MEDICARE

Annual Notice of Changes
Inspire Duals (HMO DSNP)

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

Annual Notice of Changes for 2024

You are currently enrolled as a member of McLaren Medicare Inspire Duals. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.mclarenhealthplan.org/mclarenmedicare. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan
   - If you don't join another plan by December 7, 2023, you will stay in McLaren Medicare Inspire Duals.
   - To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024.** This will end your enrollment with Mclaren Medicare Inspire Duals.
   - Look in section 3, page 15 to learn more about your choices.
   - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 833-358-2404 for additional information. (TTY users should call 711) 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.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About McLaren Medicare Inspire Duals

- 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.
- When this document says "we," "us," or "our", it means McLaren Health Plan, Inc. When it says "plan" or "our plan," it means McLaren Medicare Inspire Duals.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for McLaren Medicare Inspire Duals in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $0 per visit	Primary care visits: $0 per visit Specialist visits: $0 per visit
Inpatient hospital stays	$0 copay per admission	$0 copay per admission
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment/coinsurance during the Initial Coverage Stage: • Drug Tier 1: Generic: You pay either $0, $1.45, or $4.15 per prescription. Brand: You pay either $0, $4.30 or $10.35 per prescription. Catastrophic Coverage: • During this stage, the plan pays the full cost for your Part D drugs. You pay nothing.	Deductible: $0 Copayment/coinsurance during the Initial Coverage Stage: • Drug Tier 1: Generic: You pay $0 per prescription. Brand: You pay $0 per prescription. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$8,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0 There is no change to your monthly premium for 2024.

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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$8,300	$8,850 Once you have paid $8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.mclarenhealthplan.org/mclarenmedicare. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Dental Services	You pay a $0 copay for covered full mouth x-rays/ panoramic film. You pay a $0 copay for covered other diagnostic imaging. You pay a $0 copay for covered onlays, crowns, and crown repairs. You pay a $0 copay for covered perio maintenance and perio non-surgical procedures. You pay a $0 copay for covered dentures and denture relines/repairs. You have a $1000 dental benefit maximum. You will be responsible for all costs over the maximum.	You pay a $0 copay for covered full mouth x-rays/ panoramic film. You pay a $0 copay for covered other diagnostic imaging. You pay a $0 copay for covered onlays, crowns, and crown repairs. You pay a $0 copay for covered perio maintenance and perio non-surgical procedures. You pay a $0 copay for covered dentures and denture relines/repairs. You pay a $0 copay for covered fillings (amalgams/ resin-based composites) You pay a $0 copay for covered simple extractions. You pay a $0 copay for covered surgical extractions/ oral surgery. You have a $1000 dental benefit maximum. You will be responsible for all costs over the maximum.

Cost	2023 (this year)	2024 (next year)
Diagnostic Procedures/Tests	Prior authorization is required for genetic testing.	Prior authorization is required for genetic and molecular testing.
Dialysis Services	Prior authorization is required.	Prior authorization is not required.
Diabetes Self-management Training, Diabetic Services, and Supplies	Prior authorization is not required.	Prior authorization is required for non-Abbott brand blood glucose monitors and test strips when obtained at the pharmacy.
Durable Medical Equipment (DME)	Prior authorization is required for items over $1000, insulin pumps & bone stimulators.	Prior authorization is required for items over $1000, insulin pumps, bone stimulators & neurostimulators.
Lab Services	Prior authorization is required for genetic testing.	Prior authorization is required for genetic and molecular testing.
Observation Services	Prior authorization is required.	Prior authorization is not required in-network.
Occupational Therapy	Prior authorization is required.	Prior authorization is not required.
Outpatient Surgery	Prior authorization is required.	Prior authorization is required for cosmetic procedures, oral/ orthognathic and TMJ procedures, procedures to correct obstructive sleep apnea (OSA) and procedures to treat asthma
Over the Counter (OTC) Items	You will receive $55 a quarter with no rollover for the purchase of OTC health and wellness products.	You will receive $50 a quarter with no rollover for the purchase of OTC health and wellness products.

Cost	2023 (this year)	2024 (next year)
Physical Therapy and Speech-language Pathology	Prior authorization is required.	Prior authorization is not required.

