



**Enrollment  
Guide**

***Jan. 1. 2022 — Dec. 31. 2022***

McLaren Medicare Inspire (HMO) - H6322-001

McLaren Medicare Inspire Plus (HMO) - H6322-002

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

McLaren Medicare Inspire Duals (HMO D-SNP) - H6322-004



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# **WELCOME TO 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. We offer a \$0 premium plan to help you save money. You can get additional benefits, such as dental and hearing. And there is a \$200 annual allowance for over-the-counter items you use every day; \$180 for DSNP enrollees. Our network includes not only the exceptional, compassionate care you will get from McLaren hospitals, but also from hospitals such as Spectrum, Sparrow, Covenant, Genesys, Michigan Medicine 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 assistance.

## **McLaren Member Services**

833-358-2404

**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)

## **McLaren Medicare Sales**

833-958-4035

Monday through Friday, 8 a.m. to 5 p.m.

# MEDICARE EXPLAINED

## **Original Medicare**

Medicare prescription drug plans may be purchased as a standalone Prescription Drug Plan (PDP) or as part of a Medicare Advantage Prescription Drug plan (MAPD). After you meet your annual deductible, Original Medicare covers 80% of your health care costs, which means you pay the remaining 20%. There is no annual limit to the amount you could pay out of pocket.

## **2021 Original Medicare amounts**

- » Medicare Part A monthly premium for 2021 is \$471 (According to CMS, about 99% of Medicare beneficiaries do not have a Part A premium since they have at least 40 quarters of Medicare-covered employment)
- » Medicare Part A deductible for 2021 is \$1,484
- » Medicare Part B monthly premium for 2021 is \$148.50
- » Medicare Part B deductible for 2021 is \$203

## **Medicare Part A - Hospital Insurance**

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 the benefits of Original Medicare and may offer additional benefits. The McLaren Medicare plans provide the coverage from 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, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Gladwin, Grand Traverse, Genesee, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne and Wexford.

McLaren Medicare plans are available in 58 counties throughout Michigan's Lower Peninsula.

## DOES MY DOCTOR ACCEPT MCLAREN MEDICARE?

With more than 26,000 in-network provider locations of care, you'll have access to McLaren hospitals and providers, along with other health systems such as Spectrum, Sparrow, Michigan Medicine and Ascension.

**You can check on our website to see participating providers at [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare).**

### **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 together with you to help coordinate your care, including all of the specialty care you may need.

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

# 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 Member Services**

833-358-2404

**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)

## **McLaren Medicare Sales**

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# 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.\*

Plans can help you save money in other ways, too:

- » \$0 premium - saves you money each month
- » Prescription drugs - included with low generic drug copays
- » Allowance for glasses
- » Allowance for hearing aids
- » Routine dental care - covered
- » Fitness memberships - you choose, we reimburse
- » Over-the-counter benefit - generous quarterly allowance

\* Does not apply to McLaren Medicare Inspire Duals.



# 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 break a bone and need emergency care from a provider outside of the McLaren Medicare network. We even offer Medicare 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 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 hospitals that accept McLaren Medicare.

- » Dental services through Delta Dental - Preventive dental with \$0 copay including coverage for minor restorative services - fillings and crown repair with a 50% coinsurance and perio maintenance covered at 100%
- » Optional comprehensive dental available for purchase through Delta Dental
- » Vision care with eyewear allowance
- » Hearing care with hearing aid allowance
- » Over-the-counter allowance of \$50 per quarter (\$45 for DSNP) to spend on over-the-counter medicines and products
- » Fitness benefit allowance
- » Virtual care with no cost share through McLarenNow



# WHAT IS A 'DUALS' PLAN?

If you have both Medicaid and Medicare, you could qualify for more benefits with McLaren Medicare Inspire Duals (HMO D-SNP). You keep all your Medicaid benefits and add even more, all for a \$0 plan premium. You get prescription drug coverage, your Medicaid benefits and additional health benefits such as vision, dental, hearing and home-delivered meals after you have been discharged from the hospital. And you get a generous over-the-counter allowance to use each quarter.

## 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.

### **Understanding the Benefits**

- » Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare) to view a copy of the EOC or call Member Services at 833-358-2404 to request a copy.
- » 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.

### **Understanding Important Rules**

- » In addition to your monthly plan premium (if you choose a plan that has a monthly 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, 2023.
- » 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).

- » If you've selected our HMO-POS plan, we will pay for certain covered services provided by a non-contracted provider, however the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- » If you enroll in our Dual Eligible Special Needs Plan (D-SNP), your ability to enroll will be based on verification that you are entitled to both Medicare and full Michigan Medicaid benefits (QMB+).

## ENROLLMENT IS EASY!

1. You can enroll online at [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare)
2. Work with your licensed independent Medicare-certified sales agent
3. Call a licensed McLaren Medicare sales representative at:  
**833-958-4035(TTY: 711)**  
Monday through Friday, 8 a.m. to 5 p.m.
4. Complete and mail your enrollment form to:  
**McLaren Health Plan**  
Attn: Medicare Sales  
G-3245 Beecher Road  
Flint, MI 48532
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.

