

SEIU Serv and Tech Health Insurance Comparison - January 1, 2024

In Network Services Covered	Sparrow Health PPO BASE		Sparrow Health PPO PLUS		Sparrow Health HSA		Blue Cross Blue Shield (BCBS)**
	SCN Network	SPN Network	SCN Network	SPN Network	SCN Network	SPN Network	
Annual Deductible	\$500 single/ \$1,000 family		\$250 single/ \$500 family		\$1,600 single/ \$3,200 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
HSA Funding*	n/a		n/a		\$750 single / \$1,500 family		
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		100% after deductible
Urgent Care	\$25/ visit	\$50/visit Non Sparrow UC	\$25/ visit	\$50/visit Non Sparrow UC	No charge after deductible		\$15/visit
Fast 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	<u>CVS/Caremark Network, including Sparrow Pharmacies***</u>		<u>CVS/Caremark Network, including Sparrow Pharmacies***</u>		<u>After Deductible CVS/Caremark Network, including Sparrow Pharmacies***</u>		<u>BCBS Pharmacy</u>
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							
Caregiver Only	\$106.07		\$183.99		\$77.20		\$184.83
Two Person	n/a		n/a		n/a		\$443.59
Caregiver + Spouse	\$212.13		\$367.99		\$154.40		n/a
Caregiver + Child(ren)**)	\$186.68		\$323.83		\$135.88		n/a
Family	\$292.75		\$507.83		\$213.08		\$554.48
Part Time							
Caregiver Only	\$106.07		\$183.99		\$77.20		\$184.83
Two Person	n/a		n/a		n/a		\$1,361.01
Caregiver + Spouse	\$813.18		\$1,266.34		\$671.06		n/a
Caregiver + Child(ren)	\$643.50		\$1,006.57		\$528.53		n/a
Family	\$1,350.61		\$2,088.89		\$1,122.39		\$1,865.08

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 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.

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 not 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.

**BCBS has 3 tiers - Single, 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 not apply to the deductible, or the annual maximum out-of-pocket.

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Out of Network Services Covered	Sparrow Health PPO BASE	Sparrow Health PPO PLUS	Sparrow Health HSA	Blue Cross Blue Shield (BCBS)
	Non Network	Non Network	Non Network	Non 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
HSA Funding*	n/a	n/a	n/a	n/a
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	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	100% after deductible
Urgent Care	\$50/ visit	\$50/ visit	Same as Network	\$15/visit + 20% copay
Fast 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	<u>NON BCBS Pharmacy</u>
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				
Caregiver Only	\$721.26	\$1,103.96	\$605.75	\$856.93
Two Person	n/a	n/a	n/a	\$2,056.64
Caregiver + Spouse	\$1,442.51	\$2,207.95	\$1,211.48	n/a
Caregiver + Child(ren**)	\$1,269.44	\$1,942.99	\$1,066.10	n/a
Family	\$1,990.69	\$3,046.95	\$1,671.84	\$2,570.79

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.