

APPENDIX A
WORK LOCATIONS/AGENCIES
With Corresponding AFSCME Local Unions and Chapters
As of January 1, 2005

Department, Agency/Work Location

Local/Chapter

EDUCATION

Schools for the Deaf and Blind - (Flint)	
School for the Deaf (Deaf Department)	188
School for the Blind (Blind Department)	188

MILITARY AND VETERANS AFFAIRS

Grand Rapids Home for Veterans	261
Michigan Youth Challenge Academy	261
Jacobetti Home for Veterans	885

COMMUNITY HEALTH

Caro Center	831
Hawthorn Center	129
Kalamazoo Psychiatric Hospital	652
Mount Pleasant Center	1138
Northville Psychiatric Hospital	2449
Center for Forensic Psychiatry	1105
Walter P. Reuther Psychiatric Hospital	2449

FAMILY INDEPENDENCE AGENCY

Flint House	1327
Academy Hall	1327
Pine Lodge	1327
Parmenter House	1327

Institutions:

W. J. Maxey Training School	1327
Arbor Heights	1327
Adrian Training School	1327
Nokomis Challenge Center	1327
Shawono Center	1327
Bay Pines Center	1327

Any newly created FIA youth services facilities.

CORRECTIONS

Alger Maximum Correctional Facility	3639
Baraga Maximum Correctional Facility	3639
Bellamy Creek Correctional Facility	3638

Boyer Road Correctional Facility	3638
Earnest G. Brooks Correctional Facility	3638
Camp Branch	3638
Camp Brighton	3637
Camp Cusino	3639
Camp Kitwen	3639
Camp Koehler	3639
Camp Lehman	3639
Camp Manistique	3639
Camp Ottawa	3639
Camp Sauble	3639
Camp Tuscola	3637
Carson City Correctional Facility	3638
Cassidy Lake/Special Alternative Incarceration Program	3637
Chippewa Correctional Facility	3639
Cooper Street Correctional Facility	3637
G. Robert Cotton Correctional Facility	3637
Florence Crane Correctional Facility	3638
Deerfield Correctional Facility	3638
DeMarse Training Center	3637
Charles Egeler Correctional Facility/ RGC	3637
Duane Waters Hospital	3637
Gus Harrison Correctional Facility	3637
Richard A. Handlon Correctional Facility	3638
Hiawatha Correctional Facility	3639
Huron Valley Correctional Facility	3637
Ionia Maximum Correctional Facility	3638
Kinross Correctional Facility	3639
Lakeland Correctional Facility	3638
Macomb Correctional Facility	3637
Marquette Branch Prison	3639
Mid-Michigan Correctional Facility	3638
Mound Correctional Facility	3637
Muskegon Correctional Facility	3638
Newberry Correctional Facility	3639
Oaks Correctional Facility	3639
Ojibway Correctional Facility	3639
Parnall Correctional Facility	3637
Parr Highway Correctional Facility	3637
Pine River Correctional Facility	3638
Pugsley Correctional Facility	3639
Riverside Correctional Facility	3638
Ryan Correctional Facility	3637
Saginaw Correctional Facility	3637
St. Louis Correctional Facility	3638
Robert Scott Correctional Facility	3637
Southern Michigan Correctional Facility	3637

Standish Maximum Correctional Facility	3639
Straits Correctional Facility	3639
Thumb Correctional Facility	3637
West Shoreline Correctional Facility	3638
Women's Huron Valley	3637
STATE POLICE	
Training Academy	950
Headquarters	
NATURAL RESOURCES	1327
LABOR AND ECONOMIC GROWTH	
Michigan Career and Technical Institute (Plainwell)	950
Michigan Commission for the Blind Training Center	1327

APPENDIX B



MICHIGAN COUNCIL 25, AFSCME, AFL-CIO
1034 N. Washington Ave., Lansing, Michigan 48906
Authorization of Representation and Payroll Deduction



400	$\frac{LF}{CR}$	A				$\frac{LF}{CR}$	EU		$\frac{LF}{CR}$
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Soc. Sec. Number

I hereby desire to be represented by the American Federation of State, County and Municipal Employees, AFL-CIO, and/or its appropriate affiliate as my exclusive bargaining agent in all matters affecting my wages, hours and other conditions of employment.