<input type="checkbox"/>	<b>Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plan and Other Medicare Plans</b>
<p><b>Medicare Health Maintenance Organization (HMO) and (HMO/POS)</b> - 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.</p> <p><b>Medicare Special Needs Plan (SNP)</b> - A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.</p> <p>In most HMOs, you can get your care only from doctors or hospitals in the plan's network (except in emergencies).</p>	

**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:**

<b>Agent Name:</b>	<b>Agent Phone:</b>
<b>Beneficiary Name:</b>	<b>Beneficiary Phone:</b>
<b>Beneficiary Address:</b>	
<b>Initial Method of Contact:</b> (Indicate here if beneficiary was a walk-in.)	
<b>Agent's Signature:</b>	
<b>Date Appointment Completed:</b>	
<b>[Plan Use Only:]</b>	

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

*McLaren Medicare is an HMO/HMO-POS with a Medicare contract and a DSNP HMO with a Medicare contract and a contract with the State of Michigan Medicaid program. Enrollment in McLaren Medicare depends on contract renewal.*

# MCLAREN MEDICARE INDIVIDUAL ENROLLMENT REQUEST FORM

## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug 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  
G-3245 Beecher Rd.  
Flint, MI, 48532

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.

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-NEW. 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.

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**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).....\$49 per month
- McLaren Medicare Inspire Duals (DSNP HMO) .....\$0 per month

Add Optional Supplemental Dental coverage to your plan. This supplemental coverage is available for an **additional monthly premium**. Not available to McLaren Medicare Inspire Duals plan members.

- Delta Dental Option 1 \$24 per month
- Delta Dental Option 2 \$36 per month

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Initial:</b> _____	<b>Mr. Mrs. Ms.</b>
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<b>Birth Date:</b> ( / / ) (MM / DD / YYYY)	<b>Sex:</b> M F	<b>Phone Number:</b> ( ) - _____	<b>Alternate Phone Number (optional):</b>
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**Permanent Residence Street Address (P.O. Box is not allowed):**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**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 # for this coverage: \_\_\_\_\_

Group # for this coverage: \_\_\_\_\_

2. You must have Medicaid coverage to join the McLaren Medicare Special Needs Plan. If you selected McLaren Medicare Inspire Duals at the beginning of Section 1, are you enrolled in your State Medicaid program?

Yes       No

If "yes," please provide your Medicaid Recipient number: \_\_\_\_\_

**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.
- » 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- » 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.
- » 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.



<b>Signature:</b> _____	<b>Today's Date:</b> _____
<p>If you are the authorized representative, you must sign above and provide the following information:</p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Phone Number:</b> _____ <b>Relationship to Enrollee:</b> _____</p>	

**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     Audio CD     Large Print

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

Do you work?     Yes     No                      Does your spouse work?     Yes     No

If you currently have health coverage from an employer or union, joining McLaren Medicare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join McLaren Medicare. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please choose a Primary Care Physician (PCP).

Name of PCP: \_\_\_\_\_ City: \_\_\_\_\_

Are you a current patient of this doctor?     Yes     No

## 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 or automatic withdrawal from your bank account 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.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **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.

Pay by mail: Mail your check, cashier's check or money order made payable to McLaren Health Plan

- 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 the RRB approves the deduction. Please pay any premium bills prior to your Social Security/Railroad Retirement Board deduction effective date. In most cases, if Social Security/the RRB accepts your request for automatic deduction, the first deduction from your Social Security/RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the RRB doesn't approve your request for automatic deduction, we'll 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 and 1860D-1 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.

# SUMMARY OF BENEFITS

***Jan. 1, 2022-Dec. 31, 2022***

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, HMO-POS and D-SNP 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 or view it on our website at [www.mclarenhealthplan.org/medicare](http://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, Plan 001

## McLaren Medicare Inspire Plus (HMO) H6322, Plan 002

## McLaren Medicare Inspire Flex (HMO-POS) H6322, Plan 003

This is a summary of drug and health services covered by McLaren Medicare for **Jan. 1, 2022-Dec. 31, 2022**

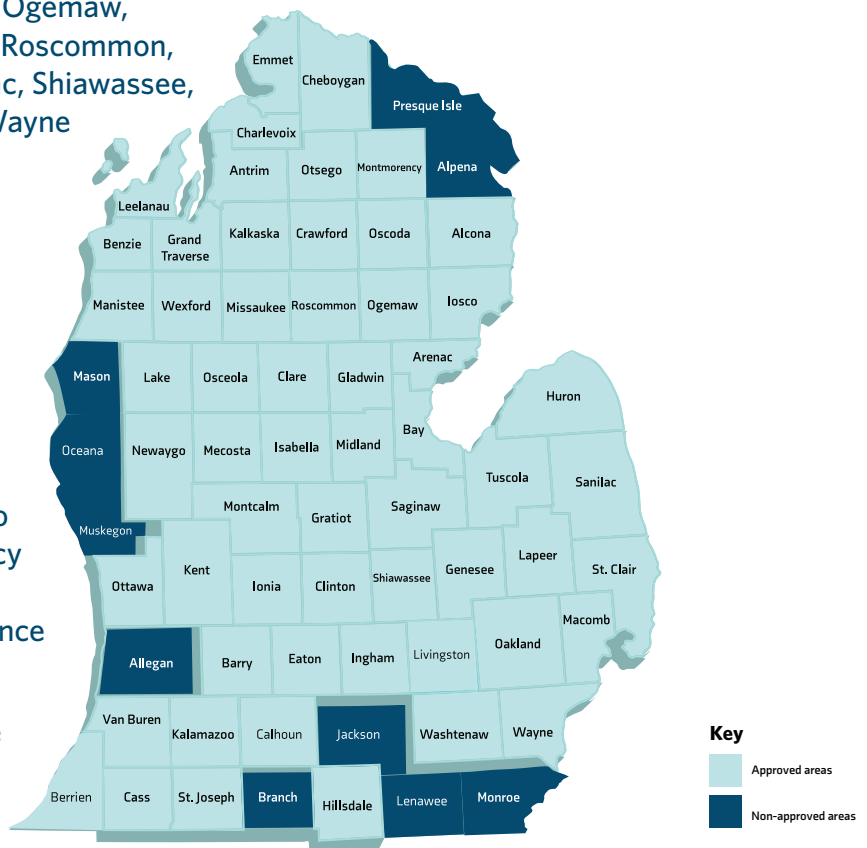
The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To see a complete list of services we cover, please review the Evidence of Coverage on [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare).

