



MEDICARE

2026

**Annual Notice of Changes
Inspire (HMO)**

McLaren Medicare Inspire (HMO) offered by McLaren Health Plan, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of McLaren Medicare Inspire.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in McLaren Medicare Inspire.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.mclarenhealthplan.org/mclarenmedicare or call Member Services at 833-358-2404 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 833-358-2404 (TTY users call 711) for more information. Hours are April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days). This call is free.
- This document is available in alternate formats such as Braille and large print.

About McLaren Medicare Inspire

- McLaren Medicare is an HMO plan with a Medicare contract. Enrollment in McLaren Medicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means McLaren Health Plan, Inc. (McLaren Medicare). When it says “plan” or “our plan,” it means McLaren Medicare Inspire.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in McLaren Medicare Inspire.** Starting January 1, 2026, you'll get your medical and drug coverage through McLaren Medicare Inspire. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Your premium can be higher than this amount. Go to Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)</p>	\$4,200	\$6,300
<p>Primary care office visits</p>	\$0 per visit	\$0 per visit
<p>Specialist office visits</p>	\$40 per visit	\$45 per visit
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p>Per admission: \$275 copay per day for days 1 – 7</p> <p>\$0 copay per day for days 8 – 90</p> <p>\$0 copay for additional covered hospital days.</p>	<p>Per admission: \$550 copay per day for days 1 – 5</p> <p>\$0 copay per day for days 6 – 90</p> <p>\$0 copay for additional covered hospital days.</p>
<p>Part D drug coverage deductible</p> <p>(Go to Section 1.7 for details.)</p>	\$0	\$615 for drugs on Tiers 3, 4 and 5, except for covered insulin products and most adult Part D vaccines

	<p style="text-align: center;">2025 (this year)</p>	<p style="text-align: center;">2026 (next year)</p>
<p>Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$12 <ul style="list-style-type: none"> ○ You pay \$10 per month supply of each covered insulin product on this tier. • Drug Tier 3: \$47 <ul style="list-style-type: none"> ○ You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$100 <ul style="list-style-type: none"> ○ You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% <ul style="list-style-type: none"> ○ You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 6: \$0 <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$12 <ul style="list-style-type: none"> ○ You pay \$10 per month supply of each covered insulin product on this tier. • Drug Tier 3: 25% <ul style="list-style-type: none"> ○ You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 40% <ul style="list-style-type: none"> ○ You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 25% <ul style="list-style-type: none"> ○ You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 6: \$0 <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<p>Monthly plan premium</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$0	<p>\$0</p> <p>There is no change to your monthly premium for 2026.</p>
<p>Additional premium for optional supplemental benefits</p> <p>If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	<p>Delta Dental Option 1 \$23 per month</p> <hr/> <p>Delta Dental Option 2 \$41 per month</p>	<p>Delta Dental Option 1 \$32 per month</p> <hr/> <p>Delta Dental Option 2 \$55 per month</p>

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.</p> <p>Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.</p>	\$4,200	<p>\$6,300</p> <p>Once you've paid \$6,300 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider/Pharmacy Directory* www.mclarenhealthplan.org/medicareproviderdirectory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at www.mclarenhealthplan.org/mclarenmedicare.
- Call Member Services at 833-358-2404 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 833-358-2404 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Provider/Pharmacy Directory* www.mclarenhealthplan.org/medicareproviderdirectory to see which pharmacies are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at www.mclarenhealthplan.org/mclarenmedicare.

- Call Member Services at 833-358-2404 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 833-358-2404 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic Care	\$20 copayment per office visit	\$15 copayment per office visit
Dental – Medicare Covered	\$40 copayment per office visit	\$45 copayment per office visit
Emergency Services	<p>\$100 copayment per Medicare-covered emergency room visit in the United States or its territories</p> <p>Worldwide emergency services are <u>not</u> covered.</p>	<p>\$115 copayment per Medicare-covered emergency room visit in the United States or its territories</p> <p>\$115 copayment per Medicare-covered emergency room visit worldwide. There is a \$50,000 combined worldwide emergency/urgent care benefit limit.</p>
Eye Exam – Medicare Covered	\$40 copayment per office visit	\$45 copayment per office visit

	2025 (this year)	2026 (next year)
Eye Exam - Routine	\$0 copayment per office visit	<p>You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional dental out of pockets costs.</p> <p>The maximum benefit is \$500 annually with no rollover.</p>
Eyewear (lenses and frames)/Contacts - Routine	\$100 annual allowance	<p>You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional dental out of pockets costs.</p> <p>The maximum benefit is \$500 annually with no rollover.</p>
Fitness Membership	<p>You will receive a Benefits Mastercard® Prepaid Card with an annual allowance for a fitness membership.</p> <p>\$100 annual allowance with no rollover.</p>	<p>You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional dental out of pockets costs.</p> <p>The maximum benefit is \$500 annually with no rollover.</p>

	2025 (this year)	2026 (next year)
Hearing Exam – Medicare Covered	\$40 copayment per office visit	\$45 copayment per office visit
Inpatient Hospital	\$275 copayment per day for days 1-7 \$0 copayment per day for days 8 and beyond	\$550 copayment per day for days 1-5 \$0 copayment per day for days 6 and beyond
Inpatient Hospital - Psychiatric	\$275 copayment per day for days 1-7 \$0 copayment per day for days 8-90	\$465 copayment per day for days 1-5 \$0 copayment per day for days 6-90
Occupational Therapy	\$25 copayment per therapy visit	\$35 copayment per therapy visit
Opioid Treatment Program Services	\$40 copayment per visit	\$45 copayment per visit
Outpatient Observation	\$200 copayment per stay	\$150 copayment per stay
Outpatient Substance Use Disorder Services	\$40 copayment per each covered individual or group therapy visit	\$45 copayment per each covered individual or group therapy visit

