McLaren MEDICARE

2026

Summary Of Benefits

Jan. 1, 2026 — Dec. 31, 2026

McLaren Medicare Inspire (HMO) – H6322-001

McLaren Medicare Inspire Plus (HMO) – H6322-002

McLaren Medicare Inspire Select (HMO) - H6322-008

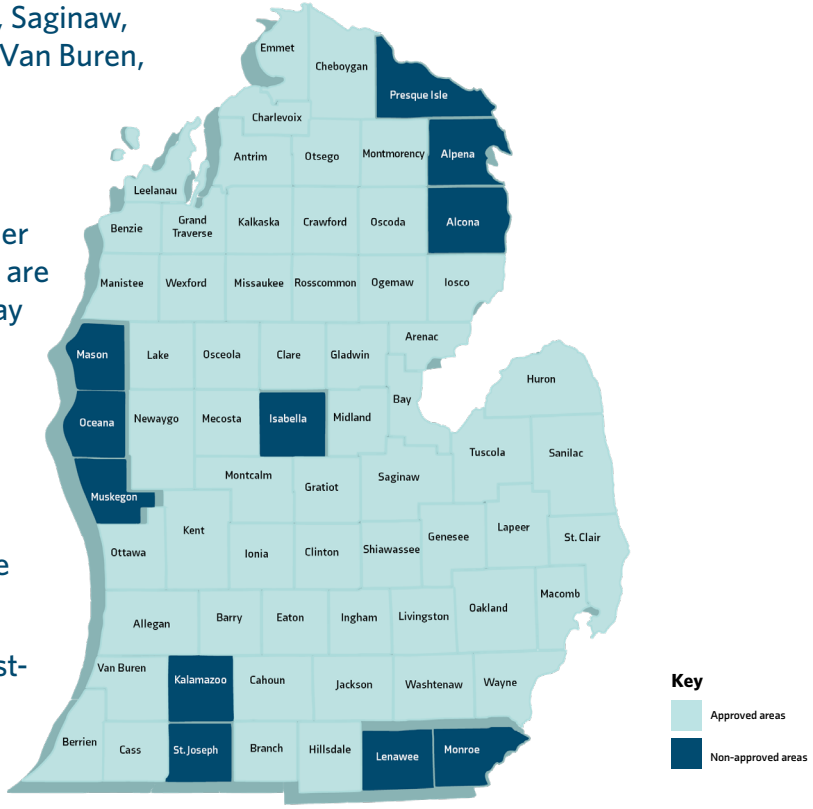
SUMMARY OF BENEFITS

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

This is a summary of drug and health services covered by McLaren Medicare for **Jan. 1, 2026-Dec. 31, 2026**

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

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



McLaren Medicare has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our member service number or review the Evidence of Coverage.

For more information, including the cost-sharing that applies to out-of-network services, call Member Services at 833-358-2404 (TTY: 711).

Monthly Premium, Deductibles and Coverage Limits

	McLaren Medicare Inspire (HMO) H6322-001	McLaren Medicare Inspire Plus (HMO) H6322-002	McLaren Medicare Inspire Select (HMO) H6322-008
Your Monthly Plan Premium (You must continue to pay your Medicare Part B premium)	$0	$8.80	$0 Our plan will reduce your monthly Medicare Part B premium by $75.
Deductible	**Medical Services** $0 **Prescription Drug** $615 (Tiers 3-5)	**Medical Services** $0 **Prescription Drug** $500 (Tiers 3-5)	**Medical Services** $0 **Prescription Drug** $615 (Tiers 2-5)
Maximum Out-of-Pocket Responsibility The most you pay for copays, coinsurance and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of Medicare-covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.	$6,300 for in-network Medicare-covered benefits	$5,900 for in-network Medicare-covered benefits	$6,750 for in-network Medicare-covered benefits

