



2022

Summary of Benefits

SUMMARY OF BENEFITS

Jan. 1, 2022 - Dec. 31, 2022

This booklet provides a summary of what we cover and what you pay. It doesn't list every limitation, exclusion, or covered service. To get a complete list of services we cover, call us to request a copy of the Evidence of Coverage. It is also available on [SparrowAdvantage.com](https://www.sparrowadvantage.com).

- To compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on [Medicare.gov](https://www.Medicare.gov).
- To know more about the coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. Find it online at [Medicare.gov](https://www.Medicare.gov) or get a copy by calling 1.800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 1.877.486.2048.

Sections in this booklet

- Things to Know About **Sparrow Advantage (HMO-POS)** and **Sparrow Advantage Plus (HMO-POS)**
- Table of Contents
- Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call 844.961.0156 (TTY: 711) to speak with a sales representative.*

Things to Know About Sparrow Advantage and Sparrow Advantage Plus

Hours of Operation

- From Oct. 1 through March 31, you can call us seven days a week from 8 a.m. to 8 p.m. E.T.
- From April 1 through Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. E.T.

Sparrow Advantage and Sparrow Advantage Plus Phone Numbers and Website

- If you have questions, call toll-free 844.961.0156 (TTY: 711).
- Our website: SparrowAdvantage.com

Who can join?

To join **Sparrow Advantage and Sparrow Advantage Plus**, you must be entitled to Medicare Part A, enrolled in Medicare Part B, a United States citizen or are lawfully present in the United States, and live in our service area. Our service area includes the following counties in Michigan: Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, and Shiawassee.

What is an HMO-POS?

An HMO-POS is a Medicare Advantage Plan that is a Health Maintenance Organization with a more flexible network allowing you to seek care outside of the traditional HMO network under certain situations or for certain treatment. You may pay some additional fees for using the POS (out-of-network) option.

Which doctors, hospitals, and pharmacies can I use?

Sparrow Advantage and Sparrow Advantage Plus have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's Provider Directory at our website, SparrowAdvantage.com, or call us and we will send you a copy of the Provider Directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan Prescription Drug Formulary (list of Part D prescription drugs) and any restrictions on our website, SparrowAdvantage.com.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five tiers. You will need to use your the Prescription Drug Formulary to locate the tier your drug is in to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the Plan for more information or access the Evidence of Coverage on our website.

Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Monthly Plan Premium	\$0 per month. You must continue to pay your Medicare Part B premium.	\$25 per month. You must continue to pay your Medicare Part B premium.
Deductibles	All Plans This plan does not have a deductible.	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	All Plans The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services. Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,800 for covered hospital and medical services you receive from in-network providers. • \$6,700 for covered hospital and medical services you receive from out-of-network providers. If you reach the limit on out-of-pocket costs, you will still be covered for hospital and medical services, and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	

Covered Medical and Hospital Benefits

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Inpatient Hospital Coverage	All Plans In-network: Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • \$200 copay per day, per stay: Days 1–7 • \$0 copay per day, per stay: Days 8 and beyond Prior authorization is required for INN. Out-of-network: For each Medicare-covered inpatient hospital stay: 20% co-insurance Prior authorization is required for OON.	

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Outpatient Hospital Coverage	<p>All Plans Ambulatory Surgical Center: In-network: \$100 copay for each Medicare-covered surgery Out-of-network: 20% co-insurance for each Medicare-covered surgery</p> <p>Outpatient hospital: In-network: \$150 copay Prior Authorization is required for INN. Out-of-network: Medicare-covered outpatient hospital services (based on the Medicare allowable amount): 20% co-insurance Prior authorization and a referral from your PCP are required for OON.</p>	
Doctor Visits (Primary Care Providers and Specialists)	<p>All Plans Primary Care Physician (PCP) visit: In-network: \$5 copay Out-of-network: Not covered</p> <p>Specialist Visit: In-network: \$30 copay Out-of-network: 20% co-insurance for each Medicare-covered specialist visit A referral is required for specialist visits when OON.</p>	
Preventive Care	<p>All Plans You pay nothing when using an in-network provider. When using an out-of-network (OON) provider, you pay 20% co-insurance.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training and diabetic services • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B, influenza, and COVID-19) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs 	

