

# EMPLOYEE HEALTH/DENTAL/VISION BENEFIT SUMMARIES

[www.mybronsonbenefits.com](http://www.mybronsonbenefits.com)

\*Effective on your first date of employment with Bronson.

## Bronson Medical Plan

Bronson: Bronson Methodist Hospital; Bronson LakeView Hospital; Bronson Battle Creek; Bronson South Haven

Blue Cross Blue Shield (BCBS) Network: participating providers

Out of Network: hospital and providers not participating in the Network

## Bronson HDHP

Bronson: Bronson Methodist Hospital; Bronson LakeView Hospital; Bronson Battle Creek; Bronson South Haven

Blue Cross Blue Shield (BCBS) Network: participating providers

Out of Network: hospital and providers not participating in the Network

### EMPLOYEE CONTRIBUTIONS PER PAY PERIOD

| Salary Band                              | Bronson Medical Plan   | Bronson HDHP  |
|--|--|---|
| Salary Band: \$0 – \$38,640.00           | Employee Only ..... \$37.50<br>Employee + 1 Child ..... \$75.07<br>Employee + Spouse ..... \$75.07<br>Employee + Family ..... \$124.59   | Employee Only ..... \$18.11<br>Employee + 1 Child ..... \$37.87<br>Employee + Spouse ..... \$37.87<br>Employee + Family ..... \$64.99   |
| Salary Band: \$38,640.01 – \$77,280.00   | Employee Only ..... \$46.08<br>Employee + 1 Child ..... \$84.08<br>Employee + Spouse ..... \$80.85<br>Employee + Family ..... \$139.54   | Employee Only ..... \$20.72<br>Employee + 1 Child ..... \$43.32<br>Employee + Spouse ..... \$41.65<br>Employee + Family ..... \$74.35   |
| Salary Band: \$77,280.01 – \$128,800.00  | Employee Only ..... \$61.42<br>Employee + 1 Child ..... \$104.06<br>Employee + Spouse ..... \$98.17<br>Employee + Family ..... \$172.69  | Employee Only ..... \$28.79<br>Employee + 1 Child ..... \$60.21<br>Employee + Spouse ..... \$56.80<br>Employee + Family ..... \$103.33  |
| Salary Band: \$128,800.01 – \$250,000.00 | Employee Only ..... \$73.62<br>Employee + 1 Child ..... \$124.74<br>Employee + Spouse ..... \$115.50<br>Employee + Family ..... \$207.00 | Employee Only ..... \$37.15<br>Employee + 1 Child ..... \$77.70<br>Employee + Spouse ..... \$71.94<br>Employee + Family ..... \$133.36  |
| Salary Band: \$250,000.01 +              | Employee Only ..... \$89.98<br>Employee + 1 Child ..... \$152.46<br>Employee + Spouse ..... \$138.60<br>Employee + Family ..... \$253.01 | Employee Only ..... \$49.80<br>Employee + 1 Child ..... \$104.13<br>Employee + Spouse ..... \$94.66<br>Employee + Family ..... \$178.72 |

### Choice of Physicians and Hospitals

No restrictions on choice of providers. Maximum benefit received at a Bronson facility or in-network provider/facility.

No restrictions on choice of providers. Maximum benefit received at a Bronson facility or in-network provider/facility.

### Deductible

**Bronson** \$300 individual / \$600 family (Deductible waived for preventive services)

**BCBS Network**  
\$500 individual / \$1,000 family (Deductible waived for preventive services)

**Out of Network**  
\$1,000 individual / \$2,000 family

*Embedded Deductible:* Claims paid after the individual deductible is satisfied for an individual family member will have no additional deductible taken for that individual family member. Claims paid after the family deductible is satisfied will have no additional deductible taken for the entire family.

**Bronson**  
\$1,400 individual / \$2,800 family (Deductible waived for preventive services. All other benefits including prescriptions are subject to the deductible.)

**BCBS Network**  
\$1,600 individual / \$3,200 family (Deductible waived for preventive services. All other benefits including prescriptions are subject to the deductible.)

**Out of Network**  
\$3,500 individual / \$7,000 family

*Aggregate Deductible:* If covering a family, no benefits are payable for any individual within the family until the entire family deductible is satisfied.