	2025 (this year)	2026 (next year)
Over-The-Counter (OTC) Items	<p>You will receive a Benefits Mastercard® Prepaid Card with a quarterly allowance for OTC.</p> <p>\$140 allowance per quarter with no rollover</p>	<p>You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional dental out of pockets costs.</p> <p>The maximum benefit is \$500 annually with no rollover.</p>
Physical Therapy	\$25 copayment per therapy visit	\$35 copayment per therapy visit
Physician Specialist	\$40 copayment per office visit	\$45 copayment per office visit
Podiatry	\$40 copayment per office visit	\$45 copayment per office visit
Psychiatric and Mental Health Specialty Services	\$30 copayment per each covered individual or group therapy visit	\$45 copayment per each covered individual or group therapy visit
Pulmonary Rehabilitation Services	\$15 copayment per each covered service	\$25 copayment per each covered service
Skilled Nursing Facility (Days 21 – 100)	\$214 copayment per day for days 21 - 100	\$218 copayment per day for days 21 - 100

	2025 (this year)	2026 (next year)
Speech Therapy	\$25 copayment per therapy visit	\$35 copayment per therapy visit
Supplemental Exercise Training (SET)	\$25 copayment per exercise therapy visit	\$20 copayment per exercise therapy visit
Transportation	\$0 copay for 20 one-way trips/year; 50-mile limit one-way	Transportation is <u>not</u> covered
Urgent Care	<p>\$50 copayment per Medicare-covered urgent care visit in the United States or its territories</p> <p>Worldwide urgent care services are <u>not</u> covered</p>	<p>\$40 copayment per Medicare-covered urgent care visit in the United States or its territories</p> <p>\$40 copayment per Medicare-covered urgent care visit worldwide. There is a \$50,000 combined worldwide emergency/ urgent care benefit limit.</p>

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 833-358-2404 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 833-358-2404 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4, and Tier 5 drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn’t apply to you.	\$615 During this stage, you pay \$0 cost sharing for drugs on Tier 1, Tier 2 and Tier 6 and the full cost of drugs on Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines, until you’ve reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 and Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<p>Tier 1: Preferred Generic</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	\$0 per prescription	\$0 per prescription
<p>Tier 2: Generic</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	\$12 per prescription	\$12 per prescription
<p>Tier 3: Preferred Brand</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	\$47 per prescription	25% of the total cost
<p>Tier 4: Non-Preferred Brand</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	\$100 per prescription	40% of the total cost
<p>Tier 5: Specialty Drugs</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	33% of the total cost	25% of the total cost

	2025 (this year)	2026 (next year)
<p>Tier 6: Select Care Drugs</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	\$0 per prescription	\$0 per prescription

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Dental Network	Services are available from dentists who participate in Delta Dental’s Medicare Premier and PPO networks	Services are available from dentists who participate in Delta Dental’s Medicare PPO network
Eye Exam – Routine	Services available through participating network providers.	<p>You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional dental out of pockets costs.</p> <p>The maximum benefit is \$500 annually with no rollover.</p>

	<p>2025 (this year)</p>	<p>2026 (next year)</p>
<p>Eyewear (lenses and frames)/Contacts - Routine</p>	<p>Services available through participating network providers.</p>	<p>You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional dental out of pockets costs.</p> <p>The maximum benefit is \$500 annually with no rollover.</p>
<p>Medicare Prescription Payment Plan</p>	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</p> <p>To learn more about this payment option, call us at 833-358-2404 (TTY users call 711) or visit www.Medicare.gov.</p>

	2025 (this year)	2026 (next year)
Service Area	Service area includes 61 Michigan counties: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne and Wexford counties	Service area includes 57 Michigan counties: Allegan, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Jackson, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne and Wexford counties

SECTION 3 How to Change Plans

To stay in McLaren Medicare Inspire, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our McLaren Medicare Inspire.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from McLaren Medicare Inspire.

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from McLaren Medicare Inspire.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 833-358-2404 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, McLaren Health Plan, Inc. (McLaren Medicare) offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 888-826-6565. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 833-358-2404 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from McLaren Medicare Inspire

- **Call Member Services at 833-358-2404. (TTY users call 711.)**
- We're available for phone calls April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days). This call is free.

Read your 2026 Evidence of Coverage

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage for McLaren Medicare Inspire*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.mclarenhealthplan.org/mclarenmedicare or call Member Services at 833-358-2404 (TTY users call 711) to ask us to mail you a copy.

- **Visit** www.mclarenhealthplan.org/mclarenmedicare
Our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

Call MMAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call MMAP at 800-803-7174. Learn more about MMAP by visiting www.mmapinc.org.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** www.Medicare.gov

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Method	Member Services – Contact Information
CALL	<p>833-358-2404</p> <p>Calls to this number are free.</p> <p>Hours of operation: April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days).</p> <p>Member Services also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>Calls to this number are free.</p> <p>Hours of operation: April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days).</p>
WRITE	<p>McLaren Medicare PO Box 710 Flint MI 48501-9900</p>
WEBSITE	<p>www.mclarenhealthplan.org/mclarenmedicare</p>



MEDICARE

McLarenHealthPlan.org/McLarenMedicare

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