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, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, St. Joseph, 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/noncontracted 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.



## Monthly Premium, Deductibles and Coverage Limits

	<b>McLaren Medicare Inspire (HMO)</b>	<b>McLaren Medicare Inspire Plus (HMO)</b>	<b>McLaren Medicare Inspire Flex (HMO-POS)</b>
<b>Your Monthly Plan Premium</b>  In addition to your Medicare Part B premium	You pay \$0	You pay \$25	You pay \$49
<b>Deductible</b>	<b>Medical Services</b> \$300  <b>Prescription Drug</b> Tiers 3-5: \$100	<b>Medical Services</b> \$0  <b>Prescription Drug</b> \$0	<b>Medical Services</b> \$100 in-network only  <b>Prescription Drug</b> \$0
<b>Maximum Out-of-Pocket Responsibility</b>  This is the most you will pay for copays, coinsurance and other costs for medical services for the year.	\$5,200 for in-network Medicare-covered benefits	\$3,800 for in-network Medicare-covered benefits	\$3,800 for in-network Medicare-covered benefits

## Covered Medical Benefits

<b>Medical Benefits</b>	<b>McLaren Medicare Inspire (HMO)</b>	<b>McLaren Medicare Inspire Plus (HMO)</b>	<b>McLaren Medicare Inspire Flex HMO-POS)</b>
<b>Inpatient Hospital Coverage</b>  We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	\$250 copay per day for days 1 through 7  You pay nothing per day for days 8 through 90  You pay nothing per day for days 91 and beyond	\$200 copay per day for days 1 through 7  You pay nothing per day for days 8 through 90  You pay nothing per day for days 91 and beyond	<b>In-network</b> \$200 copay per day for days 1 through 7  You pay nothing per day for days 8 through 90  You pay nothing per day for days 91 and beyond  <b>Point-of-service</b> 30% of the cost/stay

## Covered Medical Benefits

Medical Benefits	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS)
<b>Outpatient Hospital Coverage</b> Prior authorization and referral may be required.	<b>Outpatient Hospital:</b> \$200 copay for each visit  <b>Ambulatory Surgical Center:</b> \$200 copay for each visit  <b>Observation:</b> \$150 copay for each visit	<b>Outpatient Hospital:</b> \$200 copay for each visit  <b>Ambulatory Surgical Center:</b> \$150 copay for each visit  <b>Observation:</b> \$150 copay for each visit	<b>In-network Outpatient Hospital:</b> \$200 copay for each visit  <b>Ambulatory Surgical Center:</b> \$150 copay for each visit  <b>Observation:</b> \$150 copay for each visit  <b>Point-of-service</b> 30% of the cost
<b>Doctor Visits</b> Specialist visits require a referral.	<b>Primary Care:</b> \$5 copay per visit  <b>Specialist:</b> You pay a \$40 copay per visit	<b>Primary Care:</b> \$0 copay per visit  <b>Specialist:</b> You pay a \$25 copay per visit	<b>In-network Primary Care:</b> \$0 copay per visit  <b>Specialist:</b> You pay a \$25 copay per visit  <b>Point-of-service</b> 30% of the cost
<b>Preventive Care</b>	You pay nothing	You pay nothing	<b>In-network</b> You pay nothing  <b>Point-of-service</b> 30% of the cost
<b>Emergency Care</b> Your copay will be waived if you are admitted directly into the hospital.	You pay a \$90 copay per visit in or out of network	You pay a \$90 copay per visit in or out of network	You pay a \$90 copay per visit in or out of network
<b>Urgently Needed Services</b>	You pay a \$40 copay per visit in or out of network	You pay a \$40 copay per visit in or out of network	You pay a \$40 copay per visit in or out of network