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Select (HMO)
Inpatient Hospital Coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	$550 copay per day for days 1 through 5 You pay nothing per day for days 6 - 90 You pay nothing per day for days 91 and beyond	$550 copay per day for days 1 through 5 You pay nothing per day for days 6 - 90 You pay nothing per day for days 91 and beyond	$550 copay per day for days 1 through 5 You pay nothing per day for days 6 - 90 You pay nothing per day for days 91 and beyond
Outpatient Hospital Coverage Prior authorization may be required.	**Outpatient Hospital:** $200 copay for each visit **Ambulatory Surgical Center:** $200 copay for each visit **Observation:** $200 copay for each visit	**Outpatient Hospital:** $150 copay for each visit **Ambulatory Surgical Center:** $150 copay for each visit **Observation:** $150 copay for each visit	**Outpatient Hospital:** $350 copay for each visit **Ambulatory Surgical Center:** $350 copay for each visit **Observation:** $350 copay for each visit
Doctor Visits No referral required for in-network specialist visits.	**Primary Care:** $0 copay per visit **Specialist:** $45 copay per visit	**Primary Care:** $0 copay per visit **Specialist:** $35 copay per visit	**Primary Care:** $0 copay per visit **Specialist:** $50 copay per visit
Preventive Care	$0 copay	$0 copay	$0 copay

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Select (HMO)
Emergency Care Your copay will be waived if you are admitted directly into the hospital.	You pay a $115 copay per visit in or out of network	You pay a $115 copay per visit in or out of network	You pay a $115 copay per visit in or out of network
Urgently Needed Services	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
Outpatient Diagnostic Services/ Labs/ Imaging Prior authorization is required for CT scan, MRI, genetic testing, molecular pathology, Proton beam therapy and high-intensity focused ultrasound.	**Diagnostic radiology service (CT/MRI):** $200 copay **Lab services:** $0 copay **Diagnostic tests and procedures:** $20 copay **Outpatient X-rays:** $25 copay	**Diagnostic radiology service (CT/MRI):** $300 copay **Lab services:** $0 copay **Diagnostic tests and procedures:** $20 copay **Outpatient X-rays:** $25 copay	**Diagnostic radiology service (CT/MRI):** $150 copay **Lab services:** $0 copay **Diagnostic tests and procedures:** $20 copay **Outpatient X-rays:** $25 copay
	If you receive multiple diagnostic procedures/tests, diagnostic radiological services and/or outpatient X-rays on the same day in an outpatient department of a facility, you may be responsible for your outpatient hospital copay rather than your outpatient diagnostic tests and therapeutic services copay.		
Hearing Services You must use TruHearing providers for all routine hearing exams and hearing aid services.	**Hearing exams:** $45 copay for a Medicare-covered hearing exam You pay a $0 copay for a non-Medicare covered routine hearing exam **Hearing aids** You pay a $0 for one hearing aid fitting and evaluation per year. $699/$999 copay per hearing aid- one per ear every two years	**Hearing exams:** $35 copay for a Medicare-covered hearing exam You pay a $0 copay for a non-Medicare covered routine hearing exam **Hearing aids** You pay a $0 for one hearing aid fitting and evaluation per year. $699/$999 copay per hearing aid- one per ear every two years	**Hearing exams:** $50 copay for a Medicare-covered hearing exam You pay a $0 copay for a non-Medicare covered routine hearing exam **Hearing aids** You pay a $0 for one hearing aid fitting and evaluation per year. $699/$999 copay per hearing aid- one per ear every two years

Covered Medical Benefits

Dental Services In-network dental services are provided by Delta Dental's PPO network dentists.	**Oral exam and cleaning:** $0 copay for two exams and two cleanings (regular or periodontal) each year **Filling and crown repair:** 50% coinsurance **Fluoride treatment:** $0 copay for one treatment each year **Bitewing X-rays:** $0 copay for one set each year **Full-mouth X-rays:** $0 copay once every 5 years **Simple extractions:** 50% coinsurance **You have a $1,500 limit on covered dental services.**

Optional Supplemental Dental
(can be purchased separately)

	Delta Dental Option 1	Delta Dental Option 2
Premium These optional dental plans can be purchased for an additional monthly premium.	$32	$55
	For Delta Dental Option 1 and Delta Dental Option 2, services must be provided by Delta Dental's Medicare Advantage network dentists.	
Deductible	$0	$0
Services	**Major restorative services, bridges, dentures and implant services:** 75% coinsurance **Endodontics, periodontics (surgical), bridge and denture repair, oral surgery, and films, anesthesia and tests:** 50% coinsurance	**Major restorative services, bridges, dentures and implant services:** 50% coinsurance **Endodontics, periodontics (surgical), bridge and denture repair, oral surgery, and films, anesthesia and tests:** 20% coinsurance
Maximum Benefit Limit	You will be covered for $1,000 of dental services per year. Once you reach this limit, you will have to pay all costs for optional supplemental dental services.	You will be covered for $1,500 of dental services per year. Once you reach this limit, you will have to pay all costs for optional supplemental dental services.

