

2023



SUMMARY OF BENEFITS

- McLaren Inspire Duals
(HMO DSNP)
H6322-004

This is a summary of drug and health services covered by McLaren Medicare for January 1, 2023 - December 31, 2023



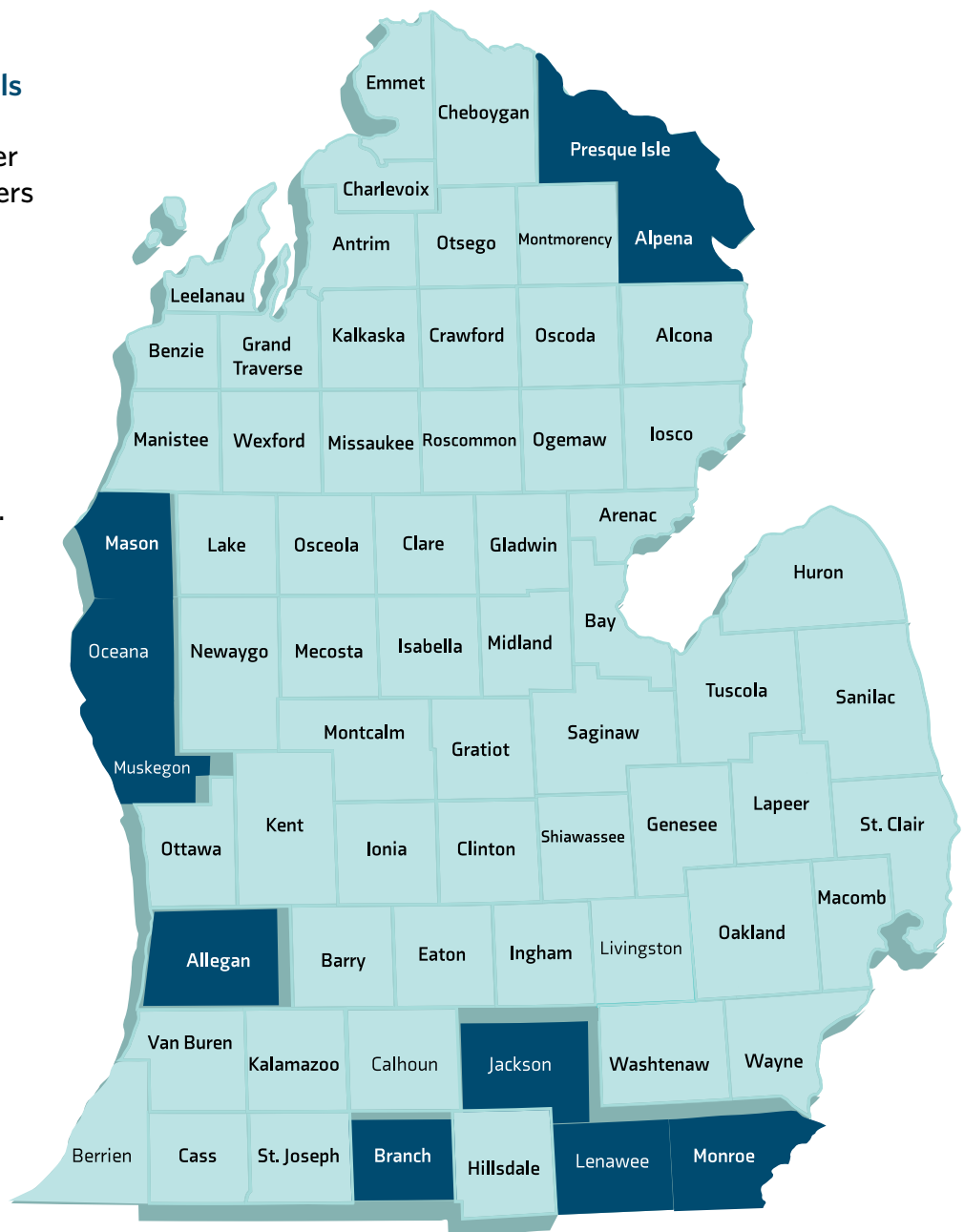
The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To see a complete list of services we cover, please review the Evidence of Coverage on www.mclarenhealthplan.org/medicare.

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, qualify for Low Income Subsidy, and live in our service area. Our service area includes 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 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.