## Covered Medical Benefits

<p><b>Outpatient Diagnostic Services/Labs/Imaging</b></p> <p>Prior authorization and referral may be required. Outpatient X-rays do not require prior authorization or referral.</p>	<p><b>Diagnostic radiology service (CT/MRI):</b> \$200 copay</p> <p><b>Lab services:</b> \$0 copay</p> <p><b>Diagnostic tests and procedures:</b> \$20 copay</p> <p><b>Outpatient X-rays:</b> \$25 copay</p>	<p><b>Diagnostic radiology service (CT/MRI):</b> \$150 copay</p> <p><b>Lab services:</b> \$0 copay</p> <p><b>Diagnostic tests and procedures:</b> \$20 copay</p> <p><b>Outpatient X-rays:</b> \$25 copay</p>	<p><b>In-network Diagnostic radiology service (CT/MRI):</b> \$150 copay</p> <p><b>Lab services:</b> \$0 copay</p> <p><b>Diagnostic tests and procedures:</b> \$20 copay</p> <p><b>Outpatient X-rays:</b> \$25 copay</p> <p><b>Point-of-service</b> 30% of the cost</p>
<p><b>Hearing Services</b></p>	<p><b>Hearing exams:</b> You pay a \$40 copay for a Medicare-covered hearing exam</p> <p>You pay a \$10 copay for non-Medicare covered routine hearing exams</p> <p><b>Hearing aids:</b> You pay \$10 for one hearing aid fitting and evaluation per year</p> <p>You will be reimbursed for up to \$750 per year for hearing aids</p>	<p><b>Hearing exams:</b> You pay a \$30 copay for a Medicare-covered hearing exam</p> <p>You pay a \$0 copay for non-Medicare covered routine hearing exams</p> <p><b>Hearing aids:</b> You pay \$0 for one hearing aid fitting and evaluation per year</p> <p>You will be reimbursed for up to \$1,500 per year for hearing aids</p>	<p><b>In-network Hearing exams:</b> You pay a \$30 copay for a Medicare-covered hearing exam</p> <p>You pay a \$0 copay for non-Medicare covered routine hearing exams</p> <p><b>Point-of-service</b> 30% of the cost</p> <p><b>Hearing aids:</b> You pay \$0 for one hearing aid fitting and evaluation per year</p> <p>You will be reimbursed for up to \$1,500 per year for hearing aids</p>
<p><b>Dental Services</b></p> <p>In-network preventive dental services are provided by Delta Dental's Medicare Advantage PPO and Premier network dentists.</p>	<p><b>Oral exam and cleaning:</b> \$0 copay for two exams and two cleanings each year</p> <p><b>Filings and crown repair:</b> 50% coinsurance</p> <p><b>Fluoride treatment:</b> \$0 copay for one treatment each year</p> <p><b>Bitewing X-rays:</b> \$0 copay for one set each year</p> <p><b>Full-mouth X-rays:</b> \$0 copay once every 5 years</p>		

## Covered Medical Benefits

Medical Benefits	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS)
<p><b>Vision Services</b></p>	<p><b>Medicare-covered services:</b> \$40 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p><b>Routine vision services:</b> \$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses. You will be reimbursed up to a maximum of \$100 each year.</p>	<p><b>Medicare-covered services:</b> \$30 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p><b>Routine vision services:</b> \$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses. You will be reimbursed up to a maximum of \$200 each year.</p>	<p><b>In-network Medicare-covered services:</b> \$30 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p><b>Point-of-service</b> 30% of the cost</p> <p><b>Routine vision services:</b> \$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses. You will be reimbursed up to a maximum of \$200 each year.</p>
<p><b>Mental Health Services</b></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><b>Inpatient:</b> \$250 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p><b>Outpatient therapy (group or individual):</b> \$30 copay per session</p>	<p><b>Inpatient:</b> \$200 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p><b>Outpatient therapy (group or individual):</b> \$25 copay per session</p>	<p><b>In-network Inpatient:</b> \$250 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p><b>Outpatient therapy (group or individual):</b> \$25 copay per session</p> <p><b>Point-of-service</b> 30% of the cost</p>

## Covered Medical Benefits

Medical Benefits	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS)
<b>Skilled Nursing Facility (SNF)</b>  Our plan covers up to 100 days each benefit period in an SNF. A benefit period starts the day you go into an SNF and ends when you go 60 days in a row without SNF care.  Prior authorization may be required.	You pay nothing per day for days 1 through 20  \$188 copay per day for days 21 through 100	You pay nothing per day for days 1 through 20  \$188 copay per day for days 21 through 100	<b>In-network</b> You pay nothing per day for days 1 through 20  \$188 copay per day for days 21 through 100  <b>Point-of-service</b> 30% of the cost
<b>Physical Therapy</b>  Prior authorization and referral may be required.	\$25 copay per visit	\$25 copay per visit	<b>In-network</b> \$25 copay per visit  <b>Point-of-service</b> 30% of the cost
<b>Ambulance</b>  Prior authorization may be required for Medicare covered non-emergency transport.	\$250 copay per one-way transport	\$250 copay per one-way transport	\$250 copay per one-way transport in or out of network
<b>Transportation</b>  Prior authorization and referral may be required.	Not covered	You pay nothing for up to 20 one-way non-emergency trips per year to plan approved health-related locations	Not covered
<b>Medicare Part B Drugs</b>  Prior authorization may be required.	<b>Chemotherapy and Other Part B Drugs:</b> 20% of the cost  <b>Home Infusion Drugs:</b> \$0 copay	<b>Chemotherapy and Other Part B Drugs:</b> 20% of the cost  <b>Home Infusion Drugs:</b> \$0 copay	<b>In-network Chemotherapy and Other Part B Drugs:</b> 20% of the cost  <b>Home Infusion Drugs:</b> \$0 copay  <b>Point-of-service</b> 30% of the cost

