



2021 BENEFITS

Sparrow Open Enrollment:

October 7, 2020 – October 21, 2020

SparrowBenefits.org | 517.364.5333 | benefits@sparrow.org





Welcome to your 2021 Sparrow benefits offering. 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 concerns 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.

Inside This Guide

Eligibility.....	2
How to Complete Open Enrollment.....	3
Choosing a Medical Plan.....	4
Medical, Spending Accounts, and Wellness.....	5
Dental, vision, and Guidance Resources (EAP).....	7
Disability Insurance.....	8
Life Insurance.....	9
401(k).....	10
Voluntary Benefits.....	11
Benefits at a Glance.....	13
Plan Contacts.....	12
Important Plan Notices and Documents.....	15

Key things to know:

- ✓ The benefits in this summary are effective 01/01/2021 through 12/31/2021.
- ✓ Open Enrollment and Time off Cash Out will be available from Wednesday, October 7, 2020 through Wednesday, October 21, 2020.
- ✓ Submit your open enrollment elections within the first three days, 10/7/2020 – 10/9/2020, and have the opportunity to win gift cards, Sparrow swag, and more!
- ✓ If you do not participate in Open Enrollment, your benefits coverage – **except for your Flexible Spending Account (FSA)** – will “roll over” to next year.
- ✓ **You must participate in Open Enrollment if you want to elect or maintain a 2021 FSA benefit.**
- ✓ You must participate in Open Enrollment if you want to cash out time-off hours.
- ✓ You must make Voluntary Benefit elections during Open Enrollment to enroll in or change existing coverage.
- ✓ **IUE Caregivers will have new health and dental plan choices for 2021.**
- ✓ **IUE Caregivers currently enrolled in the Sparrow Health PPO plan, who do not make an election, will be automatically moved to the Sparrow Health PPO Plus plan.**

It’s very important that all Caregivers take the time to get informed and make selections that work best for you and your family.



This guide is an overview and does not provide a complete description of all benefit provisions. Visit www.SparrowBenefits.org for additional information about **Open Enrollment** and specific benefit plans available to you.

Are you eligible for benefits?

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

Your eligible dependents

- Legally married spouse (including same-sex spouse)
- Natural, adopted, or stepchildren up to age 26
- 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

Sparrow has a spousal access provision under its medical plans. Under this provision, spouses of 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 Sparrow's medical plans. Once enrolled, spouses will be eligible to continue coverage on a secondary basis under Sparrow's medical plan.

If you are enrolling your spouse in medical coverage through 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)



How to complete Open Enrollment

Sparrow uses **My Caregiver Record** for online enrollment for most Caregivers. 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.
- 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

✓ Online

Login with:

Username: Computer Login

Password: Computer Login Password

✓ Community Hospital Benefit Support Sessions

Sparrow Carson	Sparrow ALIVE	Sparrow Clinton	Sparrow Ionia	Sparrow Eaton
<i>Old Lobby</i>	<i>DEVELOP</i>	<i>Conference Room A</i>	<i>2nd Fl. Conference Room</i>	<i>HR Conference Room</i>
Friday, October 9	Monday, October 12	Tuesday, October 13	Wednesday, October 14	Monday, October 19
1:00 pm – 4:00 pm	2:00 pm – 4:00 pm	9:00 am – 11:00 am	1:00 pm – 4:00 pm	9:00 am – 11:00 am

✓ Individual Appointment with a Benefit Representative

Appointments (including evening and weekend appointments) can be made online at <https://calendly.com/sparrowbenefits> during Open Enrollment. Appointment location will be at the tables located across from the Sparrow SPA in the Sparrow Main Hospital

✓ On the Phone

Especially for Caregivers who do not have online access, and need to submit paper forms (i.e. hired 6/1/2020 and after)

- Call **Total Rewards Hotline 517.364.5333**
- Call AlliantCHOICE Plus 877.201.3229 regarding Voluntary Benefits

✓ Email Sparrow at benefits@sparrow.org



Choosing a medical plan

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

- **CHECK THE NETWORK** – Do you prefer specific doctors or hospitals? Visit the plan's website to find out if they are in-network. If not, you'll pay a bigger share of the cost.
- **EVALUATE YOUR NEEDS** – Do you... visit a chiropractor? ...have frequent doctor or urgent care visits? ...get ongoing tests? ...take medications? ...have surgery planned? Compare these costs under each plan.
- **THE BOTTOM LINE** – How much is the premium? Is there a deductible? Can you offset expenses with a tax-free account such as an HSA or FSA? Each of these factors can affect your true cost of healthcare.

