



UNIVERSITY OF MICHIGAN
HEALTH-SPARROW
MICHIGAN MEDICINE

2025 BENEFITS



University of Michigan Health-Sparrow

Open Enrollment:

October 9, 2024 – October 23, 2024

SparrowBenefits.org | 517-364-5333 | Benefits@UMHSparrow.org

Welcome to your 2025 University of Michigan Health-Sparrow benefits offering guide. Our benefits program provides you with the best in coverage that is simple and easy to use. We offer programs that protect your health, your money, your family, and help you find balance between your needs both at work and at home. We also know the value of understanding your coverage, so you know how to get care, when you need it, at the lowest cost. With the information and tools in this guide and related resources, we hope to help you be well today and work toward a healthy and secure future.

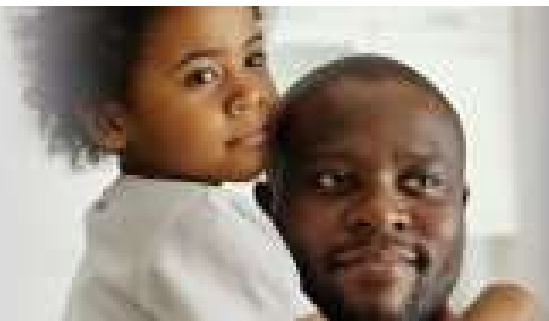
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Key Things to know:

- ✓ The benefits in this summary are effective 01/01/2025 through 12/31/2025.
- ✓ Open Enrollment and Time off Cash Out will be available from Wednesday, October 9, 2024 through Wednesday, October 23, 2024.
- ✓ Submit your open enrollment elections within the first four days, 10/09/2024 – 10/12/2024, and have the opportunity to win gift cards, University of Michigan Health-Sparrow swag and more!
- ✓ If you do not participate in Open Enrollment, your benefits coverage – **except for your Flexible Spending Account(s) (FSA)** – will “roll over” to next year.
- ✓ **You must participate in Open Enrollment if you want to elect or maintain a 2025 FSA benefit.**
- ✓ **You must participate in Open Enrollment if you want to cash out time-off hours. Cashed out hours will be paid out on the 11/22/2024 paycheck.**
- ✓ NEW: Third vision plan option for all except MNA PECSCH and MNA Home Care-RN.
- ✓ New plan names for dental and vision plans: Bronze, Silver and Gold.
- ✓ UAW ONLY: Your PPO Plus plan will be the same plan design as the Non-Union PPO Plus plan.
- ✓ The IRS updated the minimum deductible for qualified High Deductible Health Plans for 2025 which impacts the HSA plan. More information in the medical section and the benefits website.
- ✓ You must make Voluntary Benefit elections during Open Enrollment to enroll in or change existing coverage.
- ✓ EAP Web ID changed effective 10/15/2024 to UMHEALTH.
- ✓ REMINDER: Contact University of Michigan Health-Sparrow HR or visit SparrowBenefits.org to obtain a copy of a Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD) for more detailed benefit information.
- ✓ REMINDER: Take this time to review your beneficiaries under the following benefits, if you’re enrolled in them: Retirement (DB Pension Plan and/or DC 401k), Health Savings Account (HSA) thru WEX, and life insurance.





Are you eligible for benefits?

All team members who are eligible for benefits should participate in Open Enrollment. This includes full-time and part-time team members. Per Diem team members can elect a Dependent Care Spending Account or cash out any frozen time off.

Your eligible dependents

- Legally married spouse
- Natural, adopted, or stepchildren up to age 26, and legal guardians up to age 18
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law

Spousal Access Provision

University of Michigan Health-Sparrow has a spousal access provision under its medical plans. Under this provision, spouses of University of Michigan Health-Sparrow employees that have access to medical insurance coverage through their own employer at a premium of \$75 monthly/\$900 annually*, **MUST** enroll in single coverage through their employer plan in order to be eligible under University of Michigan Health-Sparrow's medical plans. Once enrolled, spouses will be eligible to continue coverage on a secondary basis under University of Michigan Health-Sparrow's medical plan.

If you are enrolling your spouse in medical coverage through University of Michigan Health-Sparrow, you must complete the Spousal Access Verification Form and Request for Exemption (if applicable). Forms are available at www.sparrowbenefits.org, or from Human Resources.

*Exceptions are made for spouses that are only offered a high deductible health plan at \$75 a month or less. Please contact HR for more details.

Changing your benefits

Outside of open enrollment, you may be able to add or remove dependents or change benefit options if you have a qualifying event change in your life and submit your change within 30 days. Eligible events include:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment" event under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)



[This guide is an overview and does not provide a complete description of all benefit provisions. Visit \[www.SparrowBenefits.org\]\(http://www.SparrowBenefits.org\) for additional information about **Open Enrollment** and specific benefit plans available to you.](#)



How to complete Open Enrollment

University of Michigan Health-Sparrow uses **My Team Member Record** to enroll. Here are some tips to help you get started.

Before you enroll

- Collect the date of birth, Social Security Number (SSN), and address for each dependent you wish to enroll. This information is **required** to enroll a dependent (including spouses).
- Consider your needs and the needs of your eligible dependents prior to choosing benefits.
- Review any benefits offered through your spouse's employer to avoid costly duplicate coverage.
- Carefully review the information in this benefits summary and other enrollment materials.
- If applicable, your spouse's employer information to complete the Spousal Access information.

