Why Choose McLaren Medicare (HMO)?

Access to Care — McLaren Medicare has a comprehensive and continually growing network of providers. We offer access to McLaren providers and hospitals as well as thousands of others, including University of Michigan Health-Sparrow, Corewell Health, Covenant, Munson, DMC, Michigan Medicine, Henry Ford Health and more!*

More Coverage Than Original Medicare — All of the McLaren Medicare plans offer more benefits than Original Medicare. You'll get dental services through Delta Dental, hearing aids through TruHearing, plus a Benefits Mastercard® Prepaid Card with an annual allowance up to $450 you may spend as you like between over-the-counter items, fitness membership, vision, or additional out-of-pocket dental costs.

Value That Saves You Money — McLaren Medicare has affordable plan options, including plans with — $0 premium, $0 medical deductible, $0 PCP copay, $0 virtual care — all designed to help you save money.

Wellness Visits and Preventive Care — In addition to the Annual Wellness Visit or the "Welcome to Medicare" visit, you are covered for the following exam once per year: Comprehensive preventive medical evaluation that includes an age and gender appropriate physical exam, guidance, counseling and risk factor reduction intervention. This exam provides you time to discuss general health questions, issues, and medical history with your PCP - all covered at no cost to you!

When Can I Enroll?

Initial Coverage Election Period (ICEP) — The seven-month period starting three months before the month of and ending three months after the month in which you become eligible for Medicare Part A and B by turning 65 or experiencing another qualifying event.

Annual Election Period (AEP), Oct. 15 Through Dec. 7 — This is the time you can enroll in, change or disenroll from a Medicare Advantage plan (Part C) or Medicare Prescription Drug plan (Part D), if eligible. Any changes you make will be effective Jan. 1 of the following year.

MA Open Enrollment Period (MA-OEP), Jan. 1 Through March 31 — This open enrollment period allows those enrolled in a Medicare Advantage plan to switch to another Medicare Advantage plan, with or without drug coverage, or return to Original Medicare.

Lock-In Period, April 1 Through Oct. 14 — This means you are "locked in" to your plan until AEP, unless you experience a special circumstance, such as moving out of the plan service area or having a change in Medicaid eligibility, etc.

Special Election Period (SEP), All Year — This allows beneficiaries to make changes to their Medicare Advantage coverage when certain events happen in their life. For example, if you move out of your plan's service area or if you lose other insurance coverage.

*Other hospitals are available in our network.

How Do I Enroll in a McLaren Medicare Plan?

1. Enroll online at **www.McLarenHealthPlan.org/McLarenMedicare**
2. Contact a licensed, independent Medicare-certified sales agent
3. Call McLaren Medicare at **833-358-2404 (TTY: 711), Option 2**
   April 1-Sept. 30: Monday through Friday, 8 a.m.-8 p.m.
   Oct. 1-March 31: Seven days a week, 8 a.m.-8 p.m.
   (except Thanksgiving Day and Christmas Day)
4. Complete and mail an application form to:
   McLaren Medicare PO Box 710 Flint, MI 48501-9900
5. **Enroll online at Medicare.gov** (through the Centers for Medicare and Medicaid Services Online Enrollment Center)

The McLaren Medicare service area can be found on our website at: **www.mclarenhealthplan.org/medicare/provider-pharmacy-directory-information-ma**



McLaren MEDICARE

McLarenHealthPlan.org/Medicare
G-3245 Beecher Road • Flint, MI 48532
833-358-2404 (TTY: 711)
MCL20220315
H6322_MABROCHURE2027_M

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

McLaren MEDICARE

2027

McLaren Medicare Plan Information



Am I Eligible to Join McLaren Medicare?

You can enroll in a McLaren Medicare plan if you are **eligible for Medicare Part A**, are **enrolled in Medicare Part B** and **live in the McLaren Medicare service area**.

McLaren Medicare Plan Highlights

This is a brief summary of McLaren Medicare plans. Please refer to the Summary of Benefits and Evidence of Coverage for a detailed explanation of the benefits in each plan. You can find copies of the Summary of Benefits and Evidence of Coverage at **mclarenhealthplan.org/medicare/plan-documents-and-forms-2027-mhp.**

You must use plan providers except in emergency or urgent care situations or for out-of-service-area renal dialysis. If you obtain routine care from out-of-network providers, neither Original Medicare nor McLaren Medicare will be responsible for the associated costs. It is important to review the plan formulary to understand which drugs are covered under each tier. You can access the plan formulary at **www.McLarenHealthPlan.org/Medicare/formulary-ma.**



