

Benefit & Services	McLaren Medicare Inspire Flex (HMO-POS) H6322-003-01*	HAP Medicare Connect (HMO) (NOT COMMISSIONABLE FOR NEW ENROLLMENTS)	Priority Medicare Key (HMO-POS)	BCN Advantage Prime Value (HMO-POS)
Monthly Premium	\$0	\$0	\$0	\$0
Maximum Out of Pocket	\$3,800 INN \$10,000 INN/OON Combined	\$5,000	\$5,500 INN	\$4,200 INN
Part C Deductible	\$0	\$0	\$275/\$250 (by zone) (On non-routine services only) OON Medical Deduct is \$1,500	\$0
Primary Care Office Visit	\$0	\$0	\$0/50%	\$0/\$0
Specialist Office Visit	\$30	\$45	\$40/50%	\$35/\$35
Inpatient Hospital Stays	\$200 per day for days 1-7; \$0 per day for days 8+	\$325 per day for days 1-5; \$0 per day for days 6+	\$350 per day for days 1-7; \$0 per day for days 8+ / 50%	\$300 per day for days 1-7; \$0 per day for days 8+ Both INN and POS
Outpatient Surgery	Surgical Center \$150; Hospital \$150	Surgical Center \$200; Hospital \$290	\$350/50%	\$275/\$275
Dental	\$0 preventive with a \$1,500 annual benefit; includes preventive and some comprehensive services. Delta PPO & Premier Providers	\$0 preventive with a \$2,000 annual benefit; includes preventive and some comprehensive services. Delta PPO	\$0 preventive with a \$1,500 annual benefit; includes preventive and some comprehensive services. Delta	\$0 preventive with a \$1,500 annual benefit; includes preventive and some comprehensive services. BCN Network
Vision – Eye Exam (routine)/Eyewear	\$0 exam; \$225 eyewear allowance	\$0 exam; \$150 eyewear allowance	\$0 exam; \$100 eyewear allowance (Eyemed)	\$0 exam; \$150 eyewear allowance (VSP)
Hearing – Exam(routine)/Hearing Aids	\$0 exam – \$699/\$999 copay per hearing aid, one per ear every two years	NationsHearing - \$0 exam, Hearing Aid (up to 2 hearing aids every year): \$0 - \$1,575 Copay	\$0 exam – \$250-\$1,495 copay per hearing aid, one per ear every two years (TruHearing)	\$0 exam –Up to a \$1,200 (\$600 per ear) allowance every 3 years
Fitness Allowance	\$200 annually	SilverSneakers	One Pass	SilverSneakers
OTC Allowance	\$140 per quarter – no rollover	\$70 per quarter – With rollover	\$45 - \$80 (Zone) No rollover	\$60 - \$95 (Zone) No rollover
Transportation	20 one-way trips per year	N/A	N/A	1
Part D – Prescription Drug Coverage	\$0 Deductible 30-Day Supply – \$0/\$12/\$47/\$100/33%/0	\$150 T3-T5 Deductible 30-Day Supply – \$7/\$16/17%/50%/31%/0	\$0 Deductible 30-Day Supply – \$4/\$15/25%/45%/33%	\$0 Deductible 30-Day Supply – \$5/\$20/\$47/50%/33%
Out-of-State Network Coverage	POS-OON 20% coinsurance	IN-Network cost-share in AZ, FL, TX or outside MI service area	Travel Pass (Multiplan)	Point-of-Service (POS) benefit offered through the nationwide network of Blue Plan Providers
Total HMO specific plan specific membership in 17 key counties		14,613	9,120	16,722
Total plan membership in 17 counties		66% of HMO Membership in 17 Key Counties 19,416	79% of HMO Membership in 17 Key Counties 11,636	72% of HMO Membership in 17 Key Counties 23,132

Note:
+ Based on 17 top McLaren Counties (Bay, Clare, Charlevoix, Cheboygan, Clinton, Eaton, Emmet, Genesee, Ingham, Lapeer, Macomb, Oakland, Ogemaw, Sanilac, Shiawassee, St. Clair and Tuscola counties).
+ Plans - Based on top 2024 HMO or HMO-POS plans in counties above
+ Membership based on July 2024 CMS data