Effective _____ I hereby request and authorize you to deduct from my earnings each _____

the sum of: (\$ _____).

This sum shall be paid to the Michigan Council 25, AFSCME, AFL-CIO, and is payable of my union dues. Consent is additionally hereby given to increase or decrease the specific named sum above to that of any amount determined by official convention action of the Michigan Council 25, AFSCME, AFL-CIO, in accordance with the provisions of its Constitution, or official constitutional action of my local union.

Signature of Employee _____ Local _____

Name _____ Department _____ (Print)

Address _____ City _____ Zip _____ Phone _____



APPENDIX C

UNIT CLASSIFICATIONS WITH PRE-AUTHORIZED LEVELS

Pursuant to Article 13, Layoff and Recall Procedure, Section C.2., the following are the classification series in the Institutional Unit which have been determined by the Department of Civil Service as one classification:

Community Health

- Activities Therapy Aide 6, 7, E8
- Barber/Cosmetologist 7, E8
- Child Care Worker 8, E9
- Client/Resident Affairs Representative 8, E9
- Dental Aide 6, 7, E8
- Domestic Services Aide 5, E6
- Institution Training Technician 7, 8, E9
- Physical Therapy Aide 6, 7, E8
- Resident Care Aide 6, 7, E8
- Teacher Aide 6, 7, E8

Corrections

- Activities Therapy Aide 6, 7, E8
- Dental Aide 7, E8
- Teacher Aide 6, 7, E8

Education

- Activities Therapy Aide 6, 7, E8
- Domestic Services Aide 5, E6
- Resident Care Aide 6, 7, E
- Youth Specialist 7, 8, E9

Military and Veterans Affairs

- Activities Therapy Aide 6, 7, E8
- Physical Therapy Aide 6, 7, E8
- Resident Care Aide 6, 7, E8
- Youth Challenge Academy Advisor 9, 10, P11

Family Independence Agency

- Activities Therapy Aide 6, 7, E8
- State Transitional Professional (Bachelor's) 9-
- Youth Group Leader 9, 10, P11
- Institution Training Technician 7, 8, E9
- Teacher Aide 6, 7, E8
- Youth Aide 6, 7, E8
- Youth Specialist 7, 8, E9

Labor and Economic Growth

- Activities Therapy Aide 6, 7, E8

Domestic Service Aide 5, E6
Youth Specialist 7, 8, E9

An employee shall be recalled to the classification level from which they were laid off.

In the event that the Department of Civil Service determines that a classification is no longer preauthorized it shall be removed from the list.

APPENDIX D
Article 13, Section G & H

Within 30 days of approval of this Agreement, the parties will jointly request a meeting with the Department of Civil Service for the purpose of establishing approved class clusters for recall.

Any approved class clusters will be incorporated into agreements at secondary negotiations.

APPENDIX E ASSIGNMENT LOCATIONS

Community Health

Caro Center

"Assignment Locations" will be by building and shift. Shift will be the 1st, 2nd, 3rd, and Odd or Swing Shift.

Resident Care Aides

Cottage 10	Cottage 27 North
Cottage 13	Cottage 27 South
Cottage 14	Relief Pool (Relief Pool P.I.)
Cottage 15	Treatment Room/Clinic
Cottage 16	

Domestic Service Aides

Cottage 10	Food Distribution
Cottage 13	Hospital Administration
Cottage 14	Sewing/Clothing
Cottage 15	Relief Pool (relief Pool P.I.)
Cottage 16	Activities
Cottage 27	Cleaning Crew

LPNs

Cottage 10	Cottage 16
Cottage 13	Cottage 27 North
Cottage 14	Cottage 27 South
Cottage 15	

AS ASSIGNED

Physical Therapy Aides

Activities Therapy Aides

Activities

Hawthorn Center

Assignment locations will be by shift.

Nursing Department

K-1 (Erie)	Main Ward (St. Clair)
K-2 (Huron)	Unit (Superior)
L-1 (Michigan)	Relief Pool
L-2 (Ontario)	

Kitchen

DSA Cook

School - ATA

Housekeeping

AM PM & Weekends

Kalamazoo Psychiatric Hospital

Assignment locations will be by shift.

