

Appendix A

CLASSIFICATION LISTINGS

Aeronautic Specialist-2 13
Aquatic Biologist Spl. 3 14
Aquatic Biologist-A 12
Aquatic Biologist-E 10
Aquatic Biologist-E 9
Aquatic Biologist-E P11
Aquatic Biology Spl 2 13
Archaeologist Specialist 2 13
Archaeologist-A 12
Archaeologist-E 10
Archaeologist-E 9
Archaeologist-E P11
Architect Specialist-2 Lic 13
Architect Specialist-3 Lic 14
Architect-A 12
Architect-E 10
Architect-E 9
Architect-E P11
Aviation Specialist-A 12
Aviation Specialist-E P11
Building Construction Spl 2 13
Building Construction Spl 3 14
Building Construction Supt-A 12
Building Construction Supt-E 9
Building Construction Supt-E 10
Building Construction Supt-E P11
Clinical Hlth Scientist Spl-2 13
Clinical Hlth Scientist Spl-3 14
Clinical Hlth Scientist Spl-4 15
Dairy Industry Scientist-A 12
Dairy Industry Scientist-E P11
Dairy Industry Specialist 2 13
Dairy Industry Specialist 2 14
Dairy Industry Scientist-E 10
Dairy Industry Scientist-E 9
Engineer-A 12
Engineer-E 10
Engineer-E 9
Engineer-E P11
Engineering Lic Specialist 13
Engineering Lic Specialist 3 14
Engineering Lic Specialist 4 15
Engineering Specialist 2 13
Engineering Spl. 3 14
Engineering Spl. 4 15
Env Sanitarian Spl 2 13
Env. Sanitarian Spl. 3 14
Env. Sanitarian-E 10
Env. Sanitarian-E 9
Environmental Engineer Lic-A 12
Environmental Eng Lic Spl 2 13
Environmental Eng Lic Spl 3 14
Environmental Engineer Spl 2 13
Environmental Engineer Spl 3 14
Environmental Engineer-A 12
Environmental Engineer-E 10
Environmental Engineer-E 9
Environmental Engineer-E P11
Environmental Quality Alt-A 12
Environmental Quality Alt-E 10
Environmental Quality Alt-E 9
Environmental Quality Alt-E P11
Environmental Quality Spl 2 13
Environmental Quality Spl 3 14
Environmental Quality Spl 4 15
Environmental Sanitarian-A 12
Environmental Sanitarian-E P11
Epidemiologist 10
Epidemiologist Spl. 2 13
Epidemiologist Spl. 3 14
Epidemiologist Spl. 4 15
Epidemiologist-A 12
Epidemiologist-E P11
Facilities Engineer-A 12
Facilities Engineer-E 9
Facilities Engineer-E 10
Facilities Engineer-E P11
Facility Engineering Lic Spl 2 13
Facility Engineering Lic Spl 3 14
Fisheries Biologist-A 12
Fisheries Biologist-E 10
Fisheries Biologist-E 9
Fisheries Biologist-E P11
Fisheries Biology Spl 2 13
Fisheