



2023 Detailed Benefit Summaries

Retiree Medical

As part of your comprehensive retiree medical benefits, Bronson offers you a Medical Plan that covers a wide range of services for you and your covered family members. Here's a detailed summary of your coverage.

Bronson Medical Plan

<p>www.mybronsonbenefits.com</p> <p>Members must qualify for retiree medical coverage; contact HR if you are not sure</p>	<p>Bronson: Bronson Methodist Hospital; Bronson LakeView Hospital; Bronson Battle Creek; Bronson South Haven</p> <p>Blue Cross Blue Shield (BCBS) Network: participating providers</p> <p>Out of Network: hospital and providers not participating in the Network</p>
<p>MEMBER COST - MONTHLY</p>	<p>Retiree, spouse, or eligible dependent Non-Medicare eligible: \$501.00 per month/each</p>

Coverage and Cost

<p>Bronson Facilities</p>	<p>Bronson Methodist Hospital; Bronson LakeView Hospital; Bronson Commons; Bronson Battle Creek; Bronson South Haven</p>
<p>Blue Cross Blue Shield Network</p>	<p>Facilities/Providers participating with the Blue Cross Blue Shield Network. Ascension and Ascension-owned providers/facilities are excluded as well as Oaklawn Hospital and Brookside Surgery Center</p>
<p>All Other</p>	<p>Hospitals and providers outside of Network, including Ascension-owned providers/facilities and Oaklawn Hospital</p>
<p>Medical Exclusions (include but are not limited to)</p>	<p>Custodial care, corrective shoes, cosmetic services, eyeglasses, eye exams and materials, hearing aids, hypnotherapy, personal comfort items, spinal manipulation, and vitamins</p>
<p>Choice of Physicians and Hospitals</p>	<p>No restrictions on choice of providers; maximum benefit received at a Bronson facility or in network provider/facility</p>
<p>Deductible</p>	<p>Bronson \$500 individual / \$1,000 family (Deductible waived for preventive services)</p> <p>BCBS Network \$900 individual / \$1,800 family (Deductible waived for preventive services)</p> <p>Out of Network \$1,400 individual / \$2,800 family <i>Embedded Deductible:</i> 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.</p>
<p>Specific Co-pays</p>	<p>\$100 non-emergent emergency room/express care co-pay in addition to regular plan deductibles/co-insurance</p> <p>\$50 emergent co-pay in addition to regular plan deductions/co-insurance (co-pay waived if admitted)</p> <p>Office Visits: Bronson \$20 Primary Care / \$40 Specialist</p> <p>Office Visits: BCBS Network \$40 Primary Care / \$60 Specialist</p>
<p>Out of Pocket Limit (see Prescription section for Out of Pocket limits)</p>	<p>Bronson \$2,500 individual / \$5,000 family</p> <p>BCBS Network \$2,500 individual / \$5,000 family</p> <p>Out of Network Unlimited</p>

Covered Services

Bronson Medical Plan

<p>Hospitalization and Inpatient Surgery</p> <p>1. Semi-Private Room and Board (includes Intensive Care Unit and other special care unit charges)</p> <p>2. Physician and Alternative Healthcare Provider Fees, other than for Inpatient treatment of Mental Health, Alcoholism and Substance Abuse (Reasonable & Customary)</p>	<p>1. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p> <p>2. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Outpatient Surgery</p> <p>1. Facility charge</p> <p>2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)</p>	<p>1. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p> <p>2. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Outpatient X-Rays and Lab Fees</p> <p>1. Facility charge</p> <p>2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)</p>	<p>1. Bronson: \$40 co-pay BCBS Network: 70% after deductible All Other: 50% after deductible</p> <p>2. Bronson: \$40 co-pay BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Emergency Medical Care</p> <p>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.</p> <p>1. Physician or Alternative Healthcare Provider Services (Reasonable & Customary)</p> <p>2. Hospital Emergency Room Services</p> <p>3. Professional Ambulance charges (surface and air)</p> <p>4. Non-emergent Emergency Room</p>	<p>1. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 70% after deductible</p> <p>2. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 70% after deductible</p> <p>3. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 70% after deductible</p> <p>4. Bronson: 50% after deductible BCBS Network: Not covered All Other: Not covered</p> <p>*An Emergency Medical Condition is defined as:</p> <ul style="list-style-type: none"> • 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
<p>Rehabilitation Services</p> <p><i>Includes services such as Outpatient Cardiac Therapy, Pulmonary Rehab</i></p>	<p>Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Treatment of Mental or Nervous Disorders and Substance Abuse</p>	<p>Inpatient (Obtain Precertification) Bronson: 85% after deductible BCBS Network: 85% after deductible All Other: 50% after deductible</p> <p>Outpatient Bronson: \$20 co-pay BCBS Network: \$20 co-pay Out of Network: 50% after deductible</p>
<p>Charges for mammographies</p> <p>When routine and preventative</p>	<p>Bronson: 100% (deductible waived) BCBS Network: 100% (deductible waived) All Other: 50% after deductible</p>

