



Enrollment Guide

Jan. 1, 2025 — Dec. 31, 2025

McLaren Medicare Inspire (HMO) - H6322-001

McLaren Medicare Inspire Plus (HMO) - H6322-002

McLaren Medicare Inspire Flex (HMO-POS) - H6322-003-01

McLaren Medicare Inspire Flex (HMO-POS) - H6322-003-02



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Welcome! Experience the advantage with McLaren Medicare.

MCLAREN MEDICARE

Affordable coverage, quality care and thousands of doctors and providers to choose from – any way you look at it, a McLaren Medicare plan is a smart move. To help you save money, we offer plans with \$0 premium, \$0 PCP copay and no deductibles! You get additional benefits, such as dental and hearing. And there is up to a \$145 quarterly allowance for over-the-counter items you use every day. Our network includes not only the exceptional, compassionate care you get from McLaren hospitals, but also from hospitals such as Ascension, Corewell Health, Covenant, University of Michigan - Sparrow, Munson, Michigan Medicine, Henry Ford and more.* You can enroll with our secure online application or talk to a knowledgeable agent to help make your decision. Or call one of our friendly Medicare member services representatives for more information.

*Other hospitals are available in our network.

McLaren Medicare Member Services

833-358-2404 (TTY: 711), Option 2 for Sales

April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m.

Oct. 1-March 31: 7 days a week, 8 a.m. to 8 p.m.

(Except Thanksgiving and Christmas days)

MEDICARE EXPLAINED

Original Medicare

Medicare is health insurance for people 65 or older. You're first eligible to sign up for Medicare three months before you turn 65. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease).

2024 Original Medicare amounts

- » Medicare Part A monthly premium for 2024 is \$0 for most Medicare beneficiaries. If you or a spouse have worked at least 10 years and paid into Medicare you will not pay a Part A premium. If you do not qualify for premium free Part A, you may be able to buy it, you will pay either \$278 or \$505 each month depending how long you or your spouse worked and paid Medicare taxes.
- » Medicare Part A deductible for 2024 is \$1,632
- » Medicare Part B monthly premium for 2024 is \$174.70
- » Medicare Part B deductible for 2024 is \$240

Medicare Part A - Hospital Insurance

Helps cover inpatient hospital stays, skilled nursing facility stays, home health care and hospice care. Most people are automatically enrolled in Part A when they turn age 65. Most won't have to pay a monthly premium for Part A because they paid for it through their payroll deductions.

Medicare Part B - Medicare

Helps cover doctor's services, outpatient care, some preventive services, lab tests and other medical services that Part A doesn't cover. Part B is optional. If you have Part B, you pay a Part B premium each month. Most people pay the standard premium amount. If you don't sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty.

Medicare Part C - Medicare Advantage

Covers all the benefits of Original Medicare and may offer additional benefits. McLaren Medicare plans provide all the coverage of Medicare Part A and Part B with additional benefits.

Medicare Part D - Medicare Prescription Drug

Medicare prescription drug plans may be purchased as a standalone Prescription Drug Plan (PDP) or as part of a Medicare Advantage Prescription Drug (MAPD) plan. Prescription drugs are provided based on the plan's formulary, which must meet standards set by Medicare. Important: If a Medicare beneficiary does not enroll in a PDP or a Medicare Advantage plan with prescription drug coverage during the Initial Enrollment Period (IEP) of Medicare eligibility for Part A and/or Part B, or does not have other provided creditable prescription coverage, they will be charged a late enrollment penalty (LEP). The LEP amount is 1% of Part D base premium for each full month a beneficiary is without Part D or creditable coverage.

ELIGIBILITY

You can enroll in a McLaren Medicare plan if you are eligible for Medicare Part A and enrolled in Medicare Part B and you live in our service area, which includes the following counties in Michigan's Lower Peninsula:

Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne and Wexford.

McLaren Medicare plans are available in 61 counties throughout Michigan's Lower Peninsula.

DOES MY DOCTOR ACCEPT MCLAREN MEDICARE?

With more than 85,000 in-network provider locations of care, you'll have access to McLaren hospitals and providers, along with other health systems such as Ascension, Covenant, Corewell Health, University of Michigan - Sparrow, Michigan Medicine, Henry Ford and more.

You can check online to see participating providers at
www.mclarenhealthplan.org/mclarenmedicare.

Choosing Your Primary Care Physician

When you enroll in a McLaren Medicare plan, you'll select a primary care physician from our network of providers. They will work with you to help coordinate your care, including all of the specialty care you may need and no referral is needed to see an in-network specialist.

The McLaren Provider/Pharmacy Directory is available online at **www.mclarenhealthplan.org/mclarenmedicare**, or you can call us at **833-358-2404 (TTY: 711)**.

THINGS TO KNOW BEFORE YOU ENROLL

It's important to understand the Medicare plan benefits and rules before you make an enrollment decision. If you need help or have questions, you can speak with our Medicare team at:

McLaren Medicare Member Services

833-358-2404 (TTY: 711), Option 2 for Sales

April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m.

Oct. 1-March 31: 7 days a week, 8 a.m. to 8 p.m.

(Except Thanksgiving and Christmas days)

SAVING MONEY WITH A MCLAREN MEDICARE PLAN

You may be on a fixed income, so every dollar counts. McLaren Medicare plans have a maximum out-of-pocket spending limit per year, which helps you predict your costs.

