids (one per ear) every two years. Benefit is limited to TruHearing's Advanced and Premium hearing aids. You must see a TruHearing provider to use this benefit. Call 888-936-2732 for more information or refer to the Evidence of Coverage.
<b>Hearing Exam - Routine</b>	You pay a \$10 copay for non-Medicare covered hearing exams.	<p>You pay a \$0 copay for non-Medicare covered hearing exams.</p> <p>You must see a TruHearing provider to use this benefit. Call 888-936-2732 for more information or refer to the Evidence of Coverage.</p>

Cost	2022 (this year)	2023 (next year)
<b>Inpatient Hospital Care - Acute</b>	<p>You pay a \$250 copay per day for days 1 – 7 per admission.</p> <p>You pay a \$0 copay per day for days 8 – 90 per admission.</p> <p>You pay a \$0 copay for additional covered hospital days per admission.</p>	<p>You pay a \$275 copay per day for days 1 – 7 per admission.</p> <p>You pay a \$0 copay per day for days 8 – 90 per admission.</p> <p>You pay a \$0 copay for additional covered hospital days per admission.</p>
<b>Inpatient Hospital Care - Psychiatric</b>	<p>You pay a \$250 copay per day for days 1 – 7 per admission.</p> <p>You pay a \$0 copay per day for days 8 – 90 per admission.</p>	<p>You pay a \$275 copay per day for days 1 – 7 per admission.</p> <p>You pay a \$0 copay per day for days 8 – 90 per admission.</p>
<b>Meal Benefit</b>	<p>Meal benefit is not covered.</p>	<p>You pay a \$0 copay for up to 28 meals (2 meals per day for 14 days) delivered directly to your home after each discharge from an inpatient acute or a skilled nursing facility stay.</p> <p>Annual limit of 5 discharges for a total of 140 meals per year.</p> <p>You must use GA Foods.</p>

Cost	2022 (this year)	2023 (next year)
<b>MyStrength</b>	MyStrength is not covered.	You pay a \$0 copay to use the MyStrength app which provides access to a comprehensive digital program with tools and dedicated support for stress, depression, better sleep, and mindfulness.
<b>Nutritional/Dietary Benefit</b>	Prior authorization <u>is</u> required.	Prior authorization <u>is not</u> required.
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b>	Prior authorization <u>is</u> required.	<p>Prior authorization <u>is not</u> required for outpatient diagnostic procedures, tests or lab services with the exception of genetic testing.</p> <p>Prior authorization <u>is</u> required for genetic testing.</p>
<b>Outpatient Substance Abuse Services</b>	Prior authorization <u>is</u> required.	Prior authorization <u>is not</u> required.
<b>Over the Counter Items</b>	You will receive \$50 a quarter with no rollover for the purchase of OTC health and wellness products.	You will receive \$60 a quarter with no rollover for the purchase of OTC health and wellness products.
<b>Partial Hospitalization</b>	You pay a \$55 copay per day.	You pay a \$70 copay per day.
<b>Prosthetic Devices</b>	Prior authorization is required.	Prior authorization is required for Prosthetic Devices that cost more than \$1000.

Cost	2022 (this year)	2023 (next year)
<b>Primary Care Physician Services</b>	You pay a \$5 copay per visit.	You pay a \$0 copay per visit.
<b>Pulmonary Rehabilitation Services</b>	You pay a \$30 copay per visit.	You pay a \$20 copay per visit.
<b>Skilled Nursing Facility (Days 21-100)</b>	You pay a \$188 copay per day.	You pay a \$196 copay per day.
<b>Supervised Exercise Therapy (SET)</b>	You pay a \$30 copay per visit.	You pay a \$20 copay per visit.
<b>Therapeutic Radiology Services</b>	You pay a \$25 copay for Medicare-covered services.	You pay 20% of the total cost for Medicare-covered services.
<b>Transportation</b>	Non-emergency transportation services are not covered.	<p>You pay a \$0 copay for up to 20 one-way, non-emergency trips per year to plan approved health-related locations. There is a 50-mile limit per one-way trip.</p> <p>Please contact McLaren Member Services to arrange transportation services.</p>
<b>Urgently Needed Services</b>	You pay a \$40 copay per visit.	You pay a \$50 copay per visit.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

We have made changes to the list of insulin drugs that will be covered as Select Insulins at a lower cost-sharing. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the symbol “SI” in the Drug List. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this document).

