

2024

Open Enrollment Benefits Guide

Friday, October 27 to
Monday, November 13, 2023



total rewards
designed for your best life

 **BRONSON**

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This guide is meant to provide basic information. For additional details and specific information, please contact the vendor or review the Summary Plan Description (SPD) for each plan, where available. SPDs are available by contacting HR benefits at (269) 341-6310 for a printed version.

DISCLAIMER: Bronson reserves the right to terminate, suspend, withdraw, amend, or modify the plan in whole or in part at any time. Further, Bronson reserves the right to terminate coverage for any group of employees and their dependents or a class of dependents at any time.

Welcome to Open Enrollment 2024

Open Enrollment is your annual opportunity to choose your benefits for the coming calendar year, and it's that time again! At Bronson, we're proud of the full range of benefits we offer as a part of our highly competitive Total Rewards package because you help shape them.

In this enrollment guide, you'll learn about what's new and what's changing, as well as tools and resources that are available to you. We encourage you to invest the time to carefully read through this guide, weigh the cost of each plan against your needs, and determine the right benefit mix for you and your family. Making smart decisions about your health benefits helps you keep costs down while getting the coverage you and your family need.

This year it's critical to make a benefit selection in Workday. We're excited to be offering a wider variety of benefit options. But as a result, your current benefits elections **will NOT continue into 2024, unless you take action!**

This year, Open Enrollment runs from October 27 – November 13, 2023. We invite you to enroll via Workday – from work or home – during the Open Enrollment period. Enrollment help is available **Monday through Friday, 7:30 a.m. – 4:30 p.m. by calling (269) 341-6310**. You can also attend a help session during one of the times listed later in this document for in-person support.

Dependent Eligibility

You must provide documentation for each new dependent that you are adding to your medical coverage during Open Enrollment. The required documentation must be provided to Human Resources no later than November 13, 2023. If we are unable to verify your dependent's eligibility, your dependent will not be covered as of January 1, 2024, and you'll be required to wait until next year's Open Enrollment period to add them to the plan — provided they remain eligible, and you provide documentation verifying their dependent status at that time.

Please note that if your dependent has been verified previously, no further action is required.

- Adding a spouse? A marriage license is required.
- Adding a child or children? A birth certificate is required for each child. We cannot accept social security cards or hospital slips.

Big Changes Ahead Open Enrollment: your action is required!

We don't want you and your family to be without coverage. So please spend some time reviewing your options by logging into Workday and selecting the benefits that meet your needs. Elections for benefit changes effective 01/01/2024 are **due by 11/13/2023**. Your next opportunity to enroll will be during Open Enrollment for the following plan year—unless you experience a qualifying life event.

Whom You Can Cover

Who's Eligible	Requirements
<p>You</p>	<p>You are eligible to enroll if you are a full-time or part-time employee in an approved hourly position of at least 48 hours per pay period. Benefits are effective day one becoming benefit eligible.</p> <p>Limited benefits are available to employees in an approved position of less than 48 hours per pay period and Bronson Travel Staff Employees.</p> <p>Visit mybronsonbenefits.com to review what benefits might be available to you.</p>
<p>Your spouse</p>	<p>Your legal spouse</p>
<p>Your children</p>	<p>A child to the end of the month they turn 26. For purposes of the plan, a "child" means your:</p> <ol style="list-style-type: none"> 1. Natural born children 2. Step children 3. Legally adopted children, including those with court appointed legal guardianship 4. Children who have been placed with you for adoption <p>Children for whom you have a court-appointed legal guardianship are also eligible for the plan until the end of the month of their 26th birthday provided the child(ren) are dependent on you for more than half of his or her financial support and are eligible to be claimed as a tax dependent on your most recent federal tax returns.</p> <p>Coverage will terminate for your child at the end of the month of their 26th birthday unless he or she is incapable of self-support because of a physical or mental disability that began prior to age 26. You must apply for this continuation by the child's 26th birthday.</p>

Other Important Information	
<p>Coverage Level Choices</p>	<p>When you enroll for medical, dental, and vision coverage, select a coverage level from one of the four coverage "tiers" below:</p> <ul style="list-style-type: none"> • Employee Only • Employee + Spouse • Employee + Child • Employee + Family (i.e., Spouse + Child(ren)) <p>You may choose different coverage categories for different plans. For example, you may choose Employee Only for medical and Employee + Family for dental.</p>
<p>Affordable Care Act (ACA) Eligibility</p>	<p>If you worked an average of 30 hours per week during the ACA measurement period (10/2022—10/2023), you will be ACA eligible and offered a HDHP medical plan and prescription drug coverage for the 2024 plan year. To remain eligible in 2025, you would need to continue working the minimum average of 30 hours per week from 10/2023—10/2024. If you are ACA eligible, you will receive an inbox task to complete the ACA benefit event in Workday at the time of the transition. You will also be able to cover eligible dependents under the ACA medical benefit.</p>

How to Enroll

All eligible employees must enroll in benefits in Workday during our annual Open Enrollment period. Open Enrollment will begin on Friday, October 27 to Monday, November 13, 2023. Any changes you make during this enrollment period will be effective January 1, 2024.

NEW! This year you may enroll in benefits on the Workday mobile app. If you need assistance with the app, contact the IT Help Desk at (269) 341-6330.



Steps to Enrolling Online

- 1 Go to the Bronson intranet <https://inside.bronsonhg.org/Pages/default.aspx> OR download Workday to your phone.
- 2 Click on the Workday icon OR open the mobile app.
- 3 Log in with your employee email and password. If you do not know your username and password please contact IT at (269) 341-6330. The app will require two-factor authentication.
- 4 From this page, click the envelope icon to open your inbox, then click **Open Enrollment** to begin elections.
- 5 Click **Manage** or **Enroll** on each one of the Healthcare and Account boxes to elect, waive, or verify your different plans. After you make your plan elections, click **Confirm and Continue** to add or change your covered dependents.
- 6 After editing your current coverage in each plan, your new elections, covered dependents, and payroll deductions will be displayed.
- 7 Click **I Agree** to authorize your 2024 benefit elections, and then click on **Submit** to complete.
- 8 Click **Done**. Print your enrollment page for your records by clicking on the print button located at the bottom of the screen.

Please note that if you are adding a new dependent or a dependent not previously covered on your benefit plan(s), you are required to submit documentation, such as birth certificate or marriage license, to Bronson Human Resources for eligibility verification. Other information you are required to provide for each dependent includes his/her full name, social security number, gender, and date of birth.

Enrollment Checklist

Use this checklist to help you through the enrollment process. Bronson's Open Enrollment period is Friday, October 27 through Monday, November 13, 2023. Changes are effective on January 1, 2024.