Our plans also have:

- » Premiums as low as \$0
- » Prescription drugs - including \$0 Tier 1 and Tier 6 generic drugs
- » Allowance for glasses
- » Hearing Aids - covered
- » Preventive dental care - covered
- » Fitness memberships - allowance on your Benefits Mastercard® Prepaid Card
- » Over-the-counter benefit - generous quarterly allowance on your Benefits Mastercard® Prepaid Card
- » Transportation to and from medical appointments

AM I COVERED WHEN I TRAVEL?

McLaren Medicare has you covered for emergency care when traveling anywhere in the United States or its territories. This means you don't have to worry about coverage if you get a sudden, serious illness or injury and need emergency or urgent care from a provider outside of the McLaren Medicare network. We even offer Medicare Advantage plans that will cover your emergency care when you are traveling overseas, but there are limitations. Please call Member Services if you have questions before you travel.

It makes the most sense to plan ahead and receive routine, non-emergency care prior to traveling. McLaren Medicare does offer McLaren Medicare Inspire Flex, which allows you to receive care from out-of-network providers while traveling outside of the service area for less than six months. You use a point-of-service benefit to receive covered services from any provider who accepts Medicare; however, you may pay more for these services.

ADDED BENEFITS

Whichever McLaren Medicare plan you choose, you get access to added benefits, including dental, vision and hearing aids, as well as a quarterly over-the-counter benefit. And, although McLaren Medicare is directly affiliated with McLaren hospitals, your coverage is accepted at any hospitals that accept McLaren Medicare.

- » Dental services through Delta Dental - Preventive dental with \$0 copay including coverage for minor restorative services to fillings and crown repair with a 50% coinsurance and perio maintenance covered at 100%
- » Optional comprehensive dental available through Delta Dental for an additional monthly premium
- » Vision care with eyewear allowance
- » Hearing care with hearing aid coverage
- » Over-the-counter allowance of \$135 - \$145 per quarter depending on the plan to spend on over-the-counter medicines and products
- » Fitness benefit allowance
- » Virtual care with no cost share through McLarenNow

PRESCRIPTION COVERAGE

All McLaren Medicare plans have prescription drug coverage.

Stage 1: Deductible Stage

- » There is no Part D deductible for any McLaren Medicare plans.

Stage 2: Initial Coverage Stage

- » Member remains in this stage until their total out-of-pocket costs for covered Part D drugs reach \$2,000.
- » Premiums and costs for drugs from outside the U.S., non-covered drugs and non-Part D drugs do not count toward a member's out-of-pocket drug costs.

Stage 3: Catastrophic Coverage Stage

- » Once a member's total out-of-pocket costs for covered drugs reach \$2,000, McLaren Medicare pays the full cost for their covered Part D drugs.

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 Tiers 3-5.

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.



SUMMARY OF BENEFITS

Jan. 1, 2025-Dec. 31, 2025

This summary of benefits will provide you with information about the Medicare Advantage Prescription Drug plans available through McLaren Medicare. Information in this booklet will show benefits covered and member costs for our HMO and HMO-POS plans. A complete list of covered benefits and services is included in our Evidence of Coverage (EOC). Contact us for a copy at 833-358-2404 (TTY: 711) or view it on our website at www.mclarenhealthplan.org/mclarenmedicare.

Understand your Medicare options and review and compare plans.

You have choices about how to receive your Medicare benefits.

- » You can enroll in Original Medicare, a fee-for-service plan run by the federal government. A free “Medicare & You” handbook is available by visiting <https://www.medicare.gov>, or by calling 1-800-MEDICARE (1-800-633-4227), TTY: 877-488-2048, 24 hours a day, 7 days a week.
- » or You can join a private Medicare plan, like the McLaren Medicare Inspire plans. Carefully compare plans and benefits before enrolling. You can ask each plan for a “Summary of Benefits” or visit the Medicare Plan Finder at <https://www.medicare.gov>.

SUMMARY OF BENEFITS

McLaren Medicare Inspire (HMO) H6322-001

McLaren Medicare Inspire Plus (HMO) H6322-002

McLaren Medicare Inspire Flex (HMO-POS) H632-003-01

McLaren Medicare Inspire Flex (HMO-POS) - H6322-003-02

This is a summary of drug and health services covered by McLaren Medicare for **Jan. 1, 2025-Dec. 31, 2025**

