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McLaren Medicare

2026 MAPD Product First Look



McLaren Medicare

2026 Service Area



Key



- Serving 60 counties in Michigan's lower peninsula
- Comprehensive network of providers and hospitals to choose from, including:



...and more!



McLaren Medicare

Part C Benefit

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Part C Benefit	McLaren Inspire (HMO) H6322-001	McLaren Inspire Plus (HMO) H6322-002	McLaren Inspire Select (HMO) *H6322-008
Monthly Premium	\$0	\$8.80	\$0 with \$75 Part B Buy-Down
Maximum Annual Out of Pocket	\$6,300	\$5,900	\$6,750
Part C Deductible	\$0	\$0	\$0
Part D Deductible	\$615 (Applies to tiers 3-5)	\$500 (Applies to tiers 3-5)	\$615 (Applies to tiers 2-5)
Primary Care Office Visit	\$0	\$0	\$0
Specialist Office Visit	\$45	\$35	\$50
Inpatient Hospital Stay	\$550/day days 1-5 \$0/day days 6+	\$550/day days 1-5 \$0/day days 6+	\$550/day days 1-5 \$0/day days 6+
Virtual Care – McLaren Now	\$0	\$0	\$0

Highlights

- No referral needed to see an in-network specialist
- **New \$0 Premium Plan with \$75 Part B Buy-Down**

McLaren Medicare

Part D Prescription Benefits

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Standard Pharmacy 1-Month Supply							
	Deductible	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty (1-month supply only)	Tier 6 Select Care Drugs
Inspire	\$615	\$0	\$12	25%	40%	25%	\$0
Inspire Plus	\$500	\$0	\$12	25%	40%	25%	\$0
Inspire Select	\$615	\$0	\$12	25%	30%	25%	\$0
Part D Insulins*	N/A	\$0	\$10	\$35	\$35	\$35	\$0

*The deductible does not apply to insulins on any tier. Insulins are capped at \$35 or 25% (whichever is less).

McLaren Medicare

Part D Prescription Benefits

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Mail Order 3-Month Supply							
	Deductible	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty (1-month supply only)	Tier 6 Select Care Drugs
Inspire	\$615	\$0	\$27	25%	40%	25%	\$0
Inspire Plus	\$500	\$0	\$27	25%	40%	25%	\$0
Inspire Select	\$615	\$0	\$27	25%	30%	25%	\$0
Part D Insulins*	N/A	\$0	\$23	\$79	\$79	\$35	\$0

*The deductible does not apply to insulins on any tier. Insulins are capped at \$35/month supply or 25% (whichever is less).

McLaren Medicare Prescription





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	McLaren Inspire (HMO) H6322-001		McLaren Inspire Plus (HMO) H6322-002		NEW! McLaren Inspire Select (HMO) H6322-008	
	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Part D Deductible	\$615 Does <u>not</u> apply to Tiers 1, 2, and 6		\$500 Does <u>not</u> apply to Tiers 1, 2, and 6		\$615 Does <u>not</u> apply to Tiers 1 and 6	
Tier 1 (preferred generics)						
1-month supply	\$0	Not Available	\$0	Not Available	\$0	Not Available
3-month supply	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (generics)						
1-month supply	\$12	Not Available	\$12	Not Available	\$12	Not Available
3-month supply	\$36	\$27	\$36	\$27	\$36	\$27
Tier 3 (preferred brand)						
1-month supply	25%	Not Available	25%	Not Available	25%	Not Available
3-month supply	25%	25%	25%	25%	25%	25%
Tier 4 (non-preferred brand)						
1-month supply	40%	Not Available	40%	Not Available	30%	Not Available
3-month supply	40%	40%	40%	40%	30%	30%
Tier 5 (specialty drugs)						
1-month supply ONLY	25%		25%		25%	
Tier 6 (select care drugs)						
1-month supply	\$0	Not Available	\$0	Not Available	\$0	Not Available
3-month supply	\$0	\$0	\$0	\$0	\$0	\$0
Part D Insulins						
1-month supply	Tiers 1 & 6 \$0 Tier 2 \$10 Tier 3 \$35	Tier 5 (Only) \$35	Tiers 1 & 6 \$0 Tier 2 \$10 Tier 3 \$35	Tier 5 (Only) \$35	Tiers 1 & 6 \$0 Tier 2 \$10 Tier 3 \$35	Tier 5 (Only) \$35
3-month supply	Tiers 1 & 6 \$0 Tier 2 \$30 Tiers 3 & 4 \$105	Tiers 1 & 6 \$0 Tier 2 \$23 Tiers 3 & 4 \$79	Tiers 1 & 6 \$0 Tier 2 \$30 Tiers 3 & 4 \$105	Tiers 1 & 6 \$0 Tier 2 \$23 Tiers 3 & 4 \$79	Tiers 1 & 6 \$0 Tier 2 \$30 Tiers 3 & 4 \$105	Tiers 1 & 6 \$0 Tier 2 \$23 Tiers 3 & 4 \$79