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Preventive Care (cont.)	<p>All Plans</p> <ul style="list-style-type: none"> • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Welcome to Medicare preventive visit (one-time) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	
Emergency Care	<p>All Plans \$90 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>This coverage is available worldwide.</p>	
Urgently Needed Services	<p>All Plans \$60 copay within the United States \$90 copay outside of the United States This coverage is available worldwide.</p>	
Diagnostic Services/ Labs/Imaging (Costs for these services may vary based on place of service)	<p>All Plans In-network: Lab services: \$10 copay Diagnostic procedures and tests: \$10 copay Diagnostic colonoscopies: \$0 copay X-rays: \$35 copay High tech radiology services (MRI, CT, and PET scans): \$100 copay Diagnostic mammograms: \$0 copay Low tech radiology services: \$20 copay Therapeutic radiology services (such as radiation treatment for cancer): \$25 copay</p> <p>Prior authorization may be required for INN services.</p> <p>Out-of-network: 20% co-insurance for Medicare-covered outpatient diagnostic tests and therapeutic services and supplies</p> <p>Prior authorization and a referral may be required for OON services.</p> <p>There is no copay for abdominal aortic aneurysm screening, diabetes screening, or prostate cancer screening when they are ordered as a preventive service and are performed by an in-network provider.</p>	

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Hearing Services	<p>In-network: Exam to diagnose and treat hearing and balance issues: \$25 copay</p> <p>Routine hearing exam: \$25 copay</p> <p>Up to two hearing aids every two calendar years (both ears combined). Our plan provides a \$1,000 allowance toward these hearing aids</p> <p>One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p>Out-of-network: 20% co-insurance for a Medicare-covered hearing exam</p> <p>Medicare-covered services require a referral when OON.</p> <p>There is no network restriction on the hearing aid benefit. Care can be obtained from an in-network (INN) or an out-of-network (OON) provider. If an OON provider is used, it is handled via direct member reimbursement. The hearing allowance is combined for INN and OON.</p>	<p>In-network: Exam to diagnose and treat hearing and balance issues: \$25 copay</p> <p>Routine hearing exam: \$25 copay</p> <p>Up to two hearing aids every two calendar years (both ears combined). Our plan provides a \$1,500 allowance toward these hearing aids.</p> <p>One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p>Out-of-network: 20% co-insurance for a Medicare-covered hearing exam</p> <p>Medicare-covered services require a referral when OON.</p> <p>There is no network restriction on the hearing aid benefit. Care can be obtained from an in-network (INN) or an out-of-network (OON) provider. If an OON provider is used, it is handled via direct member reimbursement. The hearing allowance is combined for INN and OON.</p>
Dental Services	<p>In-network: Preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Limited oral evaluation (as needed for diagnosis of emergency condition) • Comprehensive oral exam (2 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatments (1 every calendar year) • Horizontal bitewing X-ray (1 every calendar year, up to 4) 	<p>In-network: Covered diagnostic and enhanced preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Comprehensive periodontal evaluation (1 every calendar year) • Comprehensive oral evaluation (1 every 3 calendar years) • Periodic oral evaluation (2 per calendar year) • Limited oral evaluations (as needed for diagnosis of emergency condition) • Intraoral complete series (full mouth X-rays) (1 every 3 calendar years) • Bitewing X-rays (1 every calendar year)