Enroll

- Note that team members on leave or team members newly hired, had an eligible status change, or transferred between University of Michigan Health-Sparrow entities on or after 6/1/2024 must submit election forms outside of My Team Member Record to make changes to Health, Dental, Vision, Life or Disability insurance.

- ✓ **Online via My Team Member Record (on University of Michigan Health-Sparrow network or from home by visiting remote.sparrow.org)**

Login with: **Username:** Computer Login; **Password:** Computer Login Password

- ✓ **Community Hospital Benefit Support Sessions**

UM Health-Sparrow Carson HR Hallway Wed., October 16, 2024 8:00 am – 11:00 am	UM Health-Sparrow Clinton White Conference Room Wed., October 16, 2024 1:00 pm – 4:00 pm	UM Health-Sparrow Eaton Trumley A Thurs., October 17, 2024 8:00 am – 11:00 am	UM Health-Sparrow Ionia 2 nd Floor Conference Room Thurs., October 17, 2024 12:30 pm – 3:30 pm
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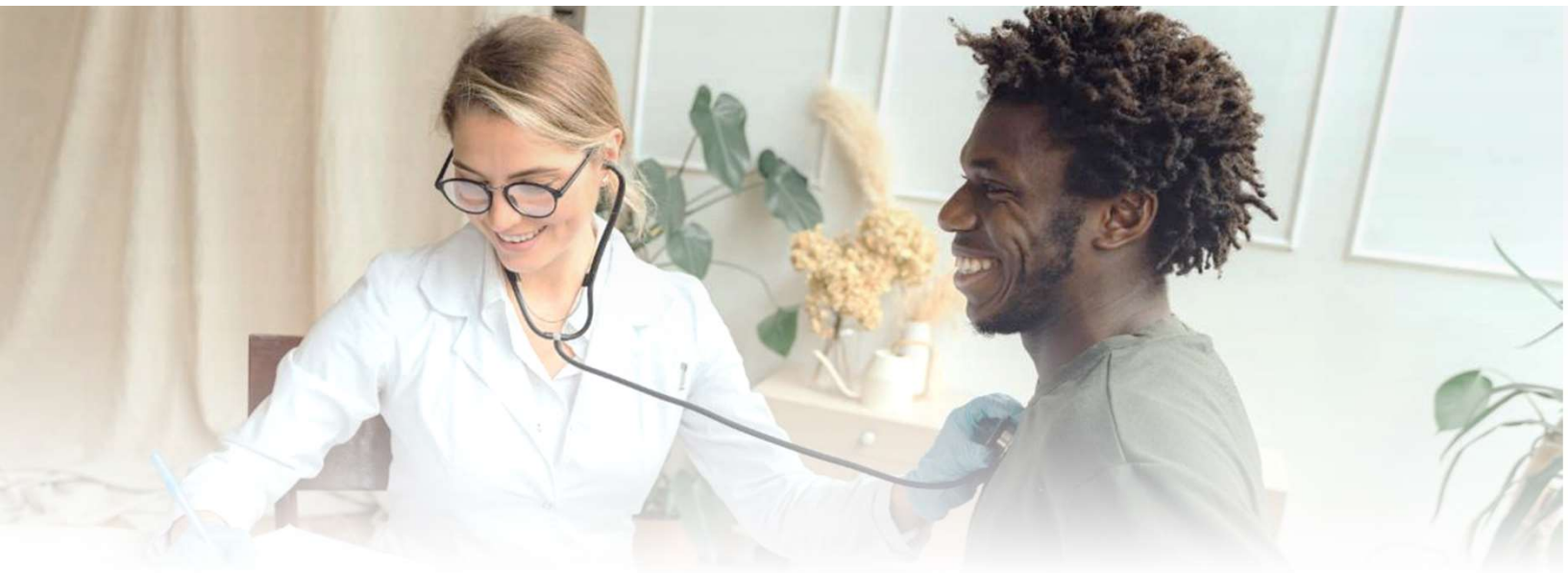
- ✓ **On the Phone**

Especially for team members who do not have online access or would like support in completing enrollment over the phone.

- Call **HR Service Center Benefits Hotline 517-364-5333**
- Call **855-421-9449** regarding Voluntary Benefits

- ✓ **Email University of Michigan Health-Sparrow HR at Benefits@UMHSparrow.org**

Especially for team members who need to submit paper forms to make changes (team members hired or who transferred into a benefit eligible status, or transferred University of Michigan Health-Sparrow entities on or after 6/1/2024)



Choosing a Medical Plan

Choosing a new medical plan? Check out these tips first:

Do you like your doctors?

Check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more, consider a plan with out-of-network coverage.

What are your healthcare needs?

Compare how each plan covers the services you need most often, such as office visits, specialists, or prescriptions.

What's your budget?

What will you pay for coverage? Is there a deductible? What is your share of the cost for office visits and prescriptions? All of these factors together affect your total cost for healthcare.

WORDS TO KNOW



COPAY

A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.