McLaren Medicare

Extra Benefits Not Included in Original Medicare

-  **Hearing** - \$0 exam - \$699/\$999 copay per hearing aid, one per ear every two years – Powered by TruHearing
-  **Dental** – preventive plus, \$1,500 annual benefit – Powered By Delta Dental (using Delta PPO Network)
-  **Meals** – post hospital - \$0 for 2 weeks
-  **Personal Emergency Response System (PERS)** – Covered at \$0 (Inspire Plus Plan Only)
-  **Grocery and/or utilities** - \$50 per month (Inspire Plus Plan Only) – Paid with Benefits Mastercard® Prepaid Card (SSBCI Benefit only, member must qualify)
-  **Transportation** – 20 one-way trips per year up to 50 miles one way. (Inspire Plus Plan Only)

2026 Flex Card: Loaded with an Annual Amount

Inspire	Inspire Plus	Inspire Select
\$500	\$600	\$250

Use for any combination of
the following benefits:

OTC
Fitness
Vision
Additional Dental

McLaren Medicare MSB Dental

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McLaren Medicare - Dental Benefits		MSB
	Services	Network: PPO
Diagnostic	Oral Exams	100%
	Bitewing Radiographs	100%
	Full-Mouth Series X-ray/Panoramic Film	100%
	Additional Tests & Examinations	Not covered
Preventive	Dental Prophylaxis	100%
	Fluoride Treatment	100%
Restorative	Amalgams	50%
	Resin Based Composites	50%
	Onlays and Crowns	Not covered
	Crown Repairs	50%
Periodontics	Perio Maintenance	100%
	Perio Non-Surgical Procedures	50%
Prosthodontics, removable	Dentures & Denture Relines/Repairs	Not covered
Oral & Maxillofacial Surgery	Simple Extractions	50%
	Brush Biopsy	100%
Adjunctive General Services	Emergency Palliative Treatment	100%
Deductible	(per person total per calendar year)	\$0
Maximum Plan Payment	(per person total per calendar year on all services)	\$1,500

Note: The coinsurance amounts are what the plan pays.



McLaren Medicare

Optional Dental Buy Up

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McLaren Medicare - Optional Dental Buy Up		OSB 1 100/50/25 \$32 per month	OSB 2 100/80/50 \$55 per month
	Services	Network: PPO and Premier	Network: PPO and Premier
Restorative	Onlays and Crowns	25%	50%
Endodontics	Endodontics (Root Canals)	50%	80%
Periodontics	Perio Surgical Procedures	50%	80%
Prosthodontics, removeable	Dentures	25%	50%
	Denture Relines/Repairs	50%	80%
Implant Services	Implant Services	25%	50%
	Implant Repairs	50%	80%
Prosthodontics, fixed	Bridges	25%	50%
	Bridge Repairs	50%	80%
Oral & Maxillofacial Surgery	Surgical Extractions/Oral Surgery	50%	80%
Adjunctive General Services	Occlusal Guards/Occlusal Adjustments	50%	80%
	Anesthesia	50%	80%
Deductible		\$0	\$0
Maximum Plan Payment	(per person total per calendar year on all services)	\$1,000	\$1,500

Note: The coinsurance amounts are what the plan pays.

Optional Dental Coverage

We are partnering with Delta Dental to provide members with the option to purchase additional coverage to supplement the dental benefits provided in the McLaren Medicare MAPD plans

- There is no deductible for either plan
- No waiting period
- Delta PPO & Premier Providers



Contact Information

Your Team

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or call us at:

1-888-327-0671 Option 3

- Get appointed with McLaren
- Application issues
- General questions
- Commission Inquiry

McLaren Member Services

(833) 358-2404

April 1 – September 30: Mon. – Fri. 8 a.m. to 8 p.m.

October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m.

(Except Thanksgiving and Christmas days)



Thank you!