McLaren MEDICARE

2027



Enrollment Guide

Jan. 1, 2027 —— Dec. 31, 2027

McLaren Medicare Inspire (HMO) – H6322-001

McLaren Medicare Inspire Plus (HMO) – H6322-002

McLaren Medicare Inspire Giveback (HMO) - H6322-008



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Welcome to McLaren Medicare - coverage you deserve, close to home.

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 part C deductible! You get additional benefits, such as a flex card with an annual allowance that you can spend as you like between over-the-counter items, fitness membership, vision, or additional out-of-pocket dental costs. Our network includes not only the exceptional, compassionate care you get from McLaren hospitals, but also from hospitals such as Corewell Health, Covenant, Munson, Michigan Medicine, Henry Ford, University of Michigan - Sparrow 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)
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).

2026 Original Medicare amounts

- Medicare Part A monthly premium for 2026 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 $311 or $565 each month depending how long you or your spouse worked and paid Medicare taxes.
- Medicare Part A deductible for 2026 is $1,736
- Medicare Part B monthly premium for 2026 is $202.90
- Medicare Part B deductible for 2026 is $283

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:

Allegan, 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, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne and Wexford.

McLaren Medicare plans are available in 57 counties throughout Michigan's Lower Peninsula.

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)
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)

DOES MY DOCTOR ACCEPT MCLAREN MEDICARE?

With access to a comprehensive and growing network of providers, you'll have access to McLaren hospitals and providers, along with other health systems such as 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/medicare**, or you can call us at **833-358-2404 (TTY: 711)**.

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
- Hearing Aids - covered with a copay
- Preventive dental care – covered
- Transportation to and from medical appointments (Inspire Plus members only)

You also get a flex card with an annual allowance that you can spend as you like between over-the-counter items, fitness membership, vision, or additional dental out of pockets costs.

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. Traveling abroad? Our Medicare Advantage plans will cover your emergency care when you are traveling, but there are limitations. Please call Member Services if you have questions before you travel.

ADDED BENEFITS

Whichever McLaren Medicare plan you choose, you get access to added benefits, including dental, vision and hearing aids. Plus you'll get a flex card with an annual allowance that you can spend as you like between the following:

- over-the-counter medicines and products
- fitness membership
- vision expenses
- additional out-of-pocket dental costs

McLaren Medicare plans offer:

- » 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
- » Hearing care with hearing aid coverage
- » Virtual care with no cost share through McLarenNow

And, although McLaren Medicare is directly affiliated with McLaren hospitals, your coverage is accepted at any hospitals that accept McLaren Medicare.

PRESCRIPTION COVERAGE

All McLaren Medicare plans have prescription drug coverage.

Stage 1: Deductible Stage

- There is an annual Part D deductible which varies based on the plan the member chooses:
  - Inspire: $615 on Tier 3, 4 and 5 drugs
  - Inspire Plus: $500 on Tier 3, 4 and 5 drugs
  - Inspire Giveback: $615 on Tier 2, 3, 4 and 5 drugs

Stage 2: Initial Coverage Stage

- Member remains in this stage until their total out-of-pocket costs for covered Part D drugs reach $2,400.
- 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 $2,400, 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.

I**mportant 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, 2027-Dec. 31, 2027

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 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/medicare.

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.

