

McLaren Medicare

2025 MAPD Product Deep Dive

About McLaren Health Plan

- Government programs - Individual, Medicare and Medicaid products
- Contracted with top health care systems in Michigan
- Based in Flint, MI
- Medicare service area includes 61 counties in Michigan
- More than 85,000 provider locations and growing
- Subsidiary of McLaren Health Care Corporation, the third largest integrated health system in Michigan



About McLaren Health Plan

- Government programs - Individual, Medicare and Medicaid products
- Michigan based HMO since 1998
- Delivers care to over 250,000 members
- Contracted with top health care systems in Michigan
- Based in Flint, MI
- Medicare service area includes 61 counties in Michigan
- Individual and family plans includes 60 counties in Michigan
- More than 85,000 provider locations and growing
- Subsidiary of McLaren Health Care Corporation, the third largest integrated health system in Michigan



McLaren Health Plan – 2025 Changes

- Inspire Flex added six counties to the \$0 premium plan H6322-003-01 (RED)
 - *This plan is only available to people who reside in Bay, Charlevoix, Cheboygan, **Clare**, Clinton, **Eaton**, Emmet, Genesee, Ingham, Lapeer, Macomb, Oakland, **Ogemaw**, **Sanilac**, **Shiawassee**, St. Clair and **Tuscola** counties.*
- Over the Counter Allowance – increased to \$135 - \$145 quarterly
 - *Varies based on plan- Inspire \$140 per quarter; Inspire Plus \$145 per quarter; Inspire Flex (Seg 1) \$140 per quarter; Inspire Flex (Seg 2) \$135 per quarter*
- Medicare service area changed from 63 to 61 counties in Michigan
 - No longer available in Isabella or St. Joseph counties for 2025
- DSNP Plans no longer available
 - Crosswalk plan in place for current membership and AOR will be preserved

McLaren Medicare Service Area

- Serving 61 counties in the Michigan's lower peninsula
- More than 85,000 provider locations and growing
 - 11,000+ PCP's
 - 64,500+ Specialists
 - 185 Hospitals
 - 9,100+ Ancillary Providers (*DME, Lab, Radiology, PT*)

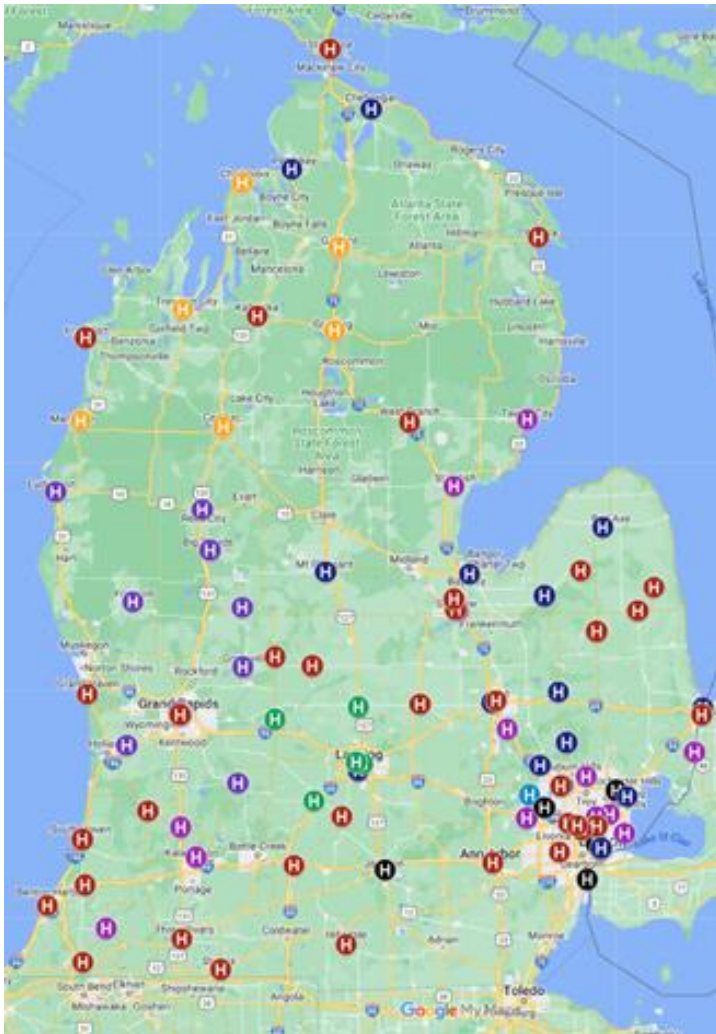


McLaren Medicare Approved Service Area 2025



Rev.10/24

McLaren Medicare Providers*



 Ascension



DMC



HENRY FORD HEALTH



 **McLaren**  **Karmanos**
CANCER INSTITUTE



 **MUNSON HEALTHCARE**



 **M**
UNIVERSITY OF MICHIGAN
HEALTH-SPARROW
MICHIGAN MEDICINE



 **Corewell Health**
Except Royal Oak and Troy facilities



 **M**

 **COVENANT**
HealthCare



West Branch
regional medical center
John Tolfree health system

Always check the provider directory online for the most updated information!

Not all MyMichigan Health clinics participate

*And more

McLaren Medicare - Benefit Highlights

Part C Benefit	McLaren Inspire (HMO) H6322-001	McLaren Inspire Plus (HMO) H6322-002	McLaren Inspire Flex (HMO-POS) *H6322-003-01	McLaren Inspire Flex (HMO-POS) **H6322-003-02
Monthly Premium	\$0	\$25	\$0	\$49
Maximum Annual Out of Pocket	\$4,200	\$3,500	\$3,800 INN \$10,000 INN/OUT	\$3,800 INN \$10,000 INN/OUT
Part C Deductible	\$0	\$0	\$0	\$0
Primary Care Office Visit	\$0	\$0	\$0	\$0
Specialist Office Visit	\$40	\$25	\$30	\$25
Inpatient Hospital Stay	\$275/day days 1-7 \$0/day days 8+	\$225/day days 1-7 \$0/day days 8+	\$200/day days 1-7 \$0/day days 8+	\$200/day days 1-7 \$0/day days 8+
Virtual Care - McLaren Care Now	\$0	\$0	\$0	\$0

Highlights

- No referral needed to see an in-network specialist
- **Six new counties** added for the \$0 premium Inspire Flex (003-01) plan
- Added OON MOOP to Inspire Flex Plan
- **LOWER** specialist copays
- **LOWER** inpatient per day copays
- No increase in our low MOOP
- \$0 Deductible on all plans
- Transportation on all plans

This plan is only available to people who reside in Bay, Charlevoix, Cheboygan, **Clare, Clinton, **Eaton**, Emmet, Genesee, Ingham, Lapeer, Macomb, Oakland, **Ogemaw**, **Sanilac**, **Shiawassee**, St. Clair and **Tuscola** counties.*

***This plan is only available to people who reside in Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Benzie, Berrien, Branch Calhoun, Cass, Crawford, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Leelanau, Livingston, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Van Buren, Washtenaw, Wayne, and Wexford counties.*



McLaren Medicare – Inspire HMO *Closer Look*

McLaren Inspire HMO - Premium: \$0

H6322-001

MOOP:	\$4,200
Part C Deductible:	\$0
Part D Deductible:	\$0
Inpatient Hospital:	\$275 days 1-7
SNF:	\$0 days 1-20 \$214 days 21-100
Partial Hospitalization:	\$80
Observation:	\$150
ER/UC:	\$100/\$50
Ground/Air Ambulance Services:	\$220
Ambulatory Surgical Center:	\$200
Outpatient Hospital Services:	\$200
Diagnostic Radiological Services:	\$200
Diagnostic Procedures/Tests:	\$20
Therapeutic Radiological Services:	20%
Outpatient X-Ray Services:	\$25
Lab Services:	\$0

Primary Care Physician Services:	\$0
Telehealth Benefits - McLarenNow :	\$0
Physician Specialist Services:	\$40
Chiropractic Services:	\$20
Podiatry Services:	\$40
Individual Psychiatric Services:	\$30
Physical Therapy/Speech Services:	\$25
Occupational Therapy Services:	\$25
Cardiac Rehabilitation Services:	\$30
Pulmonary Rehabilitation Services:	\$15
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: Not Covered



McLaren Medicare – Inspire Plus HMO *Closer Look*

McLaren Inspire Plus HMO - Premium: \$25 (\$0 LIS)

H6322-002

MOOP:	\$3,500
Part C Deductible:	\$0
Part D Deductible:	\$0
Inpatient Hospital:	\$225 days 1-7
SNF:	\$0 days 1-20 \$214 days 21-100
Partial Hospitalization:	\$80
Observation:	\$150
ER/UC:	\$100/\$50
Ground/Air Ambulance Services:	\$220
Ambulatory Surgical Center:	\$150
Outpatient Hospital Services:	\$200
Diagnostic Radiological Services:	\$150
Diagnostic Procedures/Tests:	\$20
Therapeutic Radiological Services:	20%
Outpatient X-Ray Services:	\$25
Lab Services:	\$0