KEY

- Approved areas
- Non-approved areas

Monthly Premium, Deductibles, and Coverage Limits

| | |
|---|---|
| Your Monthly Plan Premium (in addition to your Medicare Part B premium) | \$0 |
| Deductible | Medical services \$0 Prescription drugs - all Tiers \$0 |
| Maximum Out-of-Pocket Responsibility | \$8,300 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 calendar year. |

Covered Medical Benefits

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|---|---|
| Inpatient Hospital Coverage Prior authorization may be required. | You pay \$0 per stay. We cover an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital Coverage Prior authorization may be required. | Outpatient hospital: \$0 copay for per visit Ambulatory surgical center: \$0 copay per visit Observation: \$0 copay for per visit |

Covered Medical Benefits

| | |
|----------------------|--|
| Doctor Visits | Primary care: \$0 copay per visit Specialist: \$0 copay per visit |
|----------------------|--|

Covered Medical Benefits

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|---|---|
| <p>Preventive Care</p> | <p style="text-align: center;">\$0 copay</p> <p style="text-align: center;">Preventive Care Includes:</p> <ul style="list-style-type: none"> ▪ abdominal aortic aneurysm screening ▪ annual wellness visit ▪ bone mass measurement ▪ breast cancer screening ▪ cardiovascular disease risk reduction visit ▪ cardiovascular disease testing ▪ cervical and vaginal cancer screening ▪ colorectal cancer screening ▪ depression screening ▪ diabetes screening ▪ diabetes self-management training ▪ health and wellness education programs ▪ HIV screening ▪ immunizations (flu, pneumonia, Hep B, COVID) ▪ medical nutrition therapy ▪ Medicare Diabetes Prevention Program (MDPP) ▪ Obesity screening and therapy to promote sustained weight loss ▪ prostate cancer screening exams ▪ screening and counseling to reduce alcohol misuse ▪ screening for lung cancer with low dose computed tomography (LDCT) ▪ screening for STIs and counseling to prevent STIs ▪ smoking and tobacco use cessation (counseling) ▪ Welcome to Medicare preventive visit |
| <p>Emergency Care</p> | <p style="text-align: center;">\$0 copay in or out of network</p> |
| <p>Urgently Needed Services</p> | <p style="text-align: center;">\$0 copay in or out of network</p> |
| <p>Outpatient Diagnostic Services/Labs/Imaging</p> <p>Prior authorization required for genetic testing.</p> | <p style="text-align: center;">Diagnostic radiology service (CT/MRI): \$0 copay</p> <p style="text-align: center;">Lab services \$0 copay</p> <p style="text-align: center;">Diagnostic tests and procedures: \$0 copay</p> <p style="text-align: center;">Outpatient X-rays: \$0 copay</p> |
| <p>Hearing Services</p> <p>Must use TruHearing providers for all routine hearing exams and hearing aid services.</p> | <p style="text-align: center;">Hearing exams: \$0 copay for a Medicare-covered hearing exam \$0 copay for a non-Medicare-covered supplemental hearing exam</p> <p style="text-align: center;">Hearing aids: \$0 copay per hearing aid – one per ear every 2 years</p> |

Covered Medical Benefits

Dental Services

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

Oral exam and cleaning:
\$0 copay for two exams and two cleanings each year

Onlays/Crowns and repair:
Covered 100%

Bitewing X-rays:
\$0 copay for one set each year

Full mouth X-rays:
\$0 copay once every 5 years

Dentures & denture relines/repairs
Covered 100%

\$1,000 per person limit per calendar year

Vision Services

Medicare-covered services:

\$0 copay for each visit
\$0 copay for eyeglasses or contact lenses after cataract surgery
\$0 copay for glaucoma screening

Routine vision services:

\$0 copay for a routine eye exam
\$0 copay for up to \$100 annual allowance for non-Medicare-covered corrective eyeglasses (lenses and frames) or contact lenses

Mental Health Services

Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital.
Prior authorization may be required for inpatient mental health services.

Inpatient:

\$0 per stay; our plan covers up to 90 days for an inpatient hospital stay

Outpatient therapy (group or individual):

\$0 copay

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.
Prior authorization may be required.

\$0 copay

Physical Therapy

Prior authorization may be required.