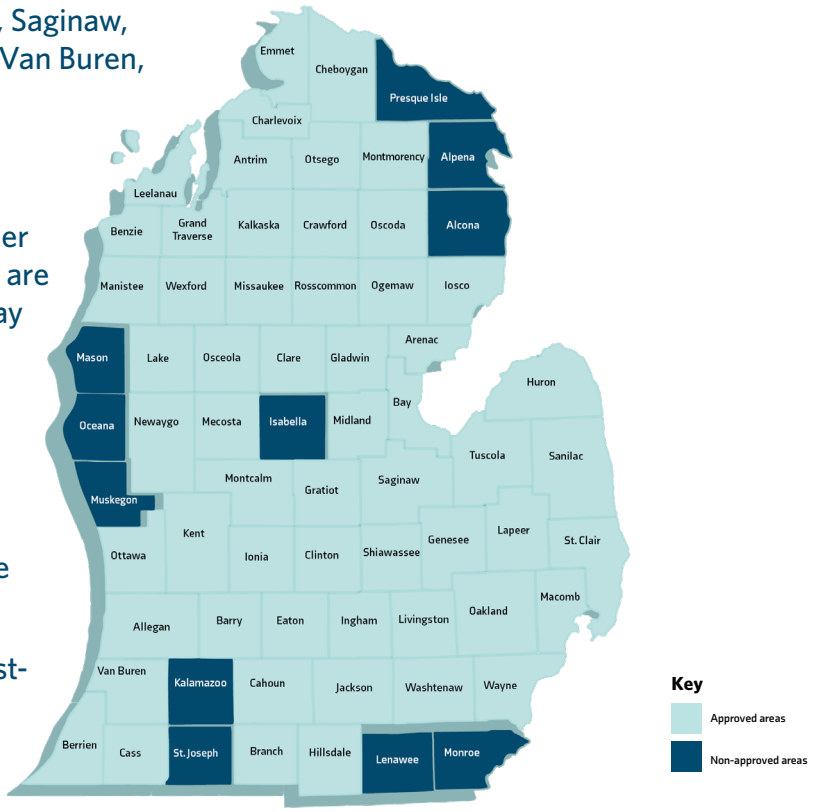
SUMMARY OF BENEFITS

McLaren Medicare Inspire (HMO) H6322-001
McLaren Medicare Inspire Plus (HMO) H6322-002
McLaren Medicare Inspire Giveback (HMO) H6322-008

This is a summary of drug and health services covered by McLaren Medicare for **Jan. 1, 2027-Dec. 31, 2027**

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: Allegan, 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, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, 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 Giveback (HMO) H6322-008
Your Monthly Plan Premium (You must continue to pay your Medicare Part B premium)	$0	$20	$0 Our plan will reduce your monthly Medicare Part B premium by $70.
Deductible	**Medical Services** $0 **Prescription Drug** $615 (Tiers 3-5)	**Medical Services** $0 **Prescription Drug** $500 (Tiers 3-5)	**Medical Services** $0 **Prescription Drug** $615 (Tiers 2-5)
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.	$6,600 for in-network Medicare-covered benefits	$5,900 for in-network Medicare-covered benefits	$6,750 for in-network Medicare-covered benefits

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Giveback (HMO)
Inpatient Hospital Coverage Prior authorization may be required.	Tier 1: $450 copay per day for days 1 - 5 Tier 2: $550 copay per day for days 1 - 5 You pay nothing per day for days 6 - 91	$550 copay per day for days 1 - 5 You pay nothing per day for days 6 - 91	$550 copay per day for days 1 - 5 You pay nothing per day for days 6 - 91
Outpatient Hospital Coverage Prior authorization may be required.	**Outpatient Hospital:** Tier 1: $350 copay for each visit Tier 2: $525 copay for each visit **Ambulatory Surgical Center:** Tier 1: $350 copay for each visit Tier 2: $450 copay for each visit **Observation:** $350 copay for each visit	**Outpatient Hospital:** $150 copay for each visit **Ambulatory Surgical Center:** $150 copay for each visit **Observation:** $150 copay for each visit	**Outpatient Hospital:** $550 copay for each visit **Ambulatory Surgical Center:** $450 copay for each visit **Observation:** $550 copay for each visit
Doctor Visits No referral required for in-network specialist visits.	**Primary Care:** $0 copay per visit **Specialist:** Tier 1: $40 copay per visit Tier 2: $45 copay per visit	**Primary Care:** $0 copay per visit **Specialist:** $35 copay per visit	**Primary Care:** $0 copay per visit **Specialist:** $50 copay per visit
Preventive Care	$0 copay	$0 copay	$0 copay

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Giveback (HMO)
Emergency Care Your copay will be waived if you are admitted directly into the hospital.	You pay a $130 copay per visit in or out of network	You pay a $130 copay per visit in or out of network	You pay a $130 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
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:** Tier 1: $20-$200 Tier 2: $20-$375 **Outpatient X-rays:** Tier 1: $25-$200 Tier 2: $25-$375	**Diagnostic radiology service (CT/MRI):** $300 copay **Lab services:** $0 copay **Diagnostic tests and procedures:** $20-$150 copay **Outpatient X-rays:** $20-$150 copay	**Diagnostic radiology service (CT/MRI):** $150-$350 copay **Lab services:** $0 copay **Diagnostic tests and procedures:** $20-$350 copay **Outpatient X-rays:** $25-$350 copay
	If you receive multiple diagnostic procedures/tests, diagnostic radiological service and/or outpatient X-rays on the same day in an outpatient setting, you may be responsible for the higher copay listed in the copay ranges above.		
Hearing Services You must use TruHearing providers for all routine hearing exams and hearing aid services.	**Hearing exams:** Tier 1: $40 copay for Medicare-covered hearing exam Tier 2: $45 copay for 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:** $35 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:** $50 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