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Dental Services (cont.)	<p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services may require a prior authorization</p> <p>Out-of-network: Medicare-covered dental services (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services require a prior authorization.</p> <p>Preventive and Comprehensive dental services are not covered OON.</p>	<ul style="list-style-type: none"> • Routine cleaning, scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year) • Fluoride treatments (2 every calendar year) • Periodontal maintenance (following active therapy) (4 every calendar year) <p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services may require a prior authorization when INN.</p> <p>*Comprehensive services include (but are not limited to):</p> <p>Yearly Deductible: \$100 (must be met before benefits for comprehensive dental services are available)</p> <p>Basic Restorative (includes services such as fillings, inlays/onlays, crowns, retrograde filling, and protective restorations): 20% co-insurance after deductible</p> <p>Oral Surgery:</p> <ul style="list-style-type: none"> • Simple and Surgical Extractions: 20% co-insurance after deductible • Other Surgical Procedures: 50% co-insurance after deductible <p>Periodontics (includes services such as periodontal surgery, scaling, root planing, full mouth debridement, clinical crown lengthening, gingivectomy-gingivoplasty, gingival flap procedure, and osseous surgery): 50% co-insurance after deductible</p> <p>Endodontics (includes services such as root canal treatment, retreatment root canal therapy, apicoectomy, and pulpotomy): 50% co-insurance after deductible</p> <p>Prosthetic Maintenance (includes services such as bridges, dentures, crowns, and tissue conditioning): 20% co-insurance after deductible</p>

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Dental Services (cont.)		<p>Adjunct General Services (includes services such as general anesthesia - when clinically necessary): 50% co-insurance after deductible.</p> <p>Major Restorative (includes services such as bridges, dentures, and crowns): 50% co-insurance after deductible</p> <p>Yearly Maximum Benefit for Preventive and Comprehensive services: \$1,250</p> <p>*See Evidence of Coverage for more details and a complete listing</p> <p>Out-of-network: 20% co-insurance for each Medicare-covered dental service (based on the Medicare allowable amount).</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services require a prior authorization when OON.</p> <p>Preventive and Comprehensive dental services are not covered OON.</p>
Vision Services	<p>In-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay</p> <p>Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay</p> <p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay</p> <p>One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay</p>	<p>In-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay</p> <p>Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay</p> <p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay</p> <p>One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay</p>

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Vision Services (cont.)	<p>Our plan pays up to \$200 for eyeglass frames or contact lenses after each cataract surgery.</p> <p>One routine eye exam every calendar year: \$0 copay</p> <p>Optional Retinal Imaging: \$39 copay</p> <p>One pair of eyeglass lenses every calendar year: \$0 copay</p> <p>One pair of eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of contact lenses (or 2 six packs) every calendar year.</p> <p>Our plan pays up to \$200 every calendar year for eyeglass frames or contact lenses: \$0 copay</p> <p>Upgrades may be available at an additional cost.</p> <p>Out-of-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral from your PCP is required for these visits when OON.</p> <p>One pair of Medicare-covered eyeglass lenses after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>Materials – Up to \$120 reimbursement for OON</p> <p>Routine Eye Exam – Up to \$30 reimbursement for OON</p>	<p>Our plan pays up to \$400 for eyeglass frames or contact lenses after each cataract surgery.</p> <p>One routine eye exam every calendar year: \$0 copay</p> <p>Optional Retinal Imaging: \$39 copay</p> <p>One pair of eyeglass lenses every calendar year: \$0 copay</p> <p>One pair of eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of contact lenses (or 2 six packs) every calendar year.</p> <p>Our plan pays up to \$400 every calendar year for eyeglass frames or contact lenses: \$0 copay</p> <p>Upgrades may be available at an additional cost.</p> <p>Out-of-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral from your PCP is required for these visits when OON.</p> <p>One pair of Medicare-covered eyeglass lenses after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>Materials – Up to \$240 reimbursement for OON</p> <p>Routine Eye Exam – Up to \$30 reimbursement for OON</p>

