APPENDIX A

HUMAN SERVICES UNIT -- W-22

All employees in the following classifications in the Human Services Unit are eligible for overtime pay as follows:

Code:

1 -- Regular overtime payment.

2 -- Eligible for overtime payment not after 8 hours in a day, but after 40 hours in a work week.

3 -- Ineligible for overtime payment.

4 – Eligible for overtime payment after 80 hours in a pay period.

Classification	**Code**
Adult Foster Care Consultant P11	3
Assistance Payments Worker 8	1
Assistance Payments Worker 9	1
Assistance Payments Worker E10	1
Assistance Payments Worker 11	1
Audiology/Speech Consultant 10	3
*Audiology/Speech Consultant P11	3
Audiology/Speech Consultant 12	3
Audiologist P11	2
Blind Rehabilitation Instructor P11	1
Camp Consultant 9	1
Camp Consultant 10	1
Camp Consultant P11	3
Camp Consultant 12	3
Child Day Care Consultant P11	3
Child Welfare Consultant P11	3
Civil Rights Representative 9	1
Civil Rights Representative10	1
Civil Rights Representative P11	2
*Civil Rights Representative 12	3

Civil Rights Specialist 12	3
*Civil Rights Specialist 13	3
Civil Rights Specialist 15	3
Clinical Nurse Specialist 10	1
Clinical Nurse Specialist P11	1
Clinical Nurse Specialist 12	1
Clinical Nurse Specialist 13	1
Clinical Social Worker 9	1
Clinical Social Worker 10	1
Clinical Social Worker P11	1
*Clinical Social Worker 12	3
Community Home Developer 9	2
Community Home Developer 10	2
Community Home Developer P11	2
Community Home Developer 12	2
Corrections Athletic Director 9	1
Corrections Athletic Director 10	1
Corrections Athletic Director P11	1
Corrections Athletic Director 12	1
Corrections Field Services Assistant 9	1
Corrections Field Services Assistant E10	1
Corrections Program Coordinator 9	1
Corrections Program Coordinator 10	1
Corrections Program Coordinator P11	1
Corrections Program Coordinator 12	1
Dentist P15	3
*Dentist 16	3
Developmental Disabilities Programmer 9	1
*Developmental Disabilities Programmer 10	1
*Developmental Disabilities Programmer P11	1
*Developmental Disabilities Programmer 12	1
Dietitian/Nutritionist 9	1
Dietitian/Nutritionist 10	1
*Dietitian/Nutritionist P11	1
*Dietitian/Nutritionist 12	1
Disability Examiner 9	1

*Disability Examiner 10	1
*Disability Examiner P11	1
*Disability Examiner 12	1
Education Consultant 12	3
*Education Consultant P13	3
*Education Consultant 14	3
Education Field Services Consultant 12	3
Education Field Services Consultant P13	3
*Education Field Services Consultant 14	3
Education Guidance Consultant 12	3
Education Guidance Consultant P13	3
Education Research Consultant 12	3
Education Research Consultant P13	3
*Education Research Consultant 14	3
Education Specialist 9	1
Education Specialist 10	1
Education Specialist P11	1
Education Specialist 12	1
Employee Services Counselor VII	3
Employment Counselor 9	1
Employment Counselor 10	1
Employment Counselor P11	1
Family Independence Specialist 9	2
Family Independence Specialist 10	2
Family Independence Specialist P11	2
Forensic Psychologist 9	2
Forensic Psychologist 11	3
Forensic Psychologist 12	3
Genetics Consultant 10	3
Genetics Consultant P11	3
Genetics Consultant 12	3
Health Care Surveyor 9	2
Health Care Surveyor 10	2
Health Care Surveyor P11	2

Higher Education Consultant 12	3
Higher Education Consultant P13	3
*Higher Education Consultant 14	3
Historian 9	2
Historian 10	3
Historian P11	3
*Historian 12	3
History Specialist 9	2
History Specialist 10	3
History Specialist P11	3
History Specialist 12	3
Institution Chaplain 9	1
Institution Chaplain 10	1
Institution Chaplain P11	1
Institution Chaplain 12	1
Job Start Worker 8	1
Job Start Worker 9	1
Job Start Worker E10	1
Librarian 9	1
Librarian 10	1
Librarian P11	1
*Librarian 12	3
Mental Health Social Worker 9	2
Mental Health Social Worker 10	2
Mental Health Social Worker P11	2
Mental Health Social Worker 12	2
Migrant Program Worker 8	1
Migrant Program Worker 9	1
Migrant Program Worker E10	1
Music Therapist 9	1
Music Therapist 10	1
Music Therapist P11	1
Nurse Consultant 10	3
Nurse Consultant P11	3
Nurse Consultant 12	3
*Nurse Consultant 13	3

Nutrition Consultant 10	3
Nutrition Consultant P11	3
*Nutrition Consultant 12	3
Nutrition Consultant 13	3
Occupational Therapist 9	1
Occupational Therapist 10	1
Occupational Therapist P11	1
*Occupational Therapist 12	1
Park Interpreter 9	1
Park Interpreter 10	1
Park Interpreter P11	1
Park Interpreter 12	3
Parole/Probation Officer 9	4
Parole/Probation Officer 10	4
Parole/Probation Officer P11	4
Parole/Probation Officer 12	4
Physical Therapist 9	1
Physical Therapist 10	1
Physical Therapist P11	1
*Physical Therapist 12	3
Physician 16	3
Physician P17	3
Physician 18	3
Physician Assistant 9	1
Physician Assistant 10	1
Physician Assistant P11	1
Physician Assistant 12	3
Physician Assistant 13	3
Prison Counselor 9	1
Prison Counselor 10	1
Prison Counselor P11	1
Professional Trainee 9	1
Psychiatric Resident 11	3
Psychiatrist Resident Intern I	3
Psychiatrist P17	3
Psychiatrist 18	3

Psychologist 9	1
Psychologist 10	3
*Psychologist P11	3
*Psychologist 12	3
Public Health Consultant 9	2
Public Health Consultant 10	3
Public Health Consultant P11	3
*Public Health Consultant 12	3
*Public Health Consultant 13	3
Recreational Therapist 9	1
Recreational Therapist 10	1
Recreational Therapist P11	1
Recreational Therapist 12	1
Registered Nurse P11	1
*Registered Nurse 12	1
*Registered Nurse 13	1
*Registered Nurse 14	1
Rehabilitation Counselor 9	2
Rehabilitation Counselor 10	3
Rehabilitation Counselor P11	3
Rehabilitation Counselor 12	3
*Rehabilitation Consultant P11	3
Rehabilitation Consultant 12	3
*Rehabilitation Consultant 13	3
Rehabilitation Services Coordinator 9	2
Rehabilitation Services Coordinator 10	3
Rehabilitation Services Coordinator P11	3
*Resources Program Analyst 9	1
*Resources Program Analyst 10	1
*Resources Program Analyst P11	1
*Resources Program Analyst 12	3
Rights Representative Trainee 9	1
Rights Representative 9	1
Rights Representative 10	1
Rights Representative P11	3
Rights Representative 12	3

*Rights Specialist 12	3
*Rights Specialist 13	3
*Rights Spl 14	3
Rights Spl 15	3
School District Consultant 12	3
School District Consultant P13	3
*School District Consultant 14	3
School Psychologist 9	1
School Psychologist 10	3
School Psychologist P11	3
School Teacher P11	3
Social Services Licensing Consultant VII	3
Social Services Specialist 9	2
Social Services Specialist 10	2
Social Services Specialist P11	2
Social Services Specialist 12	2
Social Work Specialist 9	2
Social Work Specialist 10	2
Social Work Specialist P11	2
Social Work Specialist 12	3
Social Work Specialist 13	3
Social Work Trainee IV	2
Special Education Consultant 12	3
Special Education Consultant P13	3
*Special Education Consultant 14	3
Special Education Substitute Teacher P11	3
Special Education Teacher P11	3
Speech - Language Pathologist 9	1
Speech - Language Pathologist 10	1
Speech - Language Pathologist P11	1
Speech - Language Pathologist 12	1