Nursing

Central Nursing Office/Clinic	Palmer Unit
Barber/Cosmetologist	Linda Richards Unit
	Morter Unit
Gero-Medical Unit	Holder Unit
Edwards	Flunt
Shrier	

Nutrition & Environmental Services

Administration (Includes 1st and 2nd Floor Offices, PSR, PRC, Tunnel, Property/Supply Room, Employee Breakroom and Lounge)

Palmer Unit	Linda Richards Unit
	Morter Unit
Gero-Medical Unit	Holder Unit
Edwards	Flunt
Schrier	Clinic/PRC/Education & Training

Central Kitchen
Laundry

Consumer's Cafeteria
Cleaning Crew / Float Pool

Mt. Pleasant Center

Assignment locations will be by shift.

Residential Services

Building 204
Building 609
Building 610
Building 611
Building 405

Domestic Services

Laundry Building 608
Kitchen Building 609
Building 204 Building 610
Building 405 Building 611

Habilitative Services

Activity Therapy
Barber/Cosmetologist
Physical Therapy

Administrative Support

Dental Clinic
HR/Training

Center for Forensic Psychiatry

Assignment locations will be by shift and unit.

Walter Reuther Psychiatric Hospital

Assignment locations will be by shift.

Nursing Department

R-1
R-2
R-3
R-4
R-5
R-6
Clinic
Infection Control
Education Department

Housekeeping Department

Transportation Department

PTA

Department of Labor and Economic Growth

Michigan Career and Technical Institute

Dorms AM
Dorms PM
Dorms MN
Kitchen early Shift
Kitchen Late Shift
Housekeeping Early Shift
Housekeeping Late Shift
Career Assessment
Leisure

Michigan Commission for the Blind Training Center

Kitchen, early shift Environmental Services AM shift
Kitchen, late shift Activity Therapy, AM shift

Department of Education

Michigan School for the Blind

Assignment locations shall be by shift

Michigan School for the Deaf

School AM shift Monday - Friday

By Unit and shift (PM, MN, or Swing), Sunday - Thursday

APPENDIX F

EYEGASSES

An employee may opt to use the Vision Care Plan to replace eyeglasses damaged during the course of employment. If this option is chosen, the amount of the claim should be that amount not covered by the Plan. Under current procedures, if the net amount is less than \$50.00, such claim is sent to the Department's central office for determination. Claims between \$50.00 and \$99.99 are sent to the State Accounting Division for processing through the State Administrative Board.

If an employee does not wish to use the Vision Care Plan for such claims, the total amount excluding eye examination (not exceeding \$99.99) can be processed through the State Accounting Division for State Administrative Board determination.

However, before submitting claims for reimbursement for eyeglasses, the agency must first determine whether the eyeglasses could be reimbursed under the Workers' Compensation Act. In cases where there is a second party involvement causing damage to an employee's prosthetic device these cases should first be reported to the State's Workers' Compensation carrier for liability determination.

If the State's Workers' Compensation carrier does not accept liability, or a request for their determination is not in order, the employee may either have his/her eyeglasses replaced through the Vision Care Plan, or a claim may be processed through the State Accounting Division for State Administrative Board determination, as noted above.

When submitting such claims to either the Central Office, or the State Accounting Division, a notation must be included on the voucher that amount claimed has been denied by the State's Workers' Compensation carrier, and/or the employee has opted not to use the Vision Care Plan and the amount claimed is the difference not covered by the Plan.

APPENDIX G

DEPARTMENT OF COMMUNITY HEALTH OVERTIME SUBDIVISIONS

CARO CENTER

Nursing
Day Shift
Afternoon Shift
Midnight Shift
Central Kitchen
Clothing
Housekeeping
Recreation Center
PSR

KALAMAZOO PSYCHIATRIC HOSPITAL

L.P.N.
Day
Afternoon
Midnight
Domestic:
Early
Late
R.C.A.
Day
Afternoon
Midnight

HAWTHORN CENTER

Nursing
A.M.
P.M.
Midnight's
Kitchen
DSA
Cook
Housekeeping
A.M.
P.M.