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.” The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b>  During this stage, <b>you pay the full cost</b> of your Tiers 3, 4, and 5 drugs until you have reached the yearly deductible.	The deductible is \$100 for Tier 3, 4, and 5 drugs.  During this stage, you pay \$3.50 for drugs on Tier 1, \$12.50 for drugs on Tier 2, \$0 for drugs on Tier 6, and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.	Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage</b>  During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>  The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>Tier 1 Preferred Generic:</b> You pay \$3.50 per prescription.  <b>Tier 2 Generic:</b> You pay \$12.50 per prescription.  <b>Tier 3 Preferred Brand:</b> You pay \$47 per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>Tier 1 Preferred Generic:</b> You pay \$0 per prescription.  <b>Tier 2 Generic:</b> You pay \$12 per prescription.  <b>Tier 3 Preferred Brand:</b> You pay \$47 per prescription.

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>  We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.  You pay \$10 to \$35 for Insulins.	<b>Tier 4 Non-Preferred Brand:</b> You pay \$100 per prescription.  <b>Tier 5 Specialty Drugs:</b> You pay 31% of the total cost of the drug.  <b>Tier 6 Select Care Drugs:</b> You pay \$0 per prescription.  Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).	<b>Tier 4 Non-Preferred Brand:</b> You pay \$100 per prescription.  <b>Tier 5 Specialty Drugs:</b> You pay 33% of the total cost of the drug.  <b>Tier 6 Select Care Drugs:</b> You pay \$0 per prescription.  Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$10 for a one-month supply of each insulin product covered by our plan on Tier 2 and no more than \$35 for a one-month supply of each insulin product covered by our plan on Tier 3.

**Getting Help from Medicare** - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

**Additional Resources to Help** – Please contact our Member Services number at 833-358-2404 for additional information. (TTY only, call 711). We are available for phone calls April 1<sup>st</sup> through September 30<sup>th</sup> Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup> seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m.

## SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Hearing Services (hearing aids, hearing aid fitting and evaluations, and routine hearing exams).	Our plan does not use a vendor for these services.	You must see a TruHearing provider for your Hearing Services. Call 888-936-2732 for more information or refer to the Evidence of Coverage.
Non-Medicare covered vision services	You do not need to use network providers for non-Medicare covered vision services. Our plan will reimburse you for services up to the maximum benefit limit.	You must use network providers for vision services.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in McLaren Medicare Inspire

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our McLaren Medicare Inspire.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, McLaren Health Plan, Inc. (Plan/Part D sponsor) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from McLaren Medicare Inspire.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from McLaren Medicare Inspire.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll.
  - Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription

drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Michigan Medicare/Medicaid Assistance Program (MMAAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Michigan Medicare/Medicaid Assistance Program (MMAAP) at 800-803-7174. You can learn more about Michigan Medicare/Medicaid Assistance Program (MMAAP) by visiting their website ([www.mmapinc.org](http://www.mmapinc.org)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 888-826-6565.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from McLaren Medicare Inspire

Questions? We're here to help. Please call Member Services at 833-358-2404. (TTY only, call 711). We are available for phone calls April 1<sup>st</sup> through September 30<sup>th</sup> Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup> seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m. Calls to these numbers are free.

#### **Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for McLaren Medicare Inspire. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare). As a reminder, our website has the most up-to-date information about our provider network (Provider/Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2023**

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most

frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-358-2404. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-358-2404. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-358-2404。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-358-2404。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-358-2404. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-358-2404. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-358-2404 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-358-2404. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-358-2404 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-358-2404. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-358-2404. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-358-2404 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-358-2404. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-358-2404. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-358-2404. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-358-2404. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-358-2404 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。





<b>Method</b>	<b>Member Services – Contact Information</b>
<b>CALL</b>	<p>833-358-2404</p> <p>Calls to this number are free.</p> <p>Hours of operation: April 1st through September 30th Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days)</p> <p>Member Services also has free language interpreter services available for non-English speakers.</p>
<b>TTY</b>	<p>711</p> <p>Calls to this number are free.</p> <p>Hours of operation: April 1st through September 30th Monday through Friday, 8 a.m. to 8 p.m.; October 1st through March 31st seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days)</p>
<b>WRITE</b>	<p>McLaren Medicare PO Box 44092 Indianapolis IN 46244-0092</p>
<b>WEBSITE</b>	<p><a href="http://www.mclarenhealthplan.org/medicare">www.mclarenhealthplan.org/medicare</a></p>



***McLarenHealthPlan.org/Medicare***

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