

McLaren Medicare

2027 Product Overview

2027

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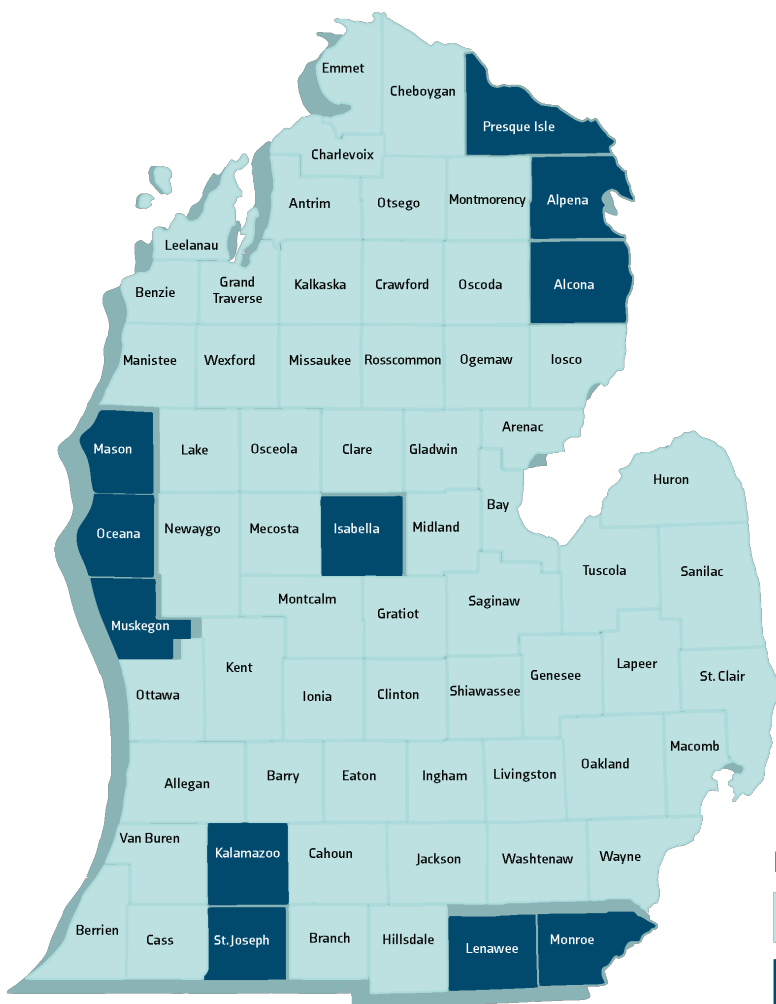
About McLaren Health Plan

- Government programs - Individual, Medicare and Medicaid products
- Anchored by the McLaren Health Care System, we also contract with top health care systems in Michigan
- Based in Flint, MI
- Comprehensive and continually growing provider network
- Subsidiary of McLaren Health Care Corporation, one of Michigan's largest integrated health systems

McLaren Medicare

2027 Service Area

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Key

- Approved Areas
- Non-Approved Areas

- Serving 57 counties in Michigan's lower peninsula
 - Leaving Alcona, Alpena, Presque Isle.
- Comprehensive network of providers and hospitals to choose from, including:



MEDICARE

McLaren Medicare Plan Changes for 2027

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- **NEW** for 2027 – The **Inspire** Plan now has a tiered network. Still **\$0 Premium**
 - Tier 1 = McLaren Providers/Facilities
 - Tier 2 = Other contracted providers
 - Lower cost share for some benefits if services received from Tier 1 providers
- Inspire Select is now **Inspire Giveback – 2027 Buy Down of \$70 - \$0 Premium**
- **Inspire Plus – Premium: \$20/month**
- **All Plans**
 - Emergency/Urgent Care - \$130/\$50
 - Tier 4 – Non-preferred brand – 25% copay
- **Cost share changes by Plan** begin on next page

McLaren Medicare

Inspire HMO CY2026 vs CY2027

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MCLAREN MEDICARE INSPIRE H6322-001	2026	2027
Monthly Premium	\$0	\$0
MOOP	\$6,300	\$6,600
Part C Deductible	\$0	\$0
Part B Buy Down	N/A	N/A
Part C Benefit	Member Cost Share	
ASC Services	\$200	Tier 1 \$350 /Tier 2 \$450
Dental - Medicare Covered	\$45	Tier 1 \$40 /Tier 2 \$45
Emergency / Post Stabilization Services	\$115	\$130
Eye Exam - Medicare Covered	\$45	Tier 1 \$40 /Tier 2 \$45
Hearing - Medicare Covered	\$45	Tier 1 \$40 /Tier 2 \$45



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McLaren Medicare

Inspire HMO CY2026 vs CY2027 (cont.)

