

Bronson Healthcare Partners

Individuals and current My**Priority**[®] members who live in some southwest counties have the opportunity to choose a plan paired with our narrow network, Bronson Healthcare Partners.

Who can buy it?

Individuals who live in Kalamazoo and Van Buren counties and a portion of Calhoun County can purchase our Bronze, Silver and Gold plan options with the Bronson Healthcare Partners narrow network.

Why choose this network option?

This network option is designed to appeal to price-sensitive individuals who are willing to accept a limited network of providers in exchange for a lower monthly premium, while still getting access to quality care within the Bronson Healthcare system.

Selling advantages

Unlike many competing narrow networks, all of Priority Health's narrow network products feature:

- No referrals
- Provider-specific names to make it easier for you and your client to understand which facilities are covered
- No additional limits or restrictions on care or services



This plan requires members to receive care at facilities within the Bronson Healthcare system of doctors and affiliated providers. Care received outside of the Bronson Healthcare Partners network will not be covered, and members will be required to cover the full cost for out-of-network care.

Network details

Hospitals:

- Bronson Hospitals (all campuses)

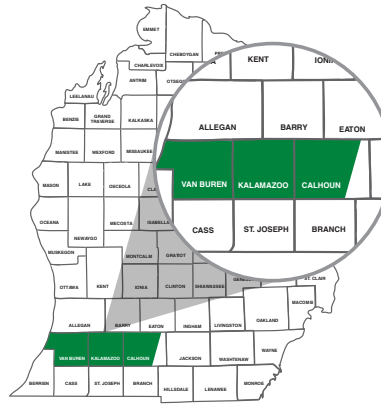
Physician (primary care and specialist) network:

- Bronson Healthcare physicians
- Bronson hospitals employed physicians
- Physicians who denote Bronson Hospital as their primary affiliation
- All in-network pharmacies

2022 MyPriority – Bronson Healthcare Partners plan options					
	MyPriority HSA Bronze 7050	MyPriority Bronze 8700	MyPriority HMO Silver 2500 Off-Marketplace	MyPriority HMO Silver 2500	MyPriority HSA Silver 3000 Off-Marketplace
Deductible Individual / family	\$7,050 / \$14,100	\$8,700 / \$17,400	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Out-of-pocket limit Individual / family			\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,050 / \$14,100
Coinsurance	Covered in full, after deductible	Covered in full, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible
Office visits Primary doctor	Covered in full, after deductible	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	30% coinsurance, after deductible
Office visits Urgent care		\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	
Office visits Retail health clinic		\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	
Office visits Specialist		Covered in full, after deductible	\$90 copay; office visits only, before deductible	\$90 copay; office visits only, before deductible	
Office visits Mental health		\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	
Limited virtual care services 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible	Covered in full, before deductible	Covered in full, before deductible	Covered in full, before deductible	Covered in full, before deductible
Prescription Drug Coverage	Want to find out if your prescription drug is covered? Visit priorityhealth.com and click on approved drug list.				
Tier 1a	Covered in full, after deductible	\$5 copay, before deductible	\$5 copay, before deductible	\$5 copay, before deductible	30% coinsurance, after deductible
Tier 1b		\$20 copay, before deductible	\$20 copay, before deductible	\$20 copay, before deductible	
Tier 2		Covered in full, after deductible	\$75 copay, after deductible	\$75 copay, after deductible	
Tier 3		Covered in full, after deductible	\$100 copay, after deductible	\$100 copay, after deductible	
Tier 4 & 5		Covered in full, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible	
Maternity	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible	Covered in full, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient surgery	Covered in full, after deductible	Covered in full, after deductible	\$1,000 copay, 30% coinsurance, after deductible	\$1,000 copay, 30% coinsurance, after deductible	30% coinsurance, after deductible
Emergency services	Covered in full, after deductible	Covered in full, after deductible	\$250 copay (waived if admitted); 30% coinsurance, after deductible	\$250 copay (waived if admitted); 30% coinsurance, after deductible	30% coinsurance, after deductible

Network county map

ZIP codes in Calhoun County where the narrow network is offered: 49011, 49014, 49015, 49017, 49021, 49029, 49033, 49037, 49051, 49052, 49068, 49076, 49092, 49094



2022 MyPriority — Bronson Healthcare Partners plan options

	MyPriority Silver 3500 Off-Marketplace	MyPriority Silver 3500	MyPriority Silver 5500 Off-Marketplace	MyPriority Silver 5500	MyPriority Gold Copay+
Deductible Individual / family	\$3,500 / \$7,000	\$3,500 / \$7,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$0 / \$0
Out-of-pocket limit Individual / family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
Coinsurance	30% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible	0% coinsurance
Office visits Primary doctor	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$20 copay; office visits only
Office visits Urgent care	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only
Office visits Retail health clinic	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only, before deductible	\$75 copay; office visits only
Office visits Specialist	\$90 copay; office visits only, before deductible	\$90 copay; office visits only, before deductible	\$65 copay; office visits only, before deductible	\$65 copay; office visits only, before deductible	\$45 copay; office visits only
Office visits Mental health	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$30 copay; office visits only, before deductible	\$20 copay; office visits only
Limited virtual care services 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible	Covered in full, before deductible	Covered in full, before deductible	Covered in full, before deductible	Covered in full
Prescription Drug Coverage	<i>Want to find out if your prescription drug is covered? Visit priorityhealth.com and click on approved drug list.</i>				
Tier 1a	\$5 copay, before deductible	\$5 copay, before deductible	\$5 copay, before deductible	\$5 copay, before deductible	\$5 copay
Tier 1b	\$20 copay, before deductible	\$20 copay, before deductible	\$20 copay, before deductible	\$20 copay, before deductible	\$20 copay
Tier 2	\$75 copay, after deductible	\$75 copay, after deductible	\$75 copay, before deductible	\$75 copay, before deductible	\$75 copay
Tier 3	\$100 copay, after deductible	\$100 copay, after deductible	\$125 copay, before deductible	\$125 copay, before deductible	\$100 copay
Tier 4 & 5	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance
Maternity	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full, before deductible	Routine prenatal and postnatal care covered in full
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible	\$1,000 copay per day (maximum 5 copayments)
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible	\$1,000 copay; 30% coinsurance, after deductible	\$1,000 copay; 30% coinsurance, after deductible	\$1,000 copay; 30% coinsurance, after deductible	\$1,000 copay
Emergency services	\$250 copay (waived if admitted); 30% coinsurance, after deductible	\$250 copay (waived if admitted); 30% coinsurance, after deductible	\$250 copay (waived if admitted); 30% coinsurance, after deductible	\$250 copay (waived if admitted); 30% coinsurance, after deductible	\$250 copay (waived if admitted)



Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).