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Mental Health Services	<p>All Plans Inpatient visit:</p> <p>In-network: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$200 copay per day, per stay: Days 1–7 • \$0 copay per day, per stay: Days 8 and beyond <p>Prior authorization is required when INN.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.</p> <p>Out-of-network: Each Medicare-covered inpatient mental health stay (based on the Medicare allowable amount): 20% co-insurance</p> <p>Prior authorization is required for OON.</p> <p>Outpatient visit:</p> <p>In-network: Outpatient individual visit: \$30 copay Outpatient group visit: \$25 copay</p> <p>Out-of-network: Medicare-covered outpatient mental healthcare (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral is required for OON.</p>	
Skilled Nursing Facilities	<p>All Plans In-network: The plan covers up to 100 days per admission. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 copay per day, per stay: Days 1–20 • \$150 copay per day, per stay: Days 21–100 <p>Admission to a new or different SNF within the same benefit period may start a new stay for copay administration purposes.</p> <p>Prior authorization is required for INN.</p> <p>Out-of-network: Medicare-covered skilled nursing facility (SNF) stay (based on the Medicare allowable amount): 20% co-insurance</p> <p>Prior authorization is required for OON.</p>	
Physical Therapy	<p>All Plans In-network: \$30 copay</p> <p>Out-of-network: Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral is required for OON.</p>	

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Ambulance	<p>All Plans \$200 copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.</p>	
Transportation	<p>In-network: \$0 copay Limited to 20 one-way trips to plan-approved locations every year</p> <p>Out-of-network: Not covered</p>	<p>In-network: \$0 copay Limited to 30 one-way trips to plan-approved locations every year</p> <p>Out-of-network: Not covered</p>

Prescription Drug Benefits

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Medicare Part B Drugs	<p>All Plans In-network: For Part B drugs such as chemotherapy drugs: 20% co-insurance Out-of-network: Part B-covered chemotherapy drugs: 20% co-insurance In-network: Other Part B drugs: 20% co-insurance Out-of-network: Part B prescription drugs (based on the Medicare allowable amount): 20% co-insurance In-network and Out-of-network: Some Part B medications may be subject to prior authorization.</p>	
Deductible	<p>All Plans This plan does not have a deductible.</p>	
Initial Coverage	<p>All Plans You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p>	
Additional Drug Coverage (Insulin Savings Program)	<p>All Plans As a member of the Sparrow Advantage and Plus plans, you'll have low, predictable copays on Select Insulins through our Insulin Savings Program.* Costs for Select Insulins will remain the same during the Initial Coverage and Coverage Gap phases of your prescription drug benefit. The program doesn't apply during the Catastrophic Coverage stage. Note that this program isn't available if you receive Extra Help from the government.</p>	

*Select Insulins are those that are part of the Insulin Savings Program and therefore will incur low, consistent copays through the coverage gap. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information.

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Preferred Retail Cost-Sharing		30-Day Supply
Tier 1 (Preferred Generic)		\$0 copay
Tier 2 (Generic)		\$0 copay
Tier 3 (Preferred Brand) Select Insulins		\$40 copay \$35 Copay
Tier 4 (Non-Preferred Brand)		\$90 copay
Tier 5 (Specialty Drug)		33% co-insurance
Preferred Retail Cost-Sharing		60-Day Supply
Tier 1 (Preferred Generic)		\$0 Copay
Tier 2 (Generic)		\$0 Copay
Tier 3 (Preferred Brand) Select Insulins		\$80 Copay \$70 Copay
Tier 4 (Non-Preferred Brand)		\$180 Copay
Tier 5 (Specialty Drug)		Not Offered
Preferred Retail Cost-Sharing		90-Day Supply
Tier 1 (Preferred Generic)		\$0 Copay
Tier 2 (Generic)		\$0 Copay
Tier 3 (Preferred Brand) Select Insulins		\$120 Copay \$105 Copay
Tier 4 (Non-Preferred Brand)		\$270 Copay
Tier 5 (Specialty Drug)		Not Offered
Standard Retail Cost-Sharing		30-Day Supply
Tier 1 (Preferred Generic)		\$5 Copay
Tier 2 (Generic)		\$10 Copay
Tier 3 (Preferred Brand) Select Insulins		\$45 Copay \$35 Copay
Tier 4 (Non-Preferred Brand)		\$95 Copay
Tier 5 (Specialty Drug)		33% co-insurance
Standard Retail Cost-Sharing		60-Day Supply
Tier 1 (Preferred Generic)		\$10 Copay
Tier 2 (Generic)		\$20 Copay
Tier 3 (Preferred Brand) Select Insulins		\$90 Copay \$70 Copay
Tier 4 (Non-Preferred Brand)		\$190 Copay
Tier 5 (Specialty Drug)		Not Offered