## Bronson Medical Plan

## Bronson HDHP

### Specific Co-pays

\$100 non-emergent emergency room/express care co-pay in addition to regular plan deductibles/co-insurance.

\$50 emergent co-pay in addition to regular plan deductions/co-insurance (co-pay waived if admitted).

#### Office Visits: Bronson

\$20 Primary Care / \$40 Specialist

#### Office Visits: BCBS Network

\$40 Primary Care / \$60 Specialist

\$100 non-emergent emergency room/express care co-pay in addition to regular plan deductibles/co-insurance.

\$50 emergent co-pay in addition to regular plan deductions/co-insurance (co-pay waived if admitted).

### Out of Pocket Limit

(see Prescription section for Out of Pocket limits)

#### Bronson

\$2,500 individual / \$5,000 family

#### BCBS Network

\$2,500 individual / \$5,000 family

#### Out of Network

unlimited

#### Bronson

\$4,500 individual / \$9,000 family (includes deductible and co-pays and prescription costs)

#### BCBS Network

\$4,500 individual / \$9,000 family (includes deductible and co-pays)

#### Out of Network

unlimited

## Covered Services

### Hospitalization and Inpatient Surgery:

1. Semi-Private Room and Board (includes Intensive Care Unit and other special care unit charges)
2. Physician and Alternative Healthcare Provider Fees, other than for Inpatient treatment of Mental Health, Alcoholism and Substance Abuse (Reasonable & Customary)

1. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

2. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

1. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

2. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

### Outpatient Surgery:

1. Facility charge
2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)

1. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

2. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

1. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

2. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

### Diagnostic X-Rays and Laboratory Fees:

1. Facility charge
2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)

1. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

2. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

1. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

2. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 50% after deductible

**Emergency Medical Care** — If the Emergency Medical Condition\* is life threatening, as determined by the Plan and treatment thereof is out of the patient's control, Out-of-Network charges incurred within the Network Service Area will be paid at the Bronson/PPO benefit level, provided Plan Rules are followed.

1. Physician or Alternative Healthcare Provider Services (Reasonable & Customary)
2. Hospital Emergency Room Services
3. Professional Ambulance charges (surface and air)
4. Non-emergent Emergency Room

1. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 70% after deductible

2. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 70% after deductible

3. **Bronson:** 85% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 70% after deductible

4. **Bronson:** 50% after deductible  
**BCBS Network:** Not covered  
**All Other:** Not covered

1. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 70% after deductible

2. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 70% after deductible

3. **Bronson:** 90% after deductible  
**BCBS Network:** 70% after deductible  
**All Other:** 70% after deductible

4. **Bronson:** 50% after deductible  
**BCBS Network:** Not covered  
**All Other:** Not covered

\*An Emergency Medical Condition is defined as:

- acute symptoms that occur suddenly and unexpectedly
- prompt care that must be secured within 24 hours of onset
- a condition in which failure to render treatment could result in placing the patient's permanent health in jeopardy and/or causing impairment to bodily functions