WORDS TO KNOW

Understanding these terms will help you understand and compare plans



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.



For Your Health and Wellbeing

Medical Insurance

Sparrow continues to offer a choice of health plans to meet the needs of Caregivers and their families. For details, please see the Benefits at a Glance chart in this overview or visit www.SparrowBenefits.org.

Health Savings Account (HSA)

A Health Savings Account works in conjunction with the 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.

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 health benefit effective date and deposited within 30 days of the benefit election date.

2021 HSA Employer Contributions will be:

\$750 Single \$1,500 Family

2021 HSA IRS Contribution limits are (this includes any employer contributions):

\$3,600 Single \$7,200 Family

Participants age 55 and older may contribute an additional \$1,000 annually

If you have a medical FSA in 2020 and are electing the Sparrow Health HSA plan for 2021, per IRS regulations you MUST use all of your 2020 medical FSA funds by 12/31/2020 in order to open your HSA account January 1, 2021. Otherwise, the HSA account cannot be established until April 2021, which includes receipt of the employer contribution. Additionally, if your HSA account is not established until April due to remaining 2020 FSA funds, any expenses incurred from January through March 2021 may not be paid for by funds from the HSA account.

Note: Health Savings Accounts are not available to Caregivers enrolled in a Health Care Flexible Spending Account. 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.

Flexible Spending Account (FSA)

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. 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.

Caregivers 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.

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. Sparrow allows for a grace period of 3 ½ months after the close of the plan year for the health care spending account. Therefore, if a Caregiver has a balance in his/her health care spending account as of December 31st, the Caregiver 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 Caregivers enrolled in the Sparrow Health HSA plan and non-benefit eligible Caregivers.

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 \$2,750 in 2021 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 the Dependent Care Spending Account.

Health and Wellness

At Sparrow, we encourage Caregivers to practice healthy lifestyles, and we offer programs throughout the year to teach and support healthier behaviors. Caregivers may receive cash incentives for participating in these programs. For details, please see the Benefits at a Glance chart in this overview or visit www.SparrowBenefits.org.

Dental Coverage

The Dental plans available to you depend on your employment category – whether you are non-union, represented by a union and which union represents you. For details, please see the Benefits at a Glance chart in this overview or visit www.SparrowBenefits.org.

Vision Coverage

For details, please see the Benefits at a Glance chart in this overview or visit www.SparrowBenefits.org.

Guidance Resources (Employee Assistance Program)

Managing your personal and professional responsibilities can sometimes be challenging.

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: **877.595.5284**

TTY: **800.697.0353**

Your 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: **EAPComplete**

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



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 Caregivers will either be provided short-term disability by Sparrow or may be eligible to purchase it based on job classification. The open enrollment system will display options available.

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 Caregivers have an employer paid basic long-term disability benefit that pays 60% of your basic monthly earnings after the applicable waiting period. Eligible Caregivers will either be provided long-term disability by 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

Sparrow pays the full cost of 1x your annual base pay for eligible Full-Time Caregivers (2x annual base pay for eligible Caregivers) and \$10,000 for eligible Part-Time Caregivers, 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 Caregivers may elect coverage from \$10,000 to \$1,000,000 in \$10,000 increments, not to exceed 7 times your base annual salary. Newly eligible Caregivers 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 Caregivers 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.

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 Sparrow Caregivers, 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.

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 Sparrow Caregiver, 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 Caregivers by **adopting Sparrow participating employers. Sparrow and Caregiver contributions are made on a tax-deferred basis. Since contributions are taken out before taxes, Caregivers pay less tax on their current taxable income.** Taxes on both contributions and earnings are not paid until the Caregiver begins receiving their retirement income from the plan. Caregivers 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 Caregiver's own deferral. Deferrals may be made per pay period but are limited by applicable federal law. In addition, Sparrow offers two types of employer contributions: Sparrow will match 50% up to the first 6% a Caregiver contributes each pay period, and Sparrow will automatically contribute 3% of a Caregiver's pay to their 401(k) account on an annual basis, even if the Caregiver does not contribute their own money, after they have met the applicable eligibility requirements: one year of service and 1,000 hours.