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Select (HMO)
Vision Services	**Medicare-covered services:** $45 copay for each visit $0 copay for eyeglasses or contact lenses after cataract surgery $0 copay for glaucoma screening **Routine vision services:** See Flex Card	**Medicare-covered services:** $35 copay for each visit $0 copay for eyeglasses or contact lenses after cataract surgery $0 copay for glaucoma screening **Routine vision services:** See Flex Card	**Medicare-covered services:** $50 copay for each visit $0 copay for eyeglasses or contact lenses after cataract surgery $0 copay for glaucoma screening **Routine vision services:** See Flex Card
Mental Health Services Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital. Our plan covers 90 days for an inpatient hospital stay. Prior authorization may be required for inpatient mental health services.	**Inpatient:** $465 copay per day for days 1 through 5 You pay $0 per day for days 6 through 90 **Outpatient therapy (group or individual):** $45 copay per session	**Inpatient:** $465 copay per day for days 1 through 5 You pay $0 per day for days 6 through 90 **Outpatient therapy (group or individual):** $35 copay per session	**Inpatient:** $465 copay per day for days 1 through 5 You pay $0 per day for days 6 through 90 **Outpatient therapy (group or individual):** $50 copay per session

Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Select (HMO)
Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period in a SNF. A benefit period starts the day you go into a SNF and ends when you go 60 days in a row without SNF care. No prior hospital stay is required. Prior authorization may be required.	You pay nothing per day for days 1 through 20. $218 per day for days 21 through 100.	You pay nothing per day for days 1 through 20. $218 per day for days 21 through 100.	You pay nothing per day for days 1 through 20. $218 per day for days 21 through 100.
Physical Therapy Prior authorization may be required.	$35 copay per visit	$25 copay per visit	$45 copay per visit
Ambulance Prior authorization is required for Medicare covered non-emergency transport.	$220 copay per one-way transport	$200 copay per one-way transport	$350 copay per one-way transport
Transportation Limited to 50 miles per one-way trip.	Not Covered	You pay nothing for 20 one-way, non-emergency trips per year to plan approved health-related locations.	Not Covered
Medicare Part B Drugs Prior authorization may be required.	**Chemotherapy and Other Part B Drugs:** 20% of the cost **Home Infusion Drugs:** $0 copay	**Chemotherapy and Other Part B Drugs:** 20% of the cost **Home Infusion Drugs:** $0 copay	**Chemotherapy and Other Part B Drugs:** 20% of the cost **Home Infusion Drugs:** $0 copay

Prescription Drug Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Select (HMO)
Stage 1: Deductible Stage This is the first payment stage for your drug coverage. The deductible does not apply to covered insulin products and most Part D vaccines. If you are enrolled in Inspire you will pay a yearly deductible of $615 on Tier 3, 4 and 5 drugs. If you are enrolled in Inspire Plus, you will pay a yearly deductible of $500 on Tier 3, 4 and 5 drugs. If you are enrolled in Inspire Select, you will pay a yearly deductible of $615 on Tier 2, 3, 4 and 5 drugs. Once you pay the applicable Part D deductible for your plan, you leave the Deductible Stage and move to the Initial Coverage Stage.			
Stage 2: Initial Coverage Stage You will pay the copay/coinsurance until your total out-of-pocket drug costs reach $2,100.			
	Retail pharmacy (30-day supply)		**Mail-order pharmacy** (90-day supply)
Tier 1: Preferred Generic	$0		$0
Tier 2: Generic	$12 Insulins: $10		$27 Insulins: $23
Tier 3: Preferred Brand	25% Insulins: $35*		25% Insulins: $79*
Tier 4: Non-Preferred Brand	Inspire and Inspire Plus: 40% Inspire Select: 30% Insulins: $35*		Inspire and Inspire Plus: 40% Inspire Select: 30% Insulins: $79*
Tier 5: Specialty	25% Insulins: $35*		N/A
Tier 6: Select Care Drugs	$0		$0
Stage 3: Catastrophic Coverage Stage Once your out-of-pocket costs for covered drugs reach $2,100, our plan pays the full cost for your covered Part D drugs.			