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

*Worldwide Emergency:
\$100 copay \$50,000/year
combined limit with Urgent Care*

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 Flex HMO/POS *closer Look*

Segment 1

McLaren Inspire Flex HMO/POS – Premium \$0

H6322-003-001

MOOP: \$3,800 INN \$10,000 Comb. INN/OON	
OON Cost Share	20%
Part C Deductible:	\$0
Part D Deductible:	\$0
Inpatient Hospital:	\$200 days 1-7
SNF:	\$0 days 1-20 \$214 days 21-100
Partial Hospitalization:	\$80
Observation:	\$150
ER/UC:	\$100/\$50
Ground/Air Ambulance Services:	\$200
Ambulatory Surgical Center:	\$150
Outpatient Hospital Services:	\$150
Diagnostic Radiological Services:	\$100
Diagnostic Procedures/Tests:	\$10
Therapeutic Radiological Services:	\$25
Outpatient X-Ray Services:	\$35
Lab Services:	\$0

Primary Care Physician Services:	\$0
Telehealth Benefits - McLarenNow :	\$0
Physician Specialist Services:	\$30
Chiropractic Services:	\$20
Podiatry Services:	\$30
Individual Psychiatric Services:	\$30
Physical Therapy/Speech Services:	\$30
Occupational Therapy Services:	\$30
Cardiac Rehabilitation Services:	\$30
Pulmonary Rehabilitation Services:	\$20
Home Health Services:	\$0

Worldwide Emergency:
\$100 copay \$50,000/year
combined limit with Urgent Care

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%

This plan is only available to people who reside in Bay, Charlevoix, Cheboygan, Clare, Clinton, Eaton, Emmet, Genesee, Ingham, Lapeer, Macomb, Oakland, Ogemaw, Sanilac, Shiawassee, St. Clair and Tuscola counties.

McLaren Medicare – Inspire Flex HMO/POS *Closer Look*

Segment 2

McLaren Inspire Flex HMO/POS - Premium: \$49 (\$22.40 LIS)

H6322-003-002

MOOP: \$3,800 INN - \$10,000 Comb. INN/OON	
OON Cost Share	30%
Part C Deductible:	\$0
Part D Deductible:	\$0
Inpatient Hospital:	\$200 days 1-7
SNF:	\$0 days 1-20 \$214 days 21-100
Partial Hospitalization:	\$80
Observation:	\$150
ER/UC:	\$100/\$50
Ground/Air Ambulance Services:	\$220
Ambulatory Surgical Center:	\$150
Outpatient Hospital Services:	\$200
Diagnostic Radiological Services:	\$120
Diagnostic Procedures/Tests:	\$20
Therapeutic Radiological Services:	\$25
Outpatient X-Ray Services:	\$25
Lab Services:	\$0

Primary Care Physician Services:	\$0
Telehealth Benefits - McLarenNow :	\$0
Physician Specialist Services:	\$25
Chiropractic Services:	\$20
Podiatry Services:	\$30
Individual Psychiatric Services:	\$25
Physical Therapy/Speech Services:	\$25
Occupational Therapy Services:	\$25
Cardiac Rehabilitation Services:	\$20
Pulmonary Rehabilitation Services:	\$20
Home Health Services:	\$0

Worldwide Emergency:
\$100 copay \$50,000/year
combined limit with Urgent Care

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%

This plan is only available to people who reside in Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Benzie, Berrien, Branch Calhoun, Cass, Crawford, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Leelanau, Livingston, Manistee, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Van Buren, Washtenaw, Wayne, and Wexford counties.

McLaren Medicare Extra Benefits



Vision - \$100 - \$225 annual allowance for frames and lenses

Inspire – \$100 allowance
Inspire Plus - \$200 allowance
Inspire Flex 01 - \$225 allowance
Inspire Flex 02 - \$200 allowance



Hearing - \$0 exam - \$699/\$999 copay per hearing aid, one per ear every two years – Powered by TruHearing

\$699 – Advanced Aids
\$999 – Premium Aids



Dental – preventive plus, \$1,500 annual benefit

See Dental Certificates of Coverage for detailed covered codes

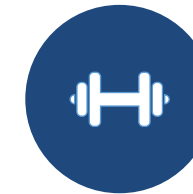


OTC Allowance \$135- \$145 MAPD per quarter (no rollover)– Paid with Benefits Mastercard® Prepaid Card

Inspire – \$140 per quarter
Inspire Plus - \$145 per quarter
Inspire Flex 01 - \$140 per quarter
Inspire Flex 02 - \$135 per quarter



Grocery and/or utilities \$50 per month– Paid with Benefits Mastercard® Prepaid Card (SSBCI Benefit only, member must qualify)
(Inspire members not eligible)



Fitness - \$100 - \$200 annual reimbursement – Paid with Benefits Mastercard® Prepaid Card

Inspire – \$100 annually
Inspire Plus - \$200 annually
Inspire Flex 01 - \$200 annually
Inspire Flex 02 - \$200 annually



Personal Emergency Response System (PERS) – Covered at \$0 No prescription needed – member calls directly (see EOC)
(Inspire members not eligible)



Meals – post hospital \$0 for 2 weeks
Up to five discharges annually



Transportation – all plans
20 one-way trips per year

McLaren Medicare Network Partners

▪ Vision

Uses the McLaren Medicare FAP provider tool to location participating optometrists

- Typically listed by provider name, not retail location name
- Not par with VSP or EyeMed but we do have many of the same providers


▪ Hearing/Hearing Aids

TruHearing

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

▪ Dental

Delta Dental of Michigan

- Delta Dental Medicare Advantage Network 
- Delta Dental Advantage Network PPO and Premier Network

McLaren Medicare Vendor Partners

■ OTC Allowance

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.

■ 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 benefit for the chronically ill. Prior authorization is required. Call Member Services at 833-358-2404.

■ Fitness reimbursement

Member will receive a Mastercard® Prepaid Card in the mail to use to pay for their fitness center membership. Member will be responsible for any costs above your maximum benefit allowance.

Paid with Benefits Mastercard® Prepaid Card

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 call 800-860-4230.

- **Meals – Post Hospital**

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. 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. Please contact Member Services at least 2 days in advance to arrange for transportation.

McLaren Medicare

Part D (Rx), Dental & Optional
Supplemental Dental

McLaren Medicare Prescription

	McLaren Retail	McLaren Mail Order
Part D Deductible	None	
Tier 1 (preferred generics)		
1-month supply	\$0.00	Not Available
3-month supply	\$0.00	\$0.00
Tier 2 (generics)		
1-month supply	\$12.00	Not Available
3-month supply	\$36.00	\$27.00
Tier 3 (preferred brand)		
1-month supply	\$47.00	Not Available
3-month supply	\$141.00	\$105.75
Tier 4 (non-preferred brand)		
1-month supply	\$100.00	Not Available
3-month supply	\$300.00	\$225.00
Tier 5 (specialty drugs)		
1-month supply	33% all plans	
Tier 6 (select care drugs)		
1-month supply	\$0.00	Not Available
3-month supply	\$0.00	\$0.00
Part D Insulins		
1-month supply	Tier 2 \$10 Tier 3 \$35	Not Available
3-month supply	Tier 2 \$30 Tier 3 \$105	Tier 2 \$23 Tier 3 \$79

Part D Highlights

- \$0 deductible on all tiers
- \$0 copay on Tiers 1 & 6
- Powered by [MedImpact](#)
- MOPD 2.5X
- Mail Order - Birdi

McLaren Medicare MSB Dental

McLaren Medicare - Dental Benefits		MSB
	Services	Network: PPO and Premier
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	<i>(per person total per calendar year)</i>	\$0
Maximum Plan Payment	<i>(per person total per calendar year on all services)</i>	\$1,500

Note: The coinsurance amounts are what the plan pays.



McLaren Medicare Optional Dental Buy Up

Optional Services are separate and different from Standard Benefits

McLaren Medicare - Optional Dental Buy Up		OSB 1 100/50/25 \$23.00 per month	OSB 2 100/80/50 \$41.00 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, removable	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	<i>(per person total per calendar year on all services)</i>	\$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



MEDICARE

McLaren Medicare

2025

Agent Tools
&
Contacts

New for 2024!

All in one space!!

Agent portal powered by Salesforce

ASCEND enrollment platform has it all!

- Digital Scope of Appointment
- Lead management
- Easy to use – quotes and compares
- DSNP and LIS lookup built in
- And more!