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

The 401(k) Plan includes an automatic enrollment provision. **Newly hired eligible Caregivers will have 6% of their pay automatically deferred every pay period after a 60 day out-out period.** Caregivers may, however, opt out of automatic enrollment, change your 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 Sparrow's onsite rep, Tanya Bliss.

For questions or enrollment assistance regarding the 401(k) plan, contact Transamerica at **800-755-5801**, or Sparrow's onsite Transamerica Specialist, Tanya Bliss at **517-730-1484** or **Tanya.Bliss@transamerica.org**.

AlliantCHOICE › plus

AlliantCHOICE Plus voluntary benefits are available in addition to your core benefits package. Enrollment is simple—visit one web site to buy the coverage that is unique to your needs, with exclusive offers and discounts from what you might find on your own. You pay 100% of the cost through convenient payroll deductions.

You will recognize the trusted national companies—and value—behind these benefits. AlliantCHOICE Plus also offers a resource that is accessible year-round to gather information on the products you select at open enrollment, or to enroll in plans that are available anytime – such as auto insurance.

Explore the programs

- Go to <https://sparrowalliantchoiceplus.com>.
- Log in with your username and password, or if it's your first visit, click CREATE AN ACCOUNT.
- Click on the plan icon or the Plan Summaries menu to review your options.

Questions about AlliantCHOICE Plus enrollment or plans?
Contact (877) 201-3229 or choiceplus@alliant.com.

These plans are available during voluntary benefits enrollment period



ACCIDENT INSURANCE

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



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.



HOSPITAL INDEMNITY INSURANCE

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



LEGAL INSURANCE

Gives you extensive services and help with a wide variety of personal legal matters. Once enrolled, you'll have access to a nationwide network of over 14,000 participating network attorneys. No deductibles, copayments, or claim forms required.

Sign up for these programs any time throughout the year



AUTO & HOME INSURANCE

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



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.



PET INSURANCE – NEW THIS YEAR

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.

Benefits at a Glance: Non-Union, SEIU and IUE Caregivers

Please visit www.sparrowbenefits.org for additional information about Open Enrollment and specific benefit plans available to you.

Health	To Do
Sparrow Health PPO Plus	Choose 1 of 4 Plans
Sparrow Health PPO Base	
Sparrow Health H.S.A	
Blue Cross Blue Shield (BCBS)	
Added Health Benefits	
Be Well 365	Sparrow Be Well Team will mail more information in January 2021
Guidance Resources EAP (Employee Assistance Program)	Contact a Representative at 877.595.5284 or TTY 800-697-0353 or visit guidanceresources.com , WEB ID: EAPComplete
Opt-Out	Elect Opt-Out and Complete Opt-Out Form (available on the Sparrow Intranet at www.sparrowbenefits.org) to receive Opt-Out Bonus
Flexible Spending Accounts	
Healthcare Spending Account	Enroll and elect your contributions (note: Healthcare Flexible Spending Accounts are not available to caregivers with HSA Health Plan)
Dependent Care Spending Account	
Dental	
Delta Dental – Base	Choose 1 of 3 Delta Dental plan options
Delta Dental – Buy-Up	
Delta Dental – EPO	
Vision	
Vision Services Plan (VSP) – Base	Choose 1 of 2 plan options
Vision Services Plan (VSP) – Buy-Up	
VSP Vision Savings Pass Program	Applies to caregivers without Sparrow vision coverage; not applicable to family members. Savings on vision products and services. Call 800-877-7195
Disability	
Long-Term Disability	Choose the plan(s) that are right for you
Short-Term Disability	
Life Insurance	
Supplemental Life Insurance	Choose the other plan(s) that are right for you and designate a beneficiary for each coverage
Dependent Life Insurance	
Spousal Life Insurance	
Additional/Voluntary Benefits	
Voluntary Benefits	Choose the plan(s) that are right for you at www.sparrowalliantchoiceplus.com
Time-Off Cash-Out	Eligible Caregivers can make cash out elections during Open Enrollment

This is a summary of the benefits provided by each insurance carrier and is not intended to fully describe the details of each benefit plan. Should any questions arise, the contracts in effect will take precedence.



