



2024 Detailed Summary - Retiree Medical Plan

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.

This summary of benefits applies to the year 2024

	PPO Standard Plan		
Network	Tier 1 Bronson Network: Bronson Methodist Hospital; Bronson LakeView Hospital; Bronson Battle Creek; Bronson South Haven. Tier 2 UnitedHealthcare Choice Plus Network: Facilities/Providers participating with the UHC. Out of Network: Hospital and providers not participating in the Network. All other: Hospitals and providers outside of Network, including Borgess providers or facilities and Oaklawn Hospital.		
Member Cost - Monthly	Retiree, spouse, or eligible dependent Non-Medicare eligible: \$501.00 per month/each		
Choice of Physicians and Hospitals	No restrictions on choice of providers. Maximum benefit received at a Bronson facility or in network provider/facility.		
Deductible (see Prescription section for deductible limits)			
Deductible waived for preventive services			
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 \$900 individual / \$1,800 family	UHC \$1,300 individual / \$2,600 family	Out of Network \$1,800 individual / \$3,600 family
Out of Pocket Limit (see Prescription section for Out of Pocket limits)	Bronson \$4,000 individual / \$8,000 family	UHC \$4,000 individual / \$8,000 family	Out of Network Unlimited
Cross-accumulation	Tier 1 and Tier 2 deductibles and out of pockets cross apply and accumulate together.		
Specific Co-pays	Office Visits: Bronson \$25 Primary Care / \$50 Specialist Emergency Room: \$50 copay 80% after deductible	Office Visits: UHC \$45 Primary Care / \$70 Specialist Emergency Room: \$50 copay 80% after deductible	Office Visits: Out of Network 80% after deduct. Primary Care / Specialist Emergency Room: \$50 copay 80% after deductible
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	Bronson 1. 80% after the deductible 2. 80% after the deductible	UHC 1. 70% after the deductible 2. 70% after the deductible	Out of Network 1. 50% after deductible 2. 50% after deductible
Outpatient Surgery 1. Facility charge 2. Physician and Alternative Healthcare Provider Fees	Bronson 1. 80% after the deductible 2. 80% after the deductible	UHC 1. 70% after the deductible 2. 70% after the deductible	Out of Network 1. 50% after deductible 2. 50% after deductible
Outpatient X-Rays and Lab Fees 1. Facility charge 2. Physician and Alternative Healthcare Provider Fees	Bronson 1. \$50 co-pay 2. \$50 co-pay	UHC 1. 70% after the deductible 2. 70% after the deductible	Out of Network 1. 50% after deductible 2. 50% after deductible
Emergency Medical Care 1. Physician or Alternative Healthcare Provider Services 2. Hospital Emergency Room Services 3. Professional Ambulance charges (surface and air)	Bronson 1 & 2. \$50 co-pay 80% after deductible 3. 80% after deductible	UHC 1 & 2. \$50 co-pay 80% after deductible 3. 70% after deductible	Out of Network 1 & 2. \$50 co-pay 80% after deductible 3. 50% after deductible
Rehabilitation Therapy Services Includes services such as Outpatient Cardiac Therapy, Pulmonary Rehab	Bronson: 80% after deductible	UHC: 70% after deductible	Out of Network: 50% after deductible
Treatment of Mental or Nervous Disorders and Substance Abuse	Bronson Inpatient: 80% after the deductible Outpatient: \$25 co-pay	UHC Inpatient: 80% after the deductible Outpatient: \$25 co-pay	Out of Network Inpatient: 50% after deductible Outpatient: 50% after deductible

* If you receive care from Borgess providers or facilities and Oaklawn Hospital you will have a separate deductible, 60% coinsurance, and a separate out of pocket maximum.