## Prescription Drug Benefits

Stage	McLaren Medicare Inspire (HMO)		McLaren Medicare Inspire Plus (HMO)		McLaren Medicare Inspire Flex (HMO-POS)	
<b>Stage 1: Deductible Stage</b>  For plans with a deductible, you start here when you fill your first prescription of the year.	You pay the full cost for drugs in tiers 3-5 until your out-of-pocket costs reach \$100.  Once you pay \$100 for drugs in tiers 3-5 you will move to the Initial Coverage Stage  During this stage, your out-of-pocket costs for a 30-day supply of Select Insulins will be \$10-\$35.		\$0  Because you have no deductible, you will start in the Initial Coverage Stage when you fill your first prescription of the year.		\$0  Because you have no deductible, you will start in the Initial Coverage Stage when you fill your first prescription of the year.	
<b>Stage 2: Initial Coverage Stage</b>  Once you have paid your deductible, if applicable, you will pay the following copays/coinsurance until your total drug cost (what you pay plus what we pay) reaches \$4,430.	Retail Pharmacy (30-day supply)	Mail-Order Pharmacy (90-day supply)	Retail Pharmacy (30-day supply)	Mail-Order Pharmacy (90-day supply)	Retail Pharmacy (30-day supply)	Mail-Order Pharmacy (90-day supply)
<b>Tier 1: Preferred Generic</b>	\$3.50	\$7.88	\$3.50	\$7.88	\$3.50	\$7.88
<b>Tier 2: Generic</b>	\$12.50 Select Insulins: \$10	\$28.13 Select Insulins: \$22	\$12.50 Select Insulins: \$10	\$28.13 Select Insulins: \$22	\$12.50 Select Insulins: \$10	\$28.13 Select Insulins: \$22
<b>Tier 3: Preferred Brand</b>	\$47 Select Insulins: \$35	\$105.75 Select Insulins: \$78	\$47 Select Insulins: \$35	\$105.75 Select Insulins: \$78	\$47 Select Insulins: \$35	\$105.75 Select Insulins: \$78
<b>Tier 4: Non-Preferred Brand</b>	\$100	\$225	\$100	\$225	\$100	\$225

## Prescription Drug Benefits

Stage	McLaren Medicare Inspire (HMO)		McLaren Medicare Inspire Plus (HMO)		McLaren Medicare Inspire Flex (HMO-POS)	
<b>Tier 5: Specialty Tier</b>	31%	N/A	33%	N/A	33%	N/A
<b>Tier 6: Select Care Drugs</b>	\$0	N/A	\$0	N/A	\$0	N/A
<b>Stage 3: Coverage Gap Stage</b>	During this stage, you continue to pay your copay for drugs on Tier 1. Your out-of-pocket costs for Select Insulins will be \$10-\$35. For all other generics, you pay 25% of the price. For brand-name drugs, you pay 25% of the price (plus a portion of the dispensing fee). You will remain in this stage until your out-of-pocket costs reach \$7,050.					
<b>Stage 4: Catastrophic Coverage Stage</b>	<p>In this stage, your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount:</p> <ul style="list-style-type: none"> <li>» -either- coinsurance of 5% of the cost of the drug</li> <li>» -or- \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.</li> </ul> <p>Our plan pays the rest of the cost.</p>					

## Optional Supplemental Dental Benefits

	Delta Dental Option 1	Delta Dental Option 2
<b>Premium</b>  Optional dental premium must be paid in addition to your Medicare Part B and monthly premiums.	\$24 per month	\$36 per month
<b>Deductible</b>	\$0	\$0
<b>Services</b>	<p><b>Major restorative services, bridges, dentures and implant services:</b> 75% coinsurance</p> <p><b>Endodontics, periodontics, bridge and denture repair, simple extractions, oral surgery and films, anesthesia &amp; tests:</b> 50% coinsurance</p>	<p><b>Major restorative services, bridges, dentures and implant services:</b> 50% coinsurance</p> <p><b>Endodontics, periodontics, bridge and denture repair, simple extractions, oral surgery and films, anesthesia &amp; tests:</b> 20% coinsurance</p>

## Optional Supplemental Dental Benefits

	Delta Dental Option 1	Delta Dental Option 2
<b>Maximum Benefit Limit</b>	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 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 dental services.

## Additional Covered Medical Benefits

Medical Benefits	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS)
<b>Acupuncture</b> Medicare-covered acupuncture for chronic lower back pain	You pay a \$25 copay per visit	You pay a \$25 copay per visit	<b>In-network</b> You pay a \$25 copay per visit  <b>Point-of-service</b> Not covered out-of-network
<b>Annual Physical Exam</b> Comprehensive preventive medical evaluation	You pay nothing	You pay nothing	<b>In-network</b> You pay nothing  <b>Point-of-service</b> 30% of the cost
<b>Chiropractic care</b>	You pay a \$20 copay per visit	You pay a \$20 copay per visit	<b>In-network</b> You pay a \$20 copay per visit  <b>Point-of-service</b> 30% of the cost
<b>Durable medical equipment</b> Prior authorization may be required	You pay a 20% coinsurance	You pay a 20% coinsurance	<b>In-network</b> You pay a 20% coinsurance  <b>Point-of-service</b> 30% of the cost

## Additional Covered Medical Benefits

Medical Benefits	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS)
<b>Enhanced disease management</b>  Prior authorization and referral may be required	<p>If you have a chronic conditions, you may qualify for one of our enhanced disease management programs. These special educational programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you have a healthier lifestyle. A care manager is available to those who qualify for these customized programs.</p> <p>You pay nothing for enhanced disease management.</p>		
<b>Fitness membership</b>	Our plan will reimburse you for up to a maximum of \$100 for your fitness center membership.	Our plan will reimburse you for up to a maximum of \$200 for your fitness center membership.	Our plan will reimburse you for up to a maximum of \$200 for your fitness center membership.
<b>Meals after discharge</b>  Prior authorization and referral may be required	Not covered	Benefit covers 28 meals (2 meals per day for 14 days) delivered directly to your home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of 5 discharges for a total of 140 meals per year.	Benefit covers 28 meals (2 meals per day for 14 days) delivered directly to your home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of 5 discharges for a total of 140 meals per year.
<b>Nutritional/dietary benefit</b>  Prior authorization may be required	<p>We cover 6 counseling sessions through a registered dietician 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 nutrition counseling.</p> <p>You pay nothing for these sessions.</p>		
<b>Over-the-counter items</b>	You are eligible for a \$50 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription.		



