

HEALTH INSURANCE COMPARISON

SEIU RN

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 (BCBSM) | |
|---------------------------------------|---|-------------------------------------|---|-------------------------------------|--|------------------|---|------------------|
| | UMH-SCN Network | SPN Network | UMH-SCN Network | SPN Network | UMH-SCN Network | SPN Network | | |
| Annual Deductible | \$500 single / \$1,000 family | | \$250 single/ \$500 family | | \$1,650 single / \$3,300 family | | In Network: \$500/\$1,000 | |
| Annual Max Out of Pocket | \$3,000 single / \$6,000 family | | \$6,000 single / \$12,000 family | | \$3,000 single / \$6,000 family | | \$1,500 single / \$3,000 family | |
| Pairs With | 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 after deductible | | \$15/visit | |
| Specialist Office Visit | \$25/ visit | \$40/ visit | \$15/ visit | \$30/ visit | No charge after deductible | | \$15/visit | |
| Maternity Care | No charge after deductible | | No charge after deductible | | No charge after deductible | | 20% after deductible | |
| Preventative Services | No charge | | No charge | | No charge | | No charge | |
| 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 after deductible | | No charge after deductible | | 20% after deductible | |
| Emergency Room | \$250/ visit; \$150/visit at Carson, Clinton, Eaton, or Ionia | | \$200/ visit; \$100/visit at Carson, Clinton, Eaton, or Ionia | | No charge after deductible | | 20% after deductible | |
| Urgent Care | \$25/ visit | \$50/visit Non UM Health-Sparrow UC | \$25/ visit | \$50/visit Non UM Health-Sparrow UC | No charge after deductible | | \$15/visit | |
| Walk-In Care | No Charge | | No Charge | | No charge after deductible | | \$15/visit | |
| Behavioral Health - IP | No charge after deductible | | No charge after deductible | | No charge after deductible | | 20% after deductible | |
| Behavioral Health - OP | \$15/ visit | \$20/ visit | No Charge | \$15/ visit | No charge after deductible | | \$15/visit | |
| Chiropractic/Osteopathic 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 Drug Coverage | | | | | | | | |
| 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** | | BCBSM 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 | \$123.98 | \$123.98 | \$213.49 | \$213.49 | \$90.88 | \$90.88 | \$238.42 | \$238.42 |
| Two Person | n/a | n/a | n/a | n/a | n/a | n/a | \$572.21 | \$1,755.66 |
| Team Member + Spouse | \$247.97 | \$898.88 | \$426.99 | \$1,399.59 | \$181.76 | \$789.95 | n/a | n/a |
| Team Member + Child(ren) | \$218.22 | \$712.93 | \$375.75 | \$1,114.92 | \$159.95 | \$622.17 | n/a | n/a |
| Family | \$342.20 | \$1,487.82 | \$589.24 | \$2,300.99 | \$250.83 | \$1,321.24 | \$715.27 | \$2,405.91 |

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

SEIU RN

| Out of Network Services Covered | UM Health-Sparrow PPO BASE | UM Health-Sparrow PPO PLUS | UM Health-Sparrow HDHP w/HSA | Blue Cross Blue Shield (BCBSM) |
|--|---|---|---|---|
| | Out of Network | Out of Network | Out of Network | Out of Network |
| Annual Deductible | \$2,000 single/\$4,000 family | \$1,000 single/\$2,000 family | \$3,000 single/\$6,000 family | \$500 single/\$1,000 family |
| Annual Max Out of Pocket | \$6,000 single / \$12,000 family | \$6,000 single / \$12,000 family | \$6,250 single/ \$12,500 family | \$1,500 single / \$3,000 family |
| PCP Office Visit | 40% after deductible | 30% after deductible | 30% after deductible | \$15/visit + 20% copay |
| Specialist Office Visit | 40% after deductible | 30% after deductible | 30% after deductible | \$15/visit + 20% copay |
| Maternity Care | 40% after deductible | 30% after deductible | 30% after deductible | 20% after deductible + 20% copay |
| Preventative Services (incl well baby) | Not Covered | Not Covered | Not Covered | Not Covered |
| Inpatient Hospitalization | 40% after deductible | 30% after deductible | 30% after deductible | 20% after deductible + 20% copay |
| Outpatient Surgery | 40% after deductible | 30% after deductible | 30% after deductible | 20% after deductible + 20% copay |
| Lab and X-Ray | 40% after deductible | 30% after deductible | 30% after deductible | 20% after deductible + 20% copay |
| Emergency Room | \$250/ visit | \$200/ visit | Same as Network | 20% after deductible |
| Urgent Care | \$50/ visit | \$50/ visit | Same as Network | \$15/visit + 20% copay |
| Walk-In Care | n/a | n/a | n/a | n/a |
| Behavioral Health - IP | 40% after deductible | 30% after deductible | 30% after deductible | 20% after deductible + 20% copay |
| Behavioral Health - OP | 40% after deductible | 30% after deductible | 30% after deductible | \$15/visit + 20% copay |
| Chiropractic/Osteopathic Manipulation | 40% after deductible; Combined maximum of 24 visits/member/year | 30% after deductible; Combined maximum of 24 visits/member/year | 30% after deductible; Combined maximum of 24 visits/member/year | 20% after deductible + additional 20% out-of-network coinsurance; Combined maximum of 38 visits/member/year |
| Durable Medical Equipment | 50% after deductible | 50% after deductible | 30% after deductible | 20% after deductible + 20% copay |
| High Tech Imaging (CT, MRI) | 40% after deductible | 30% after deductible | 30% after deductible | 20% after deductible + 20% copay |
| Prescription Drug Coverage | | | | |
| Drug Class | No out of network pharmacy coverage unless emergent illness or urgent condition | No out of network pharmacy coverage unless emergent illness or urgent condition | No out of network pharmacy coverage unless emergent illness or urgent condition | NON BCBSM Pharmacy (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 | 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 |
| Family | \$2,181.51 | \$3,339.03 | \$1,968.03 | \$3,316.24 |

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.

*HSA Annual Employer Contributions as a result of open enrollment, or continued participation in the UM Health-Sparrow HDHP w/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.

Team members electing HSA/FSA benefit options are responsible to manage compliance with IRS HSA/FSA rules. Note regarding contributions: UM Health-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.