



# *Summary Of Benefits*

***Jan. 1, 2024 — Dec. 31, 2024***

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







# SUMMARY OF BENEFITS

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

This is a summary of drug and health services covered by McLaren Medicare for **Jan. 1, 2024-Dec. 31, 2024.**

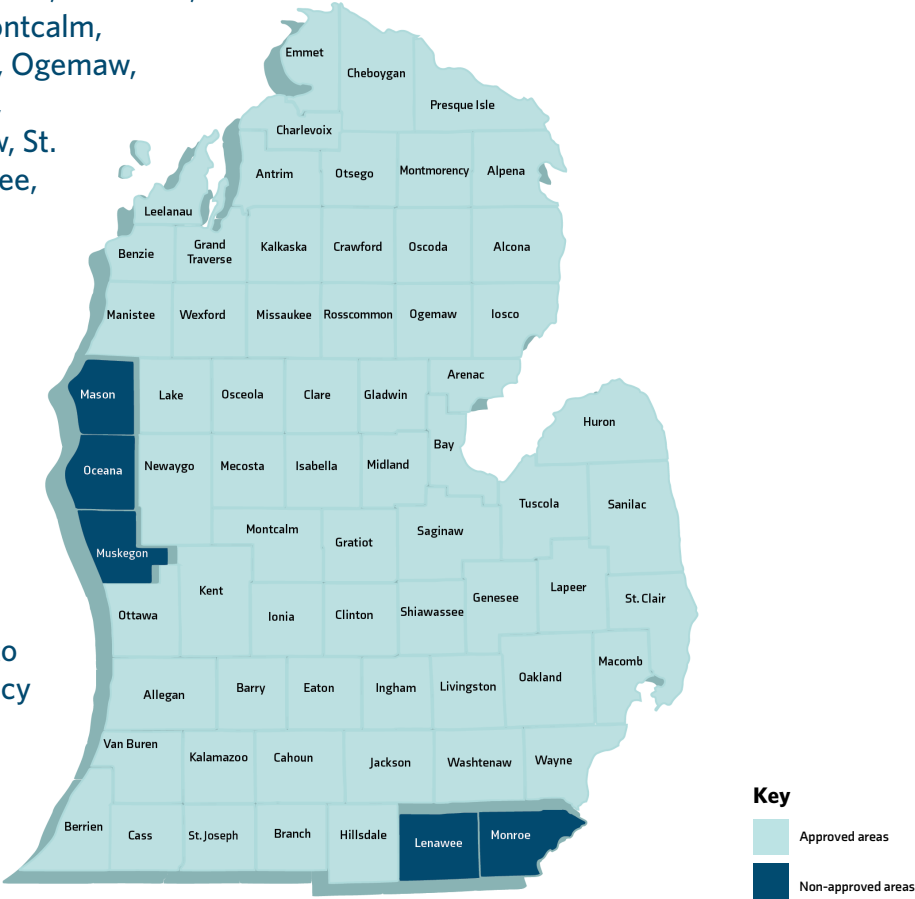
The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To see a complete list of services we cover, please review the Evidence of Coverage on [www.mclarenhealthplan.org/mclarenmedicare](http://www.mclarenhealthplan.org/mclarenmedicare).

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 consists of the following 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, Isabella, 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, 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/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.



## Monthly Premium, Deductibles and Coverage Limits

<p><b>Your Monthly Plan Premium</b></p> <p>(in addition to your Medicare Part B premium)</p>	<p>\$0</p>
<p><b>Deductible</b></p>	<p>Medical services \$0 Prescription drugs - all Tiers \$0</p>
<p><b>Maximum Out-of-Pocket Responsibility</b></p>	<p>\$8,850 annually for Medicare-covered services from in-network providers. This is the most you will pay for copays, coinsurance, and other costs for covered medical services for the calendar year.</p>
<p><b>Inpatient Hospital Coverage</b></p> <p>Prior authorization may be required.</p>	<p>You pay \$0 per stay. We cover an unlimited number of days for an inpatient hospital stay.</p>
<p><b>Outpatient Hospital Coverage</b></p> <p>Prior authorization may be required.</p>	<p><b>Outpatient Hospital:</b> \$0 copay per visit <b>Ambulatory Surgical Center:</b> \$0 copay <b>Observation:</b> \$0 copay</p>
<p><b>Doctor Visits</b></p>	<p><b>Primary Care:</b> \$0 copay per visit <b>Specialist:</b> \$0 copay per visit</p>