Benefit & Services	McLaren Medicare Inspire (HMO) H6322-001	McLaren Medicare Inspire Plus (HMO) H6322-002	McLaren Medicare Inspire Giveback (HMO) H6322-008
Monthly Premium	$0	$20	$0 ($70 Part B Buy Down)
Maximum Out of Pocket	$6,600	$5,900	$6,750
Part C Deductible	$0	$0	$0
Primary Care Office Visit	$0	$0	$0
Specialist Office Visit	T1 $40/T2 $45	$35	$50
Urgent Care/Emergency	$50/$130	$50/$130	$50/$130
Virtual Care (McLaren Now)	$0	$0	$0
Annual Exam/Preventive Services	$0	$0	$0
Inpatient Hospital Stays	T1 $450/T2 $550 per day for days 1-5; T1 and T2 $0 per day for days 6-91	$550 per day for days 1-5; $0 per day for days 6-91	$550 per day for days 1-5; $0 per day for days 6-91
Skilled Nursing Facility	$0 for days 1-20; $221 per day for days 21-100	$0 for days 1-20; $221 per day for days 21-100	$0 for days 1-20; $221 per day for days 21-100
Outpatient Surgery	Surgical Center T1 $350/T2 $450; Hospital T1 $350/T2 $525	Surgical Center $150; Hospital $150	Surgical Center $450; Hospital $550
Outpatient Diagnostic Procedures/ Tests/Lab Services	Diagnostic T1 $20-$200; Lab $0 T2 $20-$375; Lab $0	Diagnostic $20-$150; Lab $0	Diagnostic $20-$350; Lab $0
Outpatient Radiological (CT/MRI)	$200	$300	$150-$350
Standard X-ray	T1 $25-$200/ T2 $25-$375	$25-$150	$25-$350
DME – Diabetic Monitoring Supplies	0% Coinsurance	0% Coinsurance	0% Coinsurance
DME Equipment/Supplies/Prosthetics	20% Coinsurance	20% Coinsurance	20% Coinsurance
Worldwide Emergency/Urgent Care	$130/$50 copay; reimbursement up to $50,000 annual limit combined emergent/urgent	$130/$50 copay; reimbursement up to $50,000 annual limit combined emergent/urgent	$130/$50 copay; reimbursement up to $50,000 annual limit combined emergent/urgent
Dental (Delta Dental PPO Network)	$0 preventive with a $1,500 annual benefit; includes preventive and some comprehensive services	$0 preventive with a $1,500 annual benefit; includes preventive and some comprehensive services	$0 preventive with a $1,500 annual benefit; includes preventive and some comprehensive services
Vision – Eye Exam(routine)/Eyewear	See Flex Card (For Added Benefits)	See Flex Card (For Added Benefits)	See Flex Card (For Added Benefits)
Hearing – Exam(routine)/Hearing Aids (Powered by TruHearing)	$0 exam – $699/$999 copay per hearing aid, one per ear every two years	$0 exam – $699/$999 copay per hearing aid, one per ear every two years	$0 exam – $699/$999 copay per hearing aid, one per ear every two years
Fitness Allowance	See Flex Card (For Added Benefits)	See Flex Card (For Added Benefits)	See Flex Card (For Added Benefits)
OTC Allowance	See Flex Card (For Added Benefits)	See Flex Card (For Added Benefits)	See Flex Card (For Added Benefits)
Transportation	Not Covered	20 one-way trips per year	Not Covered
Meals	$0 for 2 weeks post-hospital	$0 for 2 weeks post-hospital	$0 for 2 weeks post-hospital
Personal Emergency Response System (PERS)	Not Covered	Covered at $0	Not Covered
Part D – Prescription Drug Coverage	$615 Deductible (Does not apply to Tiers 1, 2, & 6) 30-Day Supply – $0/$12/25%/25%/25%/$0 90-Day Supply (Mail Order) – $0/$27/25%/25%/NA/$0 **Insulins** (No Deductible) Capped at $35 or 25%, whichever is less	$500 Deductible (Does not apply to Tiers 1, 2, & 6) 30-Day Supply – $0/$12/25%/25%/25%/$0 90-Day Supply (Mail Order) – $0/$27/$25%/25%/NA/$0 **Insulins** (No Deductible) Capped at $35 or 25%, whichever is less	$615 Deductible (Does not apply to Tiers 1 & 6) 30-Day Supply – $0/$12/25%/25%/25%/$0 90-Day Supply (Mail Order) – $0/$27/$25%/25%/NA/$0 **Insulins** (No Deductible) Capped at $35 or 25%, whichever is less

NOTES

Flex Card (For Added Benefits)

Benefits Mastercard® Prepaid Card - loaded with an annual amount to use for any combination of the following benefits:

- OTC
- Fitness membership
- Vision
- Additional out-of-pocket dental costs

Inspire - $325 Annually

Inspire Plus - $450 Annually

Inspire Giveback - $250 Annually

Optional Supplemental Dental*

For an added premium, this benefit provides an additional $1,000 or $1,500 annual maximum for included services – depending on which option you choose – in addition to the dental services benefit of $1,500. That makes a total of $2,500/$3,000 in dental coverage each year, plus no waiting period or deductibles!

- **Option 1** - $1,000 of additional benefits for $32.00 per month.
- **Option 2** - $1,500 of additional benefits for $56.00 per month.

Our supplemental dental benefits also include some coverage for periodontics, bridges, dentures, implants and more!

*You must use Delta Dental Medicare Advantage network dentists.

