HEALTH INSURANCE COMPARISON

MNA Home Care Rehab January 1, 2025



In Network Services Covered	UM Health-Sparrow PPO BASE		UM Health-Sparrow PPO PLUS		UM Health-Sparrow HDHP w/HSA		Blue Cross Blue Shield (BCBS)		
Scivices Govered	UMH-SCN Network	SPN Network	UMH-SCN Network	SPN Network	UMH-SCN Network	SPN Network	(50		
Annual Deductible	\$500 single / \$			\$500 family	\$1,650 single /		In Network:	\$500/\$1,000	
Annual Max Out of	\$3,000 single /		\$6,000 single /		\$3,000 single /		\$1,500 single /		
Pocket	\$6,000 family		\$12,000 family		\$6,000 family		\$3,000 family		
Pairs With (Must								,	
elect separately)	Medical FSA		Medical FSA		HSA		Medical FSA		
HSA Funding*	n/a		n/a		\$750 single / \$1,500 family		n/a		
PCP Office Visit	\$15/ visit	\$20/ visit	No Charge	\$15/ visit	No charge afte	er deductible	\$15	/visit	
Specialist Office Visit	\$25/ visit	\$40/ visit	\$15/ visit	\$30/ visit	No charge afte	er deductible	\$15	/visit	
Maternity Care	No charge aft	er deductible	No charge aft	ter deductible	No charge afte	er deductible	20% after	deductible	
Preventative							No o	20100	
Services	No charge		No charge		No charge		INO CI	narge	
Inpatient Hospitalization	No charge after deductible		No charge after deductible		No charge after deductible		20% after deductible		
Outpatient Surgery	10% after deductible		No charge after deductible		No charge after deductible		20% after deductible		
Lab and X-Ray	10% after deductible		No charge aft	ter deductible	No charge after deductible		20% after deductible		
	\$250/ visit; \$	\$150/visit at	\$200/ visit; \$100/visit at						
Emergency Room	Carson, Clinton, Eaton, or Ionia		Carson, Clinton, Eaton, or Ionia		No charge after deductible		20% after deductible		
Urgent Care	\$25/ visit	\$50/visit Non Sparrow UC	\$25/ visit	\$50/visit Non Sparrow UC	No charge afte	er deductible	\$15	/visit	
Walk-In Care	No Ch	narge	No C	harge	No charge afte	er deductible	\$15	/visit	
Behavioral Health - IP	No charge after deductible				No charge after deductible		20% after deductible		
Behavioral Health - OP	\$15/ visit	\$20/ visit	No Charge	\$15/ visit	No charge afte	er deductible	\$15	/visit	
Chiropractic/Osteop athic Manipulation	10% after deductible; Combined maximum of 24 visits/member/year		No charge after deductible; Combined maximum of 24 visits/member/year		No charge after deductible; Combined maximum of 24 visits/member/year		20% after deductible; Combined maximum of 38 visits/member/year		
Durable Medical Equipment	20% after deductible		No charge after deductible		No charge after deductible		20% after deductible		
High Tech Imaging (CT, MRI)	\$75/procedure after deductible		No charge after deductible		No charge after deductible		20% after deductible		
			Prescription	n Drug Covera	age				
Drug Class	ESI/Express Scripts Network, including UMH Sparrow Pharmacies**		ESI/Express Scripts Network, including UMH Sparrow Pharmacies**		After Deductible ESI/Express Scripts Network, including UMH Sparrow Pharmacies**		BCBS Pharmacy		
Generic	\$10.00/script		\$10.00/script		\$10.00/script		20% copay		
Preferred	\$40.00/script		\$40.00/script		\$40.00/script		20% copay		
Non-Preferred	\$80.00/script		\$80.00/script		\$80.00/script		20% copay		
Non-Preferred Specialty	\$100.00/script		\$80.00/script		\$100.00/script		n/a		
MONTHLY Rates									
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	
Team Member Only	\$108.49	\$108.49	\$189.77	\$189.77	\$69.91	\$69.91	\$216.75	\$216.75	
Two Person	n/a	n/a	n/a	n/a	n/a	n/a	\$520.19	\$1,733.99	
Team Member + Spouse	\$216.97	\$883.39	\$379.55	\$1,375.87	\$139.82	\$768.98	n/a	n/a	
Team Member + Child(ren)	\$190.94	\$697.44	\$334.00	\$1,091.20	\$123.04	\$601.20	n/a	n/a	
Family	\$299.42	\$1,472.33	\$523.77	\$2,277.27	\$192.94	\$1,300.27	\$650.24	\$2,384.24	

This is a summary of benefits provided by each carrier. Please refer to the Summary Plan Description for detailed information. Should any questions arise, contracts in effect will take precedence.

HEALTH INSURANCE COMPARISON CONTINUED

MNA Home Care Rehab

Annual Deductible \$2,000 single / \$4,000 \$1,000 single / \$2,000 \$1,000 single / \$1,00	Out of Network	UM Health-Sparrow	UM Health-Sparrow	UM Health-Sparrow	Blue Cross Blue Shield	
Annual Deductible S2.000 single/ \$4.000 \$3.000 single/ \$6.000 \$6.000 single/ \$6.000 \$6.000 single/ \$12.000 \$6.000 single/ \$1.000 \$6.000 single/ \$1.000 single/ \$1.000 \$6.000 single/ \$1.000 \$6.000 single/ \$1.000 \$6.000 single/ \$1.000 single/ \$1.0000 single/	Services Covered	PPO BASE	PPO PLUS	HDHP w/HSA	(BCBS)	
Annual Max Out of Pocket family shows ingles/\$1,000 anniely shows in shows					Out of Network	
Annual Max Out of Pocket S6,000 single / \$12,000 S6,000 single / \$12,000 Samily S3,000 single / \$12,000 Samily S3,000 single / \$1,000 Samily	Annual Deductible	_	_	_	\$500 single/\$1,000 family	
## Annual max Utt or Proceed family family family (\$2,000 ramily) (\$2,000 rami					¢1 F00 single /	
PCP Office Visit 40% after deductible 30% after deductible 30% after deductible 50% after deductible 51% issit + 20% copay 20% copay 20% after deductible 515/issit + 20% copay 20% after deductible 20% after deductible </td <td>Annual Max Out of Pocket</td> <td>_</td> <td>_</td> <td></td> <td></td>	Annual Max Out of Pocket	_	_			
Specialist Office Visit 40% after deductible 30% after deductible 30% after deductible 20% after deducti	DCD Office Visit		,			
Maternity Care 40% after deductible Preventative Services (Inct well baby) Inpatient Hospitalization Inpatient Hospitalization Inpatient Hospitalization Aufweight Hospitaliz						
Maternity Care 40% after deductible 30% after deductible 20% copay 20% after deductible	Specialist Office visit	40% after deductible	50% after deductible	30% after deductible		
Inpatient Hospitalization A0% after deductible 30% after deductible 30% after deductible 20% after deduc	,	40% after deductible	30% after deductible	30% after deductible		
Outpatient Hospitaluzation 40% after deductible 30% after deductible 20% after deductible 30% after deductible 20% copay 20% after deductible 20% copay 20% after deductible 20% after deductible 30% after deductible 30% after deductible 20%		Not Covered	Not Covered	Not Covered		
Lab and X-Ray 40% after deductible 30% after deductible 20% after deductible 30% after deductible 20% after deduct	Inpatient Hospitalization	40% after deductible	30% after deductible	30% after deductible		
Emergency Room	Outpatient Surgery	40% after deductible	30% after deductible	30% after deductible		
Urgent Care \$550/ visit \$550/	Lab and X-Ray	40% after deductible	30% after deductible	30% after deductible		
Walk-In Care n/a 20% after deductible 20% copay 20% after deductible 20% copay 20% after deductible 30% after deductible 30% after deductible 30% after deductible; Combined maximum of 24 visits/member/year 20% after deductible 30% after deductible; Combined maximum of 24 visits/member/year 20% after deductible; Combined maximum of 24 visits/member/year 20% after deductible 30% after deductible; Combined maximum of 24 visits/member/year 20% after deductible 30% after deductible 30% after deductible 30% after deductible 20% after deductible 20% copay 20% after deductible 30% after deductible 20% after deductible 30% after deductible 30% after deductible 20% after deductible 20% copay 20% after deductible 30% after deductible 20% after deductible 30% after deductible 30% after deductible 20% after deductible 30% after deductible 30% after deductible 20% after deductible 30% after	Emergency Room	·			20% after deductible	
Behavioral Health - IP 40% after deductible 30% after deductible; Combined maximum of 24 visits/member/year 40% after deductible; Combined maximum of 24 visits/member/year 50% after deductible; Combined maximum of 24 visits/member/year 50% after deductible 30% after deductible 40% after deductible 40% after deductible 50%	-	\$50/ visit	\$50/ visit	Same as Network	\$15/visit + 20% copay	
Behavioral Health - IP Behavioral Health - OP Behavioral Health - OP Behavioral Health - OP A0% after deductible Behavioral Health - OP A0% after deductible Chiropractic/Osteopathic Manipulation A0% after deductible; Combined maximum of 24 visits/member/year A0% after deductible; Combined maximum of 24 visits/member/year A0% after deductible; Combined maximum of 24 visits/member/year A0% after deductible Combined maximum of 24 visits/member/year A0% after deductible Combined maximum of 24 visits/member/year A0% after deductible Combined maximum of 24 visits/member/year A0% after deductible	Walk-In Care	n/a	n/a	n/a		
Chiropractic/Osteopathic Manipulation 40% after deductible; Combined maximum of 24 visits/member/year Durable Medical Equipment High Tech Imaging (CT, MRI) No out of network pharmacy coverage unless emergent illness or urgent condition Generic Preferred n/a Non-Preferred n/a Non-Preferred Non-Preferred Non-Preferred Specialty Non-Preferred Specialty Team Member + Spouse Team Member + Spouse 40% after deductible; Combined maximum of 24 visits/member/year 20% after deductible; Combined maximum of 24 visits/member/year 20% after deductible additional 20% out-of-network combined maximum of 38 visits/member/year 20% after deductible additional 20% out-of-network combined maximum of 24 visits/member/year 20% after deductible additional 20% out-of-network combined maximum of 24 visits/member/year 20% after deductible additional 20% out-of-network combined maximum of 24 visits/member/year 20% after deductible additional 20% out-of-network combined maximum of 24 visits/member/year 20% after deductible additional 20% of after deductible additional 20% opay after deductible additional 20% after deductible additional 20% opay after deductible additional 20% after deductible additional	Behavioral Health - IP	40% after deductible	30% after deductible	30% after deductible		
Chiropractic/Osteopathic Manipulation 40% after deductible; Combined maximum of 24 visits/member/year Visits/member/year Durable Medical Equipment High Tech Imaging (CT, MRI) Drug Class No out of network pharmacy coverage unless emergent illness or urgent condition Generic Preferred No-Preferred No-Preferred No-Preferred Specialty Non-Preferred Specialty Team Member Only \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$790.40 \$71,391.13 \$71,209.78 \$71,391.13 \$71,209.78 \$71,209.24 \$71,254.98 \$71,254.98 \$71,254.98 \$71,254.98 \$71,254.98 \$71,254.98 \$71,254.98 \$71,254.98 \$71,254.98 \$71,254.98	Behavioral Health - OP	40% after deductible	30% after deductible	30% after deductible	\$15/visit + 20% copay	
Durable Medical Equipment Solida after deductible Solida after de	Chiropractic/Osteopathic Manipulation	Combined maximum of 24	Combined maximum of 24	Combined maximum of 24	additional 20% out-of- network coinsurance; Combined maximum of 38	
High Tech Imaging (CT, MRI) Prescription Drug Coverage No out of network pharmacy coverage unless emergent illness or urgent condition Non-Preferred Non-Preferred Specialty Non-Preferred Specialty Non-Prescription Drug Coverage No out of network pharmacy coverage unless emergent illness or urgent condition Non-Preferred Specialty Non-Preferred Specialty Non-Prescription Drug Coverage No out of network pharmacy coverage unless emergent illness or urgent condition Non-Preferred Nn/a Non-Preferred Specialty Non-Preferred Specialt	Durable Medical Equipment	50% after deductible	50% after deductible	30% after deductible	20% after deductible + 20%	
Prescription Drug Coverage No out of network pharmacy coverage unless emergent illness or urgent condition Generic		40% after deductible	30% after deductible	30% after deductible	20% after deductible + 20%	
Drug Class pharmacy coverage unless emergent illness or urgent condition Generic Preferred Non-Preferred Non-Preferred Specialty Team Member Only Team Member + Spouse pharmacy coverage unless emergent illness or urgent condition pharmacy coverage unless emergent illness or urgent condition n/a n/a n/a n/a n/a n/a n/a n	•		Prescription Drug Coverage		. ,	
Drug Class pnarmacy coverage unless emergent illness or urgent condition (mail order drugs not available) Generic n/a n/a n/a 20% copay + another 25% Preferred n/a n/a n/a 20% copay + another 25% Non-Preferred Specialty n/a n/a n/a n/a Non-Preferred Specialty n/a n/a n/a n/a Team Member Only \$790.40 \$1,209.78 \$713.06 \$1,105.40 Two Person n/a n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a		No out of network	No out of network	No out of network	NON BCBC Dharmagu	
Generic n/a n/a n/a 20% copay + another 25% Preferred n/a n/a n/a 20% copay + another 25% Non-Preferred n/a n/a n/a 20% copay + another 25% Non-Preferred Specialty n/a n/a n/a n/a MONTHLY COBRA Rates Team Member Only \$790.40 \$1,209.78 \$713.06 \$1,105.40 Two Person n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a	Drug Class	emergent illness or urgent	emergent illness or urgent	emergent illness or urgent	(mail order drugs not	
Preferred n/a n/a n/a 20% copay + another 25% Non-Preferred n/a n/a n/a 20% copay + another 25% Non-Preferred Specialty n/a n/a n/a n/a MONTHLY COBRA Rates Team Member Only \$790.40 \$1,209.78 \$713.06 \$1,105.40 Two Person n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a	Generic				20% copay + another 25%	
Non-Preferred n/a n/a n/a 20% copay + another 25% Non-Preferred Specialty n/a n/a n/a n/a MONTHLY COBRA Rates Team Member Only \$790.40 \$1,209.78 \$713.06 \$1,105.40 Two Person n/a n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a			-	-		
Non-Preferred Specialty n/a n/a n/a n/a n/a n/a n/a MONTHLY COBRA Rates Team Member Only \$790.40 \$1,209.78 \$713.06 \$1,105.40 Two Person n/a n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a						
MONTHLY COBRA Rates Team Member Only \$790.40 \$1,209.78 \$713.06 \$1,105.40 Two Person n/a n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a					• • •	
Team Member Only \$790.40 \$1,209.78 \$713.06 \$1,105.40 Two Person n/a n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a						
Two Person n/a n/a \$2,652.99 Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a	Team Member Only	\$790.40		\$713.06	\$1,105.40	
Team Member + Spouse \$1,580.80 \$2,419.60 \$1,426.11 n/a Team Member + Child(ren**) \$1,391.13 \$2,129.24 \$1,254.98 n/a	,			*		
Team Member + \$1,391.13 \$2,129.24 \$1,254.98 n/a						
	Team Member +					
	Family	\$2,181.51	\$3,339.03	\$1,968.03	\$3,316.24	

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Team members electing HSA/FSA benefit options are responsible to manage compliance with IRS HSA/FSA rules. Note regarding contributions: Sparrow automatically makes a one-time annual employer contribution to your HSA account, pro-rated based on effective date. Team members are responsible for managing annual HSA/FSA contributions to ensure that the annual IRS limit is not exceeded. Team members who should find they have over-contributed in any calendar year would be responsible to request the HSA vendor to distribute any excess contributions from their account by April 15 of the subsequent year.

**If a covered member obtains a brand name drug when a generic drug equivalent is available, the member will pay the difference between the cost of the brand name drug and the cost of the generic, in addition to the copay. The cost difference will not apply to the deductible, or the annual maximum out-of-pocket.

^{*}HSA Annual Employer Contributions as a result of open enrollment, or continued participation in the Sparrow Health HSA plan, will be processed after the first pay period in January. All other HSA Employer Contributions will be prorated monthly based on benefit effective date and deposited within 30 days of the benefit election date. Please contact HR for further details.