

EMPLOYEE HEALTH BENEFIT SUMMARIES

www.mybronsonbenefits.com

Bronson Travel Staffing 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

*Effective on your first date of employment with Bronson.

EMPLOYEE CONTRIBUTIONS PER PAY PERIOD

Employee Only	\$194.85
Employee + 1 Child	\$407.47
Employee + Spouse	\$444.50
Employee + Family	\$699.31

Deductible

\$8,700 individual / \$17,400 family across all networks
(Deductible waived for preventive services.)
Aggregate Deductible: If covering a family, no benefits are payable for any individual within the family until the entire family deductible is satisfied.

Out of Pocket Limit

(see Prescription section for Out of Pocket limits)

\$9,100 individual / \$18,200 family
across all networks

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)

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Outpatient Surgery:

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

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Diagnostic X-Rays and Laboratory Fees:

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

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% 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, 2 & 3: **Bronson:** 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

4: **Bronson:** 100% 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 Travel Staffing Plan

Rehabilitation Therapy Services

Physician referral is not needed for physical therapy up to 21 days or 10 visits, whichever come first. *60 combined visit limit for PT/OT/ST & Chiropractic services.

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Treatment of Mental or Nervous Disorders and Substance Abuse

Inpatient (Obtain Precertification) or Outpatient
Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Charges for mammographies

(Reasonable & Customary)

Bronson: 100% (deductible waived)
BCBS Network: 100% after deductible
All Other: 100% after deductible

Eligible Preventive Care Services

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

Bronson: 100%
BCBS Network: 100%
All Other: 50% after deductible

Charges for voluntary sterilizations (the Plan does not cover sterilization reversals or any complications thereof):

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

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Infertility/Genetic Counseling

1. Facility charge
2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)
 - \$10,000 lifetime maximum benefit
 - Must obtain precertification

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Pregnancy Related Physician and Alternative Healthcare (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.

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Other Physician and Alternative Healthcare Provider services performed in the office setting, including:

1. Illness and Injury care, dermatology services, allergy services and antibiotic injections, and other injectibles with an office visit charge
2. Other services without an office visit charge

Bronson: 100% after deductible
BCBS Network: 100% after deductible
Out of Network: 100% after deductible

Home Health Care

Home Health Care in lieu of hospitalization (Alternative Healthcare Benefits require precertification with ABS)

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Alternative Healthcare Benefits (Alternative Healthcare Benefits require precertification with the Nurse Reviewer):

Skilled Nursing Facility Care — If provided at a Bronson-approved facility or if provided in lieu of hospitalization

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Hospice

(Alternative Healthcare Benefits require precertification with the Nurse Reviewer)

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Covered Services

Bronson Travel Staffing Plan

Alternative Healthcare Benefits

(Alternative Healthcare Benefits require precertification with ABS):

1. Non-emergency Transportation by Professional Ambulance
2. Second Surgical Opinion (Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Durable Medical Equipment (normal wear and damage are not covered under the Plan. Reasonable & Customary). Amounts over \$1,000 require precertification

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

All Other Eligible Expenses (Reasonable & Customary)

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Temporomandibular Joint Dysfunction (TMJ)

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible

Transplants*

Bronson: 100% after deductible
BCBS Network: 100% after deductible
All Other: 100% after deductible
*Obtain precertification

Bariatric Surgery/Services and Complication* (must complete required pre-program)

Bronson: 100% after deductible
*Obtain precertification
BCBS Network: 100% after deductible
*Obtain precertification
All Other: Not covered

Motor Vehicle Accident

Plan is considered secondary carrier regardless of PIP coverage

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.

Prescription Drugs

www.express-scripts.com

- **Bronson Travel Staffing Plan: All prescriptions apply to the medical deductible. Once deductible is met, prescriptions will be covered at 100%**
- **Some medications are required to be filled at a Bronson outpatient pharmacy. Contact the pharmacy department at (269) 641-6990 for details.**

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 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 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.
- This plan contains certain prior authorization, quantity/dose optimization and step therapy programs. Please refer to the Bronson intranet/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

Retirement Plans, 403(b): Fidelity 1-800-343-0860

For more information on your Bronson benefits log onto 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.