ASCEND by Bloom



McLaren Medicare Enrollment Platform

ASCEND
by Bloom

jessie.weber [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

 McLaren
MEDICARE

 MDwise
MEDICARE

Registering for ASCEND

ASCEND by  Bloom

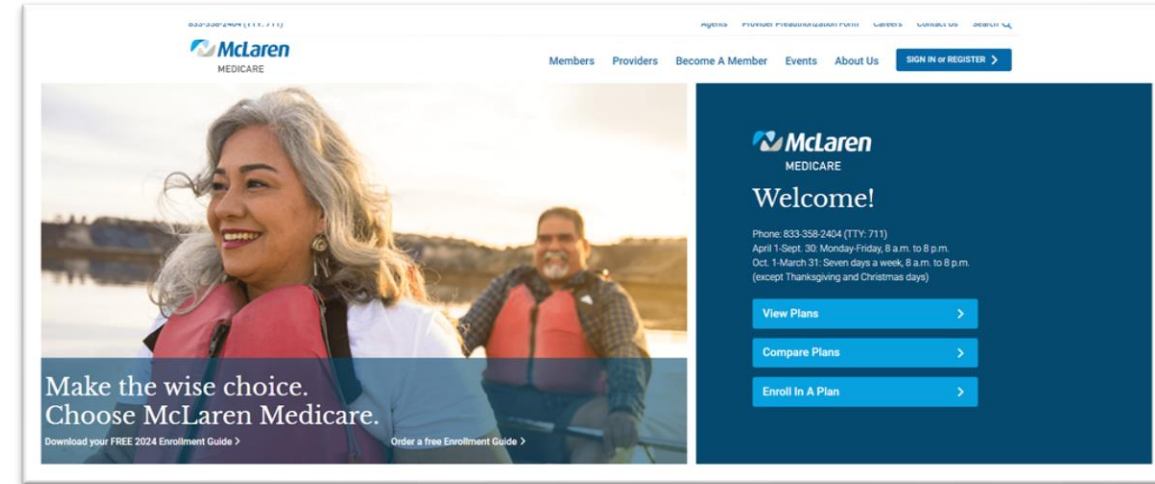
- Need an ASCEND registration email?
- Click on: <https://mclarenhealth.isf.io/2024/agent>
- When you get to the login page, enter your email and select *Forgot Password*
- You will be emailed the link to get set up to enroll
- Still have questions? We would be glad to set up a training let us know!!

Online Tools

Information at your Fingertips

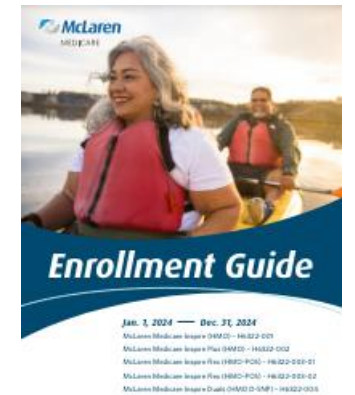
- [Website](#)
- [Compare Medicare Plans](#)
- [Provider Search](#)
- [Provider/Pharmacy Directory](#)
- [Part D Formulary](#)
- [Dental Network](#)
- [Member Documents and Forms: EOC, SB, etc.*](#)

*EOC – Evidence Of Coverage; SB – Summary of Benefits
EOB – Explanation of Benefits not found on site



Sales and Marketing Materials

Order	Order Materials
Visit	Visit www.mhpagents.allegro-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 their primary address. You can add a new address for shipment at the check out screen or under my account)
Receive	Receive Confirmation Email



2025 materials are ready to order on September 27th, 2024.

McLaren Medicare Commissions 2025

Medicare Advantage

	All Effective Dates
Initial Enrollment (New to MA) Paid on or before last business day of the full month following member enrollment ⁽¹⁾⁽³⁾	\$626
Renewal ⁽²⁾ Paid annually in a lump sum payment	\$313

Contact Information

Your Team

Michael Curdy, Sales Executive

m: (248) 417-8814

e: michael.curdy@mclaren.org

Steve LaMacchia, Sales Executive

m: (517) 512-3118

e: steve.lamacchia@mclaren.org

Craig Geiger, Sales Executive

m: (517) 526-2927

e: craig.geiger@mclaren.org

Anne (Betsy) Condon, Sales Executive

m: (810) 391-3948

e: anne.condon@mclaren.org

Jessie Weber, Sales Executive

m: (810) 730-8740

e: jessie.weber@mclaren.org

Robin Kane, Director, Medicare Sales

Michigan m: (810) 730-9289

e: robin.kane-mostyn@mclaren.org

MAPDsales@mclaren.org

- Get appointed with McLaren
- Application issues
- General questions
- Commission Inquiry
- Agent Helpline:
(888) 327-0671, option 3

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!

ASCEND
by  Bloom

 **McLaren**
MEDICARE

Ascend Quote and Enrollment

Training and Walkthrough Guide

Scope of Appointment Process

1. Ensure you are logged in to receive credit for your enrollment

2. Click AGENT PORTAL to view Leads, Enrollments, Quotes

Health Profile

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

 **McLaren**
MEDICARE

 **MDwise**
MEDICARE



To create a lead, click on **MANAGE PROFILES** or **VIEW**

Agent Portal


[Manage Profiles](#) [Enrollments](#) [Quick Quotes](#)

What would you like to do today?




Manage Profiles
Provides access to leads and the scope of appointments (SOA), and also allows for the creation of leads and SOAs.

[View >>](#)



Enrollments
Enables access to beneficiary enrollment data and provides the ability to print the data.

[View >>](#)



Quick Quotes
Facilitates access to data regarding the enrollments sent by the agent through quick quotes.

[View >>](#)

 [Print](#)

Disclaimer of Warranties and Liabilities

MDwise Medicare is an HMO/HMO-POS with a Medicare contract. Enrollment in MDwise Medicare depends on contract renewal.

Need Help?

Phone:
McLaren Medicare: 833-358-2404
(TTY:711)



Agent Portal

Manage Profiles

Enrollments

Quick Quotes

To Create a New Lead
click CREATE CLIENT
PROFILE

Client Profiles

Search for a client profile.



[+ Create Client Profile](#)

First Name <	Last Name <	State	County	Action		
Jessie	Weber	MI	MI	View	Edit	Delete
██████████	██████████	MI		View	Edit	Delete
Jessie	Weber	MI	Michigan	View	Edit	Delete



Create Lead – Only requires First & Last Name, Phone Number.

*All data entered will auto populate in application.

Create a client profile

Personal Information

First Name *

Fred

Last Name *

Flintstone

Birthday

03/05/1959

Gender

Male Female

Address

Address 1

123 Flintstone Way

Address 2

City

Bedrock

County

Michigan

State

MI

Zip Code *

48532

Contact Information

Primary Phone *

8883270671

Secondary Phone

Home Mobile Other

Home Mobile Other

Email

Permission To Contact:

Contact via Email Contact via Phone Contact via Mail Do not contact

Medicare Information

Medicare Claim Number

1111-00-1111

Part A Effective Date

04/01/2024

Part B Effective Date

04/01/2024

Save

Cancel



View Leads And Create Scope Of Appointment

Agent Portal
Manage Profiles Enrollments Quick Quotes

Client Profiles
Search for a client profile.

First Name <	Last Name <	State	County	Action
Fred	Flintstone	MI	Michigan	View Edit Delete
Jessie	Weber	MI	MI	View Edit Delete
[REDACTED]	[REDACTED]	MI		View Edit Delete
Jessie	Weber	MI	Michigan	View Edit Delete

1. Click on VIEW to see lead and create SOA

Fred Flintstone

Edit | Delete

Client Information

8883270671
123 Flintstone Way
Permission To Contact: Phone

Common Actions

- Create Scope of Appointment
- Shop for Plans (view all)
- Shop for Plans (guided)

Scope of Appointments

ID	Start Date	Start Time	Status	Actions
No scope of appointment records found!				

Create Scope of Appointment

2. Click on CREATE SCOPE OF APPOINTMENT

New Scope of Appointment

What kind of Scope of Appointment do you want to create?

Electronic Form Paper Form

3. Choose ELECTRONIC FORM

Back to Client search

Fred Flintstone

Edit | Delete

Client Information

8883270671
123 Flintstone Way
Permission To Contact: Phone

Common Actions

- Create Scope of Appointment
- Shop for Plans (view all)
- Shop for Plans (guided)

Scope of Appointments

ID	Start Date	Start Time	Status	Actions
No scope of appointment records found!				

Create Scope of Appointment

New Scope of Appointment

Select a Scope of Appointment Form.

McLaren SOA Form
MDWise SOA Form

4. Choose Health Plan (see next page for SOA steps)

Enrollments



New Scope of Appointment

Next Page

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Next Page

1. Acknowledge that they are agreeing to a sales meeting to discuss MAPD plans beneficiary

To be completed by person with Medicare.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty.
CMS requires 48 hours between when a beneficiary signs a Scope of Appointment and when a beneficiary meets with an agent. CMS does allow exceptions for beneficiary-initiated walk-in appointments and meetings taking place at the end of a valid enrollment period.

Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans:

Medicare Health Maintenance Organization (HMO) and (HMO/POS) —A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage. McLaren's Medicare Advantage plans include Part D prescription drug coverage. Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you indicated above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT obligate you to enroll in a plan or affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Previous Page

Next Page

2. Make caller aware you are inputting their name, and they will have the opportunity to agree.

New Scope of Appointment

Previous Page

Next Page

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: Date:

If you are the authorized representative, you must sign above and provide the following information:

Representative's First Name:
Representative's Last Name:

Address:
City:

State:
ZipCode:

Phone Number:
Relationship to Beneficiary:

Previous Page

Next Page

3. For telephonic enrollment indicate that it is an "Incoming Call"

New Scope of Appointment

Previous Page

Confirm

To be completed by Agent:

Agent First Name:
Agent Last Name:

Agent Phone Number:

Beneficiary First Name:
Beneficiary Last Name:

Beneficiary Address:
Beneficiary City:

Beneficiary State:
Beneficiary ZipCode:

Beneficiary Phone Number:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in)
 Incoming phone call

Date of Appointment Completed:

Agent's Signature:
Plan Use Only:

Scope of Appointment documentation is subject to CMS record retention requirements McLaren Medicare is an HMO/HMO-POS with a Medicare contract and a DSNP-HMO with a Medicare contract and a contract with the State of Michigan Medicaid program. Enrollment in McLaren Medicare depends on contract renewal

Previous Page

Confirm

4. Text is easier for the beneficiary to confirm SOA

Permission To Contact

By choosing the options below for text and/or email, I consent to receive updates about my upcoming appointment.

Email
 Text

Submit SOA

Cancel

Verify the status of the Scope of Appointment

← Back to Client search

Fred Flintstone

Edit | Delete

Client Information
8883270671
123 Flintstone Way
Permission To Contact: Phone

Common Actions

- Create Scope of Appointment
- Shop for Plans (view all)
- Shop for Plans (guided)

Enrollments

Plan	Premium	Plan Year	Confirmation #	Date Created	Print
------	---------	-----------	----------------	--------------	-------

QuickQuotes

Tracking #	Email	Phone	Sent Date	Expiration Date	Verification Code	Resend
------------	-------	-------	-----------	-----------------	-------------------	--------

Scope of Appointments

ID	Start Date	Start Time	Status	Actions
28	5/2/2024	10:10 AM	Pending	View Print Cancel

Create Scope of Appointment

SOA form submitted successfully!

1. Confirm SOA has been sent

Agent Portal

Manage Profiles Enrollments Quick Quotes

← Back to Client search

Fred Flintstone

Edit | Delete

Client Information
██████████
123 Flintstone Way
Permission To Contact: Phone

Common Actions

- Create Scope of Appointment
- Shop for Plans (view all)
- Shop for Plans (guided)

Enrollments

Plan	Premium	Plan Year	Confirmation #	Date Created	Print
------	---------	-----------	----------------	--------------	-------

QuickQuotes

Tracking #	Email	Phone	Sent Date	Expiration Date	Verification Code	Resend
------------	-------	-------	-----------	-----------------	-------------------	--------

Scope of Appointments

ID	Start Date	Start Time	Status	Actions
29	5/2/2024	10:16 AM	Accepted	View Print Cancel
28	5/2/2024	10:10 AM	Pending	View Print Cancel

Create Scope of Appointment

2. Once status shows "Accepted" you can begin enrollment

3. Choose path to begin enrollment

* View Ascend Enrollment Training For Assistance With Enrollment



Sample of Scope of Appointment Text

Text Message
Today 10:16 AM

Your Licensed McLaren Agent has sent a link for you to review and approve your Scope of Appointment. <https://soa.ascendproject.com/?clientId=65&scopelid=29&passcode=3040BBA8-38A8-4393-9D96-F104284E5DDC>

1. Click link to approve SOA

The sender is not in your contact list.
[Report Junk](#)

2. Beneficiaries scroll down to verify information and click YES to approve SOA

10:17 📶 LTE 🔋

Messages
8107308740

Beneficiary First Name:	Beneficiary Last Name:
<input type="text" value="Fred"/>	<input type="text" value="Flintstone"/>
Beneficiary Address:	Beneficiary City:
<input type="text" value="123 Flintstone Way"/>	<input type="text" value="Bedrock"/>
Beneficiary State:	Beneficiary ZipCode:
<input type="text" value="MI"/>	<input type="text" value="48532"/>
Beneficiary Phone Number:	
<input type="text" value="8109311892"/>	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	Agent's Signature:
<input type="text" value="Incoming phone call"/>	<input type="text" value="Jessie Weber"/>
Date of Appointment Completed:	Plan Use Only:
<input type="text" value="2024-05-02"/>	<input type="text"/>

Scope of Appointment documentation is subject to CMS record retention requirements
McLaren Medicare is an HMO/HMO-POS with a Medicare contract and a DSNP HMO with a Medicare contract and a contract with the State of Michigan Medicaid program. Enrollment in McLaren Medicare depends on contract renewal

soa.ascendproject.com — Private



Checking Extra Help Eligibility Status

- LIS Verification

Checking LIS Eligibility

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.

48893

Help Me Choose

Go To Plans

1. Choose the "HELP ME CHOOSE"

Blue Button from Medicare

Using the Medicare Blue Button connection, many consumers can import their Doctors, Prescriptions, and Pharmacies from the previous year. This will assist in choosing a new plan for this year by allowing you to have a complete history loaded in the health plan selection tool.

You have full control over how your data can be used by logging into MyMedicare.gov in a few easy steps.

Connect to MyMedicare.gov

No, I prefer to enter my information manually

2. Choose the "No, I prefer to enter my information manually"

Do you want a specific pharmacy covered?

Yes

No

Screen 3

Do you take any prescription drugs?

Yes

No

Screen 4

Do you have a doctor you want covered?

Yes

No

Screen 5

Do you need extra (financial) help?

Extra Help eligibility is dependent on your income. If you qualify, it can help lower the cost of your prescription drug premium and your prescription drugs, too. It also allows you to apply for a new prescription drug plan at certain times throughout the year. To check eligibility status, click the Yes button below. To skip this check, simply click No.

Yes

No

6. Select YES



Checking LIS Eligibility

Check Extra Help Eligibility Status

First Name

Last Name

Your Birthday

Medicare Number

Check Status

7. Fill out the required information and select CHECK STATUS

8. Eligibility verified

Check Extra Help Eligibility Status

✔ You may be eligible for Extra Help. This can reduce the prescription drug premium of the plan you select and will reduce the cost of your prescription drugs. You can contact the Social Security Administration to find out more details about how much this will lower your costs.

Start Date	End Date	Extra Help Category	Premium Subsidy
01/01/2024	12/31/2024	Category 2	100%
01/01/2023	12/31/2023	Category 2	100%

Continue

9. Select CONTINUE, and the enrollment process begins

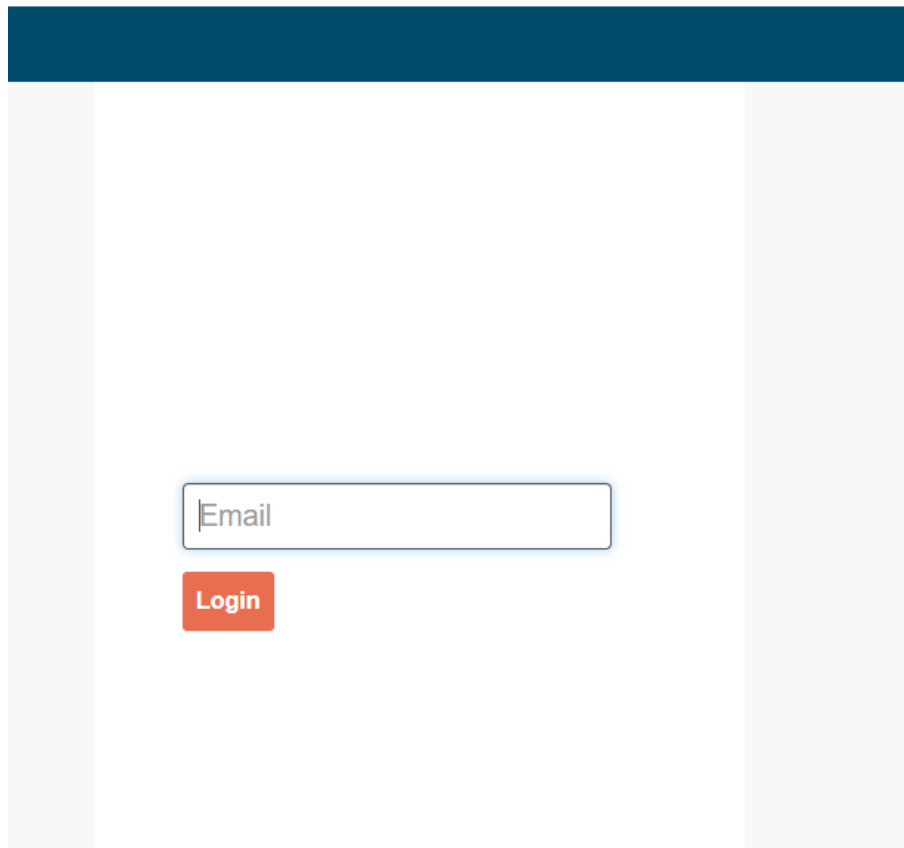


Beginning the Enrollment

- The shopping experience

Login – Getting Started

ASCEND by  Bloom



The screenshot shows a login interface with a dark blue header bar. Below the header, there is a light gray background area. In the center, there is a white rectangular input field with the placeholder text "Email". Below the input field is a red rectangular button with the text "Login" in white.