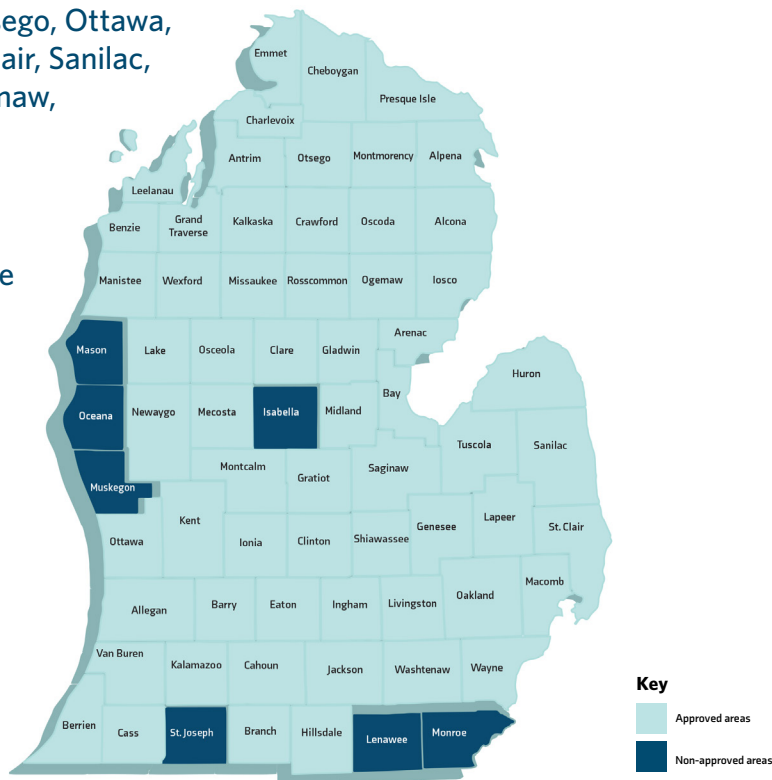
The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To see a complete list of services we cover, please review the Evidence of Coverage on www.mclarenhealthplan.org/mclarenmedicare.

To join **McLaren Medicare** you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area consists of the following counties in Michigan: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne and Wexford.

McLaren Medicare has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our member service number or review the Evidence of Coverage.

For more information, including the cost-sharing that applies to out-of-network services, call Member Services at 833-358-2404 (TTY: 711).



Monthly Premium, Deductibles and Coverage Limits				
	McLaren Medicare Inspire (HMO) H6322-001	McLaren Medicare Inspire Plus (HMO) H6322-002	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
Your Monthly Plan Premium (You must continue to pay your Medicare Part B premium)	\$0	\$25	\$0	\$49
Deductible	Medical Services \$0 Prescription Drug All Tiers \$0	Medical Services \$0 Prescription Drug All Tiers \$0	Medical Services \$0 Prescription Drug All Tiers \$0	Medical Services \$0 Prescription Drug All Tiers \$0
Maximum Out-of-Pocket Responsibility The most you pay for copays, coinsurance and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of Medicare-covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.	\$4,200 for in-network Medicare-covered benefits	\$3,500 for in-network Medicare-covered benefits	\$3,800 for in-network Medicare-covered benefits \$10,000 In-network and out-of-network Medicare-covered benefits combined	\$3,800 for in-network Medicare-covered benefits \$10,000 In-network and out-of-network Medicare-covered benefits combined

*This plan is only available to people who reside in Bay, Charlevoix, Cheboygan, Clare, Clinton, Eaton, Emmet, Genesee, Ingham, Lapeer, Macomb, Oakland, Ogemaw, Sanilac, Shiawassee, St. Clair and Tuscola counties.

**This plan is only available to people who reside in Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Benzie, Berrien, Branch, Calhoun, Cass, Crawford, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Leelanau, Livingston, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Van Buren, Washtenaw, Wayne, and Wexford counties.

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
Inpatient Hospital Coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	\$275 copay per day for days 1 through 7 You pay nothing per day for days 8 - 90 You pay nothing per day for days 91 and beyond	\$225 copay per day for days 1 through 7 You pay nothing per day for days 8 - 90 You pay nothing per day for days 91 and beyond	<u>In-network</u> \$200 copay per day for days 1 through 7 You pay nothing per day for days 8 - 90 You pay nothing per day for days 91 and beyond <u>Point-of-service</u> 20% of the cost/stay	<u>In-network</u> \$200 copay per day for days 1 through 7 You pay nothing per day for days 8 - 90 You pay nothing per day for days 91 and beyond <u>Point-of-service</u> 30% of the cost/stay
Outpatient Hospital Coverage Prior authorization may be required.	Outpatient Hospital: \$200 copay for each visit Ambulatory Surgical Center: \$200 copay for each visit Observation: \$150 copay for each visit	Outpatient Hospital: \$200 copay for each visit Ambulatory Surgical Center: \$150 copay for each visit Observation: \$150 copay for each visit	<u>In-network</u> Outpatient Hospital: \$150 copay for each visit Ambulatory Surgical Center: \$150 copay for each visit Observation: \$150 copay for each visit <u>Point-of-service</u> 20% of the cost	<u>In-network</u> Outpatient Hospital: \$200 copay for each visit Ambulatory Surgical Center: \$150 copay for each visit Observation: \$150 copay for each visit <u>Point-of-service</u> 30% of the cost
Doctor Visits No referral required for in-network specialist visits.	Primary Care: \$0 copay per visit Specialist: \$40 copay per visit	Primary Care: \$0 copay per visit Specialist: \$25 copay per visit	<u>In-network</u> Primary Care: \$0 copay per visit Specialist: \$30 copay per visit <u>Point-of-service</u> 20% of the cost/stay	<u>In-network</u> Primary Care: \$0 copay per visit Specialist: \$25 copay per visit <u>Point-of-service</u> 30% of the cost
Preventive Care	\$0 copay	\$0 copay	<u>In-network</u> \$0 copay <u>Point-of-service</u> 20% of the cost	<u>In-network</u> \$0 copay <u>Point-of-service</u> 30% of the cost

