

A close-up portrait of an older man with short, graying hair and glasses. He is looking directly at the camera with a slight smile. He is wearing a patterned shirt. The background is blurred.

# 2021 Summary of Benefits

Sparrow Advantage (HMO-POS)  
Sparrow Advantage Plus (HMO-POS)



# SUMMARY OF BENEFITS

January 1, 2021 – December 31, 2021

This booklet gives you 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 and ask for the Evidence of Coverage, or you can view it on SparrowAdvantage.com.

This Summary of Benefits booklet gives you a summary of what **Sparrow Advantage (HMO-POS)** and **Sparrow Advantage Plus (HMO-POS)** covers and what you pay.

- If you want 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 <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users should call 877.486.2048.

## Sections in this booklet

- Things to Know About **Sparrow Advantage** and **Sparrow Advantage Plus**
- 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 customer service at 844.529.3757 (TTY: 711).



# Things to Know About Sparrow Advantage and Sparrow Advantage Plus

## Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. E.T.
- From April 1 to September 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 844.529.3826 (TTY: 711).
- Our website: [SparrowAdvantage.com](https://SparrowAdvantage.com)

## Who can join?

To join **Sparrow Advantage and Sparrow Advantage Plus**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be 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.

## 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](https://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 formulary (list of Part D prescription drugs) and any restrictions on our website, [SparrowAdvantage.com](https://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 formulary to locate what 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.

## TABLE OF CONTENTS

Monthly Plan Premium .....	6
Deductibles .....	6
Maximum Out-of-Pocket Responsibility .....	6
Inpatient Hospital Coverage .....	6
Outpatient Hospital Coverage.....	7
Ambulatory Surgical Center .....	7
Doctor Visits .....	7
Preventive Care.....	7
Emergency Care.....	8
Urgently Needed Services.....	8
Diagnostic Services/Labs/Imaging.....	9
Hearing Services .....	9
Dental Services .....	10
Vision Services.....	12
Mental Health Services .....	13
Skilled Nursing Facilities .....	14
Physical Therapy .....	14
Ambulance .....	14
Transportation.....	14
Prescription Drugs .....	15
Medicare Part B Drugs.....	15
Deductible .....	15
Initial Coverage.....	15
Coverage Gap .....	17
Catastrophic Coverage .....	18
Chiropractic Care .....	18
Diabetes Supplies and Services .....	19
Durable Medical Equipment .....	19
Foot Care.....	19
Home Healthcare .....	20
Hospice .....	20
Meal Benefit .....	20
Outpatient Substance Abuse .....	20
Over-the-Counter Coverage .....	20
Prosthetic Devices .....	21
Rehabilitation Services .....	21
Telehealth.....	21
Wellness Programs .....	21

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

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
<b>Monthly Plan Premium</b>	\$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.
<b>Deductibles</b>	This plan does not have a deductible.	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<p>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.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$3,800 for covered hospital and medical services you receive from in-network providers.</li> <li>• \$6,700 for covered hospital and medical services you receive from out-of-network providers.</li> </ul> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>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.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$3,800 for covered hospital and medical services you receive from in-network providers.</li> <li>• \$6,700 for covered hospital and medical services you receive from out-of-network providers.</li> </ul> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