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Standard Retail Cost-Sharing		90-Day Supply
Tier 1 (Preferred Generic)		\$15 Copay
Tier 2 (Generic)		\$30 Copay
Tier 3 (Preferred Brand) Select Insulins		\$135 Copay \$105 Copay
Tier 4 (Non-Preferred Brand)		\$285 Copay
Tier 5 (Specialty Drug)		Not Offered
Out-of-Network Cost-Sharing		30-Day Supply
Tier 1 (Preferred Generic)		\$5 Copay
Tier 2 (Generic)		\$10 Copay
Tier 3 (Preferred Brand) Select Insulins		\$45 Copay \$35 Copay
Tier 4 (Non-Preferred Brand)		\$95 Copay
Tier 5 (Specialty Drug)		33% co-insurance
Initial Coverage	All Plans If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out-of-network.	
Standard Mail Order Cost-Sharing		30-Day Supply
Tier 1 (Preferred Generic)		\$0 Copay
Tier 2 (Generic)		\$0 Copay
Tier 3 (Preferred Brand) Select Insulins		\$45 Copay \$35 Copay
Tier 4 (Non-Preferred Brand)		\$95 Copay
Tier 5 (Specialty Drugs)		33% co-insurance
Standard Mail Order Cost-Sharing		60-Day Supply
Tier 1 (Preferred Generic)		\$0 Copay
Tier 2 (Generic)		\$0 Copay
Tier 3 (Preferred Brand) Select Insulins		\$90 Copay \$70 Copay
Tier 4 (Non-Preferred Brand)		\$190 Copay
Tier 5 (Specialty Drugs)		Not Offered

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Standard Mail Order Cost-Sharing	90-Day Supply	
Tier 1 (Preferred Generic)	\$0 Copay	
Tier 2 (Generic)	\$0 Copay	
Tier 3 (Preferred Brand) Select Insulins	\$112.50 Copay \$105 Copay	
Tier 4 (Non-Preferred Brand)	\$237.50 Copay	
Tier 5 (Specialty Drugs)	Not Offered	
Coverage Gap	<p>All Plans Most Medicare drug plans have a Coverage Gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.</p> <p>After you enter the Coverage Gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your out-of-pocket costs total \$7,050, which is the end of the Coverage Gap. Not everyone will enter the Coverage Gap.</p> <p>If you're eligible for the Insulin Savings Program, your cost-share for Select Insulins won't increase during the Coverage Gap.</p>	
Catastrophic Coverage	<p>All Plans After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% co-insurance or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. <p>When you add up your out-of-pocket costs, you are not allowed to include drugs you get at an out-of-network pharmacy that do not meet the Plan's requirements for out-of-network coverage.</p>	
Part D Immunizations	<p>All Plans Shingles - covered 100%</p>	

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

Other Covered Benefits

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Acupuncture	<p>All Plans Medicare-covered services (chronic low back pain):</p> <p>In-network: \$30 copay for Medicare-covered acupuncture treatment.</p> <p>Out-of-network: 20% co-insurance for Medicare-covered acupuncture treatment (based on the Medicare allowable amount). A referral from your PCP is required.</p>	
Chiropractic Care	<p>All Plans In-network: Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>Out-of-network: Medicare-covered chiropractic services (based on the Medicare allowable amount): 20% co-insurance A referral is required for OON.</p>	
Diabetes Supplies and Services	<p>All Plans Diabetes self-management training:</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 20% co-insurance</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets, CGM's, and test strips*):</p> <p>In-network: 0% co-insurance</p> <p>Out-of-network: 20% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products.</p> <p>Therapeutic shoes or inserts:</p> <p>In-network: 20% co-insurance</p> <p>Out-of-network: 20% co-insurance (based on the Medicare allowable amount)</p> <p>For INN and OON: Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>	
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p>All Plans In-network: 20% co-insurance</p> <p>Out-of-network: 20% co-insurance</p> <p>For INN and OON: Prior authorization may be required.</p>	