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
Emergency Care Your copay will be waived if you are admitted directly into the hospital.	You pay a \$100 copay per visit in or out of network	You pay a \$100 copay per visit in or out of network	You pay a \$100 copay per visit in or out of network	You pay a \$100 copay per visit in or out of network
Urgently Needed Services	You pay a \$50 copay per visit in or out of network	You pay a \$50 copay per visit in or out of network	You pay a \$50 copay per visit in or out of network	You pay a \$50 copay per visit in or out of network
Outpatient Diagnostic Services/Labs/Imaging Prior authorization is required for CT scan, MRI, genetic testing, molecular pathology, Proton beam therapy and high-intensity focused ultrasound.	Diagnostic radiology service (CT/MRI): \$200 copay Lab services: \$0 copay Diagnostic tests and procedures: \$20 copay Outpatient X-rays: \$25 copay	Diagnostic radiology service (CT/MRI): \$150 copay Lab services: \$0 copay Diagnostic tests and procedures: \$20 copay Outpatient X-rays: \$25 copay	<u>In-network</u> Diagnostic radiology service (CT/MRI): \$100 copay Lab services: \$0 copay Diagnostic tests and procedures: \$10 copay Outpatient X-rays: \$35 copay <u>Point-of-service</u> 20% of the cost	<u>In-network</u> Diagnostic radiology service (CT/MRI): \$125 copay Lab services: \$0 copay Diagnostic tests and procedures: \$20 copay Outpatient X-rays: \$25 copay <u>Point-of-service</u> 30% of the cost
Hearing Services You must use TruHearing providers for all routine hearing exams and hearing aid services.	Hearing exams: \$40 copay for a Medicare-covered hearing exam You pay a \$0 copay for a non-Medicare covered routine hearing exam Hearing aids You pay a \$0 for one hearing aid fitting and evaluation per year. \$699/\$999 copay per hearing aid - one per ear every two years	Hearing exams: \$25 copay for a Medicare-covered hearing exam You pay a \$0 copay for a non-Medicare covered routine hearing exam Hearing aids You pay a \$0 for one hearing aid fitting and evaluation per year. \$699/\$999 copay per hearing aid - one per ear every two years	<u>In-network</u> Hearing exams: \$30 copay for a Medicare-covered hearing exam <u>Point-of-service</u> 20% of the cost You pay a \$0 copay for a non-Medicare covered routine hearing exam Hearing aids You pay a \$0 for one hearing aid fitting and evaluation per year. \$699/\$999 copay per hearing aid - one per ear every two years	<u>In-network</u> Hearing exams: \$30 copay for a Medicare-covered hearing exam <u>Point-of-service</u> 30% of the cost You pay a \$0 copay for a non-Medicare covered routine hearing exam Hearing aids You pay a \$0 for one hearing aid fitting and evaluation per year. \$699/\$999 copay per hearing aid - one per ear every two years

Covered Medical Benefits

Dental Services

In-network dental services are provided by Delta Dental's Medicare Advantage network dentists.

- Oral exam and cleaning:** \$0 copay for two exams and two cleanings (regular or periodontal) each year
- Filling and crown repair:** 50% coinsurance
- Fluoride treatment:** \$0 copay for one treatment each year
- Bitewing X-rays:** \$0 copay for one set each year
- Full-mouth X-rays:** \$0 copay once every 5 years
- Simple extractions:** 50% coinsurance
- You have a \$1,500 limit on covered dental services.**

Optional Supplemental Dental (can be purchased separately)

	Delta Dental Option 1	Delta Dental Option 2
Premium These optional dental plans can be purchased for an additional monthly premium. For Delta Dental Option 1 and Delta Dental Option 2, services must be provided by Delta Dental's Medicare Advantage network dentists.	\$23	\$41
Deductible	\$0	\$0
Services	Major restorative services, bridges, dentures and implant services: 75% coinsurance Endodontics, periodontics (surgical), bridge and denture repair, oral surgery, and films, anesthesia and tests: 50% coinsurance	Major restorative services, bridges, dentures and implant services: 50% coinsurance Endodontics, periodontics (surgical), bridge and denture repair, oral surgery, and films, anesthesia and tests: 20% coinsurance
Maximum Benefit Limit	You will be covered for \$1,000 of dental services per year. Once you reach this limit, you will have to pay all costs for optional supplemental dental services.	You will be covered for \$1,500 of dental services per year. Once you reach this limit, you will have to pay all costs for optional supplemental dental services.

