



2024 Detailed Benefits Summaries

As part of your comprehensive Total Rewards package, Bronson offers you Medical, Dental and Vision Plans that cover 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

Effective on your first date of employment with Bronson	PPO Premier Plan	PPO Standard Plan	HDHP Premier Plan	HDHP 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, Oaklawn Hospital, or Brookside Surgery Center.*			
Employee Contributions	Review all details in the Open Enrollment Guide .			
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 separate deductible limits for PPO plans) Deductible waived for preventive services	Bronson \$600 individual / \$1,200 family UHC \$1,000 individual / \$2,000 family Out of Network \$1,500 individual / \$3,000 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 \$900 individual / \$1,800 family UHC \$1,300 individual / \$2,600 family Out of Network \$1,800 individual / \$3,600 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 \$2,000 individual / \$4,000 family (All other benefits including prescriptions are subject to the deductible.) UHC \$2,000 individual / \$4,000 family (All other benefits including prescriptions are subject to the deductible.) Out of Network \$4,000 individual / \$8,000 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 \$3,000 individual / \$6,000 family (All other benefits including prescriptions are subject to the deductible.) UHC \$3,000 individual / \$6,000 family (All other benefits including prescriptions are subject to the deductible.) Out of Network \$5,000 individual / \$10,000 family Aggregate Deductible: If covering a family, no benefits are payable for any individual within the family until the entire family deductible is satisfied.*
Out of Pocket Limit (see Prescription section for Out of Pocket limits)	Bronson \$3,500 individual / \$7,000 family UHC \$3,500 individual / \$7,000 family Out of Network Unlimited	Bronson \$4,000 individual / \$8,000 family UHC \$4,000 individual / \$8,000 family Out of Network Unlimited	Bronson \$4,500 individual / \$9,000 family (includes deductible and co-pays and prescription costs) UHC \$4,500 individual / \$9,000 family (includes deductible and co-pays) Out of Network Unlimited	Bronson \$6,000 individual / \$12,000 family (includes deductible and co-pays and prescription costs) UHC \$6,000 individual / \$12,000 family (includes deductible and co-pays) Out of Network Unlimited*
Cross-accumulation	Tier 1 and Tier 2 deductibles and out of pockets cross apply and accumulate together.		Tier 1 and Tier 2 deductibles and out of pockets cross apply and accumulate together.	
Specific Co-pays	Office Visits: Bronson \$20 Primary Care / \$40 Specialist Office Visits: UHC \$40 Primary Care / \$60 Specialist Emergency Room: \$50 copay 85% after deduct.	Office Visits: Bronson \$25 Primary Care / \$50 Specialist Office Visits: UHC \$45 Primary Care / \$70 Specialist Emergency Room: \$50 copay 80% after deduct.	Office Visits: Bronson 85% after deduct. Primary Care / Specialist Office Visits: UHC 70% after deduct. Primary Care / Specialist Emergency Room: \$50 copay 85% after deduct.	Office Visits: Bronson 85% after deduct. Primary Care / Specialist Office Visits: UHC 70% after deduct. Primary Care / Specialist Emergency Room: \$50 copay 80% after deduct.