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

Additional Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Select (HMO)
Acupuncture Medicare-covered acupuncture for chronic lower back pain	$25 copay per visit	$35 copay per visit	$25 copay per visit
Annual Physical Exam Comprehensive preventive medical evaluation	$0 copay per visit	$0 copay per visit	$0 copay per visit
Chiropractic Care Medicare-covered manual manipulation of the spine to correct subluxation	$15 copay per visit	$15 copay per visit	$15 copay per visit
Durable Medical Equipment Prior authorization is required for items that cost more than $1,000, insulin pumps, bone stimulators and neurostimulators.	You pay a 20% coinsurance	You pay a 20% coinsurance	You pay a 20% coinsurance
Enhanced Disease Management	If you have chronic conditions, you may qualify for one of our enhanced disease management programs. These special education programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you achieve a healthier lifestyle. A care manager is available to those who qualify for these customized programs. You pay nothing for enhanced disease management.		
Fitness Membership	See Flex Card		
Flex Card	You will receive a Benefits Mastercard® Prepaid Card with an annual allowance that may be spent as you choose between OTC, Fitness Membership, Vision, or additional out-of-pocket dental costs.		
	The maximum benefit is $500 annually.	The maximum benefit is $600 annually.	The maximum benefit is $250 annually.
Meals After Discharge	$0 for two meals per day for 14 days (28 meals), delivered directly to your home after each discharge from an inpatient acute care or skilled nursing facility stay. Annual limit of five discharges for a total of 140 meals per year.		
Nutritional/ Dietary Benefit	We cover six counseling sessions through a registered dietitian or other nutrition professional. We want to help you improve your health and lifestyle by providing tools so you make healthy choices. Talk to your physician to see if you would benefit from nutritional counseling. You pay nothing for these sessions.		

Additional Covered Medical Benefits

	McLaren Medicare Inspire (HMO)	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Select (HMO)
Over-the-Counter Items	See Flex Card		
Prosthetic Devices and Related Medical Supplies Prior authorization is required for items that cost more than $1,000.	You pay a 20% coinsurance	You pay a 20% coinsurance	You pay a 20% coinsurance
Special Supplemental Benefits for the Chronically Ill* Healthy Groceries	Not covered	To be eligible, you must have one or more qualifying comorbid and medically complex chronic conditions, be at high risk for hospitalization or other adverse health outcomes and require intensive care coordination. If you qualify, you will receive a Benefits Mastercard® Prepaid Card with a $50 monthly healthy grocery allowance to be used to purchase qualifying healthy foods and produce at participating retail locations or online through NationsBenefits with free home delivery. The monthly allowance does not rollover from month to month. For a complete list of qualifying conditions, call Member Services.	Not covered
Worldwide Emergency Care	You may receive covered emergency and urgent care services anywhere in the world. If you are outside of the United States or its territories, your worldwide emergency and urgent care is limited to $50,000 per year. All costs over $50,000 for emergency and urgent care services are your responsibility. You pay a $115 copay per visit.		
Worldwide Urgent Care	You may receive covered emergency and urgent care services anywhere in the world. If you are outside of the United States or its territories, your worldwide emergency and urgent care is limited to $50,000 per year. All costs over $50,000 for emergency and urgent care services are your responsibility. You pay a $40 copay per visit.		

*The benefits mentioned are a part of a special supplemental program for the chronically ill. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Qualifying conditions may include but are not limited to the following: heart failure, diabetes, cancer, chronic lung disorders like COPD, and stroke. Contact us to confirm your eligibility for these benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or audio.

For more information, please call us at the phone number below or visit us at **www.mclarenhealthplan.org/mclarenmedicare.**

Toll-free: 1-833-358-2404; TTY users should call 711.
Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p,m. ET (except Thanksgiving and Christmas days)
April 1-Sept. 30: Monday-Friday, 8 a.m. to 8 p.m. ET.

You can see our plan's provider/pharmacy directory at **www.mclarenhealthplan.org/mclarenmedicare.**

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

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