**State Transitional Professional 9

**State Worker 4

Trades Instructor P11	3
*Trades Instructor 12	3
Vision Consultant 10	3
Vision Consultant P11	3
Vision Consultant 12	3
Vocational Education Consultant 12	3
*Vocational Education Consultant P13	3
Vocational Education Consultant 14	3
Vocational Rehabilitation Representative 12	3
Welfare Services Specialist 9	2
Welfare Services Specialist 10	2
Welfare Services Specialist P11	2
Welfare Services Spl VII	3
Welfare Services Specialist 12	2
Corrections Chaplain 11	3
*Corrections Executive 11 Frozen	3
Economic Oppt Executive 13	3
Human Resources Rep 10	1
Medical Social Work Consultant 12 Frozen	3
Speech Therapist 10 Frozen	1
Training School Counselor 11 Frozen	3
*Welfare Services Administrator 12	3
*Welfare Services Administrator 13	3

* Some employees in these classes may be included and others excluded (and assigned on a different, excluded unit code) depending on specific duties of the position.

** Positions are assigned to the Unit and are eligible for overtime based upon their potential class series.

APPENDIX B

ADMINISTRATIVE SUPPORT UNIT -- W-41

All of the following classifications in the Administrative Support Unit are entitled to overtime pay (all Code 1).

Classification

*Accounting Assistant 5
*Accounting Assistant 6
*Accounting Assistant E7
*Accounting Assistant 8

*Accounting Technician 7
*Accounting Technician 8
*Accounting Technician E9
*Accounting Technician 10

Bookkeeper 5
Bookkeeper 6
*Bookkeeper E7
*Bookkeeper 8

*Calculations Assistant 5
*Calculations Assistant 6
*Calculations Assistant E7
*Calculations Assistant 8

*Communications Assistant 5
*Communications Assistant 6
*Communications Assistant E7
*Communications Assistant 8

Computer Operator 7
Computer Operator 8
*Computer Operator E9
*Computer Operator 10

*Data Coding Operator 5
*Data Coding Operator 6
*Data Coding Operator E7
Data Coding Operator 8

Data Processing Assistant 6
Data Processing Assistant E7

Data Processing Assistant 8
Department of State Aide 6
Department of State Aide 7
Department of State Aide E8

*Departmental Technician 7
*Departmental Technician 8
*Departmental Technician E9
*Departmental Technician 10

Emergency Dispatcher 7
Emergency Dispatcher E8

Engineering Support Assistant E8 Frozen
Engineering Support Assistant 9 Frozen

*Executive Secretary E10

*General Office Assistant 5
*General Office Assistant 6
*General Office Assistant E7
*General Office Assistant 8

Hearings Reporter 10
*Hearings Reporter E11

Hearings Reporter Supervisor VI

*Information Technology Technician 7
*Information Technology Technician 8
*Information Technology Technician E9
*Information Technology Technician 10

Legal Secretary 7
*Legal Secretary E8
*Legal Secretary 9
*Legal Secretary 10

Library Assistant 8
Library Assistant 9
Library Assistant E10
Library Assistant 11

Medical Benefits Reviewer 5
Medical Benefits Reviewer 6
Medical Benefits Reviewer E7

Medical Benefits Reviewer 8
Medical Record Coder 8

*Medical Records Examiner 8
*Medical Records Examiner 9
*Medical Records Examiner E10

Microcomputer Support Technician 7
Microcomputer Support Technician 8
Microcomputer Support Technician E9
Microcomputer Support Technician 10

*Personnel Management Assistant 7
*Personnel Management Assistant E8
*Personnel Management Assistant 9

Procurement Technician 7
Procurement Technician 8
Procurement Technician E9
Procurement Technician 10

Professional Trainee 9

*Secretary 7
*Secretary E8
*Secretary 9
*Secretary 10

Short Term Worker I

State Services Assistant E7
State Services Assistant 8

State Worker 4

Statistical Technician 8
Statistical Technician 9
Statistical Technician E10

Stenographer 5
Stenographer 6
*Stenographer E7
Stenographer 8

*Typist 5
*Typist 6

*Typist E7
*Typist 8

Word Processing Assistant 5
*Word Processing Assistant 6
*Word Processing Assistant E7
*Word Processing Assistant 8

