

**APPENDIX A  
WORK LOCATIONS/AGENCIES  
With Corresponding AFSCME Local Unions and Chapters  
As of January 1, 2008**

Department, Agency/Code/Work Location/MDOC CMIS Code/Local/Chapter

**EDUCATION**

Schools for the Deaf and Blind - (Flint)

3106 School for the Deaf (Deaf Department) 188

**MILITARY AND VETERANS AFFAIRS**

5102 Grand Rapids Home for Veterans 261

5101 Michigan Youth Challenge Academy 261

5103 Jacobetti Home for Veterans 885

**COMMUNITY HEALTH**

3902 Caro Center 831

3906 Hawthorn Center 129

3909 Kalamazoo Psychiatric Hospital 652

3912 Mount Pleasant Center 1138

3920 Center for Forensic Psychiatry 1105

3945 Walter P. Reuther Psychiatric Hospital 2449

**DEPARTMENT OF HUMAN SERVICES**

4307 Flint House 1327

4307 Academy Hall 1327

4307 Pine Lodge 1327

4307 Parmenter House 1327

*Institutions:*

4311 W. J. Maxey Training School 1327

4307 Adrian Training School 1327

4307 Nokomis Challenge Center 1327

4307 Shawono Center 1327

4307 Bay Pines Center 1327

*Any newly created DHS youth services facilities.*

**CORRECTIONS**

4735 Alger Maximum Correctional Facility (LMF) 3639

4740 Baraga Maximum Correctional Facility (AMF) 3639

4748 Bellamy Creek Correctional Facility (IBC) 3638

4723 Boyer Road Correctional Facility (DRF) 3638

4730 Earnest G. Brooks Correctional Facility (LRF) 3638

4716 Camp Branch (CDW) 3638

4735 Camp Cusino (CCU) 3639

4740 Camp Kitwen (CKT)	3639
4734 Camp Lehman (CLE)	3639
4746 Camp Ottawa (COT)	3639
4717 Camp Valley (CVH)	3637
4721 Camp Whitelake (CWL)	3637
4731 Carson City Correctional Facility (OTF)	3638
4752 Cassidy Lake/Special Alternative Incarceration Program (SAI)	3637
4732 Chippewa Correctional Facility (URF)	3639
4752 Cooper Street Correctional Facility (JCS)	3637
4720 G. Robert Cotton Correctional Facility (JCF)	3637
4716 Florence Crane Correctional Facility (ACF)	3638
4719 Deerfield Correctional Facility (ITF)	3638
4727 Charles Egeler Correctional Facility/ RGC (SMN)	3637
4727 Duane Waters (DWH)	3637
4736 Gus Harrison Correctional Facility (ARF)	3637
4705 Richard A. Handlon Correctional Facility (MTU)	3638
4728 Hiawatha Correctional Facility (HTF)	3639
4715 Huron Valley Complex Men's (HVM)	3637
4717 Huron Valley Complex Women's (WHV)	3637
4724 Ionia Maximum Correctional Facility (ICF)	3638
4712 Kinross Correctional Facility (KCF)	3639
4718 Lakeland Correctional Facility (LCF)	3638
4741 Macomb Correctional Facility (MRF)	3637
4706 Marquette Branch Prison (MBP)	3639
4707 Michigan Reformatory (RMI)	3638
4733 Mid-Michigan Correctional Facility (STF)	3638
4737 Mound Correctional Facility (NRF)	3637
4704 Muskegon Correctional Facility (MCF)	3638
4743 Newberry Correctional Facility (NCF)	3639
4739 Oaks Correctional Facility (ECF)	3639
4746 Ojibway Correctional Facility (OCF)	3639
4751 Parnall Correctional Facility (SMT)	3637
4729 Parr Highway Correctional Facility (ATF)	3637
4744 Pine River Correctional Facility (SPR)	3638
4745 Pugsley Correctional Facility (MPF)	3639
4738 Ryan Correctional Facility (RRF)	3637
4742 Saginaw Correctional Facility (SRF)	3637
4747 St. Louis Correctional Facility (SLF)	3638
4721 Robert Scott Correctional Facility (SCF)	3637
4734 Standish Maximum Correctional Facility (SMF)	3639
4726 Straits Correctional Facility (KTF)	3639
4725 Thumb Correctional Facility (TCF)	3637
4702 Tuscola Residential Re-entry Program	3637
4722 West Shoreline Correctional Facility (MTF)	3638




STATE POLICE	
5501 Training Academy	950
Headquarters	
7501 NATURAL RESOURCES	1327
LABOR AND ECONOMIC GROWTH	
6401 Michigan Career and Technical Institute (Plainwell)	950
6401 Michigan Commission for the Blind Training Center	950=

**APPENDIX B**

**P.E.O.P.L.E. Checkoff**

During the current negotiations, the parties acknowledge the Civil Service Commission's current policy prohibiting payroll deduction and remittance for the purpose of contributing voluntarily to a political action committee. Accordingly, the parties jointly agreed not to conduct negotiations over the subject at this time.