- 1 Before enrollment begins, take the time to learn more about all of the benefit options that are available to you. Bronson provides a variety of tools and resources to help you make your benefit decisions. Visit our benefits website at mybronsonbenefits.com.
- 2 Actively enroll anytime from Friday, October 27 to Monday, November 13, 2023. Most of your current benefits coverage WILL NOT continue or roll over. If you choose not to enroll during the enrollment period, you will not have 2024 benefits coverage for all offerings except company-paid disability and life insurance.





Premium Discount Program

The employee medical premium discount program makes medical benefits more affordable for eligible employees enrolled in a Bronson medical benefit plan. The program does this by reducing the eligible employee’s bi-weekly medical plan contributions. You are eligible if you are a full-time or part-time benefit-eligible employee enrolled in a Bronson medical benefit plan as of January 1, 2024. Your prior year family income must also be less than the amount shown in this table, based on family size.

- Family size is based on the number of tax exemptions reported on your most recent tax form. For instance, to apply for the premium discount effective January 1, 2024, you will need to submit tax forms for 2022.
- Annual family income is based on the total income amount of your family's prior year federal income tax Form 1040. If you are married and you and your spouse file taxes separately, you will need to add the amounts on Form 1040.

Income Limits by Family Size		
Family Size	50% Subsidy if Income is Less Than:	25% Subsidy if Income is Less Than:
1	\$21,870	\$25,515
2	\$29,580	\$34,510
3	\$37,290	\$43,505
4	\$45,000	\$52,500
5	\$52,710	\$61,495
6	\$60,420	\$70,490
7	\$68,130	\$79,485
8	\$75,840	\$88,480

You can find the Premium Discount Program informational sheet and application online by going to mybronsonbenefits.com and clicking on Financial Wellness. Please submit your completed forms to HRhelp@bronsonhg.org.

Your Health Plan Choices for 2024

Bronson is pleased to be expanding our medical plan options from two to four plans—instead of one PPO and HDHP option, you'll have two of each! These plans support Bronson's goals of fostering a culture of wellness, reducing health care expenses, and having you take an active role in personal health management. Take some time to understand the FOUR different plan options available to you so you can select the plan that is cost-effective and appropriate for your needs and those of your family.

You can contact UMR by calling (800) 320-3206 or by visiting [UMR.com](https://www.UMR.com)

Take Note! We switched from Automated Benefit Services (ABS) to UMR as Bronson's claims administrator.

Features	PPO Premier	PPO Standard	HDHP Premier	HDHP Standard
Plan Type	Traditional PPO plan		High deductible health plan (HDHP)	
Deductible	\$	\$\$	\$\$\$	\$\$\$\$
Deductible Type	Embedded Deductible, meaning individual members can meet deductible before the family		Aggregate Deductible, meaning the family deductible must be satisfied before any one member pays coinsurance	
Premiums	Cost per paycheck is typically higher in a PPO plan when compared to a high deductible plan. The tradeoff is a lower deductible to reach.		Cost per paycheck in a HDHP is typically lower than a PPO plan and may offer lower coinsurance. The drawback can be a higher deductible to reach.	
Preventive Care	All care considered preventive according to federal guidelines is 100% covered			
How You Pay for Care	You have a co-payment for in-network physician office visits. For all other covered services, you must first satisfy the deductible and then pay coinsurance until you satisfy the out of pocket maximum		You pay 100% of covered health care and prescription expenses until you satisfy the annual deductible, then you pay coinsurance for covered services until you satisfy the out of pocket maximum	
Eligible to Contribute to a Health Savings Account (HSA)	No		Yes	
Bronson Contributions to Your HSA	No		Yes	No
Eligible to Contribute to a Flexible Spending Account (FSA)	Yes – Health FSA*		Yes – Limited Purpose FSA	
Providers	Visit any provider you wish; pay less when you use a provider or facility in Tier 1 (Bronson) or Tier 2 (UHC) network			

* You can also contribute to a Health FSA if you opt out of Bronson's medical plan.

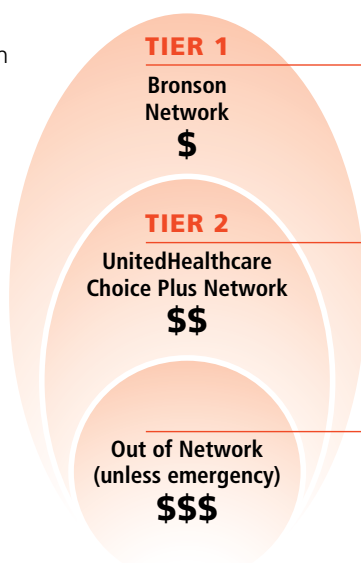
Need help deciding? Use [ALEX](#), the online benefits counselor. ALEX will ask you several questions and provide a recommendation with easy-to-understand explanations. Most people spend about 18 minutes talking to ALEX and appreciate the customized response.

Provider Network Information

There are three levels of Network participation within the Bronson Medical and Bronson High Deductible Plans. The level of a health care provider's participation impacts the costs for which you will be responsible.

Please Note!

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.



Bronson Facilities and Providers

When you use a Bronson Battle Creek, Bronson Kalamazoo, Bronson Lakeview, or Bronson South Haven facility, you may receive the highest benefit payment level. Find a provider at www.bronsonhealth.com/find-a-doctor.

UnitedHealthcare Choice Plus Network

UnitedHealthcare Choice Plus Network providers accept payments for covered benefits. You will only pay for the deductibles, co-payments, and coinsurances required by your coverage or services that are not covered. You can locate a provider here: [umr.com](https://www.UMR.com).

Nonparticipating (Out of Network) Providers

Nonparticipating providers have not signed agreements with UHC. This means they may or may not choose to accept the UHC-approved amount for your health care services.

Health Savings Account (HSA) Basics

Bronson partners with BenefitWallet as the HSA administrator. With the BenefitWallet Health Savings Account (HSA), you can enjoy tax savings for current and future health care expenses. An HSA allows you to make tax-free deposits, withdrawals for eligible health expenses, and earn tax-exempt interest and earnings on investment options.

Opening your HSA

After you enroll in a Bronson HDHP, you'll receive a welcome kit in the mail that will provide you with more information and ask you to name an account beneficiary. Return the paperwork to BenefitWallet to receive an HSA checkbook and debit card (in separate mailings, for your protection) to use to pay for your health care expenses.

How does the HSA work

An account will automatically be set up for you with BenefitWallet. If you elect HDHP Premier, Bronson will deposit \$62.50 or \$125 (depending on coverage) quarterly as long as you remain benefit eligible and enrolled in the HDHP Premier. With either HDHP option, you may also contribute pre-tax money to your HSA through payroll deductions and also can make after-tax deposits on your own. Each year the balance in your HSA rolls over and can be saved for future expenses. After your account balance is greater than \$1,000, you have the option to invest in a variety of mutual funds. You may change your HSA contribution amount at any time in the year within Workday.