Covered Medical Benefits

Dental Services In-network dental services are provided by Delta Dental's PPO 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.	$32	$56
	For Delta Dental Option 1 and Delta Dental Option 2, services must be provided by Delta Dental's Medicare Advantage network dentists.	
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 Giveback (HMO)
Vision Services	**Medicare-covered services:** Tier 1: $40 copay for each visit Tier 2: $45 copay for each visit $0 copay for eyeglasses or contact lenses after cataract surgery $0 copay for glaucoma screening **Routine vision services:** See Flex Card	**Medicare-covered services:** $35 copay for each visit $0 copay for eyeglasses or contact lenses after cataract surgery $0 copay for glaucoma screening **Routine vision services:** See Flex Card	**Medicare-covered services:** $50 copay for each visit $0 copay for eyeglasses or contact lenses after cataract surgery $0 copay for glaucoma screening **Routine vision services:** See Flex Card
Mental Health Services 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. Prior authorization may be required for inpatient mental health services.	**Inpatient:** $465 copay per day for days 1 through 5 You pay $0 per day for days 6 through 90 **Outpatient therapy (group or individual):** $45 copay per session	**Inpatient:** $465 copay per day for days 1 through 5 You pay $0 per day for days 6 through 90 **Outpatient therapy (group or individual):** $35 copay per session	**Inpatient:** $465 copay per day for days 1 through 5 You pay $0 per day for days 6 through 90 **Outpatient therapy (group or individual):** $50 copay per session

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Giveback (HMO)
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. $221 per day for days 21 through 100.	You pay nothing per day for days 1 through 20. $221 per day for days 21 through 100.	You pay nothing per day for days 1 through 20. $221 per day for days 21 through 100.
Physical Therapy Prior authorization may be required.	$35 copay per visit	$25 copay per visit	$45 copay per visit
Ambulance Prior authorization is required for Medicare covered non-emergency transport.	$220 copay per one-way transport	$200 copay per one-way transport	$350 copay per one-way transport
Transportation Limited to 50 miles per one-way trip.	Not Covered	You pay nothing for 20 one-way, non-emergency trips per year to plan approved health-related locations.	Not Covered
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	**Chemotherapy and Other Part B Drugs:** 20% of the cost **Home Infusion Drugs:** $0 copay

Prescription Drug Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Giveback (HMO)
Stage 1: Deductible Stage This is the first payment stage for your drug coverage. The deductible does not apply to covered insulin products and most Part D vaccines. If you are enrolled in Inspire you will pay a yearly deductible of $615 on Tier 3, 4 and 5 drugs. If you are enrolled in Inspire Plus, you will pay a yearly deductible of $500 on Tier 3, 4 and 5 drugs. If you are enrolled in Inspire Giveback, you will pay a yearly deductible of $615 on Tier 2, 3, 4 and 5 drugs. Once you pay the applicable Part D deductible for your plan, you leave the Deductible Stage and move to the Initial Coverage Stage.			
Stage 2: Initial Coverage Stage You will pay the copay/coinsurance until your total out-of-pocket drug costs reach $2,400.			
	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	25% Insulins: $35*		25% Insulins: $79*
Tier 4: Non-Preferred Brand	25% Insulins: $35*		25% Insulins: $79*
Tier 5: Specialty	25% Insulins: $35*		N/A
Tier 6: Select Care Drugs	$0		$0
Stage 3: Catastrophic Coverage Stage Once your out-of-pocket costs for covered drugs reach $2,400, our plan pays the full cost for your covered Part D drugs.			

*Insulin products are capped at $35 or 25% of the cost, whichever is less.

Additional Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Giveback (HMO)
Acupuncture Medicare-covered acupuncture for chronic lower back pain	$25 copay per visit	$25 copay per visit	$25 copay per visit
Annual Physical Exam Comprehensive preventive medical evaluation	$0 copay per visit	$0 copay per visit	$0 copay per visit
Chiropractic Care Medicare-covered manual manipulation of the spine to correct subluxation	$15 copay per visit	$15 copay per visit	$15 copay per visit
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	You pay a 20% coinsurance
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	See Flex Card		
Flex Card	You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional out-of-pocket dental costs.		
	The maximum benefit is $325 annually.	The maximum benefit is $450 annually.	The maximum benefit is $250 annually.
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.		
Nutritional/ Dietary Benefit	We cover six counseling sessions 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 your physician to see if you would benefit from nutritional counseling. You pay nothing for these sessions.		

Additional Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Giveback (HMO)
Over-the-Counter Items	See Flex Card		
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	You pay a 20% coinsurance
Special Supplemental Benefits for the Chronically Ill* Healthy Groceries	Not covered	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. 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. The monthly allowance does not rollover from month to month. For a complete list of qualifying conditions, call Member Services.	Not covered
Worldwide Emergency Care	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. You pay a $130 copay per visit.		
Worldwide Urgent Care	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. You pay a $50 copay per visit.		

*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 plan with a Medicare contract. Enrollment in McLaren Medicare depends on contract renewal.

H6322_SB2027_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/medicare or call 833-358-2404 (TTY: 711) to view or request 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, 2028.
- 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.
- 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).

IMPORTANT: If you currently have a Medicare Supplement plan, you will need to cancel with the Medicare Supplement carrier. Enrollment in a Medicare Advantage plan does not automatically disenroll you from the Medicare Supplement plan. You can have both, but the Medicare Supplement plan will not pay any claims on your behalf.

H6322_PECL27_C

ENROLLMENT IS EASY!

1. You can enroll online at www.mclarenhealthplan.org/medicare
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
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 Plans, and Other Medicare Plans**

Medicare Health Maintenance Organization (HMO) – 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 only get your care 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 that 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: _____ **Address:** _____

Phone Number: _____ **Relationship to Beneficiary:** _____

To be completed by Agent:

Agent Name:	
Agent NPN:	**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:	
[Plan Use Only:]	

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

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

H6322_CY27SOA_C

OMB No. 0938-1378
Expires:02/28/2029

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 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 (TTY:711) 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 benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).

- [ ] 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'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- [ ] 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 on this page are required (unless marked optional)

Select the plan you want to join:

- ☐ McLaren Medicare Inspire (HMO) ..... $0 per month
- ☐ McLaren Medicare Inspire Plus (HMO) ..... $20 per month
- ☐ McLaren Medicare Inspire Giveback (HMO) ..... $0 per month ($70 Part B Buy-Back)

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

☐ Delta Dental Option 1 - $32 per month ☐ Delta Dental Option 2 - $56 per month

First Name: _____	**Last Name:** _____	**Middle Initial (Optional):** _____
Birth Date: (/ /) (MM / DD / YYYY)	**Sex:** **M F**	**Phone Number:** ( ) - _____

Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

Street Address: _____

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

Mailing Address, if different from your permanent address (PO Box allowed):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Your Medicare Information

Medicare Number: _ _ _ _-_ _ _-_ _ _ _

Answer these important questions:

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

   ☐ Yes ☐ No

   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.

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 ☐ Large Print ☐ Audio CD ☐ Data CD

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: _____

Do you give us permission to share your health information with network providers? ☐ Yes ☐ No

If yes, the plan will share your health information with your network providers so they can work together on your care. You can change your preference at any time by calling McLaren Medicare at 833-358-2404.

If no, your providers may still access some information allowed by law to make sure you get the right care. You can change your preferences at any time by calling McLaren Medicare at 833-358-2404.

Do you give the plan permission to request your records and share them with your other plan to keep your medical records complete and help support your care? ☐ Yes ☐ No

You can opt out at any time by calling McLaren Medicare at 833-358-2404.

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 (RRB) 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.)

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ **Signature:** _____

Relationship to Enrollee: _____

National Producer Number (Agents/Brokers only): _____

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_CY2027EnrollForm_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.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-358-2404 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-358-2404 (TTY: 711) o hable con su proveedor.

العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (Phone: 1-833-358-2404) (711) أو تحدث إلى مقدم الخدمة".

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提 供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-358-2404（文 本电话：711）或咨询您的服务提供商。

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܡ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܫܡܫܝܬܐ ܕܡܥܕܪܢܘܬܐ ܕܠܫܢܐ ܒܗ ܗܘܐ ܦܬܝܚܐ ܩܕܡܝܟܘܢ
ܕܠܐ ܐܓܪܐ. ܐܦ ܬܫܡܫܝܬܐ ܘܡܥܕܪܢܘܬܐ ܠܡܛܝܒܐ ܠܗܕܒܠܬܐ ܕܡܘܕܥܢܘܬܐ ܒܕܘܟܝܬܐ ܕܡܨܝܬܐ ܠܗܘܢ ܦܬܝܚܐ ܕܠܐ
ܐܓܪܐ. ܩܪܘ ܠܡܢܝܢܐ 2404-358-833-7111 :TTY ܒܐܓܪܐ. ܡܫܬܘܬܦܘܢ ܥܡ ܡܛܝܒܢܘܬܐ ܕܝܠܟܘܢ.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 2404-358-833-1 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 2404-358-833-1 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-358-2404(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-833-358-2404 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłat-.nie. Zadzwoń pod numer 1-833-358-2404 (TTY: 711) lub porozmawiaj ze swoim dostawcą

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-358-2404 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

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ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l’1-833-358-2404 (tty: 711) o parla con il tuo fornitore.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。ア クセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための 適切な補助支援やサービスも無料でご利用いただけます。1-833-358-2404 （TTY：711）までお電話ください。または、ご利用の事業者にご相談く ださい。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 2404-358-833-1 (TTY: 711) или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite Hrvatski, besplatne usluge jezične pomoći su vam dostupne. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 2404-358-833-1 (TTY: 711) ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-358-2404 (TTY: 711) o makipag-usap sa iyong provider.





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(except Thanksgiving and Christmas days)

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