In the event said Civil Service Commission Policy is amended to allow such payroll deduction and remittance, the parties agree, upon the request of the Union, and subject to such restrictions as the Civil Service Commission may establish, to meet in Special Conference to discuss the implementation of the P.E.O.P.L.E. Checkoff.

	<b>MICHIGAN COUNCIL 25, AFSCME, AFL-CIO</b> 1034 N. Washington Ave., Lansing, Michigan 48906 Authorization of Representation and Payroll Deduction								
<b>400</b>	$\frac{LF}{CR}$	<b>A</b>				$\frac{LF}{CR}$	<b>EU</b>		$\frac{LF}{CR}$
Soc. Sec. Number									
<p>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.</p> <p>Effective _____ I hereby request and authorize you to deduct from my earnings each _____</p> <p>the sum of: (\$ _____).</p> <p>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.</p> <p>Signature of Employee _____ Local _____</p> <p>Name _____ Department _____</p> <p>Address _____ City _____ Zip _____ Phone _____ (Print)</p> <p style="text-align: right;"> 11</p>									

## 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
- Resident Care Aid 6, 7, E8
- Teacher Aide 6, 7, E8

#### **Education**

- Activities Therapy Aide 6, 7, E8
- Resident Care Aide 6, 7, E8
- 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

#### **Department of Human Resources**

- 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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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 Transportation Department

##### 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  
Barber/Cosmetologist

Palmer Unit  
Linda Richards Unit

#### Clinic

Gero-Medical Unit  
Edwards  
Schrier

Morter Unit  
Holder Unit  
Flunt

#### 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  
Edwards  
Schrier

Holder Unit  
Flunt  
Clinic/PRC/Education & Training

### **Central Kitchen/Consumer's Cafeteria**

Laundry 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.

Clinical Administration – Client Resident Affairs Representative

Forensic Services

Court Room IVT

Housekeeping – Domestic Service Aides

Administration Office Area

Clinical Office Area

Evaluation Unit

Security/Nursing Office Area

Activity Therapy (Main Street)

Clothing/Linen/Laundry

Relief Pool

East 1- Patient Unit

East 2 – Patient Unit

East 3 – Patient Unit

East 4 – Patient Unit

South 1 – Patient Unit

South 2 – Patient Unit

South 3 – Patient Unit (Unoccupied)

South 4 – Patient Unit

Exterior Locations/Main Entrance /Patient Yards

Nursing-Barber/Cosmetologist

Barber Shop

Treatment Services-Dental Aide

Dental Clinic

**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

PT Department

Activity Department

## **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 Deaf**

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  
Off work locations  
Transportation

#### 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**

**HUMAN SERVICES**

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 15	Section N	Compensatory Time
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**

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	Annual Leave Application and Scheduling
Article 19	Section M	Uniform Allowance

## **CORRECTIONS**

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 G	Lunch Periods
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**

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 Application and Scheduling–
Article 16	Section F	Holiday Scheduling
Letter of Intent - Calendar		

## **COMMUNITY HEALTH**

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

## **LABOR AND ECONOMIC GROWTH**

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	Annual Leave Application and Scheduling
Article 16	Section F	Holiday Scheduling

**APPENDIX J**

**Article 22  
STATE HEALTH PLAN PPO - BENEFIT CHART**

	<b>State Health Plan (PPO)</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>

**PREVENTIVE SERVICES - Limited to \$1,500 per calendar year per person**

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	Covered 100%	Covered-90% after deductible
	Beginning at age 50; one every 10 years.	
Childhood Immunizations	Covered 100% for children through age 16	Covered-90% after deductible

**Physician Office Services**

Office Visits	Covered - \$15 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 - \$15 copay	Covered - 90% after deductible, must be medically necessary

**Emergency Medical Care**

Hospital Emergency Room-approved diagnosis, prudent person rule	Covered 100% - after a \$50 copay if not admitted for emergency medical illness or accidental injury	Covered 100% - after a \$50 copay if not admitted 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
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	State Health Plan (PPO)	
	In-Network	Out-of-Network
Diagnostic Tests and X-rays	Covered – 100% after deductible	Covered - 90% after deductible
Radiation Therapy	Covered – 100% after deductible	Covered - 90% after deductible

#### Maternity Services Provided by a Physician

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

#### 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
	120 days per confinement	
Hospice Care	Covered – 100%	Covered – 100%
	Limited to the lifetime dollar max. which is adjusted annually by the state	
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 – in designated facilities only	Covered – 100% after deductible - in designated facilities only
	Up to \$1 million maximum per transplant type	
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
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	State Health Plan (PPO)	
	In-Network	Out-of-Network
Rabies treatment after initial emergency room treatment	Covered – 100% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation	Covered –\$15 copay Up to 24 visits per calendar year	Covered – 90% after deductible

**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 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	\$15 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	\$300 per member; \$600 per family	\$600 per member; \$1200 per family
Copays		
- Fixed Dollar Copays - Do not apply toward deductible	\$15 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	