Workers Comp Assistant E8

Account Executive 07 Frozen

Computer Operator 08 Frozen

Data Machines Operator 07

Data Processing Aide 07 Frozen
Data Processing Aide 08

Departmental Executive 07 Frozen
Departmental Executive 08

Secretary 07

Statistical Tech 07

Stenographer Clerk 05 Frozen

Video Data Term Operator 06 Frozen

*Some employees in these classes may be included and others excluded (and assigned a different, excluded unit code) depending on specific duties of the position.

APPENDIX C AND D

Appendices C and D from the previous Agreement have been deleted. Lettering of the Appendices remain unchanged for purposes of consistency.

APPENDIX E

Form A63-65 REPRESENTATION SERVICE FEE AUTHORIZATION
1/89 FOR CHECK-OFF OF REPRESENTATION SERVICE FEE

TO LOCAL 6000

I hereby assign to UAW Local Union 6000 and the International Union, UAW (hereinafter Union), from any income earned or to be earned by me or a regular supplemental unemployment benefit payable under its supplemental unemployment benefit plan (or similar plan where applicable) as your employee (in my present or in any future employment by you), such sums as the Financial Officer of said Local Union 6000 may certify as due and owing from me as a representation service fee. I authorize and direct you to deduct such amounts from my pay and to remit same to the Local Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable from the date of delivery hereof to you, or until the termination of the collective bargaining agreement between the Employer and the Union which is in force at the time of delivery of this authorization; and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for the term of the current collective bargaining agreement and for the period of each succeeding applicable agreement between the Employer and the Union, unless written notice is given by me to the Employer and the Union, in accordance with the applicable terms of the collective bargaining agreement between the Employer and the Union.

I hereby revoke any prior authorization for check-off dues or representation service fees that I may have executed on behalf of any other labor organization.

Contributions or gifts to the UAW are not deductible as charitable contributions for Federal Income Tax purposes.

_____	_____
(Signature of Employee)	(Address of Employee)
_____	_____
(Print name of employee)	(City, State, Zip Code)
_____	_____
(Date of Signing) (Bargaining Unit)	(Department Name and Code)
_____	_____
(Work Site Address)	(Hire Date)

REPRESENTATION SERVICE FEE AUTHORIZATION
FOR CHECK-OFF OF REPRESENTATION SERVICE FEE

I hereby assign to UAW Local Union 6000 and the International Union, UAW (hereinafter Union), from any income earned or to be earned by me or a regular supplemental unemployment benefit payable under its supplemental unemployment benefit plan (or similar plan where applicable) as your employee (in my present or in any future employment by you), such sums as the Financial Officer of said Local Union 6000 may certify as due and owing from me as a representation service fee. I authorize and direct you to deduct such amounts from my pay and to remit same to the Local Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable from the date of delivery hereof to you, or until the termination of the collective bargaining agreement between the Employer and the Union which is in force at the time of delivery of this authorization; and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for the term of the current collective bargaining agreement and for the period of each succeeding applicable agreement between the Employer and the Union, unless written notice is given by me to the Employer and the Union in accordance with the applicable terms of the collective bargaining agreement between the Employer and the Union.

I hereby revoke any prior authorization for check-off dues or representation service fees that I may have executed on behalf of any other labor organization.

Contributions or gifts to the UAW are not deductible as charitable contributions for Federal Income Tax purposes.

_____	_____
(Signature of Employee)	(Address of Employee)
_____	_____
(Print name of employee)	(City, State, Zip Code)
_____	_____ _____
(Date of Signing) (Unit)	(Work Location) (Department)

Social Security No.