DEDUCTIBLE

The amount of healthcare costs you have to pay for with your own money before your plan will start to pay.

OUT-OF-POCKET MAXIMUM

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.

COINSURANCE

After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 70%, your coinsurance share of the cost is 30%.

IN & OUT-OF-NETWORK

In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

BALANCE BILLING

In-network providers can't bill you more than the plan allows, but out-of-network providers can. For example, if the provider fee is \$100 but the plan allows only \$70, an out-of-network provider may bill YOU the extra \$30. This is called balance billing.



Medical Insurance

University of Michigan Health-Sparrow continues to offer a choice of health plans to meet the needs of team members and their families.

Highlights for 2025

- ✓ The IRS updated the parameters for qualifying High Deductible Health Plans for 2025.
- ✓ Effective 1/1/25 the UM Health Plan (formerly PHP) is changing Pharmacy Benefit Manager (PBM) on UM Health-Sparrow medical plans from CVS to Express Scripts (ESI). This does not apply to BCBSM plans. ESI's pharmacy network is broad, and includes all UM Health-Sparrow pharmacies, CVS, Walgreens, Meijer, but does NOT include Kroger Pharmacies.
- ✓ Effective 1/1/25, UM Health-Sparrow Specialty Pharmacy will be the exclusive specialty pharmacy for the UM Health-Sparrow plans, administered by UM Health Plan (formerly PHP).

Health Savings Account (HSA)

A Health Savings Account works in conjunction with the University of Michigan Health-Sparrow Health HSA plan, a qualified high-deductible health plan. An HSA allows you to save money by putting your pre-tax dollars into a designated savings account to use for eligible health, dental, or vision expenses not covered by insurance - such as deductibles and copays. Please note that HSA funds used for dental and vision expenses will not apply towards your annual medical deductible. Placing money in a health savings account lowers your taxable income, which in turn may save you money. The money in the account rolls over year after year, is never forfeited and may be invested in money market accounts.

*****PLEASE NOTE: The IRS increased the minimum deductible amount for qualifying High Deductible Health Plans (HDHP) effective 1/1/25 from \$1,600 Individual / \$3,200 Family to \$1,650 Individual / \$3,300 Family. In order for the University of Michigan Health-Sparrow HDHP w/HSA Plan to remain a qualified HDHP allowing participants to contribute to their corresponding HSA account, the annual In-Network deductibles must change to the IRS minimum.**

HSA annual employer contributions will be processed after the first pay period in January. All other HSA employer contributions will be prorated monthly based on health benefit effective date and deposited within 30 days of the benefit election date. There will be no change in the employer contribution for plan year 2025.

2025 HSA University of Michigan Health-Sparrow Employer Contributions will be:	
\$750 Single	\$1,500 Family
2025 HSA IRS Contribution limits are (this includes any University of Michigan Health-Sparrow contributions):	
\$4,300 Single	\$8,550 Family

If you have a medical FSA in 2024 and are electing the University of Michigan Health-Sparrow Health HSA plan for 2025, per IRS regulations you MUST use all of your 2024 medical FSA funds by 12/31/2024 in order to open your HSA account January 1, 2025. Otherwise, the HSA account cannot be established until April 2025, which includes receipt of the employer contribution. Additionally, if your HSA account is not established until April due to remaining 2024 FSA funds, any expenses incurred from January through March 2025 may not be paid for by funds from the HSA account.

Note: Health Savings Accounts are not available to team members enrolled in a Health Care Flexible Spending Account (FSA). You also may not contribute to an HSA if you are enrolled in Medicare Part A and/or Part B or have other health coverage that is not a high deductible health plan. It is the team member's sole responsibility to determine if they are an eligible individual for purposes of making or receiving HSA contributions.

Flexible Spending Account (FSA)

University of Michigan Health-Sparrow Flexible Spending Accounts allow you to save money by putting your non-taxable dollars into a designated spending account. Placing money in a spending account lowers your taxable income, which in turn may save you money. University of Michigan Health-Sparrow's Flexible Spending Account options include a Healthcare Spending Account and a Dependent Care Spending Account. You may elect to participate in one or both of these accounts.

Team members wishing to participate in the FSA program(s) **must enroll online every open enrollment period.** That election amount is deducted pre-tax from your paycheck in equal amounts and is deposited into your FSA account following each pay period. **Exceptions will not be granted for those who do not complete open enrollment.**

It is important to carefully plan your contributions to the Flexible Spending Accounts. IRS rules require that money left unused in your account(s) at the end of the plan year be forfeited. University of Michigan Health-Sparrow allows for a grace period of 2 ½ months after the close of the plan year for the health care spending account. Therefore, if a team member has a balance in their health care spending account as of December 31st, the team member may be reimbursed for healthcare expenses incurred on or before March 15th of the following year.