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
Vision Services	<p>Medicare-covered services:</p> <p>\$40 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for glaucoma screening</p> <p>Routine vision services:</p> <p>\$0 copay for a routine eye exam \$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses up to \$100.</p>	<p>Medicare-covered services:</p> <p>\$25 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for glaucoma screening</p> <p>Routine vision services:</p> <p>\$0 copay for a routine eye exam \$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses up to \$200.</p>	<p><u>In-network</u> Medicare-covered services:</p> <p>\$30 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for glaucoma screening</p> <p>Routine vision services:</p> <p>\$0 copay for a routine eye exam \$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses up to \$225.</p> <p><u>Point-of-service</u> 20% of the cost</p>	<p><u>In-network</u> Medicare-covered services:</p> <p>\$30 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for glaucoma screening</p> <p>Routine vision services:</p> <p>\$0 copay for a routine eye exam \$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses up to \$200.</p> <p><u>Point-of-service</u> 30% of the cost</p>
<p>Mental Health Services</p> <p>Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital. Our plan covers 90 days for an inpatient hospital stay.</p> <p>Prior authorization may be required for inpatient mental health services.</p>	<p>Inpatient:</p> <p>\$275 copay per day for days 1 through 7</p> <p>You pay \$0 per day for days 8 through 90</p> <p>Outpatient therapy (group or individual):</p> <p>\$30 copay per session</p>	<p>Inpatient:</p> <p>\$225 copay per day for days 1 through 7</p> <p>You pay \$0 per day for days 8 through 90</p> <p>Outpatient therapy (group or individual):</p> <p>\$25 copay per session</p>	<p><u>In-network</u> Inpatient:</p> <p>\$200 copay per day for days 1 through 7</p> <p>You pay \$0 per day for days 8 through 90</p> <p>Outpatient therapy (group or individual):</p> <p>\$30 copay per session</p> <p><u>Point-of-service</u> 20% of the cost</p>	<p><u>In-network</u> Inpatient:</p> <p>\$200 copay per day for days 1 through 7</p> <p>You pay \$0 per day for days 8 through 90</p> <p>Outpatient therapy (group or individual):</p> <p>\$25 copay per session</p> <p><u>Point-of-service</u> 30% of the cost</p>

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period in a SNF. A benefit period starts the day you go into a SNF and ends when you go 60 days in a row without SNF care. No prior hospital stay is required. Prior authorization may be required.	You pay nothing per day for days 1 through 20. \$214 per day for days 21 through 100.	You pay nothing per day for days 1 through 20. \$214 per day for days 21 through 100.	<u>In-network</u> You pay nothing per day for days 1 through 20. \$214 per day for days 21 through 100. <u>Point-of-service</u> 20% of the cost	<u>In-network</u> You pay nothing per day for days 1 through 20. \$214 per day for days 21 through 100. <u>Point-of-service</u> 30% of the cost
Physical Therapy Prior authorization may be required.	\$25 copay per visit	\$25 copay per visit	<u>In-network</u> \$30 copay per visit <u>Point-of-service</u> 20% of the cost	<u>In-network</u> \$25 copay per visit <u>Point-of-service</u> 30% of the cost
Ambulance Prior authorization is required for Medicare covered non-emergency transport.	\$220 copay per one-way transport	\$220 copay per one-way transport	\$200 copay per one-way transport	\$220 copay per one-way transport
Transportation Limited to 50 miles per one-way trip.	You pay nothing for 20 one-way, non-emergency trips per year to plan approved health-related locations.	You pay nothing for 20 one-way, non-emergency trips per year to plan approved health-related locations.	You pay nothing for 20 one-way, non-emergency trips per year to plan approved health-related locations.	You pay nothing for 20 one-way, non-emergency trips per year to plan approved health-related locations.
Medicare Part B Drugs Prior authorization may be required.	Chemotherapy and Other Part B Drugs: 20% of the cost Home Infusion Drugs: \$0 copay	Chemotherapy and Other Part B Drugs: 20% of the cost Home Infusion Drugs: \$0 copay	<u>In-network</u> Chemotherapy and Other Part B Drugs: 20% of the cost Home Infusion Drugs: \$0 copay <u>Point-of-service</u> 20% of the cost	<u>In-network</u> Chemotherapy and Other Part B Drugs: 20% of the cost Home Infusion Drugs: \$0 copay <u>Point-of-service</u> 30% of the cost

Prescription Drug Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
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Stage 1: Deductible Stage

Because you have no deductible, you will start in the Initial Coverage Stage when you fill your first prescription of the year.

Stage 2: Initial Coverage Stage

You will pay the copays/coinsurance until your total out-of-pocket drug costs reach \$2,000.

	Retail pharmacy (30-day supply)	Mail-order pharmacy (90-day supply)
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$12 Insulins: \$10	\$27 Insulins: \$23
Tier 3: Preferred Brand	\$47 Insulins: \$35	\$105.75 Insulins: \$79
Tier 4: Non-Preferred Brand	\$100	\$225
Tier 5: Specialty	33%	N/A
Tier 6: Select Care Drugs	\$0	\$0

Stage 3: Catastrophic Coverage Stage

Once your out-of-pocket costs for covered drugs reach \$2,000, our plan pays the full cost for your covered Part D drugs.