WALTER REUTHER PSYCHIATRIC HOSPITAL

Nursing
A.M.
P.M.
Midnight
DSA
A.M.
P.M.

CENTER FOR FORENSIC PSYCHIATRY

Overtime subdivisions will be by shift

MOUNT PLEASANT CENTER

Program Division
Day Shift
Afternoon Shift
Midnight Shift
Housekeeping Department
Early Shift
Late Shift
Laundry
AA & T
Food Service

APPENDIX H FLEXIBLE BENEFITS PLAN

A Flexible Benefits Plan will be implemented for all Bargaining Unit members. The Flexible Benefits Plan shall be offered to all Bargaining Unit members during the annual enrollment process and shall be effective the first full pay period in the new fiscal year.

The Flexible Benefits Plan will consist of the group insurance programs and options available to Bargaining Unit members with three exceptions: (1) financial incentives will be paid to employees selecting the Catastrophic Health Plan rather than Standard Health Plan coverage; (2) a financial incentive will be paid to employees selecting a Preventative Dental coverage rather than the Standard State Dental Plan; and (3) a financial incentive for employees selecting reduced life insurance coverage (one times salary or \$50,000 rather than two times salary).

Changes in benefit selections made by employees may be made each year during the annual enrollment process or when there is a change in family status as defined by the IRS.

Incentives are paid each year and are the same regardless of an employee's category of coverage. For example, an employee enrolled in employee-only coverage electing the Catastrophic Health Plan for FY99 will receive \$1,300 as will an employee enrolled in full-family coverage electing the Catastrophic Health Plan. Incentives to be paid will be determined in conjunction with the annual rate setting process. The amount of the incentive to be paid to employees selecting the lower level of life insurance coverage is based on an individual's annual salary and the rate per \$1,000 of coverage, and therefore may differ from employee to employee. Financial incentives under the Flexible Benefits Plan to employees electing Catastrophic Health and/or Reduced Life Plan will be paid bi-weekly. Employees choosing the Preventive Dental Plan will be paid in a lump sum.

APPENDIX I
ITEMS DELEGATED TO SECONDARY NEGOTIATIONS

FAMILY INDEPENDENCE AGENCY SECONDARIES

Article 5	Section A	Bulletin Boards (number and location)
Article 5	Section B	Mail Service (confidentiality of union mail)
Article 10	Section B	Labor-Management Meetings (number of representatives from an agency)
Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Items
Article 11	Section L	Health and Safety Committees
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.1.b	Designation of Assignment Locations, Reassignment Within An Assignment Location
Article 14	Section C	Eligibility to Transfer to a Vacancy
Article 14	Section C.4.	Intradepartmental Transfer to a Vacancy
Article 14	Section L	Cross Employment Type Transfers
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	PI Minimum Call-In Guarantee
Article 15	Section B	Weekend Work
Article 15	Section E	PI Work Schedule Changes
Article 15	Section L.1(D)	Overtime Subdivisions
Article 16	Section B	Annual Leave Application and Scheduling
Article 19	Section M	Uniform Allowance
Letter of Understanding		Article 14, Section C. Assignment Locations

MILITARY AND VETERANS AFFAIRS SECONDARIES

Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Property
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.1.b	Designation of Assignment Locations
Article 14	Section F	Relief Assignments
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	PI Minimum Call in Guarantee
Article 15	Section E	PI Work Schedules
Article 15	Section L.1(D)	Overtime Subdivisions
Article 15	Section L.2(A)	Voluntary Overtime
Article 15	Section L.2(B)	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time
Article 16,	Section B	Seniority Vacations
Article 19	Section M	Uniform Allowance

CORRECTIONS SECONDARIES

Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Property
Article 13	Section E	Bumping
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.1.b	Designation of Assignment Locations
Article 14	Section C.4	Intradepartment Transfer to a Vacancy
Article 15	Section L.1(D)	Overtime Subdivisions
Article 15	Section L.2(A)	Voluntary Overtime
Article 15	Section L.2(B)	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time
Article 16	Section A	Sick Leave Verification
Article 19	Section M	Uniform Allowance
Article 20	Section A	Work Location

EDUCATION SECONDARIES

Article 7	Section A.6	Reinstatement of Annual/Comp
Article 10		Labor-Management Meetings
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section K	Return from Seasonal Layoff
Article 14	Section Q.6	PI Minimum Call-In Guarantee
Article 15	Section L.1(D)	Overtime Subdivision
Article 15	Section L.2(A)	Voluntary Overtime
Article 15	Section L.2(B)	Involuntary Overtime
Article 15	Section N	Compensatory Time
Article 16	Section B	Annual Leave Scheduling
Article 16	Section F	Holiday Scheduling
Letter of Intent - Calendar		

COMMUNITY HEALTH SECONDARIES

Article 13	Section G	Use of Approved Class Clusters for Recall
Article 15	Section L.2(A)	Voluntary Overtime

LABOR AND ECONOMIC GROWTH SECONDARIES

Article 10		Labor-Management Meetings
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.1.b	Designation of Assignment Locations
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	PI Minimum Call-In Guarantee
Article 15	Section E	Notification of PI Work Schedule Changes
Article 15	Section L.1(D)	Overtime Subdivision
Article 15	Section L.2(A)	Voluntary Overtime
Article 15	Section L.2(B)	Involuntary Overtime
Article 15	Section N	Compensatory Time

Article 16 Section B
Article 16 Section F

Annual Leave Scheduling
Holiday Scheduling

APPENDIX J
Article 22
STATE HEALTH PLAN PPO - BENEFIT CHART

	State Health Plan (PPO)	
	In-Network	Out-of-Network

PREVENTIVE SERVICES - Limited to \$750 per calendar year per person (In Jan. 2006, limit increases to \$1,500)

Health Maintenance Exam - includes chest X-ray, EKG and select lab procedures	Covered-100%, one per calendar year	Not covered
Annual Gynecological Exam	Covered-100%, one per calendar year	Not covered
Pap Smear Screening-laboratory services only	Covered-100%, one per calendar year	Not covered
Well-Baby and Child Care	Covered-100% -6 visits per year through age 1 -2 visits per year, age 2 through 3 -1 visit per year, age 4 through 15	Not covered
Immunizations (no age limit). Annual flu shot; Hepatitis C screening covered for those at risk	Covered 100%	Not covered
Fecal Occult Blood Screening	Covered-100%, one per calendar year	Not covered
Flexible Sigmoidoscopy Exam	Covered 100%	Not covered
Prostate Specific Antigen (PSA) Screening	Covered-100%, one per calendar year	Not covered

PREVENTIVE SERVICES NOT SUBJECT TO MAXIMUM LIMIT

Mammography Screening for standard film. Covers digital up to standard film rate.	Covered 100%	Covered-90% after deductible
	One per calendar year, no age restrictions	
Colonoscopy Exam (Effective Jan. 1, 2006)	Covered 100%	Covered-90% after deductible
	Beginning at age 50; one every 10 years.	
Childhood Immunizations (Effective Jan. 1, 2006)	Covered 100% for children through age 16	Covered-90% after deductible

Physician Office Services

Office Visits	Covered - \$10 copay	Covered - 90% after deductible, must be medically necessary
Outpatient and Home Visits	Covered – 100% after deductible	Covered - 90% after deductible, must be medically necessary
Office Consultations	Covered - \$10 copay	Covered - 90% after deductible, must be medically necessary

Emergency Medical Care

Hospital Emergency Room-approved diagnosis, prudent person rule	Covered 100% for emergency medical illness or accidental injury	Covered 100% for emergency medical illness or accidental injury
Ambulance Services - medically necessary for illness and injury	Covered 100% after deductible	Covered 100% after deductible

Diagnostic Services

Laboratory and Pathology Tests	Covered – 100% after deductible	Covered - 90% after deductible
Diagnostic Tests and X-rays	Covered – 100% after deductible	Covered - 90% after deductible
Radiation Therapy	Covered – 100% after deductible	Covered - 90% after deductible