1 You put money into your HSA.

You can put money into your HSA tax-free. If you elect the HDHP Premier option, Bronson will also contribute to your account. See the next page for the 2024 amounts.

2 You get medical care or fill a prescription.

You can use your HSA money to help pay your deductible or save your HSA money to use it later to pay for co-pays or your share of coinsurance.

3 You meet your deductible.

After your eligible medical care or prescription drug expenses satisfy your calendar year deductible, your insurance kicks in.

4 You pay coinsurance or co-pays.

Each time you get covered medical care, you'll pay coinsurance. Each time you get prescription drugs, you'll pay a co-pay or coinsurance. Think of health care costs as two pieces of a pie. Your share (coinsurance + co-pays) is one piece of pie. The other piece is paid for by the plan. **Reminder:** In-network preventive care is covered at 100% no matter when you get it. Go to [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/) for a list of preventive services.

5 You are protected by the out of pocket maximum.

It's like a safety net for a year when you need a lot of care. In a worst case scenario year, your plan pays your covered medical care and prescription drugs once you hit this cap. It protects you financially, especially if you get really sick or seriously injured and need specialized (and expensive) care.

This is a cap on your medical and prescription drug costs for the year. It is the most you'll pay for covered medical and prescription drugs. Your deductible counts toward this amount.

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*		Annually 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.

Using Your HSA Dollars

You may use your HSA funds tax-free to pay for qualified health care expenses for you, your spouse, and any dependents you claim on your federal tax return. You own your HSA and are responsible for ensuring tax-free withdrawals are spent on qualified health care expenses. Review a list of eligible expenses at www.irs.gov and download Publication 502. If you contribute or withdraw money from your HSA, you must declare these amounts on your federal tax return.

How do I decide whether to enroll in a PPO or an HDHP with HSA?

You will want to consider several things: your finances, your health care costs (including premiums, deductibles, co-pays, and out of pocket costs), your ability to pay for health care until you reach the deductibles, and the tax advantages of an HSA.

The HSA is flexible.

Use the money now to pay for eligible medical expenses. Or, save it for your future health care needs and let the balance grow.

There's no "use it or lose it rule."

An HSA has no "use it or lose it" feature like the Health Flexible Spending Account, so your account balance rolls over each year.

The money is yours to keep—forever.

That's right. You can take your HSA with you if your employment ends or when you retire.

Where can I find more information?

Learn more about HSAs at mybenefitwallet.com for complete information and helpful tools.

Considerations when enrolling in a Bronson High Deductible Health Plan/Health Savings Account

OTHER COVERAGE

If you enroll in other medical coverage, such as through your spouse's plan, you aren't eligible for the HSA unless your other coverage is a high deductible health plan (a government rule). If you are over age 65 and enrolled in Medicare, you are also not eligible to contribute to an HSA.

EXPECTED COSTS

While many people may benefit from enrolling in an HDHP with an HSA, it may not be for everyone. When deciding whether or not to enroll in this option, you should consider your anticipated expenses in conjunction with the cost of each plan. You will want to consider the expenses that apply toward the HDHP deductible as well as any co-pays and your ability to pay for these expenses before your deductible is met.

AGE 55 OR OLDER

You should also consider your need to set aside funds for health care expenses in retirement. If you're age 55 or older, you may contribute an additional \$1,000 per year, called "HSA catch up." The additional contribution as well as the rollover provision may provide an opportunity to set aside funds for when you retire.

DEPENDENTS

HSA funds can only be used for IRS tax dependents' medical expenses. Non-tax dependents are eligible to open their own HSA account and to make non-payroll contributions on their own to cover their medical expenses.

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 medications 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
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.

NEW Lifestyle Spending Account to Replace the Wellness Reimbursement Account

We're expanding what you can spend your wellness dollars on and changing the name to Lifestyle Spending Account (LSA) to reflect that this account goes beyond your wellness. At their core, lifestyle spending accounts are employer-funded accounts that help subsidize a variety of services, products, or experiences to fit employees' very different lifestyles. Bronson partners with Navia as the LSA administrator.

Everyone is Eligible

All 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 (or 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.

Submit Reimbursement

Managed by Navia, claims can be submitted in a number of ways:

- 1 - Mobile App
- 2 - Navia Online Portal
- 3 - Paper Form on naviabenefits.com

Eligible Expenses

Here are some of the services eligible. For a full list, visit myBronsonBenefits.com, click Health and Wellness.

- (new) Adoption Assistance
- Athletic Equipment
- Tobacco Cessation
- Gym Membership
- Massage Therapy
- (new) Car Repairs
- Financial Advisor
- Camping Equipment
- Pet Care

PLEASE NOTE that most wellness service reimbursements you receive from Navia (massage therapy, personal trainers, health club reimbursements, weight management classes, Pilates, yoga, tai chi, etc.) 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 wellness 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.



Maximize Your Lifestyle Benefits Bronson Wellness Center—South Haven

When you come to the club 8 times per month, you will receive a \$28 reimbursement to your paycheck the following month.

Bronson Athletic Club—Kalamazoo

When you come to the club 8 times per month, you will receive a \$50 reimbursement to your paycheck the following month.

Only attendance to your home gym will count towards the 8-visit requirement.

2024 Medical Plan Options At-a-Glance

The following chart summarizes the major provisions in each medical plan. Bronson partners with UMR as our plan administrator. Please refer to the Summary Plan Descriptions available on www.mybronsonbenefits.com for plan exclusions, limitations, and other plan details.