Cost	2023 (this year)	2024 (next year)
Readmission Prevention		
Meals After Discharge	Benefit covers 28 meals (2 meals per day for 14 days) delivered directly to your home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of 5 discharges for a total of 140 meals per year. You must use GA Foods.	Benefit covers 28 meals (2 meals per day for 14 days) delivered directly to your home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of 5 discharges for a total of 140 meals per year. You must use GA Foods
In-home Medication Reconciliation	Not covered	Immediately following a discharge from a hospital or skilled nursing facility, a qualified health care provider, in cooperation with your physician, will review your complete medication regime in place prior to admission and reconcile it with medications prescribed at discharge to ensure new prescriptions are obtained and discontinued medications are discarded.
In-home Safety Assessment	Not covered	Immediately following a discharge from a hospital or skilled nursing facility, a qualified health care provider will complete an in-home safety assessment if you do not qualify for one under original Medicare's home health benefit. The assessment will focus on both medical and behavioral hazards, your risk for falls or injuries and how to prevent them and identify potential hazards throughout your home.

Cost	2023 (this year)	2024 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI) **Healthy Groceries**	SSBCI is not covered.	Available to members who meet certain criteria. To be eligible, you must have one or more of qualifying comorbid and medically complex chronic conditions, be at high risk for hospitalization or other adverse health outcomes and require intensive care coordination. Please see your 2024 Evidence of Coverage for additional information on how to qualify. If you qualify, you will receive a Mastercard® Prepaid Card with a $50 monthly 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. If you believe you qualify, please call Member Services to learn more about this benefit.
Therapeutic Radiology Services	Prior authorization is not required.	Prior authorization is required for Proton Beam Treatment and high-intensity focused ultrasounds (HIFU).

Section 1.5 – Changes to Part D Prescription 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, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. 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."	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 Generic:** You pay $0 per prescription **Tier 1 Brand:** You pay $0 per prescription _____ Once you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: ***Tier 1 Generic:*** You pay $0 per prescription ***Tier 1 Brand*:** You pay $0 per prescription _____ Once you have paid $8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to your VBID Part D Benefit

	2023 (this year)	2024 (next year)
VBID Part D Benefit – Reduction in Part D Cost-Share This benefit is available to all members who qualify for our DSNP plan.	Reduction in Part D cost-share is not covered.	Part D drug cost-sharing will be eliminated through all phases of your drug benefit. ***Tier 1 Generic:*** You pay $0 per prescription ***Tier 1 Brand*:** You pay $0 per prescription

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Fitness Membership	Our plan will reimburse you up to a maximum of $200 annually for fitness center membership.	You will receive a Mastercard® Prepaid Card in the mail to use to pay for fitness center membership. The maximum benefit is $200 annually.

Description	2023 (this year)	2024 (next year)
Over the Counter (OTC) Items	Must use your OTC Network card at participating retailers or shop online through Medline at Home.	Must use NationsBenefits. You will receive a Mastercard® Prepaid Card in the mail to use to purchase eligible products at participating retailers or you can shop online through NationsBenefits and get free home delivery. For more information, please call Member Services at 833-358-2404 or visit the NationsBenefits website at: www.McLarenMedicare.NationsBenefits.com.
Service Area	Service area includes: Alcona, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Gran Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw Wayne, and Wexford counties	Service area includes: 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 counties.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in McLaren Medicare Inspire Duals

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

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, McLaren Health Plan, Inc. (Plan/Part D sponsor) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from McLaren Medicare Inspire Duals.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from McLaren Medicare Inspire Duals.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll.
    - Contact Member Services if you need more information on how to do so.
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have [Insert name of Medicaid program], you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MMAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call MMAP at 800-803-7174. You can learn more about MMAP by visiting their website (www.mmapinc.org).

For questions about your Medicaid benefits, contact the Michigan Department of Health and Human Services at 800-642-3195 (TTY: 711) Monday through Friday from 8 a.m. to 7 p.m. For help with service or billing problems, contact the Michigan Office of Services to the Aging at 866-485-9393 (TTY: 711) Monday through Friday from 8 a.m. to 5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"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 prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 888-826-6565.

SECTION 7 Questions?

Section 7.1 – Getting Help from McLaren Medicare Inspire Duals

Questions? We're here to help. Please call Member Services at 833-358-2404. (TTY only, call 711). We are 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). Calls to these numbers are free.

Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for McLaren Medicare Inspire Duals. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at

www.mclarenhealthplan.org/mclarenmedicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.mclarenhealthplan.org/mclarenmedicare. As a reminder, 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").

Section 7.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call the Michigan Department of Health and Human Services at 800-642-3195, Monday through Friday from 8 a.m. to 7 p.m. TTY users should call 711.

Method	Member Services – Contact Information
CALL	833-358-2404 Calls to this number are free. 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). Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. 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).
WRITE	McLaren Medicare PO Box 44092 Indianapolis IN 46244-0092
WEBSITE	www.mclarenhealthplan.org/mclarenmedicare

McLarenHealthPlan.org/McLarenMedicare