## Covered Medical and Hospital Benefits

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

	<b>Sparrow Advantage (HMO-POS)</b> <small>(HMO)</small>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Outpatient Hospital Coverage</b>	<p>Ambulatory Surgical Center:  <b>In-network:</b> \$100 copay for each Medicare-covered surgery  <b>Out-of-network:</b>  20% co-insurance for each Medicare-covered surgery</p> <p>Outpatient hospital:  <b>In-network:</b> \$150 copay  Prior Authorization is required.</p> <p><b>Out-of-network:</b> Medicare-covered outpatient hospital services (based on the Medicare-allowable amount):  20% co-insurance  Prior authorization and a referral from your PCP are required.</p>	<p>Ambulatory Surgical Center:  <b>In-network:</b> \$100 copay for each Medicare-covered surgery  <b>Out-of-network:</b>  20% co-insurance for each Medicare-covered surgery</p> <p>Outpatient hospital:  <b>In-network:</b> \$150 copay  Prior Authorization is required.</p> <p><b>Out-of-network:</b> Medicare-covered outpatient hospital services (based on the Medicare-allowable amount):  20% co-insurance  Prior authorization and a referral from your PCP are required.</p>
<b>Doctor Visits (Primary Care Providers and Specialists)</b>	<p>Primary Care Physician (PCP) visit:  <b>In-network:</b> \$5 copay  <b>Out-of-network:</b> Not covered</p> <p>Specialist Visit:  <b>In-network:</b> \$30 copay  <b>Out-of-network:</b>  20% co-insurance for each Medicare-covered specialist visit  A referral is required for specialist visits. Prior authorization may be required.</p>	<p>Primary Care Physician (PCP) visit:  <b>In-network:</b> \$5 copay  <b>Out-of-network:</b> Not covered</p> <p>Specialist Visit:  <b>In-network:</b> \$30 copay  <b>Out-of-network:</b>  20% co-insurance for each Medicare-covered specialist visit  A referral is required for specialist visits. Prior authorization may be required.</p>
<b>Preventive Care</b>	<p>You pay nothing when using an in-network provider. When using an OON provider, you pay 20% co-insurance.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> </ul>	<p>You pay nothing when using an in-network provider. When using an OON provider, you pay 20% co-insurance.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> </ul>

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Preventive Care (cont.)</b>	<ul style="list-style-type: none"> <li>• Diabetes self-management training and diabetic services</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (pneumonia, hepatitis B, and influenza)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• Welcome to Medicare preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>• Diabetes self-management training and diabetic services</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (pneumonia, hepatitis B, and influenza)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• Welcome to Medicare preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Emergency Care</b>	<p>\$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>	<p>\$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>
<b>Urgently Needed Services</b>	<p>\$60 copay within the United States</p> <p>\$90 copay outside of the United States</p> <p>This coverage is available worldwide.</p>	<p>\$60 copay within the United States</p> <p>\$90 copay outside of the United States</p> <p>This coverage is available worldwide.</p>



	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Diagnostic Services/ Labs/Imaging</b> (Costs for these services may vary based on place of service)	<p><b>In-network:</b> Lab services: \$10 copay</p> <p>Diagnostic procedures and tests: \$10 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>X-rays: \$35 copay</p> <p>High tech radiology services (MRI, CT, and PET scans): \$100 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Low tech radiology services: \$20 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$25 copay Prior authorization may be required.</p> <p><b>Out-of-network:</b> 20% co-insurance for Medicare- covered outpatient diagnostic tests and therapeutic services and supplies</p> <p>Prior authorization and a referral may be required.</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>	<p><b>In-network:</b> Lab services: \$10 copay</p> <p>Diagnostic procedures and tests: \$10 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>X-rays: \$35 copay</p> <p>High tech radiology services (MRI, CT, and PET scans): \$100 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Low tech radiology services: \$20 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$25 copay Prior authorization may be required.</p> <p><b>Out-of-network:</b> 20% co-insurance for Medicare- covered outpatient diagnostic tests and therapeutic services and supplies</p> <p>Prior authorization and a referral may be required.</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>
<b>Hearing Services</b>	<p><b>In-network:</b> 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><b>In-network:</b> 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>

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Hearing Services (cont.)</b>	<p>One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p><b>Out-of-network:</b> 20% co-insurance for a Medicare-covered hearing exam</p> <p>Medicare-covered services require a referral.</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>One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p><b>Out-of-network:</b> 20% co-insurance for a Medicare-covered hearing exam</p> <p>Medicare-covered services require a referral.</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>
<b>Dental Services</b>	<p><b>In-network:</b> Preventive dental services: \$0 copay</p> <p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services requires a prior authorization.</p> <p><b>Out-of-network:</b> Medicare-covered dental services (based on the Medicare-allowable amount): 20% co-insurance 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>	<p><b>In-network:</b> Covered diagnostic and enhanced preventive dental services: \$0 copay</p> <p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services requires a prior authorization.</p> <p>*Comprehensive services include (but are not limited to): 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"> <li>• Simple and Surgical Extractions: 20% co-insurance after deductible</li> <li>• Other Surgical Procedures: 50% co-insurance after deductible</li> </ul>

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Dental Services (cont.)		<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> <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><b>Out-of-network:</b> 20% co-insurance for each Medicare-covered dental services (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.</p> <p>Preventive and Comprehensive dental services are not covered OON.</p>