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Foot Care (podiatry services)	<p><u>All Plans</u> In-network: \$30 copay Out-of-network: 20% co-insurance for each Medicare-covered podiatry service (based on the Medicare allowable amount). A referral is required.</p>	
Home Healthcare	<p><u>All Plans</u> In-network: \$0 copay Out-of-network: 20% co-insurance (based on the Medicare allowable amount). A referral is required.</p>	
Hospice	<p><u>All Plans</u> You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details</p>	
Meal Benefit	<p><u>All Plans</u> In-network: 28 Meals (two meals/day for 14 days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay. Annual limit of two discharges for a total of 56 meals/calendar year. Out-of-network: Not covered</p>	
Outpatient Substance Abuse	<p><u>All Plans</u> In-network: Individual visit: \$30 copay Group visit: \$25 copay Out-of-network: 20% co-insurance for Medicare-covered outpatient substance abuse services (based on the Medicare allowable amount.) For INN and OON: Prior authorization is required.</p>	

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Over-the-Counter Coverage (OTC)	<p>In-network: \$45 credit per quarter to use on approved health products that can be ordered online, by phone, or by mail Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter. Out-of-network: Not Covered</p>	<p>In-network: \$70 credit per quarter to use on approved health products that can be ordered online, by phone, or by mail Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter. Out-of-network: Not Covered</p>
Prosthetic Devices	<p><u>All Plans</u> INN and OON: Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.</p>	
Rehabilitation Services	<p><u>All Plans</u> Cardiac rehabilitation services: In-network: \$30 copay per day Out-of-network: 20% co-insurance for Medicare-covered services A referral is required for OON. Occupational, speech, and language therapy visits: In-network: \$30 copay Out-of-network: 20% co-insurance for Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount.) A referral is required for OON. For INN and OON: A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p>	
Telehealth	<p><u>All Plans</u> In-network: Mental Health: \$30 copay PCP: \$0 copay Out-of network: Not covered</p>	
Wellness Programs	<p><u>All Plans</u> In-network: Health club membership/fitness classes through SilverSneakers®: \$0 copay Out-of-network: Not Covered</p>	

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a sales representative at 844.961.0156 (TTY: 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **SparrowAdvantage.com** or call 844.961.0156 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. You can utilize our Provider Search tool on our website. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory in the Provider Directory to make sure the pharmacy you use for any prescription medicines is in the network. You can utilize our Provider Search tool on our website. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2023.
- PHP Medicare plans allow members to see out-of-network providers (non-contracted providers). While PHP Medicare will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat the member. Except in emergency or urgent care situations, non-contracted providers may deny care.

SparrowAdvantage.com

Toll-free: **844.961.0156** (TTY: 711), 8 a.m. to 8 p.m., seven days a week*

PO Box 7119, Troy, MI. 48007

*You may reach a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message, and your call will be returned the next business day.

Sparrow Advantage is an HMO-POS plan with a Medicare contract. Enrollment in Sparrow Advantage depends on contract renewal. All Sparrow Advantage plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the Michigan counties of Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, or Shiawassee.

You must continue to pay your Medicare Part B premium. Please note that enrollment is limited to specific times of the year. This information is not a complete description of benefits. Call 844.529.3757 (TTY: 711)* for more information.

Out-of-network/non-contracted providers are under no obligation to treat PHP Medicare members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. PHP Medicare plans allow members to see out-of-network providers (non-contracted providers). While PHP Medicare will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat the member. Except in emergency or urgent care situations, non-contracted providers may deny care. Members may have a higher copay or co-insurance for services received by non-contracted providers, with the exception of emergencies. If a member receives care from a provider who is not eligible to participate in Medicare, the member may be responsible for the full cost of services received.

PHP Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844.529.3757 (TTY: 711).*

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 844.529.3757 (هاتف الصم والبكم: 711).*