

APPENDIX A
WORK LOCATIONS/Agencies
With Corresponding AFSCME Local Unions and Chapters
As of August 25, 2011

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

5101 Alpena Combat Readiness Training Center 261
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
3920 Center for Forensic Psychiatry 1105
3945 Walter P. Reuther Psychiatric Hospital 2449

HUMAN SERVICES

Institutions:
4311 W. J. Maxey Training School 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
4730 Earnest C. Brooks Correctional Facility (LRF) 3638
4731 Carson City Correctional Facility (DRF) 3638
4752 Special Alternative Incarceration (SAI) 3637
4744 Central Michigan Correctional Facility (STF) 3638
4732 Chippewa Correctional Facility (URF) 3639
4752 Cooper Street Correctional Facility (JCS) 3637
4720 G. Robert Cotton Correctional Facility (JCF) 3637
4727 Charles Egeler Correctional Facility (RGC) 3637
4727 Duane Waters (DWH) 3637

4736	Gus Harrison Correctional Facility (ARF)	3637
4705	Richard A. Handlon Correctional Facility (MTU)	3638
4724	Ionia 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
4737	Mound Correctional Facility (NRF)	3637
4743	Newberry Correctional Facility (NCF)	3639
4739	Oaks Correctional Facility (ECF)	3639
4746	Ojibway Correctional Facility (OCF)	3639
4751	Parnall Correctional Facility (SMT)	3637
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
4725	Thumb Correctional Facility (TCF)	3637
4702	Tuscola Residential Re-entry Program (TRRP)	3637
4722	West Shoreline Correctional Facility (MTF)	3638
4717	Women's Huron Valley Correctional Facility (WHV)	3637
4749	Woodland Center Correctional Facility (WCC)	3637

STATE POLICE

5501	Training Academy	950
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7501	NATURAL RESOURCES	1327
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LICENSING AND REGULATORY AFFAIRS

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.

	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	$\frac{LF}{CR}$
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

Human Services

- Activities Therapy Aide 6, 7, E8
- 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

Legislative and Regulatory Affairs

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 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 Transportation Pool

LPNs

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

Domestic Services 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

As Assigned

Physical Therapy Aides

Activities Therapy Aides

Activities

Hawthorn Center

Assignment locations will be by shift.

Nursing Department

Erie
Huron
Michigan
Ontario

Kitchen

DSA Cook

Housekeeping

AM - PM & Weekends

Kalamazoo Psychiatric Hospital

Assignment locations will be by shift.

Nursing Services

Edwards Unit	Flunt Unit
Gero-Medical Unit	Holder Unit
Linda Richards Unit	Morter Unit
MH Roll Unit	Schrier Unit
Central Nursing Office	
Clinic (Central Nursing Office on weekends)	

Nutrition & Environmental Services

MH Roll Unit	Linda Richards Unit
Gero-Medical Unit	Morter Unit
Edwards Unit	Holder Unit
Schrier Unit	Flunt Unit
Edwards/Schrier Units	Flunt/Linda Richards Units
Gero-Medical/Morter Units	Administrative Housekeeping
Holder/MH Roll Units	
Cleaning Crew / Float Pool	
Consumer's Cafeteria	

Other Service

Barber/Cosmetology
Education and Training (Staff)
Education Services (Patient)

Center for Forensic Psychiatry

Assignment locations will be by shift.

Client/Resident Affairs Representative

Forensic Services

Barber/Cosmetologist

Barber Shop

Dental Aide

Dental Clinic

Domestic Services Aide

Administration Office Area/Clinical Office Area/South Basement Area

Evaluation Unit/Security/Nursing Office Area/East Basement 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

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

PT Department

Activity Department

Department of Licensing and Regulatory Affairs

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 PM

Michigan Commission for the Blind Training Center

Kitchen, Early Shift
Kitchen, Late Shift

Environmental Services AM - PM
Activity Therapy, AM Shift

Department of Education

Michigan School for the Deaf

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

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

Clothing

Housekeeping
Recreation Center
PSR

Off work locations
Transportation Pool

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

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

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)
Article11	Section I	Non-Skid Footwear for Food Service Employees
Article11	Section K	Secure Storage Space for Personal Items
Article11	Section L	Health and Safety Committees
Article13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.1.b	Designation of Assignment Locations, Reassignment Within An Assignment Location
Article14	Section C	Eligibility to Transfer to a Vacancy
Article14	Section C.4.	Intradepartmental Transfer to a Vacancy
Article14	Section F	The Manner of Providing Relief Assignments
Article14	Section L	Cross Employment Type Transfers
Article14	Section Q.4	Permanent-Intermittent Employees
Article14	Section Q.6	PI Minimum Call-In Guarantee
Article15	Section B	Weekend Work
Article15	Section E	PI Work Schedule Changes
Article15	Section L.1(D)	Overtime Subdivisions
Article15	Section N	Compensatory Time
Article16	Section B	Annual Leave Application and Scheduling
Article19	Section M	Uniform Allowance
Letter of Understanding		Article 14, Section C. Assignment Locations