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MCLAREN MEDICARE INSPIRE H6322-001	2026	2027
Part C Benefit	Member Cost Share	
Inpatient Hospital - Acute	\$550/day, days 1-5; \$0/day, days 6+	Tier 1 \$450/day, days 1-5 \$0/day, days 6-91 Tier 2 \$550/day, days 1-5 \$0/day, days 6-91
Unlimited Days (Y/N)	Y	N +1 addt'l day
Other Healthcare Professional	\$45	Tier 1 \$40/Tier 2 \$45
Outpatient Diagnostic Procedures/Tests/Lab Services	Diagnostic - \$20 - \$200 Lab - \$0	Diagnostic – Tier 1 \$20 - \$200 Diagnostic – Tier 2 \$20 - \$375 Lab - \$0
Outpatient Hospital – Surgery	\$200	Tier 1 \$350/Tier 2 \$525
Outpatient Observation	\$200	\$350



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McLaren Medicare

Inspire HMO CY2026 vs CY2027 (cont.)

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MCLAREN MEDICARE INSPIRE H6322-001	2026	2027
Part C Benefit	Member Cost Share	
Physician Specialist	\$45	Tier 1 \$40 /Tier 2 \$45
Skilled Nursing Facility Days 21-100	\$218/Day	\$221 /Day
Standard X-Ray	\$25 - \$200	Tier 1 \$25-\$200/Tier 2 \$25-\$375
Urgent Care	\$40	\$50
Worldwide Urgent and Emergency Care	\$40 Urgent Care/\$115 Emergency Care with reimbursement up to \$50,000 combined annual limit	\$50 Urgent Care/ \$130 Emergency Care with reimbursement up to \$50,000 combined annual limit
Flex Card (OTC, Fitness, Vision, Addt'l Dental)	\$500	\$325

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Inspire Plus HMO CY2026 vs CY2027

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MCLAREN MEDICARE INSPIRE PLUS H6322-002	2026	2027
Monthly Premium	\$8.80	\$20
MOOP	\$5,900	\$5,900
Part C Deductible	\$0	\$0
Part B Buy Down	N/A	N/A
Part C Benefit	Member Cost Share	
ASC Services	\$150	\$150
Dental - Medicare Covered	\$35	\$35
Emergency / Post Stabilization Services	\$115	\$130
Eye Exam - Medicare Covered	\$35	\$35
Hearing - Medicare Covered	\$35	\$35

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Inspire Plus HMO CY2026 vs CY2027 (cont.)

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MCLAREN MEDICARE INSPIRE PLUS H6322-002	2026	2027
Part C Benefit	Member Cost Share	
Inpatient Hospital - Acute	\$550/day, days 1-5; \$0/day, days 6+	\$550/day, days 1-5; \$0/day, days 6-91
Unlimited Days (Y/N)	Y	N +1 addt'l day
Other Healthcare Professional	\$35	\$35
Outpatient Diagnostic Procedures/Tests/Lab Services	Diagnostic - \$20 - \$150 Lab - \$0	Diagnostic - \$20 - \$150 Lab - \$0
Outpatient Hospital – Surgery	\$150	\$150
Outpatient Observation	\$150	\$150



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McLaren Medicare

Inspire Plus HMO CY2026 vs CY2027 (cont.)

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MCLAREN MEDICARE INSPIRE PLUS H6322-002	2026	2027
Part C Benefit	Member Cost Share	
Physician Specialist	\$0 - \$35	\$0 - \$35
Skilled Nursing Facility Days 21-100	\$218/Day	\$221 /Day
Standard X-Ray	\$25 - \$150	\$25 - \$150
Urgent Care	\$40	\$50
Worldwide Urgent and Emergency Care	\$40 Urgent Care/\$115 Emergency Care with reimbursement up to \$50,000 combined annual limit	\$50 Urgent Care/ \$130 Emergency Care with reimbursement up to \$50,000 combined annual limit
Flex Card (OTC, Fitness, Vision, Addt'l Dental)	\$600	\$450