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Vision Services</b>	<b>In-network:</b> Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay	<b>In-network:</b> Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay
	Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay	Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay
	One pair of Medicare-covered eyeglass frames or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay	One pair of Medicare-covered eyeglass frames or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay
	One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay	One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay
	Our plan pays up to \$200 for eyeglass frames or contact lenses after each cataract surgery.	Our plan pays up to \$400 for eyeglass frames or contact lenses after each cataract surgery.
	One routine eye exam every calendar year: \$25 copay	One routine eye exam every calendar year: \$25 copay
	One pair of eyeglass lenses every two calendar years: \$0 copay	One pair of eyeglass lenses every two calendar years: \$0 copay
	One pair of eyeglass frames or one pair of contact lenses (or 2 six packs) every two calendar years. Our plan pays up to \$200 every two calendar years for eyeglass frames or contact lenses: \$0 copay	One pair of eyeglass frames or one pair of contact lenses (or 2 six packs) every two calendar years. Our plan pays up to \$400 every two calendar years for eyeglass frames or contact lenses: \$0 copay
	Upgrades may come at an additional cost.	Upgrades may come at an additional cost.
	<b>Out-of-network:</b> Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare-allowable amount): 20% co-insurance	<b>Out-of-network:</b> Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare-allowable amount): 20% co-insurance
	A referral from your PCP is required for these visits.	A referral from your PCP is required for these visits.



	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Vision Services (cont.)</b>	<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 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>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 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>
<b>Mental Health Services</b>	<p>Inpatient visit: <b>In-network:</b> Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$200 copay per day, per stay: Days 1–7</li> <li>• \$0 copay per day, per stay: Days 8 and beyond</li> </ul> <p>Prior authorization is required.</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><b>Out-of-network:</b> Each Medicare-covered inpatient mental health stay (based on the Medicare-allowable amount): 20% co-insurance</p> <p><b>In-network:</b> Outpatient individual visit: \$30 copay Outpatient group visit: \$25 copay Prior authorization is required.</p> <p><b>Out-of-network:</b> Medicare-covered outpatient mental healthcare (based on the Medicare-allowable amount): 20% co-insurance</p> <p>Prior authorization is required.</p>	<p>Inpatient visit: <b>In-network:</b> Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$200 copay per day, per stay: Days 1–7</li> <li>• \$0 copay per day, per stay: Days 8 and beyond</li> </ul> <p>Prior authorization is required.</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><b>Out-of-network:</b> Each Medicare-covered inpatient mental health stay (based on the Medicare-allowable amount): 20% co-insurance</p> <p><b>In-network:</b> Outpatient individual visit: \$30 copay Outpatient group visit: \$25 copay Prior authorization is required.</p> <p><b>Out-of-network:</b> Medicare-covered outpatient mental healthcare (based on the Medicare-allowable amount): 20% co-insurance</p> <p>Prior authorization is required.</p>

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Skilled Nursing Facilities</b>	<p><b>In-network:</b> The plan covers up to 100 days per admission. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: Days 1–20</li> <li>• \$150 copay per day, per stay: Days 21–100</li> </ul> <p>Prior authorization is required.</p> <p><b>Out-of-network:</b> Medicare-covered skilled nursing facility (SNF) stay (based on the Medicare-allowable amount): 20% co-insurance</p> <p>Prior authorization is required.</p>	<p><b>In-network:</b> The plan covers up to 100 days per admission. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: Days 1–20</li> <li>• \$150 copay per day, per stay: Days 21–100</li> </ul> <p>Prior authorization is required.</p> <p><b>Out-of-network:</b> Medicare-covered skilled nursing facility (SNF) stay (based on the Medicare-allowable amount): 20% co-insurance</p> <p>Prior authorization is required.</p>
<b>Physical Therapy</b>	<p><b>In-network:</b> \$30 copay</p> <p><b>Out-of-network:</b> Medicare-covered outpatient rehabilitation services (based on the Medicare-allowable amount): 20% co-insurance A referral is required.</p>	<p><b>In-network:</b> \$30 copay</p> <p><b>Out-of-network:</b> Medicare-covered outpatient rehabilitation services (based on the Medicare-allowable amount): 20% co-insurance A referral is required.</p>
<b>Ambulance</b>	<p>\$200 copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>	<p>\$200 copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>
<b>Transportation</b>	<p><b>In-network</b> \$0 copay</p> <p>Limited to 20 one-way trips to plan-approved locations every year</p> <p><b>Out-of-network:</b> Not covered</p>	<p><b>In-network</b> \$0 copay</p> <p>Limited to 30 one-way trips to plan-approved locations every year</p> <p><b>Out-of-network:</b> Not covered</p>