* If you receive care from Borgess providers or facilities, Oaklawn Hospital, or Brookside Surgery Center 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 Premier Plan	PPO Standard Plan	HDHP Premier Plan	HDHP Standard Plan
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	1. Bronson: 85% after deductible UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 85% after deductible UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible
Outpatient Surgery 1. Facility charge 2. Physician and Alternative Healthcare Provider Fees	1. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible
Outpatient X-Rays and Lab Fees 1. Facility charge 2. Physician and Alternative Healthcare Provider Fees	1. Bronson: \$40 co-pay UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: \$40 co-pay UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: \$50 co-pay UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: \$50 co-pay UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 85% after deductible UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible All Other: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 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)	1 & 2: \$50 copay 85% after deductible 3. Bronson: 85% after deductible UHC: 70% after deductible All Other: 50% after deductible	1 & 2: \$50 copay 80% after deductible 3. Bronson: 80% after deductible UHC: 70% after deductible All Other: 50% after deductible	1 & 2: \$50 copay 85% after deductible 3. Bronson: 85% after deductible UHC: 70% after deductible All Other: 50% after deductible	1 & 2: \$50 copay 80% after deductible 3. Bronson: 80% after deductible UHC: 70% after deductible All Other: 50% after deductible
Rehabilitation Therapy Services Includes services such as Outpatient Cardiac Therapy, Pulmonary Rehab	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible
Treatment of Mental or Nervous Disorders and Substance Abuse	Inpatient (Obtain Precertification) Bronson: 85% after deductible UHC: 85% after deductible All Other: 50% after deductible Outpatient Bronson: \$20 co-pay UHC: \$20 co-pay Out of Network: 50% after deductible	Inpatient (Obtain Precertification) Bronson: 80% after deductible UHC: 80% after deductible All Other: 50% after deductible Outpatient Bronson: \$25 co-pay UHC: \$25 co-pay Out of Network: 50% after deductible	Inpatient (Obtain Precertification) Bronson: 85% after deductible UHC: 85% after deductible All Other: 50% after deductible Outpatient Bronson: 85% after deductible UHC: 85% after deductible Out of Network: 50% after deductible	Inpatient (Obtain Precertification) Bronson: 80% after deductible UHC: 80% after deductible All Other: 50% after deductible Outpatient Bronson: 80% after deductible UHC: 80% after deductible Out of Network: 50% after deductible

* If you receive care from Borgess providers or facilities, Oaklawn Hospital, or Brookside Surgery Center 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 Premier Plan	PPO Standard Plan	HDHP Premier Plan	HDHP Standard Plan
Charges for Mammographies 1.Preventive 2.Diagnostic	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 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.	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 100% UHC: 100% Out of Network: 50% after deductible	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 100% UHC: 100% Out of Network: 50% after deductible	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 100% UHC: 100% Out of Network: 50% after deductible	1. Bronson: 100% UHC: 100% Out of Network: 50% after deductible 2. Bronson: 100% UHC: 100% Out of Network: 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: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	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	1. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 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: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	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: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible

* If you receive care from Borgess providers or facilities, Oaklawn Hospital, or Brookside Surgery Center 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 Premier Plan	PPO Standard Plan	HDHP Premier Plan	HDHP Standard Plan
Home Health Care Home Health Care in lieu of hospitalization (Alternative Healthcare Benefits require precertification with UMR)	Bronson: 85% after deductible UHC: Not Covered Out of Network: Not Covered	Bronson: 80% after deductible UHC: Not Covered Out of Network: Not Covered	Bronson: 85% after deductible UHC: Not Covered Out of Network: Not Covered	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: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	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: 85% after deductible UHC: 85% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 80% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 85% after deductible Out of Network: 50% after deductible	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: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	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: 85% after deductible UHC: 85% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 80% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 85% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 80% after deductible Out of Network: 50% after deductible
All Other Eligible Expenses	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible
Temporomandibular Joint Dysfunction (TMJ)	Bronson: 85% after deductible UHC: 85% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 80% after deductible Out of Network: 50% after deductible	Bronson: 85% after deductible UHC: 85% after deductible Out of Network: 50% after deductible	Bronson: 80% after deductible UHC: 80% after deductible Out of Network: 50% after deductible
Transplants	Bronson: 85% after deductible UHC Optum designated provider: 85% after deductible Out of Network: not covered *Obtain precertification	Bronson: 80% after deductible UHC Optum designated provider: 80% after deductible Out of Network: not covered *Obtain precertification	Bronson: 85% after deductible UHC Optum designated provider: 85% after deductible Out of Network: not covered *Obtain precertification	Bronson: 80% after deductible UHC Optum designated provider: 80% after deductible Out of Network: not covered *Obtain precertification

* If you receive care from Borgess providers or facilities, Oaklawn Hospital, or Brookside Surgery Center 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 Premier Plan	PPO Standard Plan	HDHP Premier Plan	HDHP Standard Plan
Bariatric Surgery/Services and Complication (must complete required pre-program)	Bronson: 85% after deductible UHC: 85% after deductible Out of Network: Not covered *Obtain precertification	Bronson: 80% after deductible UHC: 80% after deductible Out of Network: Not covered *Obtain precertification	Bronson: 85% after deductible UHC: 85% after deductible Out of Network: Not covered *Obtain precertification	Bronson: 80% after deductible UHC: 80% after deductible Out of Network: Not covered *Obtain precertification
Motor Vehicle Accident	Plan is considered secondary carrier regardless of PIP coverage		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	1. Bronson: \$40 co-pay UHC: \$60 co-pay Out of Network: 50% after deductible 2. Bronson: No T1 providers UHC: \$20 co-pay Out of Network: 50% after deductible	1. Bronson: \$50 co-pay UHC: \$70 co-pay Out of Network: 50% after deductible 2. Bronson: No T1 providers UHC: \$25 co-pay Out of Network: 50% after deductible	1. Bronson: 85% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: No T1 providers UHC: 85% after deductible Out of Network: 50% after deductible	1. Bronson: 80% after deductible UHC: 70% after deductible Out of Network: 50% after deductible 2. Bronson: No T1 providers UHC: 80% after deductible Out of Network: 50% after deductible

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

Lifestyle Spending Account

All regular employees – whether PRN, part-time, or full-time – are eligible for LSA!

- Not enrolled in a Bronson medical plan? You are eligible for up to \$250 reimbursement per calendar year.
- Enrolled in a Bronson medical plan? You are eligible for up to \$500 reimbursement per calendar year.
 - Is your spouse also enrolled? They are eligible for up to \$500 reimbursement per calendar year
 - Is your child (ren) enrolled? The child (all children collectively) are eligible for up to \$500 reimbursement per calendar year.
- Eligible services are reimbursed at 90%, unless noted otherwise.
- Unclaimed reimbursement amounts do not carry over to the next year.

Please refer to www.mybronsonbenefits.com for a list of eligible covered services.

PLEASE NOTE that most wellness service reimbursements you receive from Navia are considered taxable fringe benefits by the IRS (taxable income to you).

The amount reimbursed to you by Navia for these services will be added to your paycheck as earnings. This includes amounts reimbursed to you for covered dependents receiving services. Taxable benefits will be reported to Bronson and will be reflected on your biweekly paycheck, and on your W2 statement of earnings at the end of the year.

On-call or PRN providers working for Bronson are not eligible for LSA per their employment contract.

Contributing to your HSA

Bronson may help fund your HSA through quarterly contributions. You'll see some premium changes that are in line with the market plus increases in how much you can put into your HSA account. The total amount contributed by you and Bronson cannot exceed the amounts determined by the IRS.

2024 Annual HSA Contribution Amounts (These limits are subject to change each year)

If you enroll in...	You may contribute up to*		Bronson will contribute up to**		TOTAL contributions
HDHP Premier Employee Only	\$3,900	+	\$250	=	\$4,150
"Family"—meaning Employee + Spouse, Employee + Child(ren), or Family	\$7,800	+	\$500	=	\$8,300
HDHP Standard Employee Only	\$4,150	+	\$0	=	\$4,150
"Family"—meaning Employee + Spouse, Employee + Child(ren), or Family	\$8,300	+	\$0	=	\$8,300

* Plus up to \$1,000 as a "catch-up" contribution if you are age 55+.

** Employer contributions will be distributed in quarterly installments.

Dental Coverage

Maintaining good health starts with good habits, like seeing your dentist regularly. As a result of your feedback, we're expanding our dental plan options from two to three. You can still choose the Standard or Deluxe plans. In addition, we've added a third plan for Preventive Only coverage! The new Preventive Only option gives you a cost-effective option if you think you'll only need cleanings in 2024. You may visit a provider who does not participate in the Delta Dental network. However, you may experience less coverage and may be required to submit for reimbursement.

Bronson partners with Delta Dental as our administrator. To find a Delta Dentist, go to www.deltadentalmi.com.

2024 Dental Plan Highlights At-a-Glance	Delta Dental		
	Deluxe OPTION 1	Standard OPTION 2	Preventive Only OPTION 3 New for 2024
Deductible	\$50 Individual \$100 Employee +1 \$150 Family	\$50 Individual \$100 Employee +1 \$150 Family	None
Preventive	100% covered	80% covered	100% covered
X-rays	100% covered	50% covered	100% covered
Sealants	100% covered	80% covered after deduct.	100% covered
Basic Services	80% after deduct.	50% after deduct.	Not covered
Major Restorative Services	80% after deduct.	50% after deduct.	Not covered
Orthodontic Age Limit	80% for any age	50% to age 19	Not covered
Maximums Per person annual (non-orthodontic) Per person lifetime (orthodontics)	\$2,500 \$2,000	\$1,500 \$1,500	\$1,000 Not covered

Note: Fluoride treatments are covered once every 12 months to age 14. Bitewing x-rays are covered once every 12 months.