MEDICARE

McLaren Medicare Inspire

Select HMO CY2026 vs Inspire Giveback CY2027

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MCLAREN MEDICARE H6322-008	Inspire Select 2026	Inspire Giveback 2027
Monthly Premium	\$0	\$0
MOOP	\$6,750	\$6,750
Part C Deductible	\$0	\$0
Part B Buy Down	\$75	\$70
Part C Benefit	Member Cost Share	
ASC Services	\$350	\$450
Dental - Medicare Covered	\$50	\$50
Emergency / Post Stabilization Services	\$115	\$130
Eye Exam - Medicare Covered	\$50	\$50
Hearing - Medicare Covered	\$50	\$50



MEDICARE

McLaren Medicare Inspire

Select HMO CY2026 vs Inspire Giveback CY2027 (Cont.)

MCLAREN MEDICARE H6322-008	Inspire Select 2026	Inspire Giveback 2027
Part C Benefit	Member Cost Share	
Inpatient Hospital - Acute	\$550/day, days 1-5; \$0/day, days 6+	\$550/day, days 1-5; \$0/day, days 6-91
Unlimited Days (Y/N)	Y	N +1 addt'l day
Other Healthcare Professional	\$50	\$50
Outpatient Diagnostic Procedures/Tests/Lab Services	Diagnostic - \$20 - \$350 Lab - \$0	Diagnostic - \$20 - \$350 Lab - \$0
Outpatient Hospital – Surgery	\$550	\$550
Outpatient Observation	\$550	\$550

McLaren Medicare Inspire

Select HMO CY2026 vs Inspire Giveback CY2027 (Cont.)

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MCLAREN MEDICARE H6322-008	Inspire Select 2026	Inspire Giveback 2027
Part C Benefit	Member Cost Share	
Physician Specialist	\$0 - \$50	\$0 - \$50
Skilled Nursing Facility Days 21-100	\$218/Day	\$221 /Day
Standard X-Ray	\$25 - \$350	\$25 - \$350
Urgent Care	\$40	\$50
Worldwide Urgent and Emergency Care	\$40 Urgent Care/\$115 Emergency Care with reimbursement up to \$50,000 combined annual limit	\$50 Urgent Care/ \$130 Emergency Care with reimbursement up to \$50,000 combined annual limit
Flex Card (OTC, Fitness, Vision, Addt'l Dental)	\$250	\$250

McLaren Medicare Part C Benefit

Part C Benefit	McLaren Inspire (HMO) H6322-001	McLaren Inspire Plus (HMO) H6322-002	McLaren Inspire Giveback (HMO) H6322-008
Monthly Premium	\$0	\$20	\$0 with \$70 Part B Buy-Down
Maximum Annual Out of Pocket	\$6,600	\$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	Tier 1*: \$40 Tier 2: \$45	\$35	\$50
Inpatient Hospital Stay	Tier 1*: \$450/day – Days 1 - 5 Tier 2: \$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 – McLarenNow	\$0	\$0	\$0

*Tier 1 = McLaren Providers

Highlights

- No referral needed to see an in-network specialist
- New for 2027 – Inspire Plan now has a tiered network.
 - Tier 1 = McLaren Providers
 - Tier 2 = Other contracted providers
- Inspire Select is now Inspire Giveback



MEDICARE

McLaren Medicare - Inspire HMO

NEW! Tiered Network

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McLaren Inspire HMO - Premium: \$0 H6322-001

MOOP:	\$6,600
Part C Deductible:	\$0
Part D Deductible (Tiers 3-5):	\$615
Inpatient Hospital (Days 1-5):	\$450 T1/\$550 T2
Skilled Nursing Facility (Days 1-20):	\$0
(Days 21 – 100)	\$221/day
Partial Hospitalization:	\$80/day
Observation:	\$350
ER/UC:	\$130/\$50
Ground/Air Ambulance Services:	\$220
Ambulatory Surgical Center:	\$350 T1/\$450 T2
Outpatient Hospital Services:	\$350 T1/\$525 T2
Diagnostic Radiological Services:	\$200
Diagnostic Procedures/Tests:	\$20 - \$200 T1 \$20 - \$375 T2

Legend:

T1 = McLaren providers/facilities

T2 = All other McLaren Medicare contracted providers

Therapeutic Radiological Services:	20%
Outpatient X-Ray Services:	\$25 - \$200 T1 \$25 - \$375 T2
Lab Services:	\$0
Primary Care Physician Services:	\$0
Telehealth Benefits - McLarenNow :	\$0
Physician Specialist Services:	\$40 T1/\$45 T2
Chiropractic Services:	\$15
Podiatry Services:	\$40 T1/\$45 T2
Individual Psychiatric Services:	\$45
Physical Therapy/Speech Services:	\$35
Occupational Therapy Services:	\$35
Cardiac Rehabilitation Services:	\$30
Pulmonary Rehabilitation Services:	\$25
Home Health Services:	\$0

Worldwide Emergency/Urgent Care:
\$130 copay/\$50 copay
\$50,000/year combined limit for
Emergency and Urgent Care services

Durable Medical Equipment :	20%
Diabetic Supplies:	\$0
Diabetic Shoes/Inserts:	20%
Dialysis Services:	20%
Medicare Part B Insulin Drugs:	\$35
Medicare Part B Chemotherapy:	20%
Other Medicare Part B Drugs:	20%

McLaren Medicare - Inspire Plus HMO

McLaren Inspire Plus HMO - Premium: \$20

H6322-002

MOOP:	\$5,900
Part C Deductible:	\$0
Part D Deductible (Tiers 3-5):	\$500
Inpatient Hospital:	\$550 days 1-5
Skilled Nursing Facility (Days 1-20)	\$0
(Days 21 – 100):	\$221/day
Partial Hospitalization:	\$80/Day
Observation:	\$150
ER/UC:	\$130/\$50
Ground/Air Ambulance Services:	\$200
Ambulatory Surgical Center:	\$150
Outpatient Hospital Services:	\$150
Diagnostic Radiological Services:	\$300
Diagnostic Procedures/Tests:	\$20-\$150
Therapeutic Radiological Services:	20%
Outpatient X-Ray Services:	\$25-\$150
Lab Services:	\$0

Primary Care Physician Services:	\$0
Telehealth Benefits - McLarenNow	\$0
Physician Specialist Services:	\$35
Chiropractic Services:	\$15
Podiatry Services:	\$35
Individual Psychiatric Services:	\$35
Physical Therapy/Speech Services:	\$25
Occupational Therapy Services:	\$35
Cardiac Rehabilitation Services:	\$20
Pulmonary Rehabilitation Services:	\$20
Home Health Services:	\$0

Durable Medical Equipment :	20%
Diabetic Supplies:	\$0
Diabetic Shoes/Inserts:	20%
Dialysis Services:	20%
Medicare Part B Insulin Drugs:	\$35
Medicare Part B Chemotherapy:	20%
Other Medicare Part B Drugs:	20%

Worldwide Emergency/Urgent Care:
\$130 copay/\$50 copay
\$50,000/year combined limit for
Emergency and Urgent Care Services

McLaren Medicare - Inspire Giveback HMO

McLaren Inspire Giveback HMO - Premium: \$0 w/\$70 Part B Buy Down H6322-008

MOOP:	\$6,750
Part C Deductible:	\$0
Part D Deductible (Tiers 2-5):	\$615
Inpatient Hospital (Days 1-5):	\$550
Skilled Nursing Facility (Days 1-20):	\$0
(Days 21-100)	\$221/day
Partial Hospitalization:	\$80/day
Observation:	\$550
ER/UC:	\$130/\$50
Ground/Air Ambulance Services:	\$350
Ambulatory Surgical Center:	\$450
Outpatient Hospital Services:	\$550
Diagnostic Radiological Services:	\$150-\$350
Diagnostic Procedures/Tests:	\$20-\$350
Therapeutic Radiological Services:	20%
Outpatient X-Ray Services:	\$25-\$350
Lab Services:	\$0

Primary Care Physician Services:	\$0
Telehealth Benefits - McLarenNow:	\$0
Physician Specialist Services:	\$50
Chiropractic Services:	\$15
Podiatry Services:	\$50
Individual Psychiatric Services:	\$50
Physical Therapy/Speech Services:	\$45
Occupational Therapy Services:	\$50
Cardiac Rehabilitation Services:	\$25
Pulmonary Rehabilitation Services:	\$20
Home Health Services:	\$0

Durable Medical Equipment :	20%
Diabetic Supplies:	\$0
Diabetic Shoes/Inserts:	20%
Dialysis Services:	20%
Medicare Part B Insulin Drugs:	\$35
Medicare Part B Chemotherapy:	20%
Other Medicare Part B Drugs:	20%

Note: Inspire Select is now called Inspire Giveback

Worldwide Emergency/Urgent Care:
\$130 copay/\$50 copay
\$50,000/year combined limit for
Emergency and Urgent Care Services

McLaren Medicare –

Extra Benefits Not Included in Original Medicare

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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 Medicare Advantage PPO network)



Meals – post hospital – two meals per day for two weeks – covered at \$0 copay



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)

2027 Flex Card:

Loaded with an Annual Amount

Inspire	Inspire Plus	Inspire Giveback
\$325	\$450	\$250

Use for any combination of the following benefits:

OTC

Fitness membership

Vision

Additional out-of-pocket dental costs

*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.