Covered Services

Bronson Medical Plan

<p>Eligible Preventive Care Services 1. Facility charge 2. Physician or Alternative Healthcare Provider Fees (Reasonable & Customary)</p>	<p>1. Bronson: 100% BCBS Network: 100% All Other: 50% after deductible</p> <p>2. Bronson: 100% BCBS Network: 100% All Other: 50% after deductible</p>
<p>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)</p>	<p>1. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p> <p>2. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Infertility/Genetic Counseling 1. Facility charge 2. Physician and Alternative Healthcare Provider Fees (Reasonable & Customary)</p> <ul style="list-style-type: none"> • \$10,000 lifetime maximum benefit • Must obtain precertification 	<p>1. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p> <p>2. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>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.</p>	<p>Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>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</p>	<p>1. Bronson Primary care physician: \$20 co-pay Specialist: \$40 co-pay</p> <p>BCBS Network Primary care physician: \$40 co-pay Specialist: \$60 co-pay Out of Network: 50% after deductible</p> <p>2. Bronson: 85% after deductible BCBS Network: 70% after deductible Out of Network: 50% after deductible</p>
<p>Home Health Care Home Health Care in lieu of hospitalization (Alternative Healthcare Benefits require precertification with ABS)</p>	<p>Bronson: 85% after deductible BCBS Network: Not covered All Other: Not covered</p>
<p>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</p>	<p>Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Hospice (Alternative Healthcare Benefits require precertification with the Nurse Reviewer)</p>	<p>Bronson: 85% after deductible BCBS Network: 85% after deductible All Other: 50% after deductible</p>
<p>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)</p>	<p>Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Durable Medical Equipment (Normal wear and damage are not covered under the Plan. Reasonable & Customary). Amounts over \$1,000 require precertification</p>	<p>Bronson: 85% after deductible BCBS Network: 85% after deductible All Other: 50% after deductible</p>
<p>All Other Eligible Expenses (Reasonable & Customary)</p>	<p>Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Temporomandibular Joint Dysfunction (TMJ)</p>	<p>Bronson: 85% after deductible BCBS Network: 85% after deductible All Other: 50% after deductible</p>
<p>Transplants*</p>	<p>Bronson: 85% after deductible BCBS Network: 85% after deductible All Other: 50% after deductible *Obtain precertification</p>

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<p>Bariatric Surgery/Services and Complication (must complete required pre-program)</p>	<p>Bronson: 85% after deductible Obtain precertification</p> <p>BCBS Network: 70% after deductible Obtain precertification</p> <p>All Other: Not covered</p>
<p>Motor Vehicle Accident</p>	<p>Plan is considered secondary carrier regardless of PIP coverage</p>
<p>Chiropractic Visit Annual maximum for PT/OT/ST/Chiro: 60 visits combined</p>	<p>Bronson: no providers for this service</p> <p>BCBS: \$40 co-pay</p> <p>All Other: 50% after deductible</p>
<p>Mammographies - Non-routine 1. Facility charge 2. Physician or Alternative Healthcare Provider Fees (Reasonable & Customary)</p>	<p>1. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p> <p>2. Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>
<p>Chiropractic Services, and Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) 60 visit annual maximum per person for chiropractic, PT, OT, and ST combined 1. PT, OT, ST visit 2. Chiropractic visit</p>	<p>1. Bronson: \$40 co-pay BCBS: \$60 co-pay Out of Network: 50% after deductible</p> <p>2. Bronson: No T1 providers BCBS Network: \$40 co-pay Out of Network: 50% after deductible</p>
<p>COVID-Related Treatment Testing and immunizations for COVID-19 will continue to be covered at \$0 per Federal guidelines</p>	<p>Bronson: 85% after deductible BCBS Network: 70% after deductible All Other: 50% after deductible</p>

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. Ascension and Ascension-owned providers/facilities are excluded as well as Oaklawn Hospital and Brookside Surgery Center.

All Other: Hospitals and providers outside of Network, including Ascension-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

- Annual deductible of \$25 per person
- Annual Out of Pocket Maximum – \$2,500 individual/\$5,000 family.
- Some medications are required to be filled at a Bronson outpatient pharmacy, otherwise may be subject to 100% co-pay. Contact the pharmacy department at (269) 341-6990 for details.

Bronson Outpatient Pharmacies (Bronson Kalamazoo, Bronson Mattawan, Bronson Battle Creek):

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 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 covered by the plan at the Bronson Outpatient Pharmacies only.
- 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 www.mybronsonbenefits.com for a list of specific medications and/or classes.

Questions?

Health Plan: ABS Customer Service 1-844-501-3466
www.abs-tpa.com

Prescriptions: Express Scripts 1-800-711-0917
www.express-scripts.com/BronsonRetirees

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

Navia (if you enroll in COBRA dental or COBRA vision coverage)
customerservice@naviabenefits.com
or 1-800-669-3539

Bronson Human Resources Department 1-269-341-6310

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 with Human Resources.

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