## Additional Covered Medical Benefits

Medical Benefits	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS)
<b>Prosthetic devices and related medical supplies</b>	You pay a 20% coinsurance	You pay a 20% coinsurance	<p><b>In-network</b> You pay a 20% coinsurance</p> <p><b>Point-of-service</b> 30% of the cost</p>
<b>Worldwide emergency care</b>	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 coverage is limited to \$50,000 per year. All costs over \$50,000 for worldwide emergency and urgent care services are your responsibility.</p> <p>You pay a \$90 copay per visit.</p>	
<b>Worldwide urgently needed services</b>	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 coverage is limited to \$50,000 per year. All costs over \$50,000 for worldwide emergency and urgent care services are your responsibility.</p> <p>You pay a \$40 copay per visit.</p>	

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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/medicare](http://www.mclarenhealthplan.org/medicare).

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

From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. Eastern Time.

From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

You can see our plan’s provider/pharmacy directory at our website at [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare).

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

H6322\_SummaryofBenefits\_M

# SUMMARY OF BENEFITS

## McLaren Medicare Inspire Duals (HMO D-SNP) H6322, Plan 004

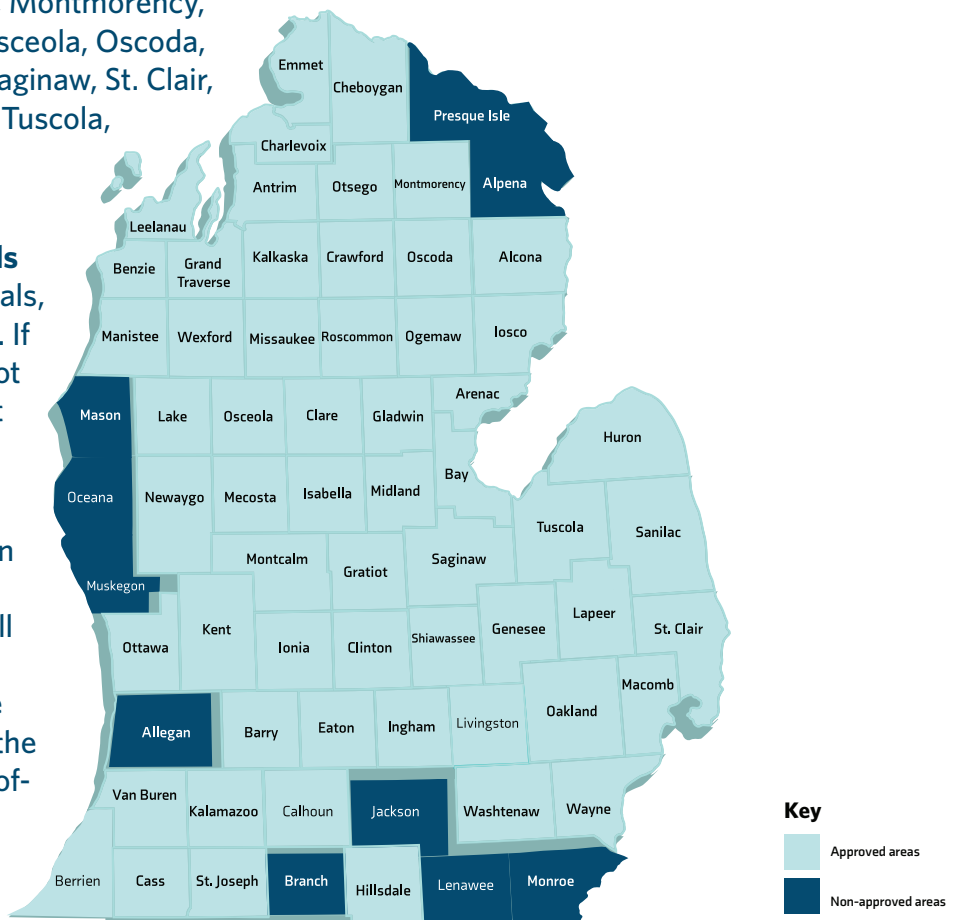
This is a summary of drug and health services covered by McLaren Medicare for **Jan. 1, 2022-Dec. 31, 2022.**

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/medicare](http://www.mclarenhealthplan.org/medicare).

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

**McLaren Medicare Inspire Duals** 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/noncontracted 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.



## Monthly Premium, Deductibles and Coverage Limits

<b>Your Monthly Plan Premium</b>  (in addition to your Medicare Part B premium)	There is no monthly premium for this plan.
<b>Deductible</b>	There is no deductible for this plan.
<b>Maximum Out-of-Pocket Responsibility</b>	\$0 annually for Medicare-covered services from in-network providers.  This is the most you will pay for copays, coinsurance and other costs for medical services for the year. This does not include prescription drugs.

## Prescription Drug Benefits

<b>Deductible Stage</b>	There is no prescription drug deductible for this plan.
<b>Stage 1: Initial Coverage Stage</b>	During this stage, the plan pays its share of the cost of your drugs and you pay your share. You will pay the following copays until your total out-of-pocket costs (what you pay) reach \$7,050:  Tier 1 Generic: You pay either \$0, \$1.35 or \$3.95 per prescription.  Tier 1 Brand: You pay either \$0, \$4 or \$9.85 per prescription.
<b>Stage 2: Catastrophic Coverage Stage</b>	\$0 for Low Income Subsidy (LIS) Levels 1 - 3.