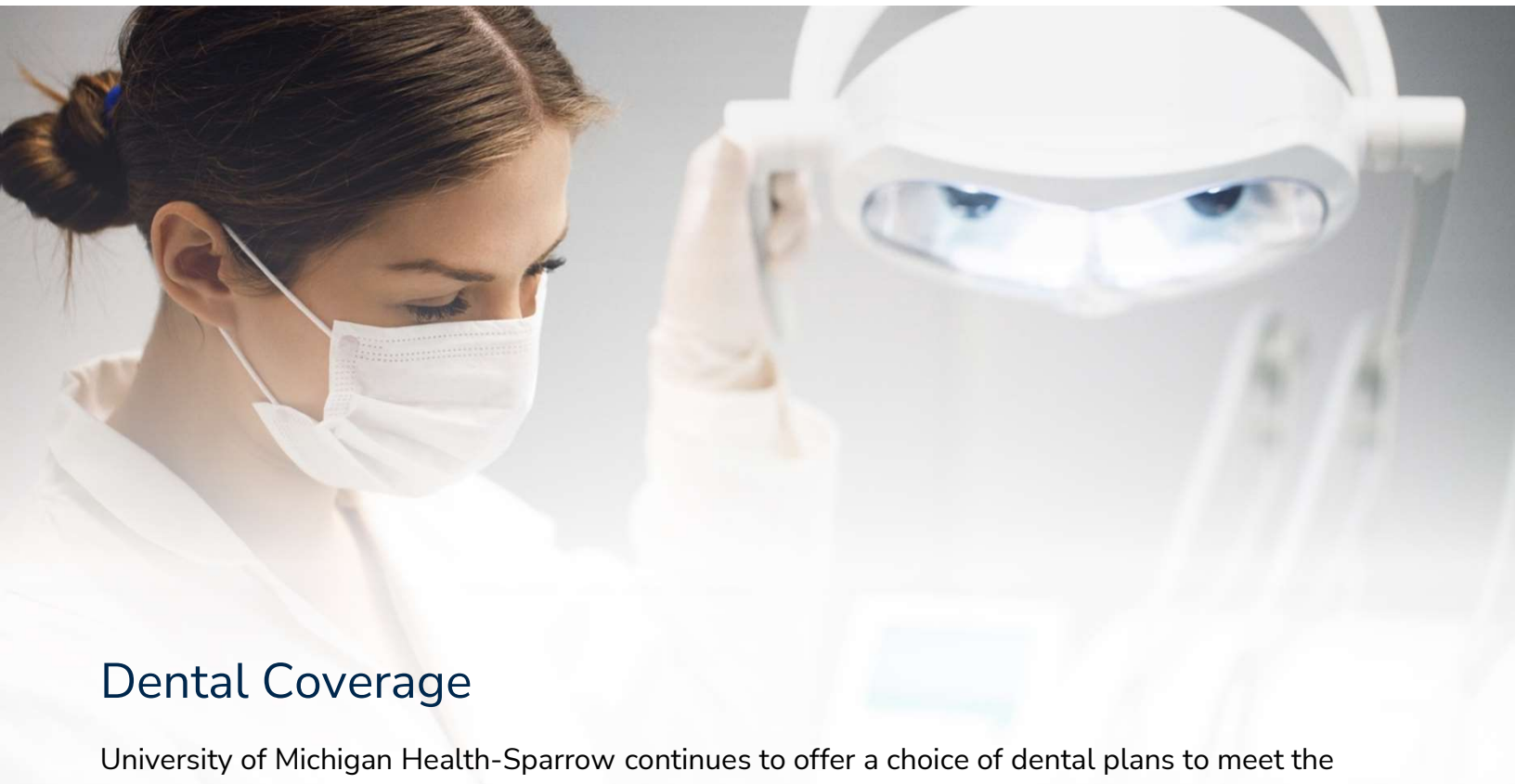
Note: The Healthcare Flexible Spending Account is not available to team members enrolled in the University of Michigan Health-Sparrow Health HSA plan or non-benefit eligible team members.

Healthcare Flexible Spending Account

The healthcare Flexible Spending Account reimburses you with pre-tax dollars for certain medical, dental, and vision expenses not covered by insurance. Expenses incurred and claimed may be for you or your legal dependents. Examples of eligible expenses include, but are not limited to, medical deductibles and co-pays, eyeglasses, contacts, exams, and dental expenses. Please note that FSA funds used for dental and vision expenses will not apply towards your annual medical plan deductible. You can elect to contribute up to \$3,200 in 2025 in the Healthcare Flexible Spending Account.

Dependent Care Spending Account

The Dependent Care Spending Account reimburses you with pre-tax dollars for any dependent care expenses incurred to enable you and your spouse to work. These include expenses such as day care for your children or home care for your disabled spouse or parent(s). You can elect to contribute up to \$5,000 in 2025 in the Dependent Care Spending Account.



Dental Coverage

University of Michigan Health-Sparrow continues to offer a choice of dental plans to meet the needs of team members and their families.

Highlights for 2025

- ✓ NEW: Plan names have been updated. See enclosed rate sheet.
- ✓ NEW: Silver (Base) and Gold (Buy-Up) plans now include the following coverage:
 - ✓ Posterior Composite Resin Fillings and Posterior Porcelain Crowns/Bridges
 - ✓ Special Health Care Needs Benefit, for team members or dependents who have specific diagnoses which may require additional cleanings/services throughout the year
 - ✓ Occlusal guard replacement once every 5 years
- ✓ REMINDER: The Delta Dental Gold Plan (Buy-Up) covers adult orthodontics!

You may make election changes during open enrollment. For details, please visit www.SparrowBenefits.org for benefit summaries, rate information and plan documents.