| Covered Services  | Bronson Medical Plan   | Bronson HDHP  |
|---|--|---|
| <b>Rehabilitation Therapy Services</b><br><i>Physician referral is not needed for physical therapy up to 21 days or 10 visits, whichever come first.</i>  | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible   |
| <b>Treatment of Mental or Nervous Disorders and Substance Abuse</b>   | <b>Inpatient (Obtain Precertification)</b><br><b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 85% after deductible<br><b>All Other:</b> 50% after deductible<br><br><b>Outpatient</b><br><b>Bronson:</b> \$20 co-pay<br><b>BCBS Network:</b> \$20 co-pay<br><b>Out of Network:</b> 50% after deductible   | <b>Inpatient (Obtain Precertification)</b><br><b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 90% after deductible<br><b>All Other:</b> 50% after deductible<br><br><b>Outpatient</b><br><b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 90% after deductible<br><b>All Other:</b> 50% after deductible |
| <b>Charges for mammographies</b><br>(Reasonable & Customary)  | <b>Bronson:</b> 100% (deductible waived)<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 100% (deductible waived)<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible   |
| <b>Eligible Preventive Care Services</b><br>1. Facility charge<br>2. Physician or Alternative Healthcare Provider Fees (Reasonable & Customary)   | 1. <b>Bronson:</b> 100%<br><b>BCBS Network:</b> 100%<br><b>All Other:</b> 50% after deductible<br><br>2. <b>Bronson:</b> 100%<br><b>BCBS Network:</b> 100%<br><b>All Other:</b> 50% after deductible   | 1. <b>Bronson:</b> 100%<br><b>BCBS Network:</b> 100%<br><b>All Other:</b> 50% after deductible<br><br>2. <b>Bronson:</b> 100%<br><b>BCBS Network:</b> 100%<br><b>All Other:</b> 50% after deductible  |
| <b>Charges for voluntary sterilizations</b> (the Plan does not cover sterilization reversals or any complications thereof):<br>1. Facility charge<br>2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)   | 1. <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible<br><br>2. <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible   | 1. <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible<br><br>2. <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>Infertility/Genetic Counseling</b><br>1. Facility charge<br>2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)<br><ul style="list-style-type: none"> <li>\$10,000 lifetime maximum benefit</li> <li>Must obtain precertification</li> </ul>  | 1. <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible<br><br>2. <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible   | 1. <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible<br><br>2. <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>Pregnancy Related Physician and Alternative Healthcare</b> (Reasonable & Customary). Maternity Care includes pre/post-natal care, and well baby care. Home delivery is not covered under the Plan. Pregnancy expenses of Dependent Children are excluded.  | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible   |
| <b>Other Physician and Alternative Healthcare Provider services performed in the office setting</b> , including:<br>1. Illness and Injury care, dermatology services, allergy services and antibiotic injections, and other injectibles with an office visit charge<br>2. Other services without an office visit charge | 1. <b>Bronson:</b><br>Primary care physician: \$20 co-pay<br>Specialist: \$40 co-pay<br><b>BCBS Network:</b><br>Primary care physician: \$40 co-pay<br>Specialist: \$60 co-pay<br><b>Out of Network:</b> 50% after deductible<br><br>2. <b>Bronson:</b><br>85% after deductible<br><b>BCBS Network:</b><br>70% after deductible<br><b>Out of Network:</b> 50% after deductible | <b>Bronson:</b><br>90% after deductible<br><b>BCBS Network:</b><br>70% after deductible<br><b>Out of Network:</b> 50% after deductible  |
| <b>Home Health Care</b><br>Home Health Care in lieu of hospitalization (Alternative Healthcare Benefits require precertification with ABS)  | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> Not covered<br><b>All Other:</b> Not covered  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> Not covered<br><b>All Other:</b> Not covered   |

| Covered Services  | Bronson Medical Plan   | Bronson HDHP   |
|---|--|--|
| <b>Alternative Healthcare Benefits</b> (Alternative Healthcare Benefits require precertification with the Nurse Reviewer):<br>Skilled Nursing Facility Care — If provided at a Bronson-approved facility or if provided in lieu of hospitalization                                      | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>Hospice</b><br>(Alternative Healthcare Benefits require precertification with the Nurse Reviewer)  | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 85% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 90% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>Alternative Healthcare Benefits</b><br>(Alternative Healthcare Benefits require precertification with ABS):<br>1. Non-emergency Transportation by Professional Ambulance<br>2. Second Surgical Opinion (Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)) | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>Durable Medical Equipment</b> (normal wear and damage are not covered under the Plan. Reasonable & Customary). Amounts over \$1,000 require precertification   | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 85% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 90% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>All Other Eligible Expenses</b> (Reasonable & Customary)   | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 70% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>Temporomandibular Joint Dysfunction (TMJ)</b>  | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 85% after deductible<br><b>All Other:</b> 50% after deductible  | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 90% after deductible<br><b>All Other:</b> 50% after deductible  |
| <b>Transplants*</b>   | <b>Bronson:</b> 85% after deductible<br><b>BCBS Network:</b> 85% after deductible<br><b>All Other:</b> 50% after deductible<br><br>*Obtain precertification              | <b>Bronson:</b> 90% after deductible<br><b>BCBS Network:</b> 90% after deductible<br><b>All Other:</b> 50% after deductible<br><br>*Obtain precertification              |
| <b>Bariatric Surgery/Services and Complication</b><br>(must complete required pre-program)  | <b>Bronson:</b> 85% after deductible<br>Obtain precertification<br><b>BCBS Network:</b> 70% after deductible<br>Obtain precertification<br><b>All Other:</b> Not covered | <b>Bronson:</b> 90% after deductible<br>Obtain precertification<br><b>BCBS Network:</b> 70% after deductible<br>Obtain precertification<br><b>All Other:</b> Not covered |
| <b>Motor Vehicle Accident</b>   | Plan is considered secondary carrier regardless of PIP coverage  | Plan is considered secondary carrier regardless of PIP coverage  |