Effective on your first date of employment with Bronson	PPO Standard Plan		
Charges for Mammographies 1.Preventive 2.Diagnositc	Bronson 1. 100% 2. 80% after the deductible	UHC 1. 100% 2. 80% after the deductible	Out of Network 1. 50% after deductible 2. 50% after deductible
Eligible Preventive Care Services 1. Facility charge 2. Physician or Alternative Healthcare Provider Fees All care considered preventive according to federal guidelines is 100% covered.	Bronson 1. 100% after deductible 2. 100% after deductible	UHC 1. 100% after deductible 2. 100% after deductible	Out of Network 1. 50% after deductible 2. 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	Bronson: 80% after deductible	UHC: 70% after deductible	Out of Network: 50% after deductible
Infertility/Genetic Counseling 1.Facility charge 2.Physician and Alternative Healthcare Provider Fees • \$10,000 lifetime maximum benefit • Must obtain precertification	Bronson 1. 80% after the deductible 2. 80% after the deductible	UHC 1. 70% after the deductible 2. 70% after the deductible	Out of Network 1. 50% after deductible 2. 50% after deductible
Pregnancy Related Physician and Alternative Healthcare 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: 80% after deductible	UHC: 70% after deductible	Out of Network: 50% after deductible
Other Physician and Alternative Healthcare Provider Services performed in the office setting, including: Illness and Injury care, dermatology services, allergy services and antibiotic injections, other injectables, etc.	Bronson: 80% after deductible	UHC: 70% after deductible	Out of Network: 50% after deductible
Home Health Care Home Health Care in lieu of hospitalization (Alternative Healthcare Benefits require precertification with UMR)	Bronson: 80% after deductible	UHC: Not Covered	Out of Network: Not Covered
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: 80% after deductible	UHC: 70% after deductible	Out of Network: 50% after deductible
Hospice (Alternative Healthcare Benefits require precertification with the Nurse Reviewer)	Bronson: 80% after deductible	UHC: 80% after deductible	Out of Network: 50% after deductible
Alternative Healthcare Benefits (Alternative Healthcare Benefits require precertification with UMR): 1.Non-emergency Transportation by Professional Ambulance 2.Second Surgical Opinion (Physician and Alternative Healthcare Provider Fees)	Bronson: 80% after deductible	UHC: 70% after deductible	Out of Network: 50% after deductible
Durable Medical Equipment (normal wear and damage are not covered under the Plan). Amounts over \$1,000 require precertification	Bronson: 80% after deductible	UHC: 80% after deductible	Out of Network: 50% after deductible
All Other Eligible Expenses	Bronson: 80% after deductible	UHC: 70% after deductible	Out of Network: 50% after deductible
Temporomandibular Joint Dysfunction (TMJ)	Bronson: 80% after deductible	UHC: 80% after deductible	Out of Network: 50% after deductible
Transplants *obtain precertification	Bronson: 80% after deductible	UHC Optum designated provider: 80% after deductible	Out of Network: not covered
Bariatric Surgery/Services and Complication (must complete required pre-program and be covered under the Plan for one year.) *obtain precertification	Bronson: 80% after deductible	UHC: 80% after deductible	Out of Network: Not covered
Motor Vehicle Accident	Plan is considered secondary carrier regardless of PIP coverage		
Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) 60 visit annual maximum per person all three therapies combined. Chiropractic Services 25 visit annual maximum. 1.PT, OT, ST visit 2.Chiropractic visit	Bronson 1. \$50 co-pay 2. No T1 providers	UHC 1. \$70 co-pay 2. \$25 co-pay	Out of Network 1. 50% after deductible 2. 50% after deductible

* If you receive care from Borgess providers or facilities and Oaklawn Hospital you will have a separate deductible, 60% coinsurance, and a separate out of pocket maximum.

Prescription Drug Coverage

Prescription drug coverage is part of the medical plan you select. You'll see some changes to our prescription drug program in 2024. The changes allow us to continue to offer a wide range of drugs at reasonable costs. Prescription drug coverage is managed by Express Scripts.

Your prescription drug cost will vary depending on:

1. Which medical plan you enroll in
2. The category of the prescription drug (generic, preferred, non-preferred)
3. Where you fill your prescription

The chart below explains prescription costs in each type of medical plan.