Vision Coverage

University of Michigan Health-Sparrow continues to offer a choice of vision plans to meet the needs of team members and their families.

Highlights for 2025

- ✓ NEW: Plan names have been updated. See enclosed rate sheet.
- ✓ NEW: There is a third vision plan offering – the Bronze Plan; not available to MNA PECSH or MNA Home Care RN bargaining unit team members.
- ✓ NEW: LightCare coverage added to all vision plans.
- ✓ REMINDER: An annual vision exam is covered at 100% on the Silver and Gold plans
- ✓ REMINDER: The frame allowance at Walmart and Costco matches the VSP provider allowance!

You may make election changes during open enrollment. For details, please visit www.SparrowBenefits.org for benefit summaries, rate information and plan documents.

Guidance Resources (Employee Assistance Program)

Managing your personal and professional responsibilities can sometimes be challenging.

Your ComPsych® GuidanceResources® program offers free virtual, phone or face-to-face counseling and resources to consult whenever and wherever you need them to assist in work-life balance.

Call: **877-595-5284** TRS: Dial **711**

The toll-free number gives you direct 24/7 access to a Guidance Resources Consultant, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: **www.guidanceresources.com**

App: **GuidanceNow®**

Web ID: **UMHEALTH**

REMINDER: Counseling benefits includes **up to eight visits per person in your household, per issue, per year.**

Log on today to connect directly with a Guidance Resources Consultant or to access educational articles, podcasts, videos and other helpful tools.

REMINDER: Koa Care 360 wellness & well-being app

Your Employee Assistance Program offers an app-based platform of digital self-care tools to help you tackle stress, depression and other common mental health issues—whenever and from wherever you need to. This new platform, called Koa Care 360, is a powerful, self-contained wellness solution that is both engaging and user-friendly. The dynamic, digital content is grounded in evidence-based techniques, such as cognitive behavioral therapy, mindfulness and positive psychology, and is curated by skilled psychologists. It's also clinically proven to enhance mental health and well-being.

How It Works:

To get started, Koa Care 360 asks you about your goals. Whether it's wanting to sleep better, be less stressed or to have more confidence in yourself. Using your answers, the platform creates individualized experiences through interactive programs, skill-building tools and inspirational resources you access right from your smartphone or tablet. The program tracks your progress and keeps you motivated during your wellness journey, while helping to eliminate stress, anxiety and overcome mental barriers.

Log on to guidanceresources.com and click on the icon for digital self-care tools to get started your wellness journey!.



Disability Insurance

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

Short-term disability

Limited duration issues such as:

- Pregnancy, childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

Long-term disability

Longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

Short-term disability

Short-term disability (STD) coverage provides an important source of income should you become disabled and unable to work for a short period of time. The financial consequences of a disability can affect your financial security and that of your family. Eligible team members will either be provided short-term disability by University of Michigan Health-Sparrow or may be eligible to purchase it based on job classification. The open enrollment system will display options available.

MNA PECSH team members only: Team members who sign up for coverage after their initial enrollment period will no longer be required to complete an evidence of insurability (EOI) to gain coverage. Instead, all team members who elect coverage will gain coverage but will be subject to a pre-existing condition clause. Under this clause, MNA PECSH team members that sign up would not be covered for pre-existing conditions only if they received treatment or took prescription drugs for the condition three (3) months prior to the first 12 months of the policy coverage.

Long-term disability

The long-term disability (LTD) insurance provides the security of a continuing income in the event you are disabled for an extended period of time and are unable to work. Eligible team members have an employer paid basic long-term disability benefit that pays 60% of your basic monthly earnings after the applicable waiting period. Eligible team members will either be provided long-term disability by University of Michigan Health-Sparrow, be able to purchase a buy up option or may be eligible to purchase a base LTD plan based on job classification. The open enrollment system will display your enrollment options.



For Your Protection and Future Life Insurance

Life insurance can fill a number of financial gaps for a family recovering from the death of a loved one. Without enough life insurance, many families have to reduce their standard of living after the loss of an income. Consider your current and future financial needs when evaluating how much coverage you need. The most common short and long-term financial needs include:

- Medical bills and funeral expenses
- Living expenses for the surviving family (housing, food, clothing, utilities, etc.)
- Large expenses (college education, home mortgage, student loans, etc.)
- Taxes and debts that need to be settled



Make sure that you have named a beneficiary for your life insurance benefit and update it if your family or marital status changes. You may download a designation form at www.sparrowbenefits.org.

Basic Life Insurance

University of Michigan Health-Sparrow pays the full cost of 1x your annual base pay for eligible full-time team members (or 2x annual base pay for eligible job classifications) and \$10,000 for eligible part-time team members, once the applicable waiting period has been met. Basic life amounts will be displayed in the open enrollment system.

Age reduction provisions apply beginning at age 65. Please refer to the benefit policy for details.

A note about taxes: A life insurance benefit over \$50,000 is considered a taxable benefit. You will see the value of the benefit over \$50,000 included in your taxable income on your paycheck and W-2.