Additional Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
Acupuncture Medicare-covered acupuncture for chronic lower back pain	\$25 copay per visit	\$25 copay per visit	<u>In-network</u> \$30 copay per visit <u>Point-of-service</u> Not covered out-of-network	<u>In-network</u> \$25 copay per visit <u>Point-of-service</u> Not covered out-of-network
Annual Physical Exam Comprehensive preventive medical evaluation	\$0 copay per visit	\$0 copay per visit	<u>In-network</u> \$0 copay per visit <u>Point-of-service</u> 20% of the cost	<u>In-network</u> \$0 copay per visit <u>Point-of-service</u> 30% of the cost
Chiropractic Care	\$20 copay per visit	\$20 copay per visit	<u>In-network</u> \$20 copay per visit <u>Point-of-service</u> 20% of the cost	<u>In-network</u> \$20 copay per visit <u>Point-of-service</u> 30% of the cost
Durable Medical Equipment Prior authorization is required for items that cost more than \$1,000, insulin pumps, bone stimulators and neurostimulators.	You pay a 20% coinsurance	You pay a 20% coinsurance	<u>In-network</u> You pay a 20% coinsurance <u>Point-of-service</u> 20% of the cost	<u>In-network</u> You pay a 20% coinsurance <u>Point-of-service</u> 30% of the cost
Enhanced Disease Management	If you have chronic conditions, you may qualify for one of our enhanced disease management programs. These special education programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you achieve a healthier lifestyle. A care manager is available to those who qualify for these customized programs. You pay nothing for enhanced disease management.			
Fitness Membership	Up to a maximum allowance of \$100 annually for your fitness membership.	Up to a maximum allowance of \$200 annually for your fitness membership.	Up to a maximum allowance of \$200 annually for your fitness membership.	Up to a maximum allowance of \$200 annually for your fitness membership.
Meals After Discharge	\$0 for two meals per day for 14 days (28 meals), delivered directly to your home after each discharge from an inpatient acute care or skilled nursing facility stay. Annual limit of five discharges for a total of 140 meals per year.			

Additional Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-02**
Nutritional/ Dietary Benefit	<p>We cover six counseling session through a registered dietitian or other nutrition professional. We want to help you improve your health and lifestyle by providing tools so you make healthy choices. Talk to our physician to see if you would benefit from nutritional counseling.</p> <p>You pay nothing for these sessions.</p>			
Over-the-Counter Items	<p>You are eligible to receive a quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription. Any unused benefit does not rollover to the next quarter.</p>			
	\$140/quarter	\$145/quarter	\$140/quarter	\$135/quarter
Prosthetic Devices and Related Medical Supplies Prior authorization is required for items that cost more than \$1,000.	You pay a 20% coinsurance	You pay a 20% coinsurance	<u>In-network</u> You pay a 20% coinsurance <u>Point-of-service</u> 20% of the cost	<u>In-network</u> You pay a 20% coinsurance <u>Point-of-service</u> 30% of the cost
Special Supplemental Benefits for the Chronically Ill* Healthy Groceries	Not covered	<p>To be eligible, you must have one or more qualifying comorbid and medically complex chronic conditions, be at high risk for hospitalization or other adverse health outcomes and require intensive care coordination.</p> <p>If you qualify, you will receive a Benefits Mastercard® Prepaid Card with a \$50 monthly healthy grocery allowance to be used to purchase qualifying healthy foods and produce at participating retail locations or online through NationsBenefits with free home delivery.</p> <p>The monthly allowance does not rollover from month to month.</p> <p>For a complete list of qualifying conditions, please call Member Services.</p>		
Worldwide Emergency Care	Not covered	<p>You may receive covered emergency and urgent care services anywhere in the world. If you are outside of the United States or its territories, your worldwide emergency and urgent care is limited to \$50,000 per year. All costs over \$50,000 for emergency and urgent care services are your responsibility.</p> <p>You pay a \$100 copay per visit.</p>		
Worldwide Urgent Care	Not covered	<p>You may receive covered emergency and urgent care services anywhere in the world. If you are outside of the United States or its territories, your worldwide emergency and urgent care is limited to \$50,000 per year. All costs over \$50,000 for emergency and urgent care services are your responsibility.</p> <p>You pay a \$50 copay per visit.</p>		

*The benefits mentioned are a part of a special supplemental program for the chronically ill. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Qualifying conditions may include but are not limited to the following: heart failure, diabetes, cancer, chronic lung disorders like COPD, and stroke. Contact us to confirm your eligibility for these benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or audio.

For more information, please call us at the phone number below or visit us at www.mclarenhealthplan.org/mclarenmedicare.

Toll-free: 1-833-358-2404; TTY users should call 711.

Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. ET (except Thanksgiving and Christmas days)

April 1-Sept. 30: Monday-Friday, 8 a.m. to 8 p.m. ET.

You can see our plan's provider/pharmacy directory at www.mclarenhealthplan.org/mclarenmedicare.

McLaren Medicare is an HMO/HMO-POS plan with a Medicare contract. Enrollment in McLaren Medicare depends on contract renewal.

H6322_SB2025_M



PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member services representative at 833-358-2404 (TTY: 711).

Understanding the Benefits

- » The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.mclarehealthplan.org/mclarenmedicare or call 833-358-2404 (TTY: 711) to view a copy of the EOC.
- » Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- » Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- » Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- » In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- » Benefits, premiums and/or copayments/co-insurance may change on Jan. 1, 2026.
- » Effect on Current Coverage: Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- » HMO Plans: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- » HMO-POS Plans: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

H6322_PECL25_C

ENROLLMENT IS EASY!

1. You can enroll online at www.mclarenhealthplan.org/mclarenmedicare
2. Work with your licensed independent Medicare-certified sales agent
3. Call a licensed McLaren Medicare sales representative at:

833-358-2404 (TTY: 711), Option 2 for Sales

April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m.

Oct. 1-March 31: 7 days a week, 8 a.m. to 8 p.m.

(Except Thanksgiving and Christmas days)

4. Complete and mail your enrollment form to:

McLaren Medicare

PO Box 710

Flint, MI 48501-9900

5. Enroll online at **Medicare.gov** (through the Centers for Medicare & Medicaid Services Online Enrollment Center)

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

To be completed by person with Medicare.