MEDICARE

McLaren Medicare - Network Partners

Hearing/Hearing Aids

TruHearing

- Call TruHearing at 888-936-5512 to schedule an appointment



Dental

Delta Dental of Michigan

- Delta Dental Medicare Advantage PPO network
- Delta Dental Medicare Advantage Premier network
 - Available when you purchase Optional Dental package



McLaren Medicare - Vendor Partners

2027 Flex Card

Members will receive a Mastercard® Prepaid Benefits Card in the mail loaded with an annual amount based on the plan they choose. They can use their card for any combination of OTC, fitness membership, vision, or additional out-of-pocket dental costs. They can also shop online through NationsBenefits and get free home delivery on OTC products.

For more information, members can call Member Services at 833-358-2404 (TTY:711) or visit the NationsBenefits website at: www.McLarenMedicare.NationsBenefits.com.

Groceries for SSBCI Members (Special Supplemental Benefits for the Chronically Ill)

Members with certain chronic condition(s) who meet additional criteria may be eligible for supplemental benefits for the chronically ill. Prior authorization is required.

Call Member Services at 833-358-2404 (TTY:711) to see if you qualify. (Inspire Plus plan only)

McLaren Medicare - Vendor Partners

Personal Emergency Response System (PERS)

We cover 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. For more information or to take advantage of this benefit, members can call 800-860-4230. (Inspire Plus plan only)

Meals – Post Hospital

Benefit covers 28 meals (two meals per day for 14 days) delivered directly to the member's home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of five discharges for a total of 140 meals per year. Must use GA Foods.

Transportation

Coverage for 20 one-way, non-emergency trips per year to plan approved health-related locations. Each trip is limited to 50-miles one-way. Members should contact Member Services at least two days in advance to arrange for transportation. (Inspire Plus plan only)





McLaren Medicare

Part D (Rx), Dental & Optional Supplemental Dental

2027

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McLaren Medicare – 2027 Part D Prescription Benefits

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	McLaren Inspire (HMO) H6322-001		McLaren Inspire Plus (HMO) H6322-002		McLaren Inspire Giveback (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	25%	Not Available	25%	Not Available	25%	Not Available
3-month supply	25%	25%	25%	25%	25%	25%
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

Note: For 2027, Tier 4 (Non-preferred brand) decreases from 40% on Inspire and Inspire Plus and 30% on Inspire Giveback to 25% for all plans

McLaren Medicare – 2027 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%	25%	25%	\$0
Inspire Plus	\$500	\$0	\$12	25%	25%	25%	\$0
Inspire Giveback	\$615	\$0	\$12	25%	25%	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 – 2027 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%	25%	25%	\$0
Inspire Plus	\$500	\$0	\$27	25%	25%	25%	\$0
Inspire Giveback	\$615	\$0	\$27	25%	25%	25%	\$0
Part D Insulins*	N/A	\$0	\$23	\$79	\$79	\$79	\$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 - MSB Dental

McLaren Medicare - Dental Benefits		MSB
	Services	Network: Delta Dental PPO
Diagnostic	Oral Exams	100%
	Bitewing Radiographs	100%
	Full-Mouth Series Xray/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, removeable	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.



MEDICARE

McLaren Medicare - Optional Dental Buy Up

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McLaren Medicare - Optional Dental Buy Up		OSB 1 \$32.00 per month	OSB 2 \$56.00 per month
		Network: PPO and Premier	
	Services	Member Responsibility	Member Responsibility
Restorative	Onlays and Crowns	75%	50%
Endodontics	Endodontics (Root Canals)	50%	20%
Periodontics	Perio Surgical Procedures	50%	20%
Prosthodontics, removeable	Dentures	75%	50%
	Denture Relines/Repairs	50%	20%
Implant Services	Implant Services	75%	50%
	Implant Repairs	50%	20%
Prosthodontics, fixed	Bridges	75%	50%
	Bridge Repairs	50%	20%
Oral & Maxillofacial Surgery	Surgical Extractions/Oral Surgery	50%	20%
Adjunctive General Services	Occlusal Guards/Occlusal Adjustments	50%	20%
	Anesthesia	50%	20%
Deductible		\$0	\$0
Maximum Plan Payment	(Per person total per calendar year on all services)	\$1,000	\$1,500