Supplemental Life Insurance

Full-time team members may elect coverage from \$10,000 to \$1,000,000 in \$10,000 increments, not to exceed 7 times your base annual salary. If you elect more than 7 times your salary, your benefit will be reduced to the next lower \$10,000 increment. Newly eligible team members are guaranteed \$400,000, or 3 times your salary (rounded up to the next \$10,000 increment) if you elect within 30 days after you first become eligible. You must provide Evidence of Insurability (EOI) if you apply for higher amounts of coverage, or if you elect coverage more than 30 days after you first become eligible. *

Part-time team members may elect coverage in \$10,000 increments from \$10,000 up to \$50,000. You must provide Evidence of Insurability (EOI) if you apply for higher amounts of coverage, or if you elect coverage more than 30 days after you first become eligible. You are guaranteed \$30,000 if you elect within 30 days after you first become eligible. *

* An increase in premiums displayed in the open enrollment system may occur mid-year based on age-banded rates. You will be notified in advance and will be provided an opportunity to make a change to your supplemental life insurance election.

Dependent Life Insurance

You may elect dependent child(ren) life coverage in the amount of \$2,500, \$5,000, or \$10,000 on your children less than 26 years old. This benefit will apply to all your child(ren) for one low monthly premium. If both parents are University of Michigan Health-Sparrow team members, only ONE may enroll in dependent life insurance coverage. **Please take the time to review your eligible dependents during Open Enrollment – if you no longer have any dependents under the age of 26, but have the Dependent Life Insurance Benefit, you may want to terminate the coverage during the open enrollment period.** If your dependent is a benefit-eligible University of Michigan Health-Sparrow team member, you may **not** elect Dependent Life Insurance.

Spousal Life Insurance

You may elect spousal life coverage in the amount of \$5,000, \$10,000, \$25,000, \$40,000, or \$50,000. Your spouse must provide Evidence of Insurability (EOI) if you apply for coverage greater than \$25,000. **If your spouse is a benefit-eligible University of Michigan Health-Sparrow team member, you may not elect Spousal Life Insurance.**

401(k)

The Sparrow Health System Associate Retirement 401(k) Plan is a tax-qualified defined contribution plan available to eligible and newly hired team members by adopting University of Michigan Health-Sparrow participating employers. University of Michigan Health-Sparrow and team member contributions are made on a tax-deferred basis. Since contributions are taken out before taxes, team members pay less tax on their current taxable income. Taxes on both contributions and earnings are not paid until the team member begins receiving their retirement income from the plan. Team members may also elect to make post-tax Roth contributions or a combination of both.

Several contributions may be made into your 401(k) each year. The first contribution is the team member's own deferral. Deferrals may be made per pay period but are limited by applicable federal law. In addition, University of Michigan Health-Sparrow offers two types of employer contributions: **University of Michigan Health-Sparrow will match 50% up to the first 6% what a team member contributes each pay period, and University of Michigan Health-Sparrow will automatically contribute 3% of a team member's pay to their 401(k) account on an annual basis, even if the team member does not contribute their own money, after they have met the applicable eligibility requirements:** one year of service and 1,000 hours. Annual contributions from University of Michigan Health-Sparrow are made by 12/31 each year and are based on the previous year's eligibility and earnings.

Participants are immediately 100% vested in their own contributions and University of Michigan Health-Sparrow's annual contributions. University of Michigan Health-Sparrow's matching contributions vest 100% after 3 calendar years of eligible service in which you work 1000 hours or more each year.

The 401(k) Plan includes an automatic enrollment provision. **Newly hired eligible team members will have 6% of their pay automatically deferred every pay period after a 60 day opt-out period.** Team members may, however, opt out of automatic enrollment, change their automatic enrollment option at any time, or elect to begin contributions sooner. Participants may withdraw vested funds from their Plan account in the form of a rollover or lump sum after the attainment of age 59 ½ or termination of employment.

Just like the life insurance benefit, please make sure to consistently review your assigned beneficiaries for your 401k plan whenever you have a life event change. You can update your beneficiary anytime by calling Transamerica directly, logging into your online account, or calling University of Michigan Health-Sparrow's dedicated rep, Douglas Smith.

For questions or enrollment assistance regarding the 401(k) plan, contact Transamerica at **800-755-5801**, or University of Michigan Health-Sparrow's dedicated Transamerica rep, Douglas Smith, at **319-355-9547** or SparrowRetirement@transamerica.com.

MAC team members who are at least 18 years old, who have completed one year of service and at least 501 hours in their first anniversary, or a subsequent plan year, are eligible to contribute to the Sparrow Affiliate 401(k) plan. This plan does not receive any employer contributions.



Voluntary Benefits

Voluntary benefits are available to benefit eligible team members in addition to your core benefits package. You can buy the coverage that is unique to your needs. You pay 100% of the cost through convenient payroll deductions.

Enrollment can be completed by calling **855-421-9449**

or by visiting <http://boss.employeenavigator.com/>.

ACCIDENT INSURANCE



Provides monetary benefits for costs incurred as a result of a covered accident such as fractures, ER visits, and lacerations.



LEGAL INSURANCE

Gives you extensive services and help with a wide variety of personal legal matters. No deductibles, copayments, or claim forms required.

CRITICAL ILLNESS INSURANCE



Provides a lump sum benefit to help cover both expected and unexpected expenses that arise from diagnosis of a covered critical illness such as cancer, heart attack, or stroke.



