

# HEALTH INSURANCE COMPARISON

UAW

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	
<b>Prescription Drug Coverage</b>								
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	
<b>MONTHLY Rates</b>								
	<b>Full Time</b>	<b>Part Time</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Full Time</b>	<b>Part Time</b>
Team Member Only	\$100.74	\$100.74	\$155.69	\$155.69	\$76.90	\$76.90	\$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	\$201.47	\$875.64	\$311.37	\$1,193.61	\$153.80	\$775.97	n/a	n/a
Team Member + Child(ren)	\$177.30	\$689.69	\$274.01	\$944.51	\$135.34	\$608.19	n/a	n/a
Family	\$278.04	\$1,464.58	\$429.64	\$1,982.04	\$212.24	\$1,307.26	\$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

UAW

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	\$1,058.67	\$713.06	\$1,105.40
Two Person	n/a	n/a	n/a	\$2,652.99
Team Member + Spouse	\$1,580.80	\$2,117.35	\$1,426.11	n/a
Team Member + Child(ren**)	\$1,391.13	\$1,863.26	\$1,254.98	n/a
Family	\$2,181.51	\$2,921.55	\$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 UM 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.