MISU ☐☐☐ ☐☐ ☐☐☐☐ **EWO²**

APPENDIX F

EMPLOYEE BENEFITS ELIGIBILITY CHART

Appointment Duration

Definitions:
1. Permanent - Appointment is expected to last indefinitely
2. Limited Term - Appointment has a specific expiration date
3. Temporary (Non-career) - Appointment is expected to last less than 720 hours and has a specific expiration date

BENEFIT	PERMANENT/LIMITED TERM	TEMPORARY (NON-CAREER)
Initial Annual Leave	Credit 16 hours upon appointment to position	Not Eligible

NOTE:
1. Initial grant is available for immediate use.
2. Not more than 16 hours initial annual leave may be credited in any calendar year, however, unused credit may be restored upon separation and rehire within same calendar year.
3. Payment for unused credits not permitted at separation until 720 hours of service completed.

Annual Leave	A. Less than 2,080 hours continuous service completed	Credit 4 hours annual leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours	Not Eligible
	B. 2,080 hours or more of continuous service, but less than 10,400 hours	Credit 4.7 hours annual leave FOR EACH 80 HOURS IN PAY STATUS or a pro-rated amount if in pay status less than 80 hours	Not Eligible
	C. 10,400 hours or more of continuous service	See Table, Article 39, Annual Leave	Not Eligible

NOTE: Credit, use, and payment not permitted until 720 hours completed (except upon reinstatement or return from layoff, when credit, use and payment is permitted after completion of 80 hours in pay status).

Sick Leave	Credit 4 hours of sick leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours	Not Eligible

NOTE:
1. Credit and use permitted next pay period.

2. Payment for unused credits at 50% of regular rate, upon retirement or death only (except for employees hired on and after 10/1/80).
3. Unused credits restored to a separated permanent employee who returns within three years by permanent appointment, except if separation was by retirement.
4. An employee who returns by a temporary (non-career) appointment may not use credits previously earned.

Step Increase	Upon completion of required 1,040 or 2,080 hours of satisfactory service	Not Eligible

BENEFIT	**PERMANENT/LIMITED TERM**				**TEMPORARY (NON-CAREER)**
Paid Holidays	FULL-TIME Full Holiday Pay	PART-TIME % Pay in proportion to percentage assigned to position	HOURLY P.I.* Pay in proportion to average hours in pay status for previous 6 pay periods, if applicable (See Article 34).	SEASONAL Full Holiday pay during season	Not Eligible
STATUS: Granted at end of bi-weekly work period in which 2,080 hours of satisfactory paid service completed. (Except for classes for which a longer probationary period prescribed by CSC action).					Not Eligible
Longevity 10,400 hours of currently continuous service completed by October 1.					Not Eligible
State-Sponsored Insurance*	FULL-TIME	PART-TIME %	HOURLY P.I.*	SEASONAL	
A. Health	Eligible	Eligible	Eligible	Eligible	Not Eligible
B. Life	Eligible	Eligible if working 40% or more of full-time	Eligible if working 40% or more of full-time	Eligible if working 40% or more of full-time	Not Eligible
C. Long-Term	Eligible	Same as Life	Same as Life	Eligible if working	Not Eligible

Disability				full-time	
D. Dental	Eligible	Same as Life	Same as Life	Same as LTD*	Not Eligible
E. Vision	Eligible	Same as Life	Same as Life	Same as Dental	Not Eligible
Accidental Duty Death	Eligible	Eligible	Eligible	Eligible	Eligible
Deferred Compensation	Eligible to enroll within 60 days following date of appointment				Eligible to enroll within 60 calendar days following date of appointment

***Exception**

When PIs and seasonal employees have not been on the payroll for two consecutive pay periods, eligibility for Dental benefit ceases after the third pay period.
Seasonal employees must have at least eight months of employment per year to be eligible for Dental benefits

APPENDIX G
STATE HEALTH PLAN - PPO BENEFIT CHART

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

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

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 – **90%** after deductible
	730 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
Rabies treatment after initial emergency room treatment	Covered – 100% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation	Covered – $15 copay	Covered – 90% after deductible

	Up to 24 visits per calendar year	
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	Covered – 90% after deductible
	Up to a combined maximum of 90 visits per calendar year	
Durable Medical Equipment	Covered 100%	Covered 80% of approved charges
	State Health Plan (PPO)	
	In-Network	**Out-of-Network**