Please initial below in the box beside the plan type that you want the agent to discuss with you.

If you do not want the agent to discuss a plan type with you, please leave the box empty.

CMS requires 48 hours between when a beneficiary signs a Scope of Appointment and when a beneficiary meets with an agent. CMS does allow exceptions for beneficiary-initiated walk-in appointments and meetings taking place at the end of a valid enrollment period.

Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plan and Other Medicare Plans

- ☐ **Medicare Health Maintenance Organization (HMO) and (HMO/POS)** – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage. McLaren's Medicare Advantage plans include Part D prescription drug coverage.

In most HMOs, you can get your care only from doctors or hospitals in the plan's network (except in emergencies).

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you indicated above. The person who will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT obligate you to enroll in a plan or affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan or other Medicare plan.

Beneficiary or Authorized Representative Signature: _____

Signature Date: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Relationship to Beneficiary: _____

Phone Number: _____ Address: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Date Appointment Completed:	
If less than 48 hours from form completion to meeting, please provide reason (i.e. Walk-in, etc.)	
[Plan Use Only:]	

*Scope of Appointment documentation is subject to CMS record retention requirements.

McLaren Medicare is an HMO/HMO-POS with a Medicare contract. Enrollment in McLaren Medicare depends on contract renewal.

H6322_CY25SOA_C

INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- » Be a United States citizen or be lawfully present in the U.S.
- » Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- » Medicare Part A (Hospital Insurance)
- » Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- » Between October 15–December 7 each year (for coverage starting January 1)
- » Within 3 months of first getting Medicare
- » In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- » Your Medicare Number (the number on your red, white, and blue Medicare card)
- » Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out

Reminders

- » If you want to join a plan during fall open enrollment (October 15–December 7),

the plan must get your completed form by December 7.

- » Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
McLaren Health Plan
Attn: Medicare Sales
PO Box 710
Flint, MI, 48501-9900

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call McLaren Medicare at 833-358-2404. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a McLaren Medicare al 833-358-2404 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- » If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I recently was released from incarceration. I was released on (insert date)_____
_____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____
_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.
- ☐ I recently left a PACE program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)
_____.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact McLaren Medicare at 833-358-2404 (TTY users should call 711) to see if you are eligible to enroll. We are open April 1 - Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. or Oct. 1 - March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days).

Section 1 - All fields in this section are required (unless marked optional)

Select the plan you want to join:

- ☐ McLaren Medicare Inspire (HMO) \$0 per month
- ☐ McLaren Medicare Inspire Plus (HMO) \$25 per month
- ☐ McLaren Medicare Inspire Flex (HMO-POS) \$0 per month (available in Region 1 only*)
- ☐ McLaren Medicare Inspire Flex (HMO POS) \$49 per month (available in Region 2 only**)

*Region 1 – Bay, Charlevoix, Cheboygan, Clare, Clinton, Eaton, Emmet, Genesee, Ingham, Lapeer, Macomb, Oakland, Ogemaw, Sanilac, Shiawassee, St. Clair and Tuscola counties.

**Region 2 – Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Benzie, Berrien, Branch, Calhoun, Cass, Crawford, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Leelanau, Livingston, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Van Buren, Washtenaw, Wayne, and Wexford counties.

Add Optional Supplemental Dental coverage to your plan. This supplemental coverage is available for an **additional monthly premium**.

- ☐ Delta Dental Option 1 - \$23 per month ☐ Delta Dental Option 2 - \$41 per month

First Name:

Last Name:

Middle Initial:

Birth Date:

(/ /)
(MM / DD / YYYY)

Sex:

M F

Phone Number:

() - _____

Permanent Residence Street Address (P.O. Box is not allowed):

Street Address: _____

City: _____ County (optional): _____ State: _____ Zip Code: _____

Mailing Address (only if different from your Permanent Residence Address – PO Box is allowed):

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (optional): _____

Please Provide Your Medicare Information

Medicare Number: ____-____-____

Please read and answer these important questions:

1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to McLaren Medicare?

☐ Yes ☐ No

If "yes," please provide the following information:

Name of other coverage: _____

Member number for this coverage: _____

Group number for this coverage: _____

IMPORTANT: Please Read and Sign Below

- » I must keep both Hospital (Part A) and Medical (Part B) to stay in McLaren Medicare.
- » By joining this Medicare Advantage Plan, I acknowledge that McLaren Medicare will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- » I understand that I can be enrolled in only one MA plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- » I understand that when my McLaren Medicare coverage begins, I must get all of my medical and prescription drug benefits from McLaren Medicare. Benefits and services provided by McLaren Medicare and contained in my McLaren Medicare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor McLaren Medicare will pay for benefits or services that are not covered.
- » The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- » I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under State law to complete this enrollment, and
 2. Documentation of this authority is available upon request by Medicare.

Signature: _____

Today's Date: _____

If you're the authorized representative, sign above and fill out these fields:

Name: _____

Address: _____

Phone Number: _____ Relationship to Enrollee: _____

Section 2 - All fields in this section are optional:

Answering these questions is your choice.
You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino/a, or Spanish origin
☐ I choose not to answer.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Black or African
☐ American Chinese ☐ Filipino ☐ Guamanian or Chamorro
☐ Japanese ☐ Korean ☐ Native Hawaiian
☐ Other Asian ☐ Other Pacific Islander ☐ Samoan
☐ Vietnamese ☐ White
☐ I choose not to answer.