	State Health Plan (PPO)	
	In-Network	Out-of-Network

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered - 100% after deductible Includes care provided by a Certified Nurse Midwife	Covered - 90% after deductible
Delivery and Nursery Care	Covered - 100% after deductible Includes delivery provided by a Certified Nurse Midwife	Covered - 90% after deductible

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies, and Blood Storage	Covered – 100% after deductible Unlimited Days	Covered – 90% after deductible Unlimited Days
Inpatient Consultations	Covered – 100% after deductible	Covered – 90% after deductible
Chemotherapy	Covered – 100% after deductible	Covered – 90% after deductible

Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100% after deductible	Covered – 100% after deductible 730 days per confinement
Hospice Care	Covered – 100% Limited to the lifetime dollar max. which is adjusted annually by the state	Covered – 100%
Home Health Care	Covered – 100% after deductible	Covered – 100% after deductible Unlimited visits

Surgical Services

Surgery - includes related surgical services	Covered – 100% after deductible	Covered – 90% after deductible
Voluntary Sterilization	Covered – 100% after deductible	Covered – 90% after deductible

Human Organ Transplants

Specified Organ Transplants - in designated facilities only - when coordinated through the TPA	Covered – 100% after deductible Up to \$1 million maximum per transplant type	Covered – in designated facilities only
Bone Marrow – when coordinated through the TPA - specific criteria applies	Covered – 100% after deductible	Covered – 90% after deductible
Kidney, Cornea and Skin	Covered – 100% after deductible	Covered – 90% after deductible

Mental Health Care and Substance Abuse - Covered under non-BCBSM contract

Inpatient Mental Health	100% to 365 days per year. Partial Day Hospitalization at 2:1 ratio	50%, to 365 days per year
Outpatient Mental Health Care	90% of network rates	50% of network rates
Inpatient Alcohol & Chemical Abuse Care	100% of two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100%	50% of two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 50%
Outpatient Alcohol & Chemical Abuse	90% of network rates; Limit \$3,500/year chemical dependency only	50% of network rates Limit \$3,500/year chemical dependency only

Other Services

Allergy Testing and Therapy	Covered – 100% after deductible	Covered – 90% after deductible
Rabies treatment after initial emergency room treatment	Covered – 100% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation	Covered – \$10 copay Up to 24 visits per calendar year	Covered – 90% after deductible

	State Health Plan (PPO)	
	In-Network	Out-of-Network
Outpatient Physical, Speech and Occupational Therapy		
- Facility and Clinic	Covered – 100% after deductible	Covered – 100% after deductible
- Physician's Office - excludes speech and occupational therapy	Covered – 100% after deductible Up to a combined maximum of 60 visits per calendar year Effective Jan. 1, 2006 the maximum will be 90 visits per calendar year	Covered – 90% after deductible
Durable Medical Equipment	Covered 100%	Covered 80% of approved charges

Other Services

Prosthetic and Orthotic Appliances	Covered 100%	Covered 80% of approved charges
Private Duty Nursing	Covered – 90% after deductible	Covered – 90% after deductible
Prescription Drugs	Covered under non-BCBSM contract	Covered under non-BCBSM contract
Hearing Care Program	\$10 office visits; more frequent than 36 months if standards met.	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after deductible (up to 20 visits annually)	Covered – 90% after deductible (up to 20 visits annually)
Weight Loss Benefit	Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction.	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.)	

Deductible, Copays and Dollar Maximums

Deductible	\$200 per member; \$400 per family	\$500 per member; \$1,000 per family
Copays		
- Fixed Dollar Copays - Do not apply toward deductible	\$10 for office visits/consultations, Chiropractic	
- Percent Copays - MH/SA copays do not apply toward deductible - Services without a network are covered at the in-network level	10% for MH/SA outpatient, and private duty nursing	10% for most services; MH/SA at 50%
Annual Dollar Maximums		
- Fixed Dollar Copays - Do not apply toward out-of-pocket maximum	N/A	None
- Percent Copays - MH/SA and private duty nursing copays do not apply toward out-of-pocket maximum	\$1,000 per member; \$2,000 per family	\$2,000 per member; \$4,000 per family
Dollar Maximums	\$5 million lifetime per member for all covered services and as noted above for individual services	