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; $**1,200** 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	

APPENDIX H

MINIMUM HMO BENEFITS*

Description of Benefits

Services in the Hospital	
Number of days of care	Unlimited
Semi-Private Room and Intensive Care	Covered
Miscellaneous Hospital Services	Covered
Surgery and all related surgical services	Covered
Anesthesia	Covered
Laboratory tests and x-rays	Covered
Medicines and drugs	Covered
Emergency Medical Care	
Physician Services	Covered
Hospital Emergency Room Services	$50.00 Co-Pay
- At participating hospitals	Covered
- Other hospitals in plan service area	Covered
- Other hospitals outside plan service area	Covered
Ambulance Service	Covered
Physician Services	
Routine Office Visits	$10.00 Co-Pay
Consulting Specialist Care When Necessary	Covered
Periodic Physical Examinations	Covered
Dermatology Services	Covered
Allergy Services	Covered
Maternity Service	
Prenatal and Postnatal Care	Covered
Delivery in Hospital	Covered
Well-Baby Care in Hospital	Covered
Home Delivery	Not Covered
Prescriptions	
Prescription Drugs	Covered with $5.00/$10.00 co-pay
Birth Control Pills	Covered with $5.00/$10.00 co-pay
Diagnostic and Therapeutic Procedures	
Laboratory Tests	Covered
Radiation Therapy	Covered

Diagnostic X-Rays	Covered
Preventive Services	
Immunizations	Covered
Voluntary Family Planning	Covered
Sterilization	Covered
IUDs and other devices	Covered
Infertility Counseling and Treatment	Covered
Genetic Counseling	Covered
Nutritional Education and Counseling	Covered
Health Education and Counseling	Covered
Mental Health Care	
Outpatient Visits	20 visits covered in full; $10/half session, $15/full session, co-pay thereafter
Inpatient Psychiatric Hospital	45 days renewable after services 60 days
Alcoholism and Drug Abuse Services	
Inpatient Alcoholism and Drug Abuse Services	45 days renewable after 60 days
Detoxification	Covered
Outpatient Alcoholism and Drug Abuse Services	35 visits
Alternate Medical Systems	
Nursing Services in the Home	Covered
Skilled Nursing Home Care	730 Days
Home Health Aide Care	Covered
Custodial Care	Not Covered
Hospice Care	Home support for terminally ill
Appliances and Prosthetic Devices	
When Medically Necessary	Covered
When Body's Growth or Development Necessitates Replacement	Covered
Normal Wear and Damage	Covered
Durable Medical Equipment	Covered

Vision	
Vision Screening	Covered
Eye Refractions	Not Covered
Corrective Lenses	Not Covered
Hearing Services	
Hearing Screening	Covered
Hearing Examination	Covered
Hearing Aid Evaluation Test	Covered
Hearing Aid	Once every 36 months

No HMO may change benefits without mutual agreement of the Parties except as provided in Article 43.

* Subject to provisions of Article 43.C.1.a.4

APPENDIX I

VOLUNTARY WORK SCHEDULE ADJUSTMENT PROGRAM
International Union, UAW

Participation shall be on an individual and completely voluntary basis. An employee may volunteer to participate in the Program by submitting a completed standard Voluntary Work Schedule Adjustment Agreement form to his or her supervisor, a facsimile of which is attached and incorporated as part of this Agreement. Bargaining Unit employees shall continue to have the right, by not submitting a standard agreement form, to not participate in either Plan.

Discretion to approve or disapprove an employee's request to participate in Plan A and/or Plan C is reserved to the supervisor and Appointing Authority, based upon whether such participation would adversely impact upon the Department's operations and/or budget. Once approved, the individual agreement may be terminated by the Appointing Authority or the employee upon giving ten (10) working days written notice to the other (or less, upon agreement of the employee and the Appointing Authority). Termination shall be at the end of the pay period. Termination of the agreement by the Appointing Authority shall not be grievable.

Plan A. Bi-Weekly Scheduled Hours Reduction.

A.1. Eligibility.