Plan Contacts

Plan type	Provider	Phone	Web
401(k) Plan	Transamerica	(800) 755-5801	transamerica.com/portal/sparrow
Onsite Transamerica Retirement Planning Consultant	Tanya Bliss	(517) 730-1484	tanya.bliss@transamerica.com
Benefit Inquiries	Total Rewards	(517) 364-5333	benefits@Sparrow.org
GuidanceResources®	ComPsych®	(877) 595-5284	Guidanceresources.com
COBRA	Total Rewards	(517) 364-5333	benefits@Sparrow.org
Daycare Program	Childtime	(517) 364-3923	Sparrow.org/sparrowchildtime
Medical Plans	BCBS	(800) 258-8000	Bcbsm.com
	Sparrow (administered by PHP)	(517) 364-8432	Phpmichigan.com/MyPHP
Be Well at Sparrow	Be Well Team	(517) 364-8822	BeWellatsparrow@sparrow.org
Dental	Delta Dental	(800) 524-0149	Deltadentalmi.com
Vision	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Account	Discovery Benefits	(866) 451-3399	Discoverybenefits.com
Health Spending Account	Discovery Benefits	(866) 451-3399	Discoverybenefits.com
Life Insurance	Sun Life Financial Group	(800) 786-5433	www.SunLife.com
Short and Long Term Disability (STD) (LTD)	Sun Life Financial Group	(800) 786-5433	www.SunLife.com
Accident	AFLAC	(253) 226-5750	www.Aflac.com
Critical Illness	AFLAC	(253) 226-5750	www.Aflac.com
Group Home and Auto	Liberty Mutual Insurance Company	(800) 290-7933	www.libertymutual.com
Group Home and Auto	MetLife Inc	(800) 638-5433	www.MetLife.com
Identity Theft	LifeLock	(800) 543-3562	www.LifeLock.com
Legal Services	ARAG Group	(800) 247-4184	www.ARAGLegalCenter.com
Pet Insurance	Alliant Choice Plus	(877) 201-3229	Sparrowalliantchoiceplus.com

Important Plan Notices & Documents

Health plan notices

These notices must be provided to plan participants on an annual basis and are available at the end of this guide:

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 Choice of Providers	Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	Describes availability of premium assistance for Medicaid eligible dependents
Nondiscrimination and Accessibility Requirements Notice	Describes how Sparrow complies with applicable Federal Civil Rights Laws

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of Sparrow's health plans. 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 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.

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.
- Protheses 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 health plan provider.

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 health plan provider.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Edward W. Sparrow Hospital Association's health plans, 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 a Edward W. Sparrow Hospital Association'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 30 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 30 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 30-day timeframe, coverage will be effective the date of marriage, date of divorce, 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, or satisfying any benefit waiting period, if applicable. In addition, you may enroll in Edward W. Sparrow Hospital Association'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, or satisfying any benefit waiting period, if applicable. 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 Sparrow Health System Group Benefit Plan describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the plan administrator.

Notice of Choice of Providers

The health plan allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the 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 health plan provider.

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

You do not need prior authorization from the health plan 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 the 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 health plan provider.

Premium Assistance Under Medicaid and the Children's Health Insurance Program

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 January 31, 2020. 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: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid	Website: http://myarhipp.com/ Phone: 1-855-692-7447)
CALIFORNIA - Medicaid	Website: https://www.dhcs.ca.gov/services/Pages/TP:RD_CAU_cont.aspx Phone: 1-800-541-5555
COLORADO – Medicaid and CHIP	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://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA – Medicaid	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
INDIANA – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	Medicaid Website: https://dhs.iowa.gov/ime/members Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/hawki Phone: 1-800-257-8563
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-785-296-3512
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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA – Medicaid	Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp (Under ELIGIBILITY tab, see "what if I have other health insurance?") Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: https://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
NEBRASKA – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA – Medicaid	Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html Phone: 1-800-701-0710
NEW YORK – Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ 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 http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or (401) 462-0311 (Direct Rite 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: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	Medicaid Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid	Website: https://wequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, 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

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 approximately seven minutes per respondent. 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, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2023)

Nondiscrimination and Accessibility Requirements Notice

Edward W. Sparrow Hospital Association complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Edward W. Sparrow Hospital Association does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Edward W. Sparrow Hospital Association:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Lori Adams Simon.

If you believe that Edward W. Sparrow Hospital Association has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Lori Adams Simon, Senior Advisor Diversity/Inclusion, 1200 E. Michigan Ave. Ste 235, Lansing, MI 48912; 517.364.5076, Lori.Simon@Sparrow.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Lori Adams Simon is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

SparrowBenefits.org
517.364.5333
benefits@sparrow.org