## Michigan Medicine Participation Status
### 2023 Medicare Advantage Plans

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| • Ascension Complete Michigan Reward (HMO)    |        |                |
| • Ascension Complete Michigan Secure (HMO)    |        |                |

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| • Ascension Complete Michigan Access Plus |        |                |

| Aetna                         |        |                |
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| • Medicare Eagle              |        |                |
| • Medicare Elite Plan         |        |                |
| • Medicare Gold Plan          |        |                |
| • Medicare Premier            |        |                |
| • Medicare Premier Plus      |        |                |
| • Medicare Value             |        |                |

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| • Medicare Assure Premier     | HMO D-SNP | In-Network |

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| • Medicare MyMichigan Plan    | HMO-POS | Out-of-Network |

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| • Medicare Assure            |        |                |
| • Medicare Assure Plus       |        |                |
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| • Medicare Dual Complete Plan|        |                |
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# Michigan Medicine Participation Status

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Medicare Advantage Plans are offered with different plan designs.

- **HMO** – Members are required to select a participating PCP and referrals may be required for specialty care (varies by plan). **All out-of-network care requires prior plan authorization.**
- **D-SNP** – Members are required to select a participating PCP and referrals may be required for specialty care (varies by plan). **All out-of-network care requires prior plan authorization.**
- **MI Health Link** – Special Medicare-Medicaid Demonstration plan available on in certain regions of Michigan. Similar to an HMO, members are required to select a participating PCP and referrals may be required for specialty care (varies by plan). **All out-of-network care requires prior plan authorization.**
- **POS** – Members are often required to select a participating PCP. Referrals may be required for specialty care (varies by plan).
- **PPO** – Members are not required to select a PCP. No referral required for specialty care. Out-of-network care will incur higher out-of-pocket costs but does not need plan approval.
- **PFFS** – Most plans do not have a network of providers. No referral required for specialty care.