Sparrow MNA Health Insurance Comparison - January 1, 2022

In Network Services Covered	Sparrow MNA PPO Plus**	Sparrow H.S.A.		Blue Cross Blue Shield (BCBS)**
		SCN Network	SPN Network	
Annual Deductible	None	$1,500 single/ $3,000 family		In Network: $100/$200
Annual Max Out of Pocket	$1,800 single/$3,600 family	$3,000 single/ $6,000 family		$1,100 single/$1,200 family
HSA Funding*		$750 single / $1,500 family		
PCP Office Visit	$15/visit	No charge after deductible		$15/visit
Specialist Office Visit	$15/visit	No charge after deductible		$15/ visit
Maternity Care	100% covered	No charge after deductible		80% covered after deductible
Preventative Services	100% covered	No charge		100% covered
Inpatient Hospitalization	100% covered	No charge after deductible		80% covered after deductible
Outpatient Surgery	100% covered	No charge after deductible		80% covered after deductible
Lab and X-Ray	100% covered	No charge after deductible		80% covered after deductible
Emergency Room	$50/visit then 100% covered (waived if admitted)	No charge after deductible		80% after deductible
Urgent Care	$25/visit	No charge after deductible		$15/visit
Fast Care	$15/visit	No charge after deductible		$15/visit
Behavioral Health - IP	100% covered	No charge after deductible		80% covered after deductible
Behavioral Health - OP	$15/visit	No charge after deductible		80% covered after deductible
Chiropractic/Osteopathic Manipulation	Not covered	No charge after deductible; Combined maximum of 24 visits/member/year		80% covered after deductible; Combined maximum of 38 visits/member/year
Prescription Drug Coverage				
Drug Class	Sparrow Pharmacy Only	After Deductible - CVS/Caremark Network, including Sparrow Pharmacies***		BCBS Pharmacy
Generic	$7.00/ script	$10.00/ script		20% copay
Preferred	$20.00/script	$40.00/ script		20% copay
Non Preferred	$30.00/script	$80.00/ script		20% copay
Non Preferred Specialty	n/a	$100.00/ script		n/a
MONTHLY Rates				
Full Time				
Caregiver Only	$111.16	$57.18		$117.51
Two Person	$266.36	n/a		$282.02
Caregiver + Spouse	n/a	$114.36		n/a
Caregiver + Child(ren)	n/a	$100.63		n/a
Family	$290.69	$157.81		$352.52
Part Time				
Caregiver Only	$111.16	$57.18		$117.51
Two Person	$1,145.82	n/a		$488.83
Caregiver + Spouse	n/a	$533.66		n/a
Caregiver + Child(ren)	n/a	$419.30		n/a
Family	$1,308.04	$895.78		$611.04

This is a summary of ***in-network*** 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 Sparrow Health HSA plan, will be processed after the first pay period in January. All other HSA Employer Contributions will be prorated monthly based o benefit effective date and deposited within 30 days of the benefit election date. Please contact HR for further details. Caregivers 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. Caregivers are responsible for managing annual HSA/FSA contributions to ensure that the annual IRS limit is nc exceeded. Caregivers 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.

**Sparrow PPO and BCBS have only Three tiers of coverage: Caregiver, Two Person and Family.

***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 nc apply to the deductible, or the annual maximum out-of-pocket.

Sparrow MNA Health Insurance Comparison - January 1, 2022

Out of Network Services Covered	Sparrow MNA PPO Plus	Sparrow H.S.A.	Blue Cross Blue Shield (BCBS)
	Non Network	**Non Network**	**Non Network**
Annual Deductible	$300 single/$600 family	$3,000 single/$6,000 family	$100 single/$200 family
Annual Max Out of Pocket	$1,800 single/$3,600 family	$6,250 single/$12,500 family	$1,100 single/$1,200 family
PCP Office Visit	$30/visit after deductible	30% after deductible	$15/visit + 20% copay
Specialist Office Visit	$30/visit after deductible	30% after deductible	$15/visit + 20% copay
Maternity Care	30% coinsurance after deductible	30% after deductible	80% covered after deductible + 20% copay
Preventative Services	Not covered	Not covered	Not covered
Inpatient Hospitalization	30% coinsurance after deductible	30% after deductible	80% covered after deductible + 20% copay
Outpatient Surgery	30% coinsurance after deductible	30% after deductible	80% covered after deductible + 20% copay
Lab and X-Ray	30% coinsurance after deductible	30% after deductible	80% covered after deductible + 20% copay
Emergency Room	$50/visit then 100% covered (waived if admitted)	Same as Network	80% after deductible
Urgent Care	$45/visit	Same as Network	80% covered after deductible + 20% copay
Fast Care	n/a	n/a	
Behavioral Health - IP	30% coinsurance after deductible	30% after deductible	80% covered after deductible + 20% copay
Behavioral Health - OP (Therapy & Testing)	$30/visit after deductible	30% after deductible	80% covered after deductible + 20% copay
Chiropractic/Osteopathic Manipulation	50% coinsurance after deductible, to limit of 12 visits/member/ year	30% after deductible Combined maximum of 24 visits/member/year	80% covered after deductible + additional 20% out-of-network copay; Combined maximum of 38 visits/member/year
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	NON BCBS Pharmacy (mail order drugs not available)
Generic	n/a	n/a	20% copay + another 25%
Preferred	n/a	n/a	20% copay + another 25%
Non Preferred	n/a	n/a	20% copay + another 25%
Non Preferred Specialty	n/a	n/a	n/a
MONTHLY COBRA Rates			
Caregiver Only	$755.90	$486.02	$799.06
Two Person	$1,811.25	n/a	$1,917.43
Caregiver + Spouse	n/a	$972.03	n/a
Caregiver + Child(ren)	n/a	$855.38	n/a
Family	$1,976.72	$1,341.39	$2,397.16

This is a summary of ***out of network*** 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.