Plan Feature	Bronson Medical PPO Premier			Bronson Medical PPO Standard		
	Bronson Network Tier 1	UHC Network Tier 2	Out of Network	Bronson Network Tier 1	UHC Network Tier 2	Out of Network
Deductibles						
Individual	\$600	\$1,000	\$1,500	\$900	\$1,300	\$1,800
Family	\$1,200	\$2,000	\$3,000	\$1,800	\$2,600	\$3,600
Medical Out of Pocket Maximums						
Individual	\$3,500	\$3,500	unlimited	\$4,000	\$4,000	unlimited
Family	\$7,000	\$7,000	unlimited	\$8,000	\$8,000	unlimited
Primary Care Office Visit (other than preventive care)						
Co-pay	\$20	\$40	none	\$25	\$45	none
Coverage	85% after co-pay	70% after co-pay	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.
Specialist Office Visit (other than preventive care)						
Co-pay	\$40	\$60	none	\$50	\$70	none
Coverage	85% after co-pay	70% after co-pay	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.
Eligible Preventive Care Services						
Co-pay (Primary Care/Specialist)	none	none	none	none	none	none
Coverage	100%	100%	50% after deduct.	100%	100%	50% after deduct.
Emergency Room Visits						
Co-pay (waived if admitted)	\$50	\$50	\$50	\$50	\$50	\$50
Coverage	85% after deduct.	85% after deduct.	85% after deduct.	80% after deduct.	80% after deduct.	80% after deduct.
Mental Health/Substance Abuse						
Outpatient/Office visit	\$20 co-pay	\$20 co-pay	50% after deduct.	\$25 co-pay	\$25 co-pay	50% after deduct.
Inpatient Physician	85% after deduct.	70% after deduct.	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.
Inpatient Facility	85% after deduct.	70% after deduct.	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.
Outpatient X-Ray/Labs						
Coverage	\$40 co-pay	70% after deduct.	50% after deduct.	\$50 co-pay	70% after deduct.	50% after deduct.
Routine, Annual Mammograms						
Coverage	100% deduct. waived	100% deduct. waived	50% after deduct.	100% deduct. waived	100% deduct. waived	50% after deduct.
Physical/Occupational/Speech Therapy	\$40 co-pay	\$60 co-pay		\$50 co-pay	\$70 co-pay	
Chiropractic Visit*	N/A	\$20 co-pay	50% after deduct.	N/A	\$25 co-pay	50% after deduct.

* PT, OT, and ST have a combined limit of 60 visits per year. In addition, chiropractic care has a limit of 25 visits per year.



Plan Feature	Bronson Medical HDHP Premier			Bronson Medical HDHP Standard		
	Bronson Network Tier 1	UHC Network Tier 2	Out of Network	Bronson Network Tier 1	UHC Network Tier 2	Out of Network
Deductibles						
Individual	\$2,000	\$2,000	\$4,000	\$3,000	\$3,000	\$5,000
Family	\$4,000	\$4,000	\$8,000	\$6,000	\$6,000	\$10,000
Medical Out of Pocket Maximums						
Individual	\$4,500	\$4,500	unlimited	\$6,000	\$6,000	unlimited
Family	\$9,000	\$9,000	unlimited	\$12,000	\$12,000	unlimited
Primary Care Office Visit (other than preventive care)						
Co-pay	none	none	none	none	none	none
Coverage	85% after deduct.	70% after deduct.	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.
Specialist Office Visit (other than preventive care)						
Co-pay	none	none	none	none	none	none
Coverage	85% after deduct.	70% after deduct.	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.
Eligible Preventive Care Services						
Co-pay (Primary Care/Specialist)						
Coverage	none	none	none	none	none	none
healthcare.gov/coverage/preventive-care-benefits/	100%	100%	50% after deduct.	100%	100%	50% after deduct.
Emergency Room Visits						
Co-pay (waived if admitted)	\$50	\$50	\$50	\$50	\$50	\$50
Coverage	85% after deduct.	85% after deduct.	85% after deduct.	80% after deduct.	80% after deduct.	80% after deduct.
Mental Health/Substance Abuse						
Outpatient/Office visit	85% after deduct.	85% after deduct.	50% after deduct.	80% after deduct.	80% after deduct.	50% after deduct.
Inpatient Physician	85% after deduct.	85% after deduct.	50% after deduct.	80% after deduct.	80% after deduct.	50% after deduct.
Inpatient Facility	85% after deduct.	85% after deduct.	50% after deduct.	80% after deduct.	80% after deduct.	50% after deduct.
Outpatient X-Ray/Labs						
Coverage	85% after deduct.	70% after deduct.	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.
Routine, Annual Mammograms						
Coverage	100% deduct. waived	100% deduct. waived	50% after deduct.	100% deduct. waived	100% deduct. waived	50% after deduct.
Physical/Occupational/Speech Therapy Chiropractic Visit*						
	85% after deduct.	70% after deduct.	50% after deduct.	80% after deduct.	70% after deduct.	50% after deduct.

* PT, OT, and ST have a combined limit of 60 visits per year. In addition, chiropractic care has a limit of 25 visits per year.

2024 Costs Per Pay Period

		Salary Band \$0 – \$38,640	Salary Band \$38,640.01 – \$77,280	Salary Band \$77,280.01 – \$128,800	Salary Band \$128,800.01 – \$250,000	Salary Band \$250,000.01 +
PPO Premier	Employee Only	\$35.00	\$43.01	\$57.33	\$68.71	\$83.99
	Emp. + 1 Child	\$61.83	\$67.38	\$89.81	\$107.65	\$131.58
	Emp. + Spouse	\$74.66	\$87.45	\$110.45	\$132.37	\$160.02
	Emp. + Family	\$115.50	\$141.83	\$180.04	\$218.40	\$266.95
PPO Standard	Employee Only	\$28.64	\$36.65	\$50.97	\$62.36	\$77.63
	Emp. + 1 Child	\$50.60	\$57.42	\$79.86	\$97.69	\$121.62
	Emp. + Spouse	\$61.10	\$74.52	\$98.21	\$120.13	\$147.91
	Emp. + Family	\$94.52	\$120.87	\$160.08	\$198.21	\$246.75
HDHP Premier	Employee Only	\$19.64	\$28.13	\$41.42	\$55.38	\$71.57
	Emp. + 1 Child	\$34.70	\$49.70	\$73.18	\$97.84	\$126.44
	Emp. + Spouse	\$42.56	\$60.66	\$88.24	\$117.96	\$150.65
	Emp. + Family	\$66.13	\$94.71	\$139.45	\$186.45	\$240.95
HDHP Standard	Employee Only	\$2.98	\$7.89	\$23.89	\$35.96	\$52.15
	Emp. + 1 Child	\$5.27	\$13.93	\$42.21	\$63.54	\$92.14
	Emp. + Spouse	\$6.46	\$17.00	\$50.90	\$76.61	\$109.78
	Emp. + Family	\$10.04	\$26.55	\$80.45	\$121.08	\$175.58

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	50% for any age	50% to age 19	Not covered
Maximums			
Per person annual (non-orthodontic)	\$2,500	\$1,500	\$1,000
Per person lifetime (orthodontics)	\$2,000	\$1,500	Not covered

2024 Costs Per Pay Period			
Employee Only	\$10.26	\$1.86	\$0.93
Employee + 1 (Spouse or Child)	\$17.74	\$4.43	\$2.22
Employee + Family	\$26.00	\$8.57	\$4.29

Notes: 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)

2024 Costs Per Pay Period		
Employee Only	\$6.05	\$1.81
Employee + 1 (Spouse or Child)	\$10.01	\$2.99
Employee + Family	\$20.10	\$9.01

Flexible Spending Accounts (FSA)

Navia is the administrator of our Flexible Spending Accounts (FSAs)

We are pleased to continue to offer you and your family this valuable benefit, which can save you significant tax dollars — as much as 21% to 41% in tax savings (depending on your tax bracket). The FSA Plan is unique because it changes the way you pay for certain expenses so that you're left with more spending money. If you participate, you choose how much to contribute for the plan year based on your family's needs. Each pay period, your contributions are automatically deducted from your paycheck in equal amounts — before taxes are calculated. Since you are using tax-free money to pay for your expenses, you reduce your taxable income and save on taxes.

To participate in the FSA Plan, you must enroll during Open Enrollment every plan year. If you are currently participating in the FSA Plan for 2023, you must make a new election if you would like to continue this benefit. FSAs are a voluntary benefit and your election does NOT automatically re-enroll.

	Health FSA General Purpose	Health FSA Limited Purpose	Dependent Care FSA
Account Purpose	To pay for eligible medical, prescription drug, dental, vision, and hearing expenses not covered by another health plan.	(If you or your spouse plan to contribute to a Health Savings Account in 2024). To pay for eligible dental and vision expenses not covered by another health plan.	To pay for eligible child care and dependent care expenses that allow you (and your spouse, if married) to work or attend school full-time.
Maximum Annual Contribution per Plan Year (Jan. 1 – Dec. 31)	\$3,050	\$3,050	\$5,000 if filing jointly (or \$2,500 if married and filing separate tax returns). Bronson matches employee contributions dollar for dollar to the maximum match allowed based on your earnings level.
Access to Funds	You have immediate access to your entire Health FSA election as of January 1 (or, for new hires, as of your benefits eligibility date). You may be reimbursed up to your entire annual election at any point during the plan year, even if you have not yet contributed that amount to your FSA via payroll deductions.		You can only access the funds currently in your Dependent Care FSA based on your payroll deductions.
"Carryover" Feature	You may carryover up to \$610 unused funds remaining in your 2024 Health FSA. Please note that any carryover amount is in addition to the annual maximum contribution that you can elect. For example, if you carryover \$350 from your 2024 Health FSA, those funds are available to you throughout 2025. (Please note the carryover process does not occur until April of the subsequent plan year.)		You may not carryover unused funds remaining in your Dependent Care FSA.

Continued on next page.

	Health FSA General Purpose	Health FSA Limited Purpose	Dependent Care FSA
<p>Examples of ELIGIBLE Expenses</p> <p>A partial list of eligible expenses can be found in IRS Publication 502 at www.irs.gov</p>	<ul style="list-style-type: none"> • Deductible and coinsurance amounts • Office visits and ER co-payments • Prescription drug co-payments • Durable medical equipment • Hearing aids • Dental treatment and orthodontia • Eyeglasses and contact lenses • Contact lens cleaning supplies • Laser vision correction surgery • OTC items not containing medicine (band aids) 	<ul style="list-style-type: none"> • Dental treatments (fillings, crowns) • Orthodontia • Prescription eyeglasses • Contact lenses • Contact lens cleaning supplies • Laser vision correction surgery 	<p>Must be care for a “qualifying child” under age 13, or care for a spouse or other qualifying tax dependent who lives with you and is physically or mentally incapable of caring for himself/herself.</p> <ul style="list-style-type: none"> • After-school care • Child daycare center • Preschool • Day camp • Elder care • In-home care (such as a nanny or babysitter)
<p>Last Date to Submit FSA Claims for Reimbursement</p>	<p>For the 2023 plan year — Submit claims or provide debit card substantiation by March 31, 2024.</p>		

For more information about FSAs, go to myBronsonBenefits.com and click Health Benefits to see the Enrollment Kit.

Accessing the Navia Website to submit FSA claims:

You may access the website by going to www.naviabenefits.com and logging in. First time users will click the Register button in the top right corner of the page. Please take the time to review your account to make sure your address and election information is accurate.

Or you can download the MyNavia mobile app:

Search for “Navia” or “Navia Benefits” in the Apple App Store or Google Play Store.

Registering for Navia

To register for online account access you will be requested to provide the following information:

- Last Name, First Initial
- E-mail Address
- Employer Code: BRO
- Last four digits of your employee ID number
- Date of Birth
- Choose a User Name
- Answer three security questions

If you have questions regarding your FSA plan, please contact Navia

Local: (425) 452-3500
Toll Free: (800) 669-3539
www.naviabenefits.com



Dependent Care Flexible Spending Account

This account allows you to contribute up to \$5,000 in pre-tax dollars to pay for care of your eligible dependents so you (and your spouse) can work (or actively look for work) or attend school full-time. Bronson matches employee contributions dollar for dollar to the maximum match for their annualized earnings level shown in the chart below. Your contribution and Bronson's cannot exceed the \$5,000 annual limit.

Earnings Level*	Maximum Employer Match	Maximum Employee Contribution
\$0–\$50,999	\$500	\$4,500
\$51,000–\$65,999	\$400	\$4,600
\$66,000–\$80,999	\$300	\$4,700
\$81,000+	\$200	\$4,800

* Match based on annualized base salary.

Contributions from highly-compensated employees may be reduced to meet testing requirements.

Eligible Dependents

Generally, eligible dependents are defined as:

- Children under age 13 claimed as dependents on your federal tax return
- A mentally or physically impaired spouse or a dependent who is incapable of caring for him or herself (for example, an invalid parent) who lives with you at least eight hours a day

Health FSA Debit Card

The Benefits Debit Card allows easier access to the funds set aside in your Health FSA (both traditional General-Purpose Health FSA and Limited-Purpose (dental/vision) Health FSA), simply by swiping the card at the point of sale.

Cashless but Not Paperless

Please keep in mind that the debit card is a payment method to deduct the funds from your Health FSA. The IRS requires that all expenses be substantiated, with the exception of the following:

- Flat dollar co-pays such as office visit co-pays, ER co-pays, Rx co-pays, or multiples of the co-pay up to a maximum of 5;
- Prescription drugs if purchased at a certified IAS merchant (all major chains, including Walgreens, Target, Meijer, etc.); and
- Recurring expenses to the same provider and same service (for example, orthodontia monthly payments) after the first expense has been substantiated.

All other expenses **must be substantiated** with follow-up documentation provided to Navia Benefit Solutions, our administrator. The documentation must be an itemized statement from the provider or the Explanation of Benefits from your insurance carrier. **Please note that dental, vision, and hospital in-patient and out-patient charges will ALWAYS require follow-up documentation!**

You will receive an email notification from Navia Benefit Solutions indicating the transactions that require substantiation. Please provide the documentation to Navia within 45 days of the debit card swipe. If you need additional time to obtain your itemized statement or EOB, call Navia for an extension.

REMEMBER
Be prepared to submit copies of your receipts and other documentation when requested.

For a complete list of covered expenses, review IRS publication 502 at www.irs.gov.

Submitting Claims and Debit Card Substantiation

Online via Participant Portal.

You may submit claims online via Navia's Participant Portal (no claim forms are required). Click on the "Submit Claims" icon and enter basic information about your claim and upload your scanned receipts.



Mobile App. Download the Navia Benefit Solutions Mobile App from the Apple App Store (iPhones or iPads) or the Google Play Store. Enter the same User Name and Password from the Participant Portal. You can view your account balances and pending debit card transactions and attach receipts by taking a photo. No claim forms are required.



Fax or Mail.

Complete a Request for Reimbursement (Claim) Form and include documentation of the expense. Claim forms can be found at mybronsonbenefits.com. Fax or mail the claim to Navia.



Life Insurance

Basic Employer-Paid Coverage

To protect those who rely on your income for their support, Bronson pays the full cost of basic life insurance. MetLife is the insurance carrier and administrator of these plans. This coverage is available to all benefit eligible employees. Payment is made if you die from any cause.

Coverage	Coverage Amount	Maximum	Guaranteed Issue
Employee Basic Life Insurance	1x annual base pay	\$2,000,000 (combined basic and supplemental coverage)	\$1,250,000 (combined basic and supplemental coverage)

Supplemental Life and AD&D Insurance

If you need more than basic coverage, you may purchase supplemental life insurance through MetLife for yourself and for your eligible dependents. You may elect coverage for your dependents without electing supplemental coverage for yourself, however your spousal coverage amount cannot exceed more than the combined amount of the employer-paid and supplemental for yourself. Costs for dependent life options are available when you enroll online. You pay the full cost of supplemental coverage through after-tax payroll deductions.

Coverage	Coverage Amount	Maximum	Guaranteed Issue
Employee Supplemental Life Insurance	1x to 5x annual base pay	Lesser of \$2,000,000 or 5x annual base pay (combined basic and supplemental coverage)	\$1,250,000 or 4x annual base pay (combined basic and supplemental coverage) if enrolling when first eligible. Any new elections or an increase of more than one level requires a Statement of Health/Evidence of Insurability (EOI).
Spouse Supplemental Life Insurance	\$10,000; \$20,000; \$50,000; \$100,000	Lesser of \$100,000 or employee's basic and employee's supplemental coverage	\$100,000 if enrolling when first eligible. Any new elections subject to EOI. Spouse coverage cannot exceed the approved employee amount.
Child(ren) Supplemental Life Insurance	\$2,000; \$5,000; \$10,000; \$20,000	\$20,000	\$20,000

Coverage	Coverage Amount	Maximum	When Payment is Made
Employee Supplemental AD&D Insurance	1x to 5x annual base pay	Lesser of \$2,000,000 or 5x annual base pay	<ul style="list-style-type: none"> If you die from an accident the benefit amount is paid in addition to basic life insurance If you are severely injured due to an accident and suffer a loss specified in the policy such as the loss of a limb or eyesight

- The benefit amount for employee basic and supplemental life is reduced by 50% at age 70.
- If Basic Life is greater than \$50,000, you can cap your coverage at \$50,000 to avoid imputed income tax. Go to mybronsonbenefits.com for more information.
- Child(ren) life insurance costs per pay period cover all of your eligible children. Coverage amount for child(ren) age 15 days to six months: \$500.

Statement of Health Requirements: Evidence of Insurability

- **During Open Enrollment for 2024:** If you're currently enrolled in the employee supplemental life insurance plan, you can increase up to 4x or \$1,250,000 (combined basic and supplemental life) without EOI. If you are currently enrolled in 4x supplemental life, you can increase to 5x without completing EOI unless your combined basic and supplemental life is over \$1,250,000.
- **After Open Enrollment for 2024:** Anyone who elected at least 1x when first eligible can increase one increment without EOI. Late entrants will always need to complete EOI.
- You will receive information in your Workday inbox regarding Statement of Health. Premiums will not begin until the higher coverage amount is approved by MetLife.

Name Your Beneficiaries

Now that you're thinking about your life insurance coverage, make sure you review your beneficiary(ies) for your employer-paid and/or supplemental life insurance. If you do not designate a beneficiary(ies), your life insurance benefits will be paid according to the plan provisions as outlined in the life certificate of coverage. Life insurance beneficiaries can be updated at any time through the employee self-service system. Note — in Workday you must elect a beneficiary for both your employer-paid life (basic) and supplemental life if applicable.

Imputed Income

When your employer-paid life insurance coverage exceeds \$50,000, you are subject to the IRS' Imputed Income rules. Imputed income is the value of your life insurance more than \$50,000. You are required to pay federal and state income taxes as well as Social Security tax on this "excess" amount. The amount of tax you pay is based on your age. The value of the life insurance in excess of \$50,000 will be reported on your W-2.

Disability Plans

Disability benefits may provide a source of continuing income if you are unable to work because of non-work-related illness or injury. Bronson automatically provides short- and long-term disability coverage to benefits-eligible employees and pays the full cost of coverage. The table below describes Bronson's disability benefits.

Exempt and Non Exempt	Short-term Disability (STD)	Long-term Disability (LTD)
Coverage provides income protection after a:	14-day waiting period; however, maternity STD benefits begin on the date of birth You now have the flexibility to take PTO if you're waiting for STD benefits to start, though it's not required	180-day waiting period
Bronson automatically provides coverage equal to:	70% base pay* for short-term illness with a \$2,000 weekly maximum for up to 26 weeks Employees receiving STD may use their PTO to supplement their income in order to achieve 100% of their base pay while on an approved medical leave of absence.	50% base pay* up to a \$10,000 monthly maximum
In addition to what Bronson provides:	You can elect to buy up to get the full 100% of your base pay up to a \$2,000 weekly maximum.	You have the option to purchase additional coverage of 60% base pay up to a \$15,000 monthly maximum. You will see these costs when you enroll. Note: You do not need to prove you are in good health (called evidence of insurability or EOI) to elect this additional coverage for 2024. However, if you elect it for the first time after this fall's election, you will need to provide EOI.
Coverage continues:	As long you remain disabled**	As long as you remain disabled** or, if earlier, until you reach normal Social Security retirement age.

*Base pay is your pre-disability rate of pay excluding overtime, shift differentials, etc.

**According to the STD or LTD Plan's definition of disabled

Voluntary Benefits

In addition to the regular benefit package Bronson currently provides, you have the option to purchase additional benefits for yourself and your dependents. You pay 100% of the premium for these plans by payroll deduction. We've made some enhancements to our voluntary benefits this year. Check out what's new:

New Hospital Indemnity Benefit Administered by Voya

We're adding a hospital indemnity benefit option. It doesn't replace your medical coverage but complements it. You can receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out of pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

Note: *The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations, which may affect any benefits payable.*

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.