## Covered Medical Benefits

<b>Inpatient Hospital Coverage</b>	You pay \$0 per stay.  Our plan covers unlimited days for an inpatient stay.  Prior authorization may be required.
<b>Outpatient Hospital Coverage</b>	<b>Outpatient Hospital:</b> \$0 copay <b>Ambulatory Surgical Center:</b> \$0 copay <b>Observation:</b> \$0 copay  Prior authorization may be required.
<b>Doctor Visits</b>	<b>Primary Care:</b> \$0 copay per visit.  <b>Specialist:</b> \$0 copay per visit.  Specialist visits require a referral.

## Covered Medical Benefits

<b>Preventive Care</b>	<p>\$0 copay</p> <p>Preventive care includes:</p> <ul style="list-style-type: none"> <li>» abdominal aortic aneurysm screening</li> <li>» annual wellness visit</li> <li>» bone mass measurement</li> <li>» breast cancer screening</li> <li>» cardiovascular disease risk reduction visit</li> <li>» cardiovascular disease testing</li> <li>» cervical and vaginal cancer screening</li> <li>» colorectal cancer screening</li> <li>» depression screening</li> <li>» diabetes screening</li> <li>» diabetes self-management training</li> <li>» HIV screening</li> <li>» immunizations (flu, pneumonia, Hepatitis B)</li> <li>» medical nutrition therapy</li> <li>» obesity screening and therapy to promote sustained weight loss</li> <li>» prostate cancer screening exams</li> <li>» screening and counseling to reduce alcohol misuse</li> <li>» screening for lung cancer</li> <li>» screening for STIs and counseling to prevent STIs</li> <li>» smoking and tobacco use cessation (counseling)</li> <li>» Welcome to Medicare preventive visit</li> </ul>
<b>Emergency Care</b>	<p>\$0 copay in or out of network</p>
<b>Urgently Needed Services</b>	<p>\$0 copay in or out of network</p>
<b>Outpatient Diagnostic Services/Labs/Imaging</b>	<p><b>Diagnostic radiology service (CT/MRI):</b> \$0 copay</p> <p><b>Lab services:</b> \$0 copay</p> <p><b>Diagnostic tests and procedures:</b> \$0 copay</p> <p><b>Outpatient X-rays:</b> \$0 copay</p> <p>Prior authorization and referral may be required. Outpatient X-rays do not require prior authorization or referral.</p>
<b>Hearing Services</b>	<p><b>Hearing exams:</b></p> <p>\$0 copay for a Medicare-covered hearing exam</p> <p>\$0 copay for a non-Medicare-covered routine hearing exam</p> <p><b>Hearing aid fitting and evaluation:</b> \$0 copay</p> <p><b>Hearing aids:</b> You will be reimbursed for up to \$1,000 per year for hearing aids.</p>

## Covered Medical Benefits

<p><b>Dental Services</b></p> <p>In-network preventive dental services are provided by Delta Dental's Medicare Advantage PPO network dentists.</p>	<p>\$0 copay for two exams and two cleanings each year</p> <p>\$0 copay for one set of bitewing X-rays each year</p> <p>\$0 copay for a brush biopsy</p> <p>You have a \$1,000 limit on all covered dental services</p>
<p><b>Vision Services</b></p>	<p>\$0 copay for each Medicare-covered exam to diagnose and treat diseases of the eye</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p>\$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses. You will be reimbursed up to a maximum of \$100 each year</p>
<p><b>Mental Health Services</b></p> <p>Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital.</p>	<p><b>Inpatient:</b> \$0 copay per stay; our plan covers up to 90 days for an inpatient hospital stay</p> <p><b>Outpatient therapy</b> (group or individual): \$0 copay per session</p> <p>Prior authorization may be required for inpatient mental health services.</p>
<p><b>Skilled Nursing Facility (SNF)</b></p>	<p>\$0 copay</p> <p>Our plan covers up to 100 days each benefit period in an SNF. A benefit period starts the day you go into an SNF and ends when you go 60 days in a row without SNF care.</p> <p>Prior authorization may be required.</p>
<p><b>Physical Therapy</b></p>	<p>\$0 copay per visit</p> <p>Prior authorization and referral may be required.</p>
<p><b>Ambulance</b></p>	<p>\$0 copay per one-way transport</p> <p>Prior authorization may be required for Medicare-covered non-emergency transport.</p>
<p><b>Transportation</b></p>	<p>Routine transportation is not covered by Medicare.</p> <p>This benefit is covered when using services through your Medicaid benefit.</p>

## Covered Medical Benefits

<b>Medicare Part B Drugs</b>	<p><b>Chemotherapy and Other Part B Drugs:</b> \$0 copay</p> <p><b>Home Infusion Drugs:</b> \$0 copay</p> <p>Prior authorization may be required.</p>
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## Additional Covered Medical Benefits

<b>Acupuncture</b>	\$0 copay for Medicare-covered visits for lower back pain
<b>Annual Physical Exam</b>	\$0 copay
<b>Chiropractic Care</b>	\$0 copay
<b>Durable Medical Equipment</b>	<p>\$0 copay</p> <p>Prior authorization may be required.</p>
<b>Enhanced Disease Management</b>	<p>If you have a chronic condition, you may qualify for one of our enhanced disease management programs. These special educational programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you have a healthier lifestyle. A care manager is available to those who qualify for these customized programs.</p> <p>You pay nothing for enhanced disease management. Prior authorization and referral may be required.</p>
<b>Fitness Membership</b>	Our plan will reimburse you for up to a maximum of \$200 for your fitness center membership.
<b>Meals After Discharge</b>	<p>Benefit covers 28 meals (two meals per day for 14 days) delivered directly to your home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of five discharges for a total of 140 meals per year.</p> <p>Prior authorization and referral may be required.</p>
<b>Nutritional/Dietary Benefit</b>	<p>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.</p> <p>Prior authorization may be required.</p>

## Additional Covered Medical Benefits

<b>Over-the-Counter Items</b>	You are eligible for a \$45 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription.
<b>Prosthetic Devices and Related Medical Supplies</b>	\$0 copay

## Medicaid Benefits

Your covered services are first paid for by Medicare and then by Medicaid. The chart below shows you which benefits are covered by Medicare and which benefits are covered by Medicaid. If a benefit is not covered by Medicare, it may be covered by Medicaid depending on your type of Medicaid coverage.