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 McLaren Medicare MAPD plans

- No deductible for either plan
- No waiting period
- Delta Dental Medicare Advantage PPO & Premier providers



MEDICARE

McLaren Medicare



2027 Agent Tools & Contacts

2027

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McLaren Medicare - Enrollment Platform

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[Home](#) [Agent Portal](#) [Saved Applications](#) [Admin Portal](#) [Agent Credit URL](#) [Log Off](#)

Health Profile

1 ZIP Code

2 Blue Button

3 My Drugs

4 My Doctor

5 Our Plans

Explore Plans

Enter your ZIP Code below to find Medicare plans and review rates.

Your ZIP Code

Help Me Choose

Go To Plans

A photograph of an elderly couple. The woman is on the left, looking up at the man. The man is on the right, looking down at the woman. They are both smiling and appear to be in a warm, intimate moment. The background is a bright, out-of-focus indoor setting.

New! McLaren Medicare

Will be available on HealthSherpa Medicare!

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McLaren Health Plan is expanding our partnership with HealthSherpa!

- For 2027 McLaren Medicare enrollments, agents will be able to view and enroll beneficiaries on the HealthSherpa Medicare platform!
- Stay tuned for updates and available trainings on the HealthSherpa Medicare platform.

Sales and Marketing Materials

Order	Order materials
Visit	Visit www.mhpagents.allegra-okemos.com
Click	Click 'Create an Account' (lower right corner of box)
Enter	Enter contact information, including primary/default shipping address
Log in and Select	Log in and select materials
Check Out	Check out (Note– the shipping address will default to your primary address. You can add a new address for shipment at the checkout screen or under 'my account',)
Receive	Receive confirmation email

Get Appointed!

McLaren Medicare

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Not appointed with McLaren Health Plan?

Appointing is easy!

- To get started, click on the QR Code or link below:
- You'll need your:
 - Valid Resident Producer (or Non-Resident Producer) License
 - E & O Coverage \$1,000,000
 - AHIP, Pinpoint, Miramar. or NABIP Certificate



<https://mclarenhealthcare.my.site.com/agentportal/s/appointment-application>

McLaren Medicare – 2027 Agent/Broker Commissions

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To be eligible for payment, agents must complete annual Medicare core certification (AHIP, NABIP, Miramar, or Pinpoint); pass MHP Medicare certification training and the exam with a score of 85% or higher; and maintain a valid Michigan producer's license.

Enrollment Type	All Effective Dates
Initial Enrollment (New to MA) Paid on or before last business day of the full month following member enrollment ⁽¹⁾⁽³⁾	\$725
Renewal⁽²⁾ Paid annually in a lump sum payment	\$363

(1) There will be a 20% withhold which will be paid after the 93rd consecutive date of member's initial enrollment in the plan

(2) Renewal means the member who is enrolled in the plan product in the current CMS Contract Year remains enrolled in the Plan Product in the immediately following CMS Contract Year; or an eligible beneficiary enrolls in a "like plan type." (Change from one MA plan to enroll with McLaren Medicare)

(3) Plan changes during initial year will be pro-rated according to CMS regulations. If enrollment is the result of a change from one type of plan to another, agent will receive a pro-rated payment. For example, payment for enrollment effective July 1 would be \$362.50 ((6/12) x \$725)



Contact Information - Your Team

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MHPagentservices@mclaren.org

or call us at:

1-888-327-0671, Option 3

- **Get appointed with McLaren**
- **Application issues**
- **General questions**
- **Commission inquiry**

**Anne (Betsy) Condon, Sales
Representative**

m: 810-391-3948

e: anne.condon@mclaren.org

**Jessie Weber, Supervisor,
Sales & Marketing**

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e: jessie.weber@mclaren.org

**Louann Hinton, Director,
Sales & Marketing**

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e: louann.hinton@mclaren.org

**Jennifer Mason
Sales & Agent Support**

m: 810-733-9592

e: jennifer.mason@mclaren.org

McLaren Medicare Member Services

833-358-2404 (TTY:711)

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)



MEDICARE

McLaren Medicare

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Thank you!