## Prescription Drug Benefits

	Sparrow Advantage (HMO-POS)	Sparrow Advantage Plus (HMO-POS)
Medicare Part B Drugs	<p><b>In-network:</b> For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p><b>Out-of-network:</b> Part B-covered chemotherapy drugs: 20% co-insurance</p> <p><b>In-network:</b> Other Part B drugs: 20% co-insurance</p> <p><b>Out-of-network:</b> Part B prescription drugs (based on the Medicare-allowable amount): 20% co-insurance</p> <p>Some Part B medications may be subject to prior authorization.</p>	<p><b>In-network:</b> For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p><b>Out-of-network:</b> Part B-covered chemotherapy drugs: 20% co-insurance</p> <p><b>In-network:</b> Other Part B drugs: 20% co-insurance</p> <p><b>Out-of-network:</b> Part B prescription drugs (based on the Medicare-allowable amount): 20% co-insurance</p> <p>Some Part B medications may be subject to prior authorization.</p>
Deductible	This plan does not have a deductible.	This plan does not have a deductible.
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
Preferred Retail Cost-Sharing	30-Day Supply	30-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$40 copay	\$40 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$90 copay
Tier 5 (Specialty Drug)	33% co-insurance	33% co-insurance
Preferred Retail Cost-Sharing	60-Day Supply	60-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$80 copay	\$80 copay
Tier 4 (Non-Preferred Brand)	\$180 copay	\$180 copay
Tier 5 (Specialty Drug)	Not Offered	Not Offered
Preferred Retail Cost-Sharing	90-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$120 copay	\$120 copay
Tier 4 (Non-Preferred Brand)	\$270 copay	\$270 copay
Tier 5 (Specialty Drug)	Not Offered	Not Offered

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Standard Retail Cost-Sharing</b>	<b>30-Day Supply</b>	<b>30-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$5 copay	\$5 copay
<b>Tier 2 (Generic)</b>	\$10 copay	\$10 copay
<b>Tier 3 (Preferred Brand)</b>	\$45 copay	\$45 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$95 copay	\$95 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	33% co-insurance
<b>Standard Retail Cost-Sharing</b>	<b>60-Day Supply</b>	<b>60-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$10 copay	\$10 copay
<b>Tier 2 (Generic)</b>	\$20 copay	\$20 copay
<b>Tier 3 (Preferred Brand)</b>	\$90 copay	\$90 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$190 copay	\$190 copay
<b>Tier 5 (Specialty Drug)</b>	Not Offered	Not Offered
<b>Standard Retail Cost-Sharing</b>	<b>90-Day Supply</b>	<b>90-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$15 copay	\$15 copay
<b>Tier 2 (Generic)</b>	\$30 copay	\$30 copay
<b>Tier 3 (Preferred Brand)</b>	\$135 copay	\$135 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$285 copay	\$285 copay
<b>Tier 5 (Specialty Drug)</b>	Not Offered	Not Offered
<b>Out-of-Network Cost-Sharing</b>	<b>30-Day Supply</b>	<b>30-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$5	\$5
<b>Tier 2 (Generic)</b>	\$10	\$10
<b>Tier 3 (Preferred Brand)</b>	\$45	\$45
<b>Tier 4 (Non-Preferred Brand)</b>	\$95	\$95
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	33% co-insurance
<b>Initial Coverage</b>	<p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>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.</p>	<p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>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.</p>