#### Wellness Reimbursement:

Bronson Employees, including PRN, are eligible for certain wellness benefits. Please refer to [www.mybronsonbenefits.com](http://www.mybronsonbenefits.com) for a list of eligible covered services.

- There is a \$500 covered dependent maximum and a \$1500 family maximum for employees enrolled in the medical plan
- All other employees, including PRN, will have \$250 wellness dollars annually for employees only
- All services are reimbursed at 90%
- Unused benefits dollars do not rollover to the next year

**Bronson Facilities:** Bronson Methodist Hospital; Bronson LakeView Hospital; Bronson Commons; Bronson Battle Creek; Bronson South Haven

**Blue Cross Blue Shield Network:** Facilities/Providers participating with the Blue Cross Blue Shield Network. Borgess and Borgess-owned providers/facilities are excluded as well as Oaklawn Hospital and Brookside Surgery Center.

**All Other:** Hospitals and providers outside of Network, including Borgess-owned providers/facilities and Oaklawn Hospital.

**Medical exclusions include** (but not limited to): custodial care, corrective shoes, cosmetic services, eyeglasses, eye exams and materials, hearing aids, hypnotherapy, personal comfort items, spinal manipulation, and vitamins.

# Health Savings Account

## Eligibility

To participate in a Health Savings Account, you:

- must be covered by the Bronson High Deductible Health Plan
- cannot be covered by other health insurance
- cannot be enrolled in Medicare
- cannot be claimed as a dependent on someone else's tax return

**HSA Contributions:** Bronson will contribute \$175.00 for single coverage and \$350.00 for family coverage on a quarterly basis to your established BenefitWallet health savings account. You may contribute up to the maximum IRS annual limit including the Bronson contribution. All contributions are tax-exempt for qualified medical expenses and employer contribution is excluded from income and employment taxes.

| HSA 2021 IRS Annual Limits | Contribution Limit | Age 55+ Additional Contribution |
|----------------------------|--------------------|---------------------------------|
| Single                     | \$3,650            | \$1,000                         |
| Family                     | \$7,300            | \$1,000                         |

# Dental Benefits

[www.deltadentalmi.com](http://www.deltadentalmi.com)

Employee contributions per pay period for full and part-time employees (48-80 hours) (effective day one of employment)

Deductible

Plan payments for

- Preventive services\*\*\*
- Basic services
- Prosthodontic services
- Orthodontia

Annual benefits for preventive, basic and prosthodontic services combined

Lifetime benefits for orthodontia

|  | Delta Dental Deluxe OPTION 1                                    | Delta Dental Standard OPTION 2                                |
|--|---|---|
| Employee contributions per pay period for full and part-time employees (48-80 hours) (effective day one of employment) | Employee – \$9.72<br>Employee + 1 – \$16.70<br>Family – \$24.13 | Employee – \$1.86<br>Employee + 1 – \$4.43<br>Family – \$8.57 |
| Deductible   | \$25 Individual / \$75 Family                                   | \$25 Individual / \$75 Family                                 |
| Plan payments for  | 100%<br>80%<br>80%<br>50%                                       | 80%<br>50%<br>50%<br>50%                                      |
| Annual benefits for preventive, basic and prosthodontic services combined  | \$1,500   | \$1,000   |
| Lifetime benefits for orthodontia  | \$1,500*  | \$1,500**   |

\*Covers adult orthodontia    \*\*Covers orthodontia up to age 19

\*\*\*Preventive includes sealants / 1st molars up to age 9, 2nd molars up to age 14