Vision Coverage

VSP has an extensive network of optometrists and ophthalmologists conveniently located close to your home and work. To find a VSP provider go to www.vsp.com or call (800) 877-7195. While you have the option to select an out of network provider for exams or to purchase materials, please note that out of network benefits will apply and you generally have to submit a claim to VSP for reimbursement.

To obtain vision care benefits, call a VSP member doctor, identify yourself as a VSP patient, and make an appointment. The doctor's office will verify the patient's eligibility and plan coverage and obtain authorization from VSP. No ID card is required, however, you can print one on the VSP website if desired.

2024 Vision Plan Highlights At-a-Glance	VSP High OPTION 1	VSP Base OPTION 2
Annual Routine Eye Exam	Covered once every 12 mos. at 100% after \$15 co-pay	Covered once every 12 mos. at 100% after \$15 co-pay
Frame Allowance	Covered once every 12 mos. up to \$150 retail	Covered once every 24 mos. up to \$120 retail
Feature Frame Allowance	Up to \$200 retail	Up to \$170 retail
Suncare	Patients can use their frame allowance towards non-prescription sunglasses from their VSP providers frame board, exhausting both their lens and frame eligibility	
Lenses (Tinted, progressive lenses extra)	Covered once every 12 mos. at 100% after \$15 co-pay	Covered once every 12 mos. at 100% after \$15 co-pay
Covered Lens Options	Polycarbonate, Scratch Coating, Ultra Violet, Tints, Photochromatic, and Edge Treatment \$25 co-pay for Progressive Lenses \$25 co-pay for Anti-reflective Coating	Polycarbonate and Anti-reflective Coating
Elective Contacts Allowance (in lieu of lenses and frames)	\$200 for contacts. Up to \$60 co-pay for contact lens exam (fitting and evaluation)	\$120 for contacts. Up to \$60 co-pay for contact lens exam (fitting and evaluation)

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 Premier	PPO Standard	HDHP Premier	HDHP Standard
Prescription Deductible	\$75 per person		No prescription deductible; you pay 100% of prescription drug costs until your combined medical and prescription drug expenses meet the HDHP deductible	
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		Once the HDHP medical deductible is met, you pay the coinsurances listed in the chart until you reach the plan's out of pocket maximum	
Prescription Out of Pocket Maximum	Individual: \$3,000 Family: \$6,000		After the combined medical and prescription drug plan's out of pocket maximum is met, the plan pays 100% of eligible expenses	

The chart below explains your prescription costs based on the category and where you fill it. **After you meet your deductible (only prescription if you're in a PPO or combined with medical if you're in an HDHP), 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
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
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
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
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

*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
Dental Plans	Delta Dental	(800) 462-7283 • www.deltadentalmi.com
Vision Plans	Vision Service Plan	(800) 877-7195 • www.vsp.com
FSA / Lifestyle Spending Account	Navia	(800) 669-3539 • customerservice@naviabenefits.com
Health Savings Account	BenefitWallet	(877) 472-4200 • www.mybenefitwallet.com
Retirement Plans, 403(b)	Fidelity	(800) 343-0860 • www.fidelity.com/atwork
STD, LOA, and ADA	Sedgwick	(855) 438-6388 • timeoff.sedgwick.com
Life, LTD and Legal	MetLife	(800) GETMET8 • www.MetLife.com/Mybenefits
Voluntary Benefits	Voya	(877) 236-7564 • EBRC - Bronson Healthcare Group
Pet Insurance	Nationwide	(877) 738-7874 • www.PetsNationwide.com
General Benefit Questions	Human Resources Kalamazoo	(269) 341-6310 • HRBenefits@bronsonhg.org
Workday Sign-on Issues	IT Help Desk	(269) 341-6330 • ITHelpDesk@bronsonhg.org
Benefit Website	www.mybronsonbenefits.com	