	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Standard Mail Order Cost-Sharing</b>	<b>30-Day Supply</b>	<b>30-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$0 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$0 copay
<b>Tier 3 (Preferred Brand)</b>	\$45 copay	\$45 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$95 copay	\$95 copay
<b>Tier 5 (Specialty Drugs)</b>	33% co-insurance	33% co-insurance
<b>Standard Mail Order Cost-Sharing</b>	<b>60-Day Supply</b>	<b>60-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$0 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$0 copay
<b>Tier 3 (Preferred Brand)</b>	\$90 copay	\$90 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$190 copay	\$190 copay
<b>Tier 5 (Specialty Drugs)</b>	Not Offered	Not Offered
<b>Standard Mail Order Cost-Sharing</b>	<b>90-Day Supply</b>	<b>90-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$0 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$0 copay
<b>Tier 3 (Preferred Brand)</b>	\$112.50 copay	\$112.50 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$237.50 copay	\$237.50 copay
<b>Tier 5 (Specialty Drugs)</b>	Not Offered	Not Offered
<b>Coverage Gap</b>	<p>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 \$4,130.</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 \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Plans may offer supplemental benefits in addition to Part C and Part D benefits.</p>	<p>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 \$4,130.</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 \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Plans may offer supplemental benefits in addition to Part C and Part D benefits.</p>

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% co-insurance or</li> <li>• \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul> <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>	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% co-insurance or</li> <li>• \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul> <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>

## Other Covered Benefits

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Acupuncture</b>	<p><b>Medicare-Covered services</b> (chronic low back pain):</p> <p><b>In-network</b> \$30 copay for Medicare-covered acupuncture treatment. Prior authorization is required.</p> <p><b>Out-of-network</b> 20% co-insurance for Medicare-covered acupuncture treatment (based on the Medicare allowable amount). A referral from your PCP is required.</p>	<p><b>Medicare-Covered services</b> (chronic low back pain):</p> <p><b>In-network</b> \$30 copay for Medicare-covered acupuncture treatment. Prior authorization is required.</p> <p><b>Out-of-network</b> 20% co-insurance for Medicare-covered acupuncture treatment (based on the Medicare allowable amount). A referral from your PCP is required.</p>
<b>Chiropractic Care</b>	<p><b>In-network:</b> Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p><b>Out-of-network:</b> Medicare-covered chiropractic services (based on the Medicare-allowable amount.): 20% co-insurance A referral is required.</p>	<p><b>In-network:</b> Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p><b>Out-of-network:</b> Medicare-covered chiropractic services (based on the Medicare-allowable amount.): 20% co-insurance A referral is required.</p>

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Diabetes Supplies and Services</b>	<p>Diabetes self-management training: <b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% co-insurance (based on Medicare-allowable amount)</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets, CGM's, and test strips*): <b>In-network:</b> 0% co-insurance <b>Out-of-network:</b> 20% co-insurance (based on the Medicare-allowable amount) 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: <b>In-network:</b> 20% co-insurance <b>Out-of-network:</b> 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>	<p>Diabetes self-management training: <b>In-network:</b> \$0 copay <b>Out-of-network:</b> 20% co-insurance (based on the Medicare-allowable amount.)</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets, CGM's, and test strips*): <b>In-network:</b> 0% co-insurance <b>Out-of-network:</b> 20% co-insurance (based on the Medicare-allowable amount) 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: <b>In-network:</b> 20% co-insurance <b>Out-of-network:</b> 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>
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>	<p><b>In-network:</b> 20% co-insurance Prior authorization may be required.</p> <p><b>Out-of-network:</b> 20% co-insurance Prior authorization may be required.</p>	<p><b>In-network:</b> 20% co-insurance Prior authorization may be required.</p> <p><b>Out-of-network:</b> 20% co-insurance Prior authorization may be required.</p>
<b>Foot Care (podiatry services)</b>	<p><b>In-network:</b> \$30 copay</p> <p><b>Out-of-network:</b> 20% co-insurance for each Medicare-covered podiatry service (based on the Medicare-allowable amount). A referral is required.</p>	<p><b>In-network:</b> \$30 copay</p> <p><b>Out-of-network:</b> 20% co-insurance for each Medicare-covered podiatry service (based on the Medicare-allowable amount.) A referral is required.</p>