MILITARY AND VETERANS AFFAIRS

Article11	Section I	Non-Skid Footwear for Food Service Employees
Article11	Section K	Secure Storage Space for Personal Property
Article13	Section G	Use of Approved Class Clusters for Recall
Article14	Section C.1.b	Designation of Assignment Locations
Article14	Section F	The Manner of Providing Relief Assignments
Article14	Section Q.4	Permanent-Intermittent Employees
Article14	Section Q.6	PI Minimum Call in Guarantee
Article15	Section E	PI Work Schedules
Article15	Section L.1(D)	Overtime Subdivisions
Article15	Section L.2(A)	Voluntary Overtime
Article15	Section L.2(B)	Involuntary Overtime
Article15	Section N	Administration of Compensatory Time
Article16	Section B	Annual Leave Application and Scheduling
Article19	Section M	Uniform Allowance

CORRECTIONS

Article11	Section I	Non-Skid Footwear for Food Service Employees
Article11	Section K	Secure Storage Space for Personal Property
Article13	Section E	Bumping
Article13	Section G	Use of Approved Class Clusters for Recall
Article14	Section C.1.b	Designation of Assignment Locations
Article14	Section C.4	Intradepartmental Transfer to a Vacancy
Article14	Section F	The Manner of Providing Relief Assignments
Article 15	Section G	Lunch Periods
Article15	Section L.1(D)	Overtime Subdivisions
Article15	Section L.2(A)	Voluntary Overtime
Article15	Section L.2(B)	Involuntary Overtime
Article15	Section N	Administration of Compensatory Time
Article16	Section A	Sick Leave Verification
Article19	Section M	Uniform Allowance

EDUCATION

Article 7	Section A.6	Reinstatement of Annual/Comp
Article10		Labor-Management Meetings
Article13	Section G	Use of Approved Class Clusters for Recall
Article14	Section F	The Manner of Providing Relief Assignments
Article 14	Section K	Return from Seasonal Layoff
Article14	Section Q.6	PI Minimum Call-In Guarantee
Article15	Section L.1(D)	Overtime Subdivision
Article15	Section L.2(A)	Voluntary Overtime
Article15	Section L.2(B)	Involuntary Overtime
Article15	Section N	Compensatory Time
Article16	Section B	Annual Leave Application and Scheduling
Article16	Section F	Holiday Scheduling
Letter of Intent - Calendar		

COMMUNITY HEALTH

Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section F	The Manner of Providing Relief Assignments
Article 15	Section L.2(A)	Voluntary Overtime

LICENSING AND REGULATORY AFFAIRS

Article 10		Labor-Management Meetings
Article13	Section G	Use of Approved Class Clusters for Recall
Article14	Section C.1.b	Designation of Assignment Locations
Article14	Section F	The Manner of Providing Relief Assignments
Article14	Section Q.4	Permanent-Intermittent Employees
Article14	Section Q.6	PI Minimum Call-In Guarantee
Article15	Section E	Notification of PI Work Schedule Changes
Article15	Section L.1(D)	Overtime Subdivision
Article15	Section L.2(A)	Voluntary Overtime
Article15	Section L.2(B)	Involuntary Overtime
Article15	Section N	Compensatory Time
Article16	Section B	Annual Leave Application and Scheduling
Article16	Section F	Holiday Scheduling

APPENDIX J

Article 22

STATE HEALTH PLAN PPO - BENEFIT CHART

Appendix J remains in effect for eligible employees hired prior to April 1, 2010 and covered by the State Health Plan PPO.

	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	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

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

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	

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

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

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

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

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

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.)	

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

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	

APPENDIX J-1

Appendix J-1 remains in effect for eligible employees hired on or after April 1, 2010 and covered by the New State Health Plan PPO or New HMO Plan.