	McLaren Medicare Inspire Duals	Michigan Medicaid
<b>Outpatient Services</b>		
<b>Acupuncture</b>	✓ Some coverage	Not covered
<b>Ambulance</b>	✓	✓
<b>Chiropractic Care</b>	✓ Some coverage	✓
<b>Dental Services</b>	✓	✓ Some coverage (restrictions apply)
<b>Diabetes Management</b>	✓	✓
<b>Diagnostic Tests, X-rays, Lab Services and Radiology Services</b>	✓	✓
<b>Doctor Visits</b>	✓	✓
<b>Durable Medical Equipment</b>	✓	✓
<b>Emergency Care</b>	✓	✓



Continued from previous page.

	McLaren Medicare Inspire Duals	Michigan Medicaid
<b>Outpatient Services</b>		
<b>Hearing Services</b>	✓	✓
<b>Home Health Services</b>	✓	✓
<b>Mental Health Services</b>	✓	✓
<b>Outpatient Rehabilitation Services</b>  occupational therapy, physical therapy, speech therapy	✓	✓
<b>Outpatient Services</b>	✓	✓
<b>Outpatient Substance Abuse</b>	✓	✓
<b>Podiatry Services</b>	✓	✓
<b>Preventive Care</b>	✓	✓
<b>Prosthetic Devices</b>	✓	✓
<b>Routine Transportation</b>	Not Covered	✓
<b>Urgent Care</b>	✓	✓
<b>Vision Services</b>	✓	✓ (restrictions apply)

	McLaren Medicare Inspire Duals	Michigan Medicaid
<b>Inpatient Services</b>		
<b>Inpatient Hospital Care</b>	✓	✓
<b>Inpatient Mental Health</b>	✓	✓
<b>Skilled Nursing Facility (SNF)</b>	✓	✓

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/medicare](http://www.mclarenhealthplan.org/medicare).

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

From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. Eastern Time.

From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

You can see our plan’s provider/pharmacy directory at our website at: [www.mclarenhealthplan.org/medicare](http://www.mclarenhealthplan.org/medicare).

**McLaren Medicare** is a DSNP HMO plan with a Medicare contract and a contract with the State of Michigan Medicaid Program. Enrollment in McLaren Medicare depends on contract renewal.

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# PRESCRIPTION COVERAGE

**All McLaren Medicare plans have prescription drug coverage.**

## **Deductible Stage**

- » McLaren Medicare Inspire (HMO) has a \$100 Part D Deductible for Tiers 3-5; there is no Part D deductible for Inspire Plus or Inspire Flex.

## **Initial Coverage Stage**

- » Member remains in this stage until total amount they have paid, plus what the plan has paid for covered drugs (total drug cost) reaches \$4,430. This also includes the deductible for the Inspire Plan (001).
- » Premiums and costs for drugs from outside the U.S., non-covered drugs and non-Part D drugs do not count toward the total drug cost.

## **Coverage Gap Stage or Donut Hole for All Non-DSNP Plans**

- » McLaren Inspire, Inspire Plus and Inspire Flex have coverage for Tier 1 drugs in this stage.
- » Member pays 25% of the cost for all other generic drugs and 25% of the cost and a portion of the dispensing fee for brand-name drugs.

## **Coverage for Select Insulins**

- » McLaren Medicare Inspire, Inspire Plus and Inspire Flex have additional coverage for Select Insulins in Tiers 2 and 3.
- » The Part D deductible for members in McLaren Medicare Inspire will not apply to these Select Insulins. Select Insulins for Inspire members will be covered with a \$10 copay in Tier 2 or a \$35 copay in Tier 3.
- » For Inspire, Inspire Plus and Inspire Flex:
  - Select Insulins in Tier 2 will be covered in the Initial Coverage and Coverage Gap stages with a \$10 copay.
  - Select Insulins in Tier 3 will be covered in the Initial Coverage and Coverage Gap stages with a \$35 copay.
  - You can find out which drugs are Select Insulins by reviewing the plan's List of Covered Drugs (Formulary) on our website.

- » Review the detailed list of benefits in the Evidence of Coverage (EOC) to be sure you understand what is covered under the plan you are choosing.
- » Check the provider directory (and ask your doctor) to see if they are in the McLaren Medicare network. If they are not in the network, you will need to select a new doctor.
- » Check the pharmacy directory and formulary to be sure the pharmacy you use for any prescriptions is in network and that the medications you are taking are covered under the plan.
- » You must continue to pay your Medicare Part B premium in addition to your monthly plan premium. Your Part B premium is normally taken out of your monthly Social Security check.
- » Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2023.
- » 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) unless you are enrolled in the HMO-POS plan.

# 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 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 48501-1511

## Additional Information:

**Find the Notice on Our Website:** You can also view this Notice of Privacy Practices on our website at [www.MclarenHealthPlan.org](http://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](http://www.MclarenHealthPlan.org).













## MEDICARE

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  
Worldwide Urgent and emergency coverage\*

### **McLaren Member Services**

833-358-2404

**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)

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\*Inspire Plus and Inspire Flex plans only