	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Home Healthcare</b>	<b>In-network:</b> \$0 copay  <b>Out-of-network:</b> 20% co-insurance (based on the Medicare-allowable amount.) A referral is required.	<b>In-network:</b> \$0 copay  <b>Out-of-network:</b> 20% co-insurance (based on the Medicare-allowable amount.) A referral is required.
<b>Hospice</b>	You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.	You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.
<b>Meal Benefit</b>	<b>In-network:</b> 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.  <b>Out-of-network:</b> Not covered	<b>In-network:</b> 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.  <b>Out-of-network:</b> Not covered
<b>Outpatient Substance Abuse</b>	<b>In-network:</b> Individual visit: \$30 copay Group visit: \$25 copay  <b>Out-of-network:</b> 20% co-insurance for Medicare-covered outpatient substance abuse services (based on the Medicare-allowable amount.)  Prior authorization is required.	<b>In-network:</b> Individual visit: \$30 copay Group visit: \$25 copay  <b>Out-of-network:</b> 20% co-insurance for Medicare-covered outpatient substance abuse services (based on the Medicare-allowable amount.)  Prior authorization is required.
<b>Over-the-Counter Coverage (OTC)</b>	<b>In-network:</b> \$50 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.  <b>Out-of-network:</b> Not Covered	<b>In-network:</b> \$75 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.  <b>Out-of-network:</b> Not Covered



	<b>Sparrow Advantage (HMO-POS)</b>	<b>Sparrow Advantage Plus (HMO-POS)</b>
<b>Prosthetic Devices</b>	Prosthetic devices: 20% co-insurance  Related medical supplies: 20% co-insurance  Prior authorization may be required.	Prosthetic devices: 20% co-insurance  Related medical supplies: 20% co-insurance  Prior authorization may be required.
<b>Rehabilitation Services</b>	Cardiac rehabilitation services: <b>In-network:</b> \$30 copay per day <b>Out-of-network:</b> 20% co-insurance for Medicare-covered services A referral is required.  Occupational, speech, and language therapy visits: <b>In-network:</b> \$30 copay  <b>Out-of-network:</b> 20% co-insurance for Medicare-covered outpatient rehabilitation services (based on the Medicare-allowable amount.) A referral is required.  A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.	Cardiac rehabilitation services: <b>In-network:</b> \$30 copay per day <b>Out-of-network:</b> 20% co-insurance for Medicare-covered services A referral is required.  Occupational, speech, and language therapy visits: <b>In-network:</b> \$30 copay  <b>Out-of-network:</b> 20% co-insurance for Medicare-covered outpatient rehabilitation services (based on the Medicare-allowable amount.) A referral is required.  A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.
<b>Telehealth</b>	In-network: Mental Health: \$30 copay PCP: \$0 copay  Out-of network: Not covered	In-network: Mental Health: \$30 copay PCP: \$0 copay  Out-of network: Not covered
<b>Wellness Programs</b>	<b>In-network:</b> Health club membership/fitness classes through SilverSneakers®: \$0 copay  <b>Out-of-network:</b> Not Covered	<b>In-network:</b> Health club membership/fitness classes through SilverSneakers®: \$0 copay  <b>Out-of-network:</b> Not Covered

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# Index

Ambulance .....	14
Ambulatory Surgical Center .....	7
Chiropractic Care .....	18
Deductibles.....	6
Dental Services.....	10
Diabetes Supplies and Services .....	19
Diagnostic Services/Labs/Imaging .....	9
Doctor Visits .....	7
Durable Medical Equipment .....	19
Emergency Care.....	8
Foot Care.....	19
Hearing Services .....	9
Home Healthcare .....	20
Hospice.....	20
Inpatient Hospital Coverage .....	6
Maximum Out-of-Pocket Responsibility.....	6
Meal Benefit .....	20
Mental Health Services.....	13
Monthly Plan Premium .....	6
Outpatient Hospital Coverage.....	7
Outpatient Substance Abuse .....	20
Over-the-Counter Coverage .....	20
Physical Therapy .....	14
Prescription Drugs .....	15
Medicare Part B Drugs.....	15
Deductible .....	15
Initial Coverage .....	15
Coverage Gap.....	17
Catastrophic Coverage.....	18
Preventive Care.....	7
Prosthetic Devices .....	21
Rehabilitation Services .....	21
Skilled Nursing Facility (SNF).....	14
Telehealth .....	21
Transportation.....	14
Urgently Needed Services.....	8
Vision Services.....	12
Wellness Programs .....	21

## 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 customer service representative at 844.529.3757 (TTY: 711).

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that require a routine checkup with your doctor. Visit [SparrowAdvantage.com](https://SparrowAdvantage.com) or call 844.529.3757 (TTY: 711) to view a copy of the EOC.
- ☐ Review the Provider/Pharmacy Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Provider/Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. 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, 2022.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).





## SparrowAdvantage.com

Toll-free: **844.529.3757** (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 September 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 Sparrow Advantage 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 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)