# Vision Benefits

[www.vsp.com](http://www.vsp.com)

Employee contributions per pay period for full and part-time employees (48-80 hours) (effective day one of employment)

Co-pay

- Well Vision Exams
- Prescription Glasses (i.e., frames & lenses)
- Contact Lens Exams (fitting & evaluation)

Benefits:

- Exam
- Corrective Lenses\*
- Frames
- Feature Frames
- Suncare

- Contact Lenses

|  | Vision Service Plan High / OPTION 1  | Vision Service Plan Base / OPTION 2   |
|--|--|---|
| Employee contributions per pay period for full and part-time employees (48-80 hours) (effective day one of employment) | Employee – \$6.05<br>Employee + 1 – \$10.01<br>Family – \$20.10  | Employee – \$1.81<br>Employee + 1 – \$2.99<br>Family – \$9.01                                   |
| Co-pay   | \$15<br>\$15<br>up to \$60   | \$15<br>\$15<br>up to \$60  |
| Benefits:  | Every 12 months<br>Every 12 months<br>Every 12 months, up to \$150 retail<br>Up to \$200 retail  | Every 12 months<br>Every 12 months<br>Every 24 months, up to \$120 retail<br>Up to \$170 retail |
|  | Both Plans: Patients can use their frame allowance towards non-prescription sunglasses from their VSP providers frame board, exhausting both their lens and frame eligibility. |   |
|  | \$200 allowance after exam co-pay every 12 months in place of frames and lenses  | \$120 allowance after exam co-pay every 12 months in place of frames and lenses                 |

\* Tinted, progressive lenses extra

\* Tinted, progressive lenses extra



## Prescription Drugs

[www.express-scripts.com](http://www.express-scripts.com)

- **Bronson Medical Plan:** Annual deductible of \$25 per person; annual Out of Pocket – \$2,500/\$5,000.
- **High Deductible Health Plan:** All prescriptions apply to the deductible. Once deductible is met, prescription schedule of benefits below applies.
- **Some medications are required to be filled at a Bronson outpatient pharmacy, otherwise may be subject to 100% copay. Contact the pharmacy department at (269) 341-6990 for details.**

### Bronson Outpatient Pharmacies (Bronson Kalamazoo, Bronson Mattawan, Bronson Battle Creek, Bronson South Haven):

1. Generic Drugs — 10% co-pay, minimum payment of \$5.00 to a maximum of \$75 per prescription (30 day supply)
2. Preferred Drugs — 20% co-pay, minimum payment of \$10.00 to a maximum of \$125 per prescription (30 day supply)
3. Non-Preferred Drugs — 30% co-pay, minimum payment of \$30.00

### Express Scripts® participating pharmacies, other than Bronson Outpatient Pharmacies:

1. Generic Drugs — 20% co-pay, min. payment of \$10.00 (30 day supply)
2. Preferred Drugs — 30% co-pay, min. payment of \$25.00 (30 day supply)
3. Non-Preferred Drugs — 40% co-pay, min. payment of \$45.00

### Express Scripts Rx Service mail order prescriptions (90 day supply):

1. Generic Drugs — 10% co-pay, minimum payment of \$15.00
2. Preferred Drugs — 20% co-pay, minimum payment of \$30.00
3. Non-Preferred Drugs — 30% co-pay, minimum payment of \$70.00

**Note: If you elect a preferred or non-preferred brand name drug and there is a generic equivalent available you will pay the difference in cost between the brand name drug and the generic in addition to the appropriate co-pay.**

- Please go to [www.mybronsonbenefits.com](http://www.mybronsonbenefits.com) for information regarding diabetes and insulin related medication and co-pays.
- The Patient Protection and Affordable Care Act (PPACA) requires certain categories of drugs and other products be included in preventive care services coverage payable at 100%. Please refer to [www.mybronsonbenefits.com](http://www.mybronsonbenefits.com) for a list of eligible medications.
- Fertility drugs are available at Bronson Outpatient Pharmacies.
- Information about the Express Scripts® formulary can be found at [www.express-scripts.com](http://www.express-scripts.com).
- This plan contains certain prior authorization, quantity/dose optimization and step therapy programs. Please refer to the Bronson intranet/[mybronsonbenefits.com](http://mybronsonbenefits.com) for a list of specific medications and/or classes.

