

# HEALTH INSURANCE COMPARISON

MNA PECSH Supplemental Pool  
January 1, 2026, Rev 10-01-2025



In Network Services Covered	MNA PPO Plus Plan***		Bronze Plan - HDHP w/HSA**		Blue Cross Blue Shield (BCBSM)***
Network	MNA PPO Plus Tier 1 Network	BCBSM PPO Tier 2 Network	U-M Health Tier 1 Network	BCBSM PPO Tier 2 Network	MNA BCBSM
Annual Deductible	None	\$300 single/\$600 family	\$1,700 single/\$3,400 family	\$3,000 single/\$6,000 family	In Network: \$100/\$200
Annual Max Out of Pocket	\$1,800 single/\$3,600 family	\$1,800 single/\$3,600 family	\$3,000 single/\$6,000 family	\$5,000 single/\$10,000 family	\$1,100 single/\$1,200 family
Pair With (must elect separately)	Medical Flexible Spending Acct		Health Savings Account		Medical Flexible Spending Acct
HSA Funding*	n/a		\$750 single / \$1,500 family		n/a
PCP Office Visit	\$15/visit	\$30/visit after deductible	Plan pays 100% after deductible	Plan pays 70% after deductible	\$15/visit
Specialist Office Visit	\$15/visit	\$30/visit after deductible	Plan pays 100% after deductible	Plan pays 70% after deductible	\$15/ visit
Maternity Care <small>(Incl. Pre- &amp; Post-natal visits. For delivery coverage, see IP Hospitalization)</small>	100% covered		Plan pays 100% after deductible	Plan pays 70% after deductible	20% after deductible
Preventative Services	100% covered		100% Covered		100% covered
Inpatient Hospitalization <small>(including childbirth/delivery)</small>	No charge after deductible	30% coinsurance after deductible	Plan pays 100% after deductible	Plan pays 70% after deductible	20% after deductible
Outpatient Surgery	No charge after deductible	30% coinsurance after deductible	Plan pays 100% after deductible	Plan pays 70% after deductible	20% after deductible
Lab and X-Ray	No charge after deductible	30% coinsurance after deductible	Plan pays 100% after deductible	Plan pays 70% after deductible	20% after deductible
Emergency Room	\$50/visit then 100% covered (waived if admitted)	\$50/visit then 100% covered (waived if admitted)	Plan pays 100% after deductible	Plan pays 70% after deductible	20% after deductible
Urgent Care	\$25/visit	\$45/visit	Plan pays 100% after deductible	Plan pays 70% after deductible	\$15/visit
Walk-In Care	\$15/visit	n/a	Plan pays 100% after deductible	Plan pays 70% after deductible	\$15/visit
Behavioral Health - IP	No charge after deductible	30% coinsurance after deductible	Plan pays 100% after deductible	Plan pays 70% after deductible	20% after deductible
Behavioral Health - OP	\$15/visit	\$30/visit after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	20% after deductible
Chiropractic/Osteopathic Manipulation	Not covered	50% coinsurance after deductible, max of 12 visits/member/ year	Plan pays 100% after deductible Combined max of 24 visits/member/year	Plan pays 70% after deductible Combined max of 24 visits/member/year	20% after deductible; Combined maximum of 38 visits/member/year
<b>Prescription Drug Coverage</b>					
Drug Class	UM Health-Sparrow Pharmacy Only		After Deductible – RxBenefits****		BCBSM Pharmacy
Generic	\$7/script		\$5/script	\$10/script	20% copay
Preferred	\$20/script		\$25/script	\$40/script	20% copay
Non-Preferred	\$30/script		\$50/script	\$80/script	20% copay
Non-Preferred Specialty	n/a		\$75/script	\$100/script	n/a

\*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.

\*\*Separate deductible applicable to auto-accidents: \$25k – Bronze & MNA PPO Plus plans; coverage is secondary to auto insurance in the event of an auto accident. Bronze and MNA PPO Plus plans offered are not qualified health coverage (QHC); plan will coordinate with auto insurance.

\*\*\*UM Health-Sparrow PPO Plus and BCBSM have only Three tiers of coverage: Team Member, 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.

This is a summary of benefits provided by each plan. Please refer to the Benefits at a Glance (BAAG) for detailed information. Should any questions arise, contracts in effect will take precedence.

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Out of Network Services Covered	MNA PPO Plus**	Bronze Plan - HDHP w/HSA*	Blue Cross Blue Shield (BCBSM)
	Out of Network	Out of Network	Out of 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	Not covered	\$15/visit + 20% copay
Specialist Office Visit	\$30/visit after deductible	Not covered	\$15/visit + 20% copay
Maternity Care (Incl. Pre- & Post-natal visits. For delivery coverage, see IP Hospitalization)	30% coinsurance after deductible	Not covered	20% after deductible + 20% copay
Preventative Services	Not covered	Not covered	Not covered
Inpatient Hospitalization (including childbirth/delivery)	30% coinsurance after deductible	Plan pays 70% after deductible	20% after deductible + 20% copay
Outpatient Surgery	30% coinsurance after deductible	Not covered	20% after deductible + 20% copay
Lab and X-Ray	30% coinsurance after deductible	Not covered	20% after deductible + 20% copay
Emergency Room	\$50/visit then 100% covered (waived if admitted)	Plan pays 70% after deductible	20% after deductible
Urgent Care	\$45/visit	Plan pays 70% after deductible	20% after deductible + 20% copay
Behavioral Health - IP	30% coinsurance after deductible	Not covered	20% after deductible + 20% copay
Behavioral Health - OP (Therapy & Testing)	\$30/visit after deductible	Not covered	20% after deductible + 20% copay
Chiropractic/Osteopathic Manipulation	50% coinsurance after deductible, max of 12 visits/member/ year	Not covered	20% after deductible + additional 20% out-of-network copay; Combined maximum of 38 visits/member/year
<b>Prescription Drug Coverage</b>			
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
<b>Biweekly Rates</b>			
<b>Full Time – Levels 4A, 6A, 9A, 10A</b>			
Team Member Only	\$64.43	\$43.74	\$68.35
Two Person	\$154.38	Coverage level not available	\$164.03
Team Member + Spouse	Coverage level not available	\$96.22	Coverage level not available
Team Member + Child(ren)	Coverage level not available	\$78.72	Coverage level not available
Family	\$168.48	\$131.21	\$205.04
<b>Part Time – Levels 1A, 2A, 3A, 5A, 7A, 8A</b>			
Team Member Only	\$64.43	\$43.74	\$68.35
Two Person	\$664.08	Coverage level not available	\$302.83
Team Member + Spouse	Coverage level not available	\$481.09	Coverage level not available
Team Member + Child(ren)	Coverage level not available	\$335.31	Coverage level not available
Family	\$758.10	\$772.67	\$378.54
<b>Level B</b>			
Team Member Only	\$429.51	\$364.46	\$525.75
Two Person	\$1,029.17	Coverage level not available	\$1,261.78
Team Member + Spouse	Coverage level not available	\$801.82	Coverage level not available
Team Member + Child(ren)	Coverage level not available	\$656.04	Coverage level not available
Family	\$1,123.18	\$1,093.39	\$1,577.23