IDENTITY THEFT INSURANCE

Choose from two levels of protection to safeguard your personal and credit information and get help with restoring your credit – and your good name – if fraud occurs. *Available to enroll at any time through the year

HOSPITAL INDEMNITY INSURANCE



Can reduce anxiety by providing hospital admission and hospital stay benefits to cover your added cost.



WAGMO

Different from Pet Insurance, Wagmo Wellness plans reimburse employees for routine pet care expenses. ONLY Wagmo offers pet wellness and pet insurance separately to provide the best possible coverage and care for all cats and dogs regardless of age, breed, or preexisting condition.

Discount Programs

All University of Michigan Health-Sparrow team members can enjoy health, happiness, and savings with the LifeBalance Program! University of Michigan Health-Sparrow offers thousands of exciting employee discounts through The LifeBalance Program! LifeBalance connects you with great deals on the things you care about most, including family fun, travel, health, fitness, electronics, and more. These programs are available with direct bill options and are not applicable to payroll deductions.

To participate you may create an account at <https://umhealthregion.lifebalanceprogram.com/>



AUTO & HOME INSURANCE

Competitive coverage and special savings, as well as free, no-obligation quotes from up to two leading national carriers.



PET INSURANCE

Protect your pet's health – and your budget. Your pet can have coverage for check-ups, accidents, or illnesses, and significant medical problems. Plus, you'll have your choice of vets worldwide.

What Can I Save On?

Shop deals on exercise, electronics, apparel, travel, attraction admission, meal delivery, mortgage loans, childcare, gardening, healthcare products, and so much more! Some of LifeBalance's most popular savings include:

- Priceline: Up to 60% savings on hotel stays
- Samsung: Up to 30% savings on purchases
- Apple: Up to 10% savings on purchases
- Disneyland Resort: Members score special pricing on tickets
- Garmin: 20% savings on wearables, smartwatches, and scales
- Columbia Sportswear: 10% savings sitewide, up to 60% during flash sales
- Provident Funding: Up to \$5,000 savings on home purchase or refinance
- FTD: 25% savings on all orders
- Sam's Club: 55% savings on one-year memberships
- KinderCare Learning Centers: 10% savings on standard weekly or monthly tuition
- TravelPerks Dream Vacations: Up to \$2,000 savings on cruises, resort stays, and tours

Who Do I Contact with Questions?

The LifeBalance Member Services Team is always happy to assist you! Please call 888-754-5433 or email info@LifeBalanceProgram.com with any questions or feedback!





PLAN CONTACTS

Plan type	Provider	Phone	Web
401(k) Plan	Transamerica	(800) 755-5801	transamerica.com/portal/sparrow
Transamerica Retirement Planning Consultant	Douglas Smith	(319) 355-9547	Douglas.Smith@transamerica.com
Sparrow Pension Center	Mercer	(800) 921-0369	sparrow.mypensioncenter.com
Benefit Inquiries	Team Member Service	(517) 364-5333	Benefits@UMHSparrow.org
GuidanceResources®	ComPsych®	(877) 595-5284	Guidanceresources.com
COBRA	WEX	(866) 451-3399	www.wexinc.com
Medical Plans	BCBSM	(877) 354-2583	Bcbsm.com
Medical Plans cont.	Sparrow (administered by UM Health Plan)	(517) 364-8432	www.uofmhealthplan.org
Dental	Delta Dental	(800) 524-0149	Deltadentalmi.com
Vision	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Account	WEX	(866) 451-3399	www.wexinc.com
Health Spending Account	WEX	(866) 451-3399	www.wexinc.com
Life Insurance	UNUM	(800)-421-0344	www.unum.com/claims
Short and Long Term Disability (STD) (LTD)	UNUM	(800)-421-0344	www.unum.com/claims
Accident, Critical Illness, Hospital Indemnity	UNUM	(800) 421-0344	www.unum.com
Group Home and Auto, Pet Insurance	LifeBalance	(888) 754-5433	https://umhealthregion.lifebalanceprogram.com/ info@LifeBalanceProgram.com
Identity Theft	Life-Lock	(800) 543-3562	Lifelock.com
Legal Services	ARAG	(800) 247-4184	Araglegal.com

IMPORTANT PLAN INFORMATION

Health plan notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located in the yearly distributed Benefit Guide.

- **Summary Annual Report:** Provides information related to the welfare benefits offered by UM Health-Sparrow, as filed annually with the U.S. Department of Labor as required under ERISA
- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Notice of Grandfathered Plan Status:** Notifies you that a plan is grandfathered and does not include all Affordable Care Act (ACA) provisions
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Michelle's Law:** Describes right to extend dependent medical coverage during student leaves
- **Notice of Availability of Alternative Standard for Wellness Plans:** Describes right to alternatives ways of participating in employer's wellness program
- **Notice Regarding Wellness Program:** Describes voluntary nature of wellness program that includes biometrics and/or a Health Risk Assessment (HRA)
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Summary of Benefits and coverage

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized summarized format. SBCs can be obtained from the SparrowBenefits.org website.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the University of Michigan Health-Sparrow Health System Group Benefit Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Summary Annual Report