Critical Illness Insurance Administered by Voya

You can protect yourself from unexpected costs of a serious illness. Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical illness insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered illnesses include: heart attack, stroke, cancer, major organ transplant, End Stage Renal (kidney) Failure, coronary artery bypass surgery, and Covid-19.*

Plan Features

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse/domestic partner and children as riders to your coverage.
- Coverage is portable—you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age and the dependent coverage you choose.

**The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and Covid-19.*

Nationwide Pet Insurance

Nationwide Pet Insurance provides veterinary pet insurance policies to cover medical problems and conditions related to accidents and illness for dogs, cats, birds, and other exotic pets. Coverage helps pay for services like surgeries, lab fees, treatments, and prescriptions. For more information and to purchase a policy under this benefit, please contact Nationwide directly — https://petinsurance.com/affiliates/bronson_pr.

MetLife Legal Plan

During any annual Open Enrollment period, you may enroll in the group legal assistance program, the Hyatt Legal Plan, that provides participants with a wide range of personal legal services.

Coverage election is for the entire year. If you need legal assistance, you will be referred to a participating attorney who can help you with a variety of services, including:

- Civil and criminal matters
- Family law, including adoption and guardianship
- Living trusts
- Personal injury
- Divorce
- Purchase, sale, or refinancing of your home
- Wills and estate planning
- Bankruptcy
- Identity theft

You will not pay for covered services that are provided by a plan attorney, although you will pay for third-party expenses such as filing fees, court costs, and witness or deposition expenses. Or you can choose to use an out of network attorney and be reimbursed according to a set fee schedule for covered services.

For more information, contact Hyatt Legal Plans at (800) 821-6400 or you can find a detailed description on mybronsonbenefits.com.

Voya Voluntary Accident Insurance

Accidents can happen to anyone at any time. Accident insurance pays a cash benefit for injuries, treatments, and loss due to a covered accident. You can use the benefit however you see fit, to help pay for out of pocket medical costs or everyday expenses.

Additional Plan Features:

- Coverage for on-and-off-the-job accidents.
- Benefits are payable directly to you, the employee.
- Pays in addition to any other coverage you may have.
- No health questions or pre-existing conditions limitations.
- Get medical, dental, or legal assistance if an emergency occurs when you or a family member are traveling 100 or more miles from home, with Emergency Travel Assistance.

Allstate Identity Protection

Bronson offers an identity and credit protection benefit for employees from Allstate identity, called PrivacyArmor. PrivacyArmor will also provide cyber protection. Employees can sign up as individuals or as a family to receive an annual credit report, monthly credit scores and continuous credit monitoring — all included as part of the benefit. In addition, PrivacyArmor offers credit reports from all three credit reporting agencies.

Looking for more information about benefits?

- Go to mybronsonbenefits.com or attend the [virtual benefits fair](#) on October 27 through November 13.

Paid Time Off (PTO)

Paid time off for eligible employees combines vacation days, holidays, personal days, and sick days into one PTO bank. PTO is gained through an accrual based upon qualified hours paid and is used in lieu of separate paid vacation time off, paid holiday time off, and paid time off for illness programs. Employees are compensated at their base hourly wage when using PTO.

Eligibility

Employees must be in an approved hourly position of 48 hours or more per pay period to accrue PTO. If your position is approved less than 48 hours, you will accrue PTM (paid time off-medical).

Accruals

You will accrue PTO based upon defined qualified hours paid. Qualified hours paid are defined as:

- Regular hours
- PTO hours
- Jury Duty
- Funeral hours
- Low Census hours

Overtime and stand-by hours and any other hours not listed above as qualified are excluded for accrual purposes.

EXAMPLES:

1. If you are in an approved (budgeted) position of 56 hours per pay period and you have a total of 72 qualified hours in a particular pay period, your PTO will accrue on 72 hours.
2. If you are in an approved (budgeted) position of 56 hours per pay period and you have a total of 32 qualified hours in a particular pay period, your PTO will accrue on 32 hours.
3. If you are in an approved (budgeted) position of 80 hours and you work 72 regular hours and take 8 hours PTO you would accrue on a total of 80 hours. Regular and PTO hours are considered qualified.
4. If you work 64 regular hours and 8 hours of overtime in a pay period you would accrue on the 64 regular hours only as overtime hours are excluded and not considered eligible.

Holiday Exchange

To give you more flexibility to celebrate a holiday you recognize, you will be able to choose to exchange 1 of those fixed, Bronson holidays for another named holiday (e.g., Martin Luther King Day, Juneteenth, Yom Kippur). If you want to exchange a holiday, work with your manager to get approval in advance. You will be required to use available PTO for the holiday you are recognizing in place of one of the fixed Bronson holidays.

PTO Cap

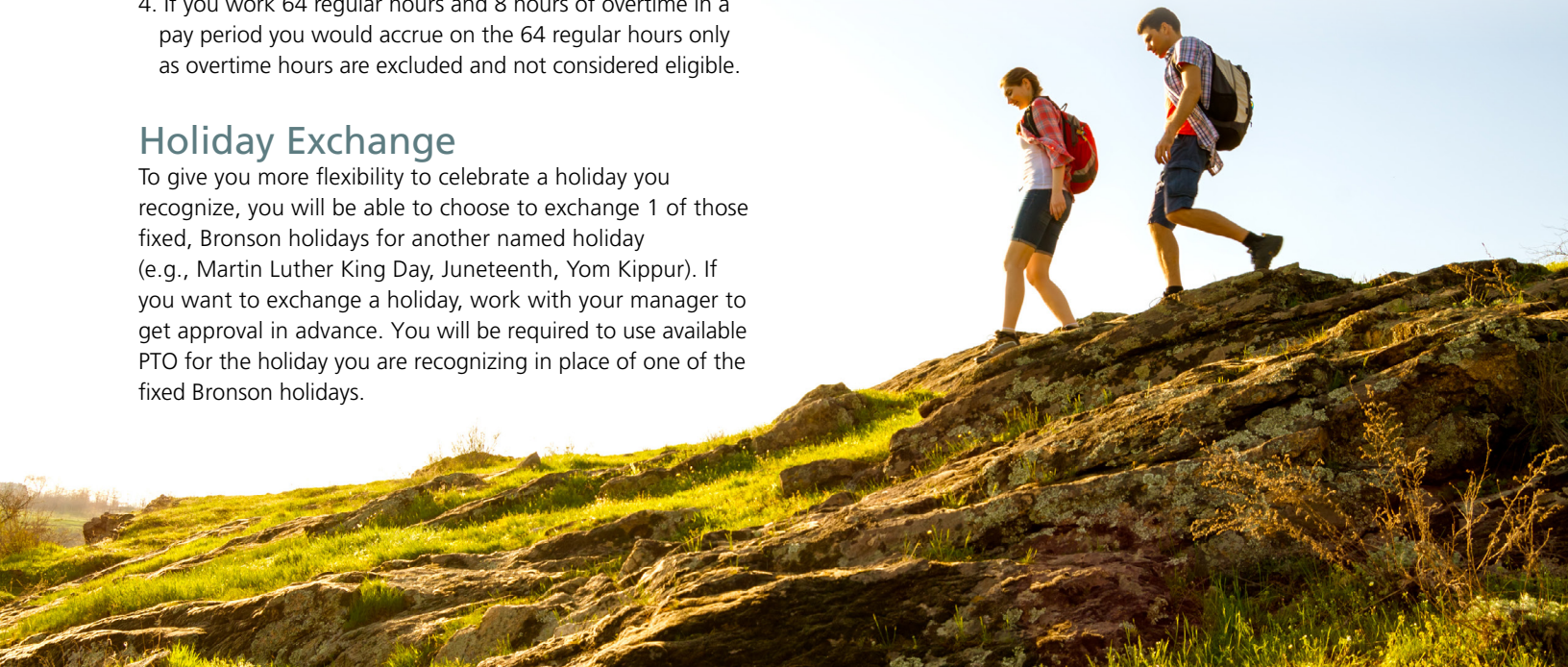
The PTO cap will remain the same at 360 hours in 2024.

PTO Sell Back

- You are eligible to sell an annual maximum total of 80 hours at 100%
- Maximum combined limit for 100% and 70% will be 160 hours
- PTO balances after sell back must be equal to or greater than your approved/budgeted hours
- Restrictions apply to PTO sell back while on LOA
- PTO sell is submitted in API
- Your sell back rate will be 100% for the amount of hours you elect to sell back during Open Enrollment
- Any hours you do not elect may still be sold at 70%
- Hours elected to be sold back at 100% during Open Enrollment must be accrued during the applicable plan year

PTO at Termination/ Non-Benefit Eligible Status

When you leave employment at Bronson your unused PTO will be paid out to you at 50% of the cash value at your base hourly rate if you have worked from Bronson for at least 2 years. When you transition into a non-benefit eligible position, 40 hours of your unused PTO will transfer into PTM and the rest will be paid out at 50% regardless of how long you have been employed at Bronson.



Change in Status After Open Enrollment

Please remember that the benefits you elect during Open Enrollment will be in effect from January 1 through December 31, 2024. The choices you make now are final for 2024 as the Open Enrollment period is your only opportunity to enroll, change, or cancel certain benefit elections unless you have a qualified change in status event. If you experience a qualified change in status event AND provide any required documentation to Human Resources within 30 days of the event, you will be allowed to make certain benefit changes that are consistent with the status change.

For example, getting married is considered a qualified change in status. If you get married during the plan year, you'll be able to add your spouse to your coverage within 30 days of the marriage because this is consistent with the status change. However, getting married is not consistent with switching from one medical plan to another, so you wouldn't be able to make this type of change until next year.

Change in status events include the following:

- The birth (or legal adoption) of your child
- Your legal marriage or divorce
- The death of your spouse or dependent
- Losing coverage through a parent or spouse

Note: It is the employee's responsibility to notify Human Resources within 30 calendar days of a qualified change in status or any other action that causes a spouse/dependent to not meet the eligibility guidelines of the plan. Upon loss of eligibility a spouse/dependent can no longer remain under a Bronson Medical Plan. They will be offered continuation of coverage (COBRA).

If you experience a relevant qualifying event, it is your responsibility to notify Human Resources within 30 calendar days of the event. Beyond 30 days, the employee is responsible both legally and financially for any claims, expenses, and/or premiums incurred as a result of any dependent(s) who continue to be enrolled who no longer meet the plan's eligibility requirements.



Important Information

The information in this enrollment guide highlights the benefit plans available to employees of Bronson Healthcare. These highlights are not complete descriptions of the benefits. Bronson may terminate, amend, or modify any benefits described in this enrollment guide, in whole or in part, at any time, for any reason, to the extent permitted by applicable law. The descriptions of the benefits are not guarantees of current or future employment or benefits. If you need more information on the benefit plans, please refer to the Summary Plan Description (SPD) booklets available by requesting from HR or inside.bronsonhg.org. If there is any conflict between this enrollment guide and the official plan documents, the official plan documents will govern.

Summary of Benefits and Coverage

Every health plan must provide eligible individuals with a "Summary of Benefits and Coverage (SBC)." The SBC is intended to provide clear and consistent information to enable people to compare and understand the benefits and costs associated with different health coverage options. The government has developed a required common format for the SBC to ease comparing different plans from different employers, insurers, etc.

An SBC is required to be created for each plan separately. Bronson's benefit summary is a side-by-side comparison of plan features. The good news is, regardless of which format you prefer, you have access to both documents. SBCs are available online at mybronsonbenefits.com or by calling Human Resources at (269) 341-6310.

Important Benefits Contacts

If you have questions about:	Then contact:	
Medical Plans	UMR/United Healthcare	(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) 577-6803 • 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
Identity Protection	Allstate	(800) 789-2720
Benefit Website		www.mybronsonbenefits.com

Benefit Resources

Bronson Human Resources Call **(269) 341-6310** weekdays from 7:30 a.m. – 4:30 p.m. or email HRhelp@bronsonhg.org for questions. You can also use the computers located in the Human Resources lobby to enroll in benefits if you don't have access to a computer.

Workday Website Go to inside.bronsonhg.org/employees and log in using your Bronson email and password.

Bronson Benefits Website Go to mybronsonbenefits.com for information on the Bronson benefits program.

Nondiscrimination Notice





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

Privacy Reminder Notice

We are required by law to keep your health information private. The Notice of Privacy Practices explains how we use health information about you. It also lets you know when we can share that information with others. It tells you about your rights to your health information and how you can use those rights. If you would like a copy of the Bronson Healthcare Group Welfare Benefit Plan Notice of Privacy Practices, please call (269) 341-8590. You can also write us at:

Privacy Office
Bronson Healthcare Group
601 John Street
Kalamazoo, Michigan 49007

Administrative Changes at a Glance

Benefit	2023 Vendor	2024 Vendor
Medical TPA	ABS/Blue Cross	
STD, LOA and ADA	Sun Life	
Life and LTD	Sun Life	
Voluntary Benefits	Sun Life	

For More Information

We hope this enrollment guide has provided you and your family with all of the information you need to make your benefit elections for 2024. In addition to Open Enrollment, please remember to view your personal information. This will allow you to update your address, phone number, emergency contacts, etc. You may update your personal information at any time throughout the year. However, if you still have questions, you can contact us using the resources provided above.



total rewards
designed for your best life

 **BRONSON**