Starting the Enrollment Process

- You will receive a registration email from Ascend, prompting you to login and create a new password.
- Once completed, you're a registered user! Once completed, you can navigate to McLaren Assisted Shopping Tools, compare plans, and enroll a beneficiary.
- **The 2024 quote and enrollment website is <https://mclarenhealth.isf.io/2024/agent>.**

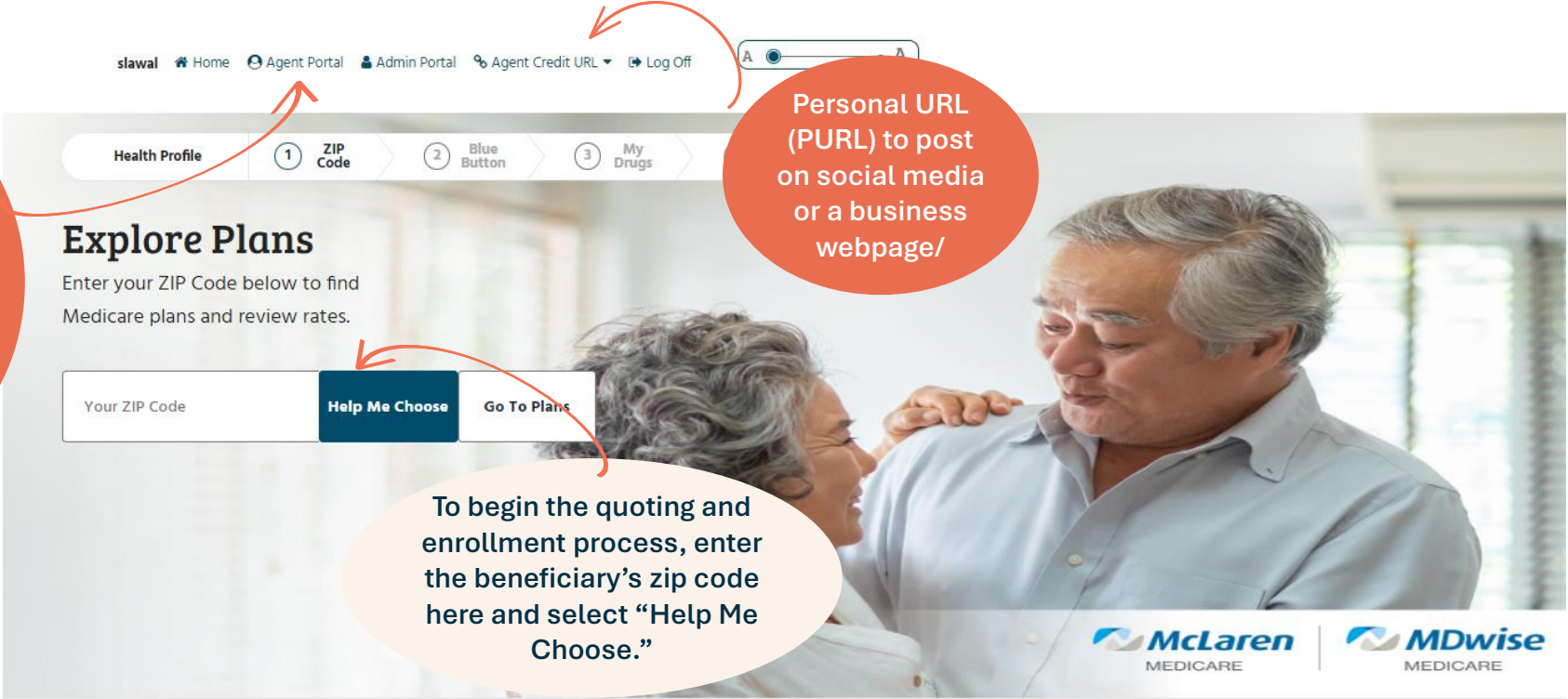


Initiate Quote and Enrollment Process

Agent Portal will be the location for managing leads, creating SOAs, following-up on quotes, and enrollment status.

Personal URL (PURL) to post on social media or a business webpage/

To begin the quoting and enrollment process, enter the beneficiary's zip code here and select "Help Me Choose."



Disclaimer of Warranties and Liabilities

MDwise Medicare is an HMO/HMO-POS with a Medicare contract. Enrollment in MDwise Medicare depends on contract renewal.

McLaren Medicare is an HMO/HMO-POS with a Medicare contract and a DSNP HMO with a Medicare contract and a contract with the State of Michigan Medicaid program. Enrollment in McLaren Medicare depends on contract renewal.

Need Help?
Phone:
McLaren Medicare: 833-358-2404
(TTY:711)
MDwise Medicare: 833-358-2140
(TTY:711)
Hours:



Enrollment Path *without* Blue Button 2.0

- Search tools without connecting to MyMedicare.gov

Pharmacy Search

Health Profile | ZIP Code | Blue Button | 3 My Drugs | 4 My Doctor | 5 Our Plans

Do you want a specific pharmacy covered?

Proceed to Pharmacy Lookup

Health Profile | ZIP Code | Blue Button | 3 My Drugs | 4 My Doctor | 5 Our Plans

What pharmacy do you use?

Search by pharmacy name

ZIP Code 48002 | Within 5 Miles | More | Mail Order Retail Preferred

Database last updated on March 13, 2024

Enter beneficiary's pharmacy information here then click magnifying glass to search

You can also select what type of pharmacy you would like to view



Pharmacy Search

Want to quote multiple pharmacies?

When selecting “Add” pharmacy, you’ll be asked if the selected pharmacy is the primary pharmacy. If yes, it will indicate as preferred in your list of quoted pharmacies.

What pharmacy do you use?

Health Profile | ZIP Code | Blue Button | 3 My Drugs | 4 My Doctor | 5 Our Plans

walgreens Clear Q

Street: Street City: City State: State

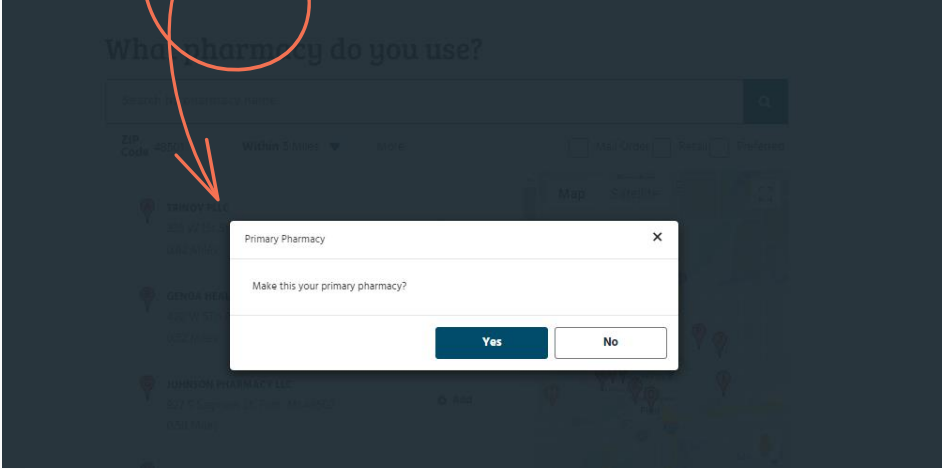
ZIP Code 48706 Within 5 Miles Less Mail Order Retail Preferred

WALGREENS #5167 Add
416 S Euclid Ave, Bay City, MI 48706
2.95 Miles

Map Satellite

Database last updated on April 02, 2024

A list of pharmacies in the area will populate. Select which one you'd like to add by clicking on "Add."



TOWN CENTER PHARMACY

1 2 3 4 5 6 >

My Pharmacies

	Name	Location		
	GENOA HEALTHCARE, LLC	420 W 5th Ave MI 48503	Edit	Remove
Primary Pharmacy	BINSON'S OUTPATIENT PHARMACY	1 Hurley Plz MI 48503		Remove

Database last updated on March 13, 2024

Continue



Pharmacy Search

Health Profile ZIP Code Blue Button My Drugs My Doctor **5** Our Plans

[List](#) [Compare](#)

2024 Medicare Plans

Below are the plans that are available in ZIP Code **48706** in Bay, Michigan. Let's start your enrollment.

ZIP Code: [Update](#)

Medicare Advantage

Select for Comparison

McLaren Medicare Inspire (HMO)

MONITOR PHARMACY, INC
Plan Covers

<input checked="" type="checkbox"/> Dental	Primary Care Physician:	\$0
<input checked="" type="checkbox"/> Vision	Emergency Room:	\$100
<input checked="" type="checkbox"/> Hearing	Specialist:	\$40
<input checked="" type="checkbox"/> Rx	Max Enrollee Out-of-Pocket:	

[Apply Now](#) [View Details](#)

Select for Comparison

McLaren Medicare Inspire Plus (HMO)


MONITOR PHARMACY, INC
Plan Covers

<input checked="" type="checkbox"/> Dental	Primary Care Physician:	\$0
<input checked="" type="checkbox"/> Vision	Emergency Room:	\$100
<input checked="" type="checkbox"/> Hearing	Specialist:	\$25
<input checked="" type="checkbox"/> Rx	Max Enrollee Out-of-Pocket:	

[Apply Now](#) [View Details](#)

No selected doctors

\$25⁰⁰/month



On the Quotes page, you'll see Selected Pharmacy(s). Clicking here will show you the In/Out-of-Network status of the selected pharmacies.