Summary Annual Report for the Sparrow Health System (d.b.a. University of Michigan Health – Sparrow) Group Benefit Plan, Plan No. 509

This is a summary of the annual report of the Sparrow Health System, d.b.a. University of Michigan Health Sparrow, (UM Health-Sparrow) Group Benefit Plan, Employer Identification Number 38-2542859, Plan No. 509, for the period January 1, 2023 through December 31, 2023. The annual report has been filed with the U.S. Department of Labor's Pension and Welfare Benefits Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The Plan provides welfare benefits through a cafeteria plan established under Section 125 of the Internal Revenue Code. The cafeteria plan component is not covered by ERISA, and is not included in this ERISA-required summary. This summary reports on only the ERISA-covered components of the Sparrow Health System Group Benefit Plan listed below:

- Health Flexible Spending Arrangement
- Employee Assistance Program (EAP)
- Vision Insurance
- Health (Medical and Rx) Insurance
- Dental Insurance

As of January 1, 2017, Life Insurance and Disability benefits have been provided through the Sagewell Healthcare Benefits Trust which files a 5500 on behalf of all members of the Trust, accordingly.

Uninsured Components

Benefits under the Medical (Blue Cross Blue Shield of Michigan and PHP Service Company), Health Flexible Spending Arrangement (Health FSA), EAP and Dental components of the Plan are not funded. UM Health-Sparrow, has committed itself to pay these benefits out of its general assets.

Insured Components – Insurance Information

The Plan has a contract with Delta Dental of Michigan to pay certain dental claims incurred under the terms of the plan. The total premiums paid for the year ending December 31, 2023 were \$87,344. Because it is a so-called “experience-rated” contract, the premium costs are affected by, among other things, the size and number of claims. Of the total premiums and claims paid for the plan year ending December 31, 2023, the premiums paid under such “experience-rated” contracts were \$87,344 and the total of all claims paid under the experience-rated contract during the plan year was \$65,244.

The Plan has a contract with Vision Service Plan to pay certain vision claims incurred under the terms of the plan. The total premiums paid for the year ending December 31, 2023 were \$1,362,888. Because it is a so-called “experience-rated” contract, the premium costs are affected by, among other things, the size and number of claims. Of the total premiums and claims paid for the plan year ending December 31, 2023, the premiums paid under such “experience-rated” contracts were \$1,362,888 and the total of all claims paid under the experience-rated contract during the plan year was \$1,026,808.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report:

1. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of UM Health-Sparrow, Human Resources Department, 1200 East Michigan Ave., Suite 235, Lansing, MI 48912, (517) 364-5858.

You also have the legally protected right to examine the annual report at the main office of the plan at UM Health-Sparrow, Human Resources Department, 1200 East Michigan Ave., Suite 235, Lansing, MI 48912, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-5638, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040. OMB Control Number 1210-0040 (expires 03/31/2026)

Medicare Part D Notice

Important Notice from The University of Michigan Health – Sparrow About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The University of Michigan Health – Sparrow (UM Health-Sparrow) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage, if you’re enrolled in any offered UM Health-Sparrow health insurance plan, and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The University of Michigan Health – Sparrow has determined that the prescription drug coverage offered by The University of Michigan Health – Sparrow’s offered health plans, is , on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Medical coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. Since the existing prescription drug coverage under UM Health-Sparrow’s health plans is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your UM Health-Sparrow prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The University of Michigan Health - Sparrow's and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The University of Michigan Health - Sparrow changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Date: 9/11/2024
Name of Entity/Sender: Sparrow Health System d.b.a. University of Michigan Health-Sparrow
Contact-Position/Office: Human Resources-Benefits Team
Address: 1200 E Michigan Ave, Ste 235, Lansing, MI 48912
Phone Number: 517-364-5333
Email: Benefits@UMHSParrow.org

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in The University of Michigan Health – Sparrow’s health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in The University of Michigan Health – Sparrow’s health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in The University of Michigan Health – Sparrow’s health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for The University of Michigan Health – Sparrow’s describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting your administrator.

Notice of Choice of Providers

The Medical Plans provided by The University of Michigan Health - Sparrow's generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Medical Plans Care or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator or issuer.

Michelle's Law

The Medical plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school—or change in school enrollment status (for example, switching from full-time to part-time status)—starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify Human Resources as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Notice Regarding Wellness Program

The wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which would include a blood test for glucose, HDL, LDL, triglycerides and total cholesterol. You are not required to complete an HRA or to participate in any blood tests or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete an HRA or participate in any biometric screenings, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard.

The information from your HRA and/or the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and The University of Michigan Health - Sparrow's may use aggregate information it collects to design a program based on identified health risks in the workplace, The Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual that may receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your administrator.

Notice of Availability of Alternative Standard for Wellness Plan

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility—

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, press 2
INDIANA – Medicaid
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: (800) 403-0864 Member Services Phone: (800) 457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [Iowa Medicaid | Health & Human Services](#) | Medicaid Phone: 1-800-338-8366

Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#) | Hawki Phone: 1-800-257-8563

HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328

Email: KIHIP.PROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov> | Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/> | Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084 | email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov> | Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human
Services Centers for Medicare & Medicaid
Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



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