## Covered Medical Benefits

<b>Preventive Care</b>	<p><b>\$0 copay</b></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>» Medicare Diabetes Prevention Program (MDPP)</li> <li>» HIV screening</li> <li>» immunizations (flu, pneumonia, Hepatitis B, COVID)</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 with low-dose computed tomography (LDCT)</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><b>\$0 copay in or out of network</b></p>
<b>Urgently Needed Service</b>	<p><b>\$0 copay in or out of network</b></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>
<b>Hearing Services</b>	<p><b>Hearing exams:</b></p> <p>\$0 copay for a Medicare-covered hearing exam \$0 copay for a non-Medicare-covered routine hearing exam</p> <p><b>Hearing aids:</b></p> <p>\$0 copay per hearing aid - one per ear every two 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 five years

**Dentures & denture relines/repairs:**

Covered 100%

**Fillings:**

Amalgams/resin-based composites covered at 100%

**Extractions:**

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 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 copay per stay; our plan covers up to 90 days for an inpatient hospital stay

**Outpatient therapy (group or individual):**

\$0 copay

## Covered Medical Benefits

<b>Skilled Nursing Facility (SNF)</b>  Prior authorization may be required. 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.	\$0 copay
<b>Physical Therapy</b>	\$0 copay
<b>Ambulance (Air/Ground)</b>  Prior authorization is required for Medicare covered non emergency transport.	\$0 copay
<b>Transportation</b>	You pay nothing for 25 one-way, non-emergency trips per year to plan-approved health-related locations. 50-mile limit one-way.
<b>Medicare Part B Drugs</b>  Prior authorization may be required.	<b>Chemotherapy and other Part B drugs:</b> \$0 copay  <b>Home Infusion Drugs:</b> \$0 copay
<b>Acupuncture</b>	\$0 copay for Medicare-covered visits for lower back pain
<b>Annual Physical Exam</b>  Comprehensive preventive medical evaluation	\$0 copay
<b>Chiropractic Care</b>	\$0 copay
<b>Durable Medical Equipment</b>	\$0 copay  Prior authorization is required for DME that costs more than \$1,000, insulin pumps, bone stimulators and neurostimulators.

## Additional Covered Medical Benefits

<b>Enhanced Disease Management</b>	<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> <p style="text-align: center;">You pay nothing for these services.</p>
<b>Fitness Membership</b>	<p>Up to a maximum allowance of \$200 annually for your fitness center membership.</p>
<b>Meals After Discharge</b>	<p>\$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.</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 our physician to see if you would benefit from nutritional counseling.</p> <p style="text-align: center;">You pay nothing for these sessions.</p>
<b>Over-the-Counter Items</b>	<p>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. No rollover.</p>
<b>Personal Emergency Response System (PERS)</b>	<p>You are eligible to receive a Mobile Plus personal emergency response system (PERS) device equipped with two-way voice communication, GPS location technology, and the option of auto fall detection with 24/7 monitoring.</p> <p style="text-align: center;">You pay nothing for this benefit.</p>
<b>Prosthetic Devices and Related Medical Supplies</b>  Prior authorization is required for items that cost more than \$1000.	<p>\$0 copay</p>
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>  Healthy Groceries  This benefit is part of a special supplemental program for the chronically ill. Not all members qualify.	<p>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.</p> <p>If you qualify, you will receive a 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.</p> <p style="text-align: center;">The monthly allowance does not rollover from month to month.</p> <p style="text-align: center;">For a complete list of qualifying conditions, please call Member Services.</p>



## Prescription Drug Benefits

McLaren Medicare Inspire Dual members have a \$0 copay for all covered prescription drugs at participating pharmacies. The \$0 copay applies through all stages of prescription drug coverage. What does this mean for members? If you qualify for a Low Income Subsidy "LIS" reduced cost sharing amount, your cost share for Part D drugs is waived and you pay zero dollars through all prescription drug coverage stages.

### Deductible

There is no prescription drug 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 until your total out-of-pocket costs (what you pay) reach \$8,000. However, because you qualify for LIS, you will pay \$0 copay for Part D drugs in the Initial Coverage Stage.

### Stage 2: Coverage Gap Stage

This stage does not apply to members who qualify for Low Income Subsidy.

### Stage 3: Catastrophic Coverage Stage

In this stage, our plan pays the full cost for your covered Part D drugs.

## 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
<b>Acupuncture</b>	✓ Some coverage	✓
<b>Ambulance</b>	✓	✓
<b>Chiropractic Care</b>	✓	✓
<b>Dental Services</b>	✓	✓
<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>	✓	✓
<b>Eyeglasses (over 21)</b>	✓	Not covered
<b>Eye Exams</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>	✓	✓

Outpatient Services		
	McLaren Medicare Inspire Duals	Michigan Medicaid
Podiatry Services	✓	✓
Preventive Care	✓	✓
Prosthetic Devices	✓	✓
Routine Transportation	✓	✓
Urgent Care	✓	✓
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, 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](http://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](http://www.mclarenhealthplan.org/mclarenmedicare).

**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.

H6322\_SBDuals2024\_M