Health Profile ZIP Code Blue Button **3** My Drugs **4** My Doctor **5** Our Plans

What pharmacy do you use?

Search by pharmacy name

ZIP Code: Within **5 Miles** Mail Order Retail Preferred

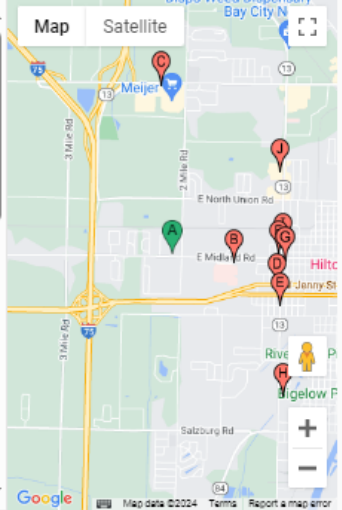
MONITOR PHARMACY, INC
2981 Midland Rd, Bay City, MI 48706
2.11 Miles [Remove](#)

MCLAREN HEALTH CARE - BAY SPECIAL CARE
3250 E Midland Rd, Bay City, MI 48706
2.61 Miles [Add](#)

MEIJER PHARMACY #048
2980 Wilder Rd, Bay City, MI 48706
2.81 Miles [Add](#)

WALGREENS #5167
416 S Euclid Ave, Bay City, MI 48706
2.95 Miles [Add](#)

RAYCARE PHARMACY



My Pharmacy

Name	Location	
MONITOR PHARMACY, INC	2981 Midland Rd MI 48706	Remove

Database last updated on April 02, 2024

[Continue](#)



Prescription Search

Health Profile ✓ ZIP Code ✓ Blue Button 3 My Drugs 4 My Doctor 5 Our Plans

Do you take any prescription drugs?

Proceed to lookup prescriptions

Search formularies by typing the drug into the search by (suggestions will appear as you type) or by selecting the first letting of the drug from the alphabet search bar.

Health Profile ✓ ZIP Code ✓ Blue Button 3 My Drugs 4 My Doctor 5 Our Plans

What drugs are you taking?

levo Clear Q

- Levo-T Add
- Levobunolol HCl Add
- LevocARNitine Add
- levOCARNitine SF Add
- Levocetirizine Dihydrochloride Add

Alphabetically

A	B	C	D	E	F	G	H	I	J
K	L	M	N	O	P	Q	R	S	T
U	V	W	X	Y	Z				

Select "Add" to complete dosage/frequency.



Prescription Search

Wellbutrin XL
DosageForm

What dosage do you take?

Wellbutrin XL Tablet Extended Release 24 Hour Oral 150 MG

Wellbutrin XL Tablet Extended Release 24 Hour Oral 300 MG

Packages

Bottle of 30 Tablet Extended Release 24 Hour

Bottle of 15 Tablet Extended Release 24 Hour

How many packages do you need?

- 1 +

How long does the prescription last?

Every 1 month

Every 2 months

Every 3 months

Add to Prescriptions **Cancel**

On the Drug Details screen, select the dosage, quantity needed, and the frequency at which the beneficiary needs the formulary. Then click 'Add to Prescriptions' to add it to My Prescriptions.

Do you want to choose the generic alternative BuPROPion HCl ER (XL) instead?

OK **Cancel**

If a generic alternative is available for the medication, a pop-up box will appear with the generic medication. Click "okay" to add, or cancel to go with brand name.



Provider Search

Health Profile | ZIP Code | Blue Button | My Drugs | **4 My Doctor** | 5 Our Plans

Do you have a doctor you want covered?

Yes | No

Proceed to lookup providers

Health Profile | ZIP Code | Blue Button | My Drugs | **4 My Doctor** | 5 Our Plans

Who is your doctor?

Search by Doctor Name

ZIP Code: 48706 | Within: 5 Miles | [Advanced Search](#)

Showing: 1 to 10 of 65

Guisinger, Janet Primary Care Provider Family Medicine NPI: 1295773208 3403 E Midland Rd, Bay City, MI 48706 More	0.4 Miles	Accepting Patients	+ Add
Anderson, Delinah Primary Care Provider Physician Assistant NPI: 1518912187 200 S Wenona St, Bay City, MI 48706 More	0.6 Miles	Accepting Patients	+ Add
Atkins, Emily Primary Care Provider Physician Assistant NPI: 1598914491 200 S Wenona St, Bay City, MI 48706 More	0.6 Miles	Accepting Patients	+ Add
Potts, Jeffrey Primary Care Provider Internal Medicine NPI: 1700804820 200 S Wenona St, Bay City, MI 48706 More Locations ▾ More	0.6 Miles	Accepting Patients	+ Add

Complete an Advanced Search by clicking here



Provider Search

Advanced Search allows you to find a provider using more detailed search criteria including plan coverage

Health Profile ZIP Code Blue Button **3 My Doctor** 4 My Drugs 5 Our Plans

Who is your doctor?

[Advanced Search](#)

Doctor's Details

Doctor's Name

Gender Male Female

Services & Coverage

New Patients Yes No

Primary Care Provider Yes No

Network All

Medicare Plan



Provider Search

Health Profile | ZIP Code | Blue Button | My Drugs | **My Doctor** | Our Plans

Who is your doctor?

Search by Doctor Name

ZIP Code: 48706 | Within: 5 Miles | Advanced Search

Showing: 1 to 10 of 65

Guisinger, Janet Primary Care Provider Family Medicine NPI: 1295773208 3403 E Midland Rd, Bay City, MI 48706 More	0.4 Miles	Accepting Patients	Add
Anderson, Delinah Primary Care Provider Physician Assistant NPI: 1518912187 200 S Wenona St, Bay City, MI 48706 More	0.6 Miles	Accepting Patients	Add
Atkins, Emily Primary Care Provider Physician Assistant NPI: 1598914491 200 S Wenona St, Bay City, MI 48706 More	0.6 Miles	Accepting Patients	Add
Potts, Jeffrey Primary Care Provider Internal Medicine NPI: 1700804820 200 S Wenona St, Bay City, MI 48706 More Locations More	0.6 Miles	Accepting Patients	Add

A list of providers will populate. Select which on you'd like to add by clicking on "Add."

Want to quote multiple providers?

When selecting "Add" provider, you'll be asked if the selected provider is the primary care provider. If yes, it will indicate as preferred in your list of quoted providers.

Select Doctor Information

Distance	Location	Accepting Patients
0.36 Miles	3403 E Midland Rd Bay City MI 48706-0825	New and Existing

This doctor is my PCP.

[Save](#)

1 2 3 4 5 6 7

My Doctor			
	Name	Type of Specialist	Location
Selected PCP	Guisinger, Janet	Family Medicine	3403 E Midland Rd MI 48706 Edit Remove

Database last updated on April 1, 2024

[Continue](#)



Provider Search

2024 Medicare Plans

Below are the plans that are available in ZIP Code 48706 in Bay, Michigan:
Let's start your enrollment.

ZIP Code: 48706

Update

Medicare Advantage

Select for Comparison

McLaren Medicare Inspire (HMO)

\$0⁰⁰/month

✓ WALGREENS #5167

Plan Covers

- ✓ Dental
- ✓ Vision
- ✓ Hearing
- ✓ Rx

In-Network Copy

Primary Care Physician:	\$0
Emergency Room:	\$100
Specialist:	\$40
Max Enrollee Out-of-Pocket:	



Apply Now

View Details

Selected Doctor(s)

Select for Comparison

McLaren Medicare Inspire Plus (HMO)

\$25⁰⁰/month

✓ WALGREENS #5167

Plan Covers

- ✓ Dental
- ✓ Vision
- ✓ Hearing
- ✓ Rx

In-Network Copy

Primary Care Physician:	\$0
Emergency Room:	\$100
Specialist:	\$25
Max Enrollee Out-of-Pocket:	



Apply Now

View Details

Selected Doctor(s)

On the Quotes page, you'll see Selected Doctor(s). Clicking here will show you the In/Out-of-Network status of the selected providers.