\$0 copay

Covered Medical Benefits

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|---|---|
| <p>Ambulance (Air/Ground) Prior authorization will be required for Medicare-covered non-emergency transport.</p> | <p>\$0 copay</p> |
| <p>Transportation</p> | <p>You pay nothing for 25 one-way, non-emergency trips per year to plan-approved health-related locations. 50-mile limit one-way.</p> |
| <p>Medicare Part B Drugs Prior authorization may be required.</p> | <p>Chemotherapy and other Part B drugs: \$0 copay</p> <p>Home infusion drugs: \$0 copay</p> |

Additional Covered Medical Benefits

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|---|---|
| <p>Acupuncture</p> | <p>\$0 copay for Medicare-covered visits for lower back pain</p> |
| <p>Annual Physical Exam Comprehensive preventive medical evaluation.</p> | <p>\$0 copay</p> |
| <p>Chiropractic Care</p> | <p>\$0 copay</p> |
| <p>Durable Medical Equipment</p> | <p>\$0 copay</p> <p>Prior authorization required for DME that costs more than \$1,000, insulin pumps, and bone stimulators.</p> |
| <p>Enhanced Disease Management</p> | <p>\$0 copay</p> <p>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.</p> |

Additional Covered Medical Benefits

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|---|--|
| Fitness Membership | Our plan will reimburse you for up to a maximum of \$200 annually for your fitness center membership. |
| Meals After Discharge | \$0 for 2 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 5 discharges for a total of 140 meals per year. |
| Nutritional/Dietary Benefit | We cover 6 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 our physician to see if you would benefit from nutritional counseling. You pay nothing for these sessions. |
| Over-the-Counter Items | You are eligible for a \$55 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription. No rollover. |
| Prosthetic Devices and Related Medical Supplies Prior authorization is required to items that cost more than \$1,000. | \$0 copay |

Prescription Drug Benefits

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|---|--|
| Deductible | There is no prescription deductible for this plan. |
| Stage 1: Initial Coverage Stage | 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 \$7,400. Tier 1 Generic: You pay either \$0, \$1.45, or \$4.15 per prescription. Tier 1 Brand: You pay either \$0, \$4.30, or \$10.35 per prescription. |
| Stage 2: Coverage Gap Stage | This stage does not apply to members with Low Income Subsidy (LIS) Levels 1-3. Once your total out-of-pocket costs (what you pay) in the Initial Coverage Stage reach \$7,400, you will move to the Catastrophic Coverage Stage. |
| Stage 3: Catastrophic Coverage Stage | \$0 for Low Income Subsidy (LIS) Levels 1-3. |

Medicaid Benefits

Your covered services are paid for first 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.

Outpatient Services

| | McLaren Medicare Inspire Duals | Michigan Medicaid |
|---|-----------------------------------|--|
| Acupuncture | ✓ Some coverage | ✓ |
| Ambulance | ✓ | ✓ |
| Chiropractic Care | ✓ | ✓ |
| Dental Services | ✓ | ✓ Some coverage (restrictions apply) |
| Diabetes Management | ✓ | ✓ |
| Diagnostic Tests, X-rays, Lab Services, and Radiology Services | ✓ | ✓ |
| Doctor Visits | ✓ | ✓ |
| Durable Medical Equipment | ✓ | ✓ |
| Emergency Care | ✓ | ✓ |
| Hearing Services | ✓ | ✓ |
| Home Health Services | ✓ | ✓ |
| Mental Health Services | ✓ | ✓ |
| Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech therapy) | ✓ | ✓ |
| Outpatient Services | ✓ | ✓ |
| Outpatient Substance Abuse | ✓ | ✓ |

Outpatient Services

| | McLaren Medicare Inspire Duals | Michigan Medicaid |
|------------------------|--------------------------------|---------------------------|
| Podiatry Services | ✓ | ✓ |
| Preventive Care | ✓ | ✓ |
| Prosthetic Devices | ✓ | ✓ |
| Routine Transportation | ✓ | ✓ |
| Urgent Care | ✓ | ✓ |
| Vision Services | ✓ | ✓ (restrictions apply) |

Inpatient Services

| | McLaren Medicare Inspire Duals | Michigan Medicaid |
|--------------------------------|--------------------------------|-------------------|
| Inpatient Hospital Care | ✓ | ✓ |
| Inpatient Mental Health | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | ✓ | ✓ |

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, 7 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.

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

From October 1st to March 31st, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern Time. (except Thanksgiving and Christmas days)

From April 1st to September 30th, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time.

You can see our plan's provider/pharmacy directory at our website at 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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