Preventive Services

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100% after \$20 office visit co-payment
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment

Well-baby and child care	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	Covered 100% after \$20 office visit co-payment
Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹	Covered 100%	Covered 80% after deductible	Check with HMO
Colonoscopy ¹	Covered 100%	Covered 80% after deductible	Covered 100% after \$20 office visit co-payment

¹ American Cancer Society guidelines apply

Physician Office Services

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered, \$20 co-pay, deductible not applicable	Covered 80% after deductible	\$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	\$20 co-pay

Emergency Medical Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	\$200 co-pay if not admitted		\$200 co-pay if not admitted
Ambulance services – medically necessary	Covered 90% after deductible		Covered 100%

Diagnostic Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Maternity Services

Includes care by a certified nurse midwife (New State Health Plan PPO only)

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Prenatal and postnatal care	Covered 90% after deductible	Covered 80% after deductible	Office Visit \$20 co-pay
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 90% after deductible, unlimited days	Covered 80% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Alternatives to Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100%
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO

Surgical Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services.	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Check with your HMO

Human Organ Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

Organ and Tissue Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities		Covered 100% in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% subject to medical criteria

Other Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Chiropractic/spinal manipulation	\$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO

Other Services continued...

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Durable medical equipment -Support Program	Covered 100%	Covered 80% of approved amount	Covered
Prosthetic and orthotic appliances -Support Program	Covered 100%	Covered 80% of approved amount	Covered
Private duty nursing	Covered 80% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	\$20 co-pay for office visit	Covered 80% after deductible	Check with your HMO

Mental Health/Substance Abuse

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Mental Health Benefits - Inpatient	Covered 100% up to 365 days per year ²	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits - Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% ³ Halfway House 100%	Covered 50% ⁴ Halfway House 50%	Check with your HMO
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates 10% co-pay ⁴	\$3,500 per calendar year 50% of network rates	Check with your HMO

² Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

³ Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁴ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Prescription Drugs

Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail	Retail	Retail
\$10	\$30	\$60
Mail Order	Mail Order	Mail Order
\$20	\$60	\$120

Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible	Covered 90% after deductible	Office visit: \$20 co-pay
Outpatient physical therapy – physician's office	Covered 90% after deductible	Covered 80% after deductible	Office visit: \$20 co-pay

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Deductible	\$400 per member \$800 per family	\$800 per member \$1,600 per family	None
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted
Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums ⁵	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	None

⁵ The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

Premium Sharing

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15% ⁶	85% ⁶

⁶ The State will pay up to 85% of the applicable NHMO total premium, capped at the dollar amount which the State pays for the same coverage code under the NSHP-PPO.

APPENDIX K

Article 20, Section A Work Location Definition - Department of Corrections

In the Department of Corrections only, for purpose of Temporary Reassignment (Article 14, Section E) and for purpose of Relief Assignment (Article 14, Section F), work location definition in the Bureau of Health Care shall be as follows:

1. Parnall Correctional Facility
Duane Waters Health Center
Charles Egeler Correctional Facility
Cooper Street Correctional Facility
G. Robert Cotton Correctional Facility
2. Women's Huron Valley Correctional Facility
Special Alternative Incarceration (Boot Camp-SAI)
Woodland Correctional Facility
3. Lakeland Correctional Facility
Gus Harrison Correctional Facility
4. West Shoreline Correctional Facility
Earnest C. Brooks Correctional Facility
5. Marquette Branch Prison
Alger Maximum Correctional Facility
Ojibway Correctional Facility
Baraga Maximum Correctional Facility
6. Kinross Correctional Facility
Chippewa Correctional Facility
Newberry Correctional Facility
7. Michigan Reformatory
Richard A. Handlon Correctional Facility
Ionia Correctional Facility
Bellamy Creek Correctional Facility
Carson City Correctional Facility
8. St. Louis Correctional Facility
Central Michigan Correctional Facility

Saginaw Correctional Facility

9. Pugsley Correctional Facility
Oaks Correctional Facility
Lake County Residential Re-Entry Program
10. Macomb Correctional Facility
Mound Correctional Facility
Ryan Correctional Facility
Tuscola Residential Re-Entry Program
Thumb Correctional Facility

For all other purposes, the Duane Waters Health Center shall be considered part of Charles Egeler Correctional Facility.

For Food Service Employees, for purpose of temporary reassignment (Article 14, Section E) and for purpose of relief assignment (Article 14, Section F), a work location shall be defined as (1) a facility, or (2) multiple facilities that have shared services which are under the administration of a single warden.