Select one if you want us to send you information in a language other than English.

- ☐ Spanish ☐ Other: _____

Select one if you want us to send you information in an accessible format.

- ☐ Braille ☐ Audio CD ☐ Large Print

Please contact McLaren Medicare at 833-358-2404 if you need information in an accessible format other than what's listed above. Our office hours are April 1 - Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. or Oct. 1 - March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days). TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center: _____

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay McLaren Medicare the Part D-IRMAA.

Please select a premium payment option:

- ☐ Automatic withdrawal from your bank account each month. Please allow up to 60 days to process your request. **Please pay any premium bill you may receive while your request is processing.** Future monthly premiums will be automatically withdrawn from your specified account on the first day of every month.

Please enclose a VOIDED check or provide the following information:

Account holder name: _____

Bank routing number: _____
(first set of numbers located on left side of check)

Bank account number: _____
(second set of numbers located in the center of check)

Account type: ☐ Checking ☐ Savings

- ☐ Get a bill each month.
- ☐ Automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

H6322_CY2025EnrollForm_C

GLOSSARY

As you're researching information on Medicare, you might come across some unfamiliar terms. Here's a handy list of commonly used words and what they mean for you.

Copayment

Sometimes called a copay, this is the set dollar amount you pay at the time you receive a Medicare-covered service. You may also have a copay when you get a prescription filled.

Coinsurance

Coinsurance is your portion (a percentage) of the cost for medical services or prescriptions included in your plan.

Deductible

The amount you'll pay for most covered in-network medical services before you start paying only copayments or coinsurance and your plan pays the balance.

Out-of-pocket limit

This is your annual maximum cost, or the most you'll pay for Medicare-covered medical services, including copays and coinsurance in one calendar year.

Premium

The amount you pay for your health insurance every month.

Preventive care

Preventive care includes specific health care services that help you avoid potential health problems or find them early when they are most treatable, before you feel sick or have symptoms. Examples of preventive care include annual wellness exams, flu shots and cancer screenings.

NOTICE OF PRIVACY PRACTICES

for McLaren Health Plan, Inc. and McLaren Health Plan Community

MCLAREN HEALTH PLAN, INC. AND MCLAREN HEALTH PLAN COMMUNITY ARE AFFILIATED COVERED ENTITIES. THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT MEMBERS OF THOSE PLANS MAY BE USED AND DISCLOSED AND HOW A MEMBER CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding the Type of Information We Have. We get information about you when you enroll in our health plans that is referred to as Protected Health Information or PHI. It includes your date of birth, gender, ID number and other personal information. We also get bills and reports from your doctor and other data about your medical care which are also PHI.

Our Privacy Commitment to You. We care about your privacy. The PHI we use or disclose is private. We are required to give you this Notice of Privacy Practices and describe how your PHI may be used and disclosed. Only people who have both the need and the legal right may see your PHI. Many uses and disclosures require your permission or authorization. For example, most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your authorization. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your permission or authorization.

Uses and Disclosures That Usually Do Not Require Your Authorization:

- » **Treatment.** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.
- » **Payment.** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.
- » **Health Care Operations.** We may need to use and disclose information for our health care operations. For example, we may use information for enrollment purposes or to review the quality of care you get.
- » **As Required by Law.** We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.
- » **With Your Permission.** In most cases, if you give us permission in writing, we may use and disclose your personal information to the extent you have given us authorization. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission. Note: We are prohibited from and will not use your genetic information for underwriting purposes even with your permission or authorization.

Your Privacy Rights

You have the following rights regarding your PHI that we maintain.

Your Right to Inspect and Copy. In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Your Right to Amend. You may ask us to change your records that are in our possession if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment or health care operations. The list will not include information provided directly to you or your family, or information that was disclosed with your authorization.

Your Right to Request Restrictions on Our Use or Disclosure of your PHI. You have the right to ask for limits on how your PHI is used or disclosed. We are not required to agree to such requests.

Your Right to Receive Notification of a Breach. If our actions result in a breach of your unsecured PHI, we will notify you of that breach.

Your Right to Request Confidential Communications. You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send you information at your work address instead of your home address.

Genetic Information. Genetic information is health information. We are prohibited from and do not use or disclose your genetic information for underwriting purposes.

Whom to Contact. To exercise any of your rights, to obtain additional copies of this Notice or if you have any questions about this Notice, please write to:

McLaren Health Plan
Attn: Privacy Officer
P.O. Box 1511
Flint, MI 48501-151

Additional Information:

Find the Notice on Our Website: You can also view this Notice of Privacy Practices on our website at www.McLarenHealthPlan.org.

Changes to this Notice. We reserve the right to revise this Notice. A revised Notice will be effective for PHI we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever Notice is currently in effect. Any changes to our Notice will be published on our website at www.McLarenHealthPlan.org.







Access to thousands of providers in Michigan
Telehealth services with board certified providers through McLarenNow
Vision, dental, and hearing coverage
Over-the-counter medication and product allowance
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McLaren Medicare Member Services is available to answer your questions

Phone: 833-358-2404 (TTY: 711)

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)

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*Inspire Plus and Inspire Flex plans only