Your doctor is currently a part of this network

✓ Guisinger, Janet



Enrollment Path *with* Blue Button 2.0

- Search tools connecting to [MyMedicare.gov](https://www.mymedicare.gov)

Blue Button 2.0

- Blue Button 2.0 is an initiative by the Centers for Medicare and Medicaid Services (CMS) to expand access to health information and improve the seamless exchange of data in healthcare – PROMOTE INTEROPERABILITY by giving patients access to their data
- Contains up to 4 years of Fee-For-Service medical claims and Part D drug claims
- Can be used to:
 - Access doctors, medications, and pharmacies to assist in the shopping experience
 - Lessen the time spent entering information manually
 - More accurately capture beneficiary information for shopping experience

Beneficiary must use their Mymedicare.gov login or create an account

The screenshot shows a navigation bar with five steps: 1. Health Profile, 2. Blue Button (highlighted), 3. My Drugs, 4. My Doctor, and 5. Our Plans. Below the navigation bar is the heading "Blue Button from Medicare" followed by explanatory text. Two buttons are visible: "Connect to MyMedicare.gov" and "No, I prefer to enter my information manually". Red circles and arrows highlight the "Connect to MyMedicare.gov" button with the text "Will direct you to MyMedicare.gov" and the "No, I prefer to enter my information manually" button with the text "Allows you to skip to next quoting tool – bypassing Blue Button 2.0 search". Below the buttons, there is a list of Medicare plans with details such as "MDwise Medicare: 833-358-2404" and "McLaren Medicare is an HMO/HMO-POS with a Medicare contract and a DSNP HMO with a Medicare contract and a contract with the State of Michigan Medicaid program. Enrollment in McLaren Medicare depends on contract renewal." A disclaimer at the bottom states: "This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments/coinsurance and restrictions may apply. Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to..."



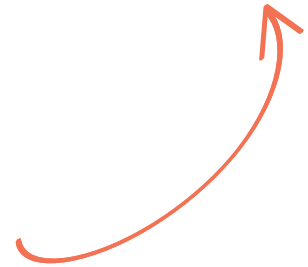
Blue Button 2.0

After selecting Connect to MyMedicare.gov, you will be presented with the following pop-up message

Using a shared or public device?
Be sure to log out and close all browser windows when you're done. This will help keep your information secure.
By accessing this site, you agree to our [Terms and Conditions](#).

1. Select 'Create Account'
2. Enter in the prospect's Medicare number as it appears on their Medicare card
3. Register with the same address that the Social Security Administration or Railroad Retirement Board has on file
4. Email address is not required
5. Create a username and password
6. Sign into account

The beneficiary will log in using existing MyMedicare.gov credentials, or by creating an account



Need Help?
Phone:
 McLaren Medicare: 833-358-2404 (TTY:711)
 MDwise Medicare: 833-358-2140 (TTY:711)
Hours:
 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

Disclaimer of Warranties
 MDwise Medicare is an HMO/HMO-POS with a PPO option. Your coverage depends on contract renewal.
 McLaren Medicare is an HMO/HMO-POS with a PPO option. Your coverage depends on contract renewal.
 This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments/coinsurance and restrictions may apply. Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to...



Blue Button 2.0

- The beneficiary will need to read through the permission statement before allowing Mymedicare.gov to access their Medicare data.
- Once they have read the statement, the beneficiary can select 'Allow' to give Mymedicare.gov access to their information or they can click 'Deny' if they wish to withhold the information.
- The beneficiary will need to decide what data they would like you to have access to before allowing Mymedicare.gov to transfer their data.

Medicare.gov
Ascend Quote & Enrollment

Ascend Quote & Enrollment wants permission to access your Medicare data.

Ascend Quote & Enrollment will be able to:

- Access your Medicare claims data.
- Access your personal details like your name, address, and age.
- Store your Medicare data on their systems.
- Get updates to your Medicare data unless you revoke access.

Understand the risks:

You have the right to share your health information, but there may be risks. Be sure to review the app's Privacy Policy and Terms and Conditions. You can revoke an app's access to your data at any time by logging in to your [MyMedicare.gov](#) account or calling us at 1-800-633-4227.

Medicare.gov

Ascend Quote & Enrollment has asked for some of your data.

Information about your doctor/hospital visits
Information about the prescription medications you take
Personal Information like your name, address, date of birth, race, and gender

Privacy Options

- Share all of your data**
This app will have access to both your healthcare data and some personal information
- Share healthcare data, but not your personal info**
Block some of your personal data like name, address, date of birth, race, and gender

Understand how your data is being used

To understand fully how Ascend Quote & Enrollment will use your data, please read the app's [Privacy Policy](#) and [Terms and Conditions](#).



Blue Button – Pharmacy and Formulary Tool

Blue Button 2.0 will populate a list of previously used pharmacies.

Select one to add to the quoting process, or search for one manually.

The screenshot shows the 'What pharmacy do you use?' section of the Blue Button 2.0 interface. At the top, a navigation bar includes 'Health Profile', 'ZIP Code', 'Blue Button', 'My Drugs' (highlighted with a blue circle), 'My Doctor', and 'Our Plans'. Below the navigation bar, the title 'What pharmacy do you use?' is displayed. A search bar labeled 'Search by pharmacy name' is present. Below the search bar, there are filters for 'ZIP Code', 'Within: 5 Miles', and 'More'. There are also checkboxes for 'Mail Order', 'Retail', and 'Preferred'. The main content area displays a list of pharmacies under the heading 'Here are the pharmacies you have used previously.' The list includes: WAL-MART PHARMACY 10-1991 (3585 W State Road 45, Bloomington, IN 47403), SAMS PHARMACY 10-6437 (3205 W State Road 45, Bloomington, IN 47403), KROGER PHARMACY (4025 S Old State Road 37, Bloomington, IN 47403), and CVS PHARMACY #06698 (2650 S Walnut St, Bloomington, IN 47403). Each pharmacy entry has a 'Retail' button. A 'Continue' button is located at the bottom left. A pop-up window is overlaid on the bottom right, titled 'What drugs are you taking?'. It contains a search bar 'Search By Drug Name' and a list of medications: Isosorbide Mononitrate, Lantus Solostar, Gabapentin, Novolog, Nexium, Atorvastatin Calcium, Fluticasone Propionate, Lisinopril, Spiriva, and Hydrocodone Bitartrate And Acetaminophen. A yellow highlight is present over the text 'To make adding medications easy, here is a list of those you have taken previously. The most recent ones are listed first.'

Previously prescribed medications will also be available.

By clicking on one, you'll be able to select the dosage and frequency to add to the medicine cabinet.

Blue Button – Provider Tool

- The ability to search for doctors will follow the normal flow
- Providers visited previously will populate on the Doctor Search page after selecting 'Allow' on the Mymedicare.gov screen
- Import the Primary Care Provider from the Blue Button data with the 'Add' button to include them in the quoting process
- After 'Adding' a doctor, you will notice that the PCP has been added to the shopping tool to populate on the application

Who is your doctor?

Search by Doctor Name

ZIP Code: ZIP Code Within: 5 Miles Advanced Search

Here are the providers you have used previously.

Galanti, Patricia Primary Care Provider
Allopathic & Osteopathic Physicians, Family Medicine
NPI: 1376629477
1664 W Smith Valley Rd, Greenwood, IN 46142 43.8 Miles Accepting Patients [Add](#)
[More Locations](#)
[More](#)

Thompson, Gloria
Behavioral Health & Social Service Providers, Social Worker, Clinical
NPI: 1588966485
5010 N Stone Mill Rd, Bloomington, IN 47408 10.7 Miles Accepting Patients [Add](#)
[More](#)

[Continue](#)

My Doctor

	Name	Type of Specialist	Location	
Selected PCP	Galanti, Patricia	Allopathic & Osteopathic Physicians, Family Medicine	IN 46142	Edit Remove

[Continue](#)

Database last updated on February 6, 2018

Application

Application

[List](#) [Compare](#)

2024 Medicare Plans

Below are the plans that are available in ZIP Code 48706 in Bay, Michigan:
Let's start your enrollment.

ZIP Code:

Medicare Advantage

Select for Comparison

McLaren Medicare Inspire (HMO)

\$0⁰⁰/month

✓ WALGREENS #5167

Plan Covers	In-Network Copay
✓ Dental	Primary Care Physician: \$0
✓ Vision	Emergency Room: \$100
✓ Hearing	Specialist: \$40
✓ Rx	Max Enrollee Out-of-Pocket:

Selected Doctor(s)

Select for Comparison

McLaren Medicare Inspire Plus (HMO)

✓ WALGREENS #5167

Plan Covers	In-Network Copay
✓ Dental	Primary Care Physician: \$0
✓ Vision	Emergency Room: \$100
✓ Hearing	Specialist: \$25

Compare plans or send a quote to beneficiary.

Find your plan and click "Apply Now."



Application

Selecting "Back to Shopping" will return you to the Quotes page.

Click Next to Proceed

Contact Info 1 About You 2 Your Address 3 PCP

[Back to Shopping](#)

McLaren Medicare Inspire (HMO)
H6322-001

\$0⁰⁰/month

Tell us about yourself

Personal Information

Prefix

First Name *

Middle Initial

Last Name *

Gender * Male Female

Your Birthday *

Email

Phone *

By providing your email and preferred phone to McLaren you are agreeing to periodic emails and text messages from McLaren regarding your plan.

* Required Information

Next

Plan premium



Application

Contact Info ✓ About You 2 Your Address 3 PCP

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) \$ 0⁰⁰ /month
H6322-001

Where do you live?