Only full-time employees who have satisfactorily completed their initial probationary period in the state classified service shall be eligible to participate in Plan A.

A.2. Definition.

With the approval of the supervisor and the Appointing Authority, an eligible employee may elect to reduce the number of hours for which the employee is scheduled to work by one (1) to sixteen (16) hours per pay period. The number of hours by which the work schedule is reduced shall remain constant for the duration of the Agreement. The employee may enroll for a minimum of one (1) pay period. The standard hours per pay period for the employee to receive the benefits of paragraphs A.3 and A.4 below shall be adjusted downward from eighty (80) by the number of hours by which the work schedule is reduced, but not to an amount less than sixty-four (64.0) hours. Time off on Plan A will be counted against an employee's twelve work week leave entitlement under the federal Family and Medical Leave Act, if such time off is for a qualifying purpose under the Act.

A.3. Insurances.

All state-sponsored group insurance programs, including long term disability insurance, in which the employee is enrolled shall continue without change in coverages, benefits or premiums.

A.4. Leave Accruals and Service Credit.

Annual leave and sick leave accruals shall continue as if the employee had worked or was in approved paid leave status for eighty (80) hours per pay period for the duration of the Agreement. State service credit shall remain at eighty (80) hours per pay period for purposes of longevity compensation, pay step increases, employment preference, holiday pay, and hours until rating. Employees shall incur no break in service due to participating in Plan A.

Plan C. Leave of Absence.

C.1. Eligibility.

Full-time and part-time employees who have satisfactorily completed their initial probationary period in the state classified service shall be eligible to participate in Plan C. Permanent-intermittent employees are not eligible to participate.

C.2. Definition.

With the approval of the supervisor and the Appointing Authority, an employee may elect to take one (1) unpaid leave of absence during the fiscal year for a period of not less than one (1) pay period and not more than three (3) months. The three (3) month period is not intended to be cumulative. Time off on Plan C leave will count against an employee's twelve work week leave entitlement under

the Federal Family and Medical Leave Act, if such time off is for a qualifying purpose under the Act.

C.3. Insurances.

All state-sponsored group insurance programs in which the employee is enrolled shall be continued without change in coverage, benefits, or premiums for the duration of the leave of absence, with the exception of long term disability (LTD) insurance, by the employee pre-paying the employee's share of the premiums for the entire period of the leave of absence. LTD coverage will not continue during the leave of absence, but will be automatically reinstated immediately upon termination of the leave of absence. If an employee is enrolled in the LTD insurance program at the time the leave of absence is initiated and becomes eligible for disability benefits under LTD during the leave of absence, and is unable to report to work on the agreed-upon termination date for the leave of absence, the return-to-work date shall become the date established for the disability, with the commencement of sick leave and LTD benefits when the sick leave or waiting period is exhausted, whichever occurs later.

C.4. Leave Accruals.

Accumulated annual leave, personal leave, and sick leave balances will automatically be frozen for the duration of the leave of absence. The employee will not accrue leave credits during the leave of absence.

C.5. Service Credit.

An employee shall incur no break in service due to participating in Plan C. However, no state service credit will be granted for any purpose.

Dave Burtch UAW, International	Janine M. Winters, Director Office of the State Employer
Lynda Taylor-Lewis, President UAW Local 6000	Thomas N. Hall Chief Negotiator

APPENDIX J

LONGEVITY COMPENSATION PLAN
SCHEDULES OF PAYMENTS FOR

Years of Service	Equivalent Hours of Service	Human Services and Administrative Support and Annual Payments
5	10,400	
6	12,480	
7	14,560	$260
8	16,640	
9	18,720	
10	20,800	
11	22,880	$300
12	24,960	
13	27,040	
14	29,120	
15	31,200	$370
16	33,280	
17	35,360	
18	37,440	
19	39,520	$480
20	41,600	
21	43,680	
22	45,760	
23	47,840	$610
24	49,920	
25	52,000	
26	54,080	
27	56,160	$790
28	58,240	
29 & Over	60,320	$1,040

Eligibility for payment at any bracket will occur upon completion of the equivalent hours of service indicated for the bracket by October 1.