	PPO Standard
Prescription Deductible	\$75 per person
Details	Once the prescription deductible is met, you pay the coinsurance levels listed in the chart until you reach the prescription out of pocket maximum
Prescription Out of Pocket Maximum	Individual: \$3,000 Family: \$6,000

The chart below explains your prescription costs based on the category and where you fill it. **After you meet your deductible you pay the following coinsurance levels.**

Prescription Drug Category	When filled by a Bronson Outpatient Pharmacy in any location		When filled by an Express Scripts participating pharmacy, such as Walgreens, CVS, Meijer		When filled by Express Scripts mail order	
	1-34 day supply	35-90 day supply	1-34 day supply	35-90 day supply	1-34 day supply	35-90 day supply
Generic	10% coinsurance Min \$7 / Max \$75	10% coinsurance Min \$15 / Max \$225	20% coinsurance Min \$15 / No Max	10% coinsurance Min \$30 / No Max	20% coinsurance Min \$15 / No Max	10% coinsurance Min \$30 / No Max
Preferred	20% coinsurance Min \$15 / Max \$125	20% coinsurance Min \$30 / Max \$300	30% coinsurance Min \$30 / No Max	20% coinsurance Min \$60 / No Max	30% coinsurance Min \$30 / No Max	20% coinsurance Min \$60 / No Max
Non-Preferred	30% coinsurance Min \$40 / Max \$175	30% coinsurance Min \$80 / Max \$375	40% coinsurance Min \$50 / No Max	30% coinsurance Min \$100 / No Max	40% coinsurance Min \$50 / No Max	30% coinsurance Min \$100 / No Max
Weight Loss Medications*, such as Wegovy® or Saxenda®	20% coinsurance Min \$15 / Max \$300	20% coinsurance Min \$30 / Max \$900	30% coinsurance Min \$30 / No Max	20% coinsurance Min \$60 / No Max	30% coinsurance Min \$30 / No Max	20% coinsurance Min \$60 / No Max

*If filling at a Bronson pharmacy and a co-pay assistance card is available, your out of pocket costs could be significantly reduced.

Not sure which category a medication is?

Check out the Formulary List available online at myBronsonBenefits.com

When your provider is writing a prescription for you, ask if a generic is available. That's because if a generic is available for a preferred or non-preferred medication you fill, you will pay the difference in cost between the brand name medication and the generic, in addition to the appropriate co-pay or deductible amount.

Preferred Pharmacy

Some medications must be filled at a Bronson outpatient pharmacy. Otherwise, you may need to pay 100% of the cost.

Contact the pharmacy department at (269) 341-6990 OR search your medication online at www.express-scripts.com/BronsonBenefits to find out if this applies to your medication. Fertility medications are available at Bronson outpatient pharmacies only.

Important Information

Bronson Utilization Review Services

Covered persons participating in the Bronson Plans are required to call UMR 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)

UMR

Pre-authorizations for any of the above services will go through UMR. 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 UMR at (800) 320-3206 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 United Healthcare Choice Plus 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/United Healthcare Choice Plus Network Provider is utilized, the employee is not responsible for charges over contracted rates.
- When an out of network facility/provider is utilized, the claim will be paid at reasonable & customary rates.
- 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.

Benefits Directory

If you have questions about:	Then contact:	
Medical Plans	UMR/UnitedHealthcare	(800) 320-3206 • umr.com
Prescription Plans	Express Scripts	(800) 711-0917 • www.express-scripts.com
Retirement Plans, 403(b)	Fidelity	(800) 343-0860 • www.fidelity.com/atwork
General Benefit Questions	Human Resources Kalamazoo	(269) 341-6310 • HRBenefits@bronsonhg.org
Benefit Website	www.mybronsonbenefits.com	
If you enroll in COBRA dental or COBRA vision coverage	Navia 1-800-669-3539 • customerservice@naviabenefits.com	