Residential Address

Address 1 • ... Address 2

City •

State • Zip • County

Mailing Address, if different from your permanent address (P.O. Box allowed)

• Required Information

[Back](#) [Next](#)

Complete the form with the beneficiary's personal information.



Application

Contact Info About You Your Address **3** PCP

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) \$0⁰⁰ /month
H6322-001

Who is your primary doctor?

Primary Care Provider Details

Please Click Provider Lookup In order to select a Primary Care Physician

Primary Care Provider ID (PCP ID) Provider LookUp

Provider First Name Provider Last Name

Related Links

- [2024 Summary of Benefits](#)
- [2024 Evidence of Coverage](#)
- [2024 Delta Dental Certificate of Coverage](#)
- [2024 Delta Dental Certificate of Coverage - Supplemental Option 1](#)
- [2024 Delta Dental Certificate of Coverage - Supplemental Option 2](#)

Select a PCP by using the Provider Lookup Tool.

If you have selected the provider previously, that provider will auto populate here.



Application

Medicare Details | 1 Insurance Info | 2 Medicare Status | 3 Other Details

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) \$0⁰⁰/month
H6322-001

Your insurance information

Medicare Insurance Information

You must have Medicare Part A and Part B to join a Medicare Advantage Plan. Using the information on your Medicare card, please complete the section below.

Medicare Number *

Hospital Part A Effective Date * **Medical Part B Effective Date ***

Verify * Required Information

[Back](#) [Next](#)

Related Links
[2024 Summary of Benefits](#)
[2024 Evidence of Coverage](#)
[2024 Delta Dental Certificate of Coverage](#)
[2024 Delta Dental Certificate of Coverage - Supplemental Option 1](#)
[2024 Delta Dental Certificate of Coverage - Supplemental Option 2](#)

Beneficiary information can be verified here. If verification fails, after 3 tries you can proceed with the next button.

Medicare Details | Insurance Info | 2 Medicare Status | 3 Other Details

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) \$0⁰⁰/month
H6322-001

What is your current Medicare situation?

Typically, you may enroll in a Medicare Advantage (MA) plan only during the Annual Election Period (AEP) from October 15 through December 7 of each year. There are exceptions, called Special Election Periods (SEPs) that may allow you to enroll in a Medicare Advantage plan outside of this period. Please select the option that best fits your situation. *

I am newly eligible for Medicare and this is my first entitlement to enrollment.
Initial Coverage Election Period (ICEP) – Your ICEP begins the first three months before your entitlement to BOTH Part A and Part B and typically ends after the third month of eligibility. (Typically this relates to either your 65th birthday or your 25th month of disability)

My situation falls under one of the Special Election Period circumstances.
Special Election Period (SEP) – You may use an SEP outside of the usual ICEP, IEP, or AEP.

* Required Information

By answering the question(s) above you are certifying that, to the best of your knowledge, you are eligible for the Election Period you selected. If we later determine that this information is incorrect, you may be disenrolled from the plan.

[Back](#) [Next](#)

Related Links
[2024 Summary of Benefits](#)
[2024 Evidence of Coverage](#)
[2024 Delta Dental Certificate of Coverage](#)
[2024 Delta Dental Certificate of Coverage - Supplemental Option 1](#)
[2024 Delta Dental Certificate of Coverage - Supplemental Option 2](#)

Please note that selecting "I am Newly Eligible" will result in required Requested Effective Date to be entered.

Application

Medicare Details Insurance Info Medicare Status **3 Other Details**

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) \$0⁰⁰/month

H6322-001

Other living situations and health services

Important Questions - Please answer the following questions

1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to McLaren Medicare? *

Yes No

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or state pharmaceutical assistance programs.

2. Do you work?

Yes No

3. Does your spouse work?

Yes No

* Required Information

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer.

What's your race? Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- I choose not to answer.

Back

Next



Application

Health Questions 1 Optional Benefits 2 Authorization 3 Payment

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) **\$0⁰⁰** /month
H6322-001

Add Optional Dental Benefits

Optional Benefit Packages - Please select any one of the optional benefit packages

Optional Benefits 1
Additional \$20.50 per month. Benefits include Comprehensive Dental with an annual benefit maximum of \$1000 per year.
Would you like to add the Delta Dental Option 1 package to your enrollment? *

Yes No

Optional Benefits 2
Additional \$36 per month. Benefits include Comprehensive Dental with an annual benefit maximum of \$1500 per year.
Would you like to add the Delta Dental Option 2 package to your enrollment? *

Yes No

* Required Information

[Back](#) [Next](#)

Related Links

- [2024 Summary of Benefits](#)
- [2024 Evidence of Coverage](#)
- [2024 Delta Dental Certificate of Coverage](#)
- [2024 Delta Dental Certificate of Coverage - Supplemental Option 1](#)
- [2024 Delta Dental Certificate of Coverage - Supplemental Option 2](#)



Application

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) \$0⁰⁰/month
H6322-001

Information Authorization

Disclosure Overview

Statements of Understanding

Authorization

I authorize the use and disclosure of health information about me as described herein.

Signature of Applicant/Authorized Representative *	Signature Date *
<input type="text"/>	04/10/2024

* Required Information

Relationship

What is the relationship to the person with Medicare listed on this enrollment form? *

I am the person listed on this enrollment form

I am the person authorized to act on behalf of the individual

* Required Information

[Back](#) [Next](#)

[Back to Shopping](#)

McLaren Medicare Inspire (HMO) \$0⁰⁰/month
H6322-001

Plan Payment

Please select a payment method

Receive a bill and pay by mail

Electronic funds transfer (EFT) from your bank account each

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

1 month.

[Back](#) [Next](#)

Related Links:

- [2024 Summary of Benefits](#)
- [2024 Medicare Cost Sharing](#)
- [2024 Medicare Plan Information Overview](#)
- [2024 Medicare Plan Information Overview - Supplemental Question 1](#)
- [2024 Medicare Plan Information Overview - Supplemental Question 2](#)



Application

Review

Apply Now

Step 1: Health Profile

ZIP Code 48706

Plan McLaren Medicare Inspire (HMO)
\$0.00 premium
Including Optional Benefits, premium is: \$0.00

Doctor Gulsinger, Janet Primary Care Provider [Edit](#)

PCP Address Street: 3403 E Midland Rd

Step 3: Medicare Details

Insurance Info Medicare Number: 1A00A004A00 [Edit](#)
Hospital Part A Effective Date: 02/01/2000
Medical Part B Effective Date: 08/01/2022

Medicare Status I am newly eligible for Medicare and this is my first entitlement to enrollment. *NewlyEligible* [Edit](#)
Requested Effective Date 05/01/2024

Other Details [Edit](#)
1. If you are enrolling in a McLaren Medicare Advantage plan that offers prescription drug coverage, will you have other prescription drug coverage? *No*
2. Do you work? *No*
3. Does your spouse work? *No*

Step 4: Health Questions

Optional Benefits [Edit](#)
Would you like to add the Delta Dental Option 1 package to your enrollment? *No*
Would you like to add the Delta Dental Option 2 package to your enrollment? *No*

Authorization [Edit](#)
Signature of Applicant/Authorized Representative: *oljo*
Signature Date: 04/10/2024
I am the person listed on this enrollment form or I am simply helping to complete this enrollment form. *SelfEnroll*

Payment [Edit](#)
Payment Method: *Bill*

By clicking the "Apply Now" button below you are confirming that everything in this application is true and correct to the best of your knowledge. Anyone giving false or misleading statements about a material fact in this electronic application, or causes someone else to do so, may face penalties under the law. By clicking "Apply Now" you are also electronically signing your completed application and submitting this to the plan. You will no longer be able to change your information once you submit. Once you submit your enrollment application you will be enrolled in this plan (if approved by CMS) and you will receive notice of acceptance or denial following submission of the enrollment to CMS.

Apply Now



Application

Confirmation numbers to save for your records and the ability to email the confirmation number to the beneficiary.

Application Complete

Thank you for completing your Medicare application. We will review your submission and be in touch with you soon!

You have completed your enrollment for McLaren Medicare Inspire (HMO)

Your confirmation number is: **64101006**



Email Confirmation

Click here to have your confirmation number emailed to you



Print Application

Click here to print this page with your Confirmation Number

NOTE: We will not keep the email address entered on file. It will be used for the sole purpose of sending an enrollment confirmation receipt.

Congratulations!

Please keep this number for your records.

If you have any questions about your pending application, please call Medicare Plan Finder at the number listed below and have your confirmation number above for reference.

(888) 888-8888 (TTY: 711)

Our team members can take your call during the following times:

- Feb. 25 through Sept. 30: Monday through Friday, 8 a.m. to 8 p.m.

- Oct. 1 through Feb. 14: Every day, 8 a.m. to 8 p.m.

- Feb. 15 through Feb. 24: Monday through Friday, 8 a.m. to 8 p.m.; Saturday, 8 a.m. to noon.

At all other times, you can access our Interactive Voice Recording system at the same number and leave your name and phone number. We'll return your call the next business day. Please don't share personal health information when you leave your message.