## Questions?

|  |   |
|--|---|
| Health Plan coverage: ABS customer service | 1-844-501-3466  |
| Prescriptions: Express Scripts             | 1-800-711-0917  |
| Delta Dental                               | 1-800-462-7283  |
| Vision (VSP)                               | 1-800-877-7195  |
| BenefitWallet                              | <a href="http://mybenefitwallet.com">mybenefitwallet.com</a> • 1-877-HSA-4200                                 |
| Retirement Plans, 403(b): Fidelity         | 1-800-343-0860  |
| Navia                                      | <a href="mailto:customerservice@naviabenefits.com">customerservice@naviabenefits.com</a><br>or 1-800-669-3539 |
| HealthBridge                               | 1-800-931-8890<br>9 am to 8 pm EST Mon. – Fri.; 9 am to 1 pm EST Sat.   |

For more information on your Bronson benefits log onto [www.mybronsonbenefits.com](http://www.mybronsonbenefits.com).

## Important Information

Bronson Utilization Review Services

**Covered persons participating in the Bronson Plans are required to call BCBS to certify the following services whether provided at Bronson or any other medical facility:**

1. All inpatient admissions (elective admission 7 days prior and emergency or urgent admissions within 48 hours or by the end of the next business day)
2. All outpatient surgery (7 days prior for elective or within 48 hours or by the end of the next business day for emergency surgery)
3. Durable medical equipment exceeding \$1,000
4. All non-emergency ambulance transfers (prior to occurrence)
5. Home health care services (prior to occurrence)
6. Skilled Nursing Facility admissions (prior to occurrence)
7. Hospice Services (prior to occurrence)
8. Inpatient or intensive outpatient therapy for treatment of substance abuse or nervous/mental conditions (prior to occurrence)
9. Pre-authorization requirements:

### Bronson Employee Authorization Department (BEAD)

For those participating in the Bronson health plans, pre-authorizations for the following services provided within the Bronson system will go through the Bronson Employee Authorization Department (BEAD). In most cases, your doctor's office will do this for you:

- All inpatient admissions
- All inpatient/outpatient surgery (7 days prior for elective, or within 48 hours by the end of the next business day for emergency surgery)
- Durable medical equipment exceeding \$1,000
- All non-emergency ambulance transfers (prior to occurrence)
- Home healthcare services (prior to occurrence)
- Skilled nursing facility admission (prior to occurrence)
- Hospice services (prior to occurrence)

Call the BEAD at (269) 341-6652 if you have questions regarding the authorization or need to confirm the authorization is complete.

### Automated Benefit Services (ABS)

Pre-authorizations for any of the above services provided outside of the Bronson system will continue to go through ABS. This includes any inpatient/intensive outpatient therapy for treatment of substance abuse or nervous/mental condition. In most cases, your doctor's office will do this for you.

Call ABS at (844) 501-3466 if you have questions regarding your benefits or need to confirm the authorization is complete.

**Failure to meet plan requirements will result in reduced benefits or no coverage, in accordance with plan provisions.**

- When seeking services from the Blue Cross Blue Shield Network, the precertification requirement may be completed for you. However, it is your responsibility to advise your physician or alternative healthcare provider of this requirement and to verify precertification of services.
- The Bronson Healthcare Group Benefit Plans define dependents as your spouse, dependent children, or adult children (including legally adopted and step-children) up to the end of the month of age 26.
- Your medical benefits coverage is coordinated with other insurance plans which may cover you or your dependents. Coverage levels are based on the Birthday Rule for all Bronson Healthcare Group Plans.
- When a Bronson Facility/Blue Cross Blue Shield Network Provider is utilized, the employee is not responsible for charges over R&C.
- Motor vehicle limitations — this plan shall always be considered the secondary carrier regardless of PIP coverage election with the auto carrier.
- NOTE: The Summary of Benefits is intended to highlight the health care coverage provided. Every effort has been made to provide an accurate description of these Plans. If there is a conflict between this material and the Plan Document, the Plan Document will govern. The Plan Document can be found on the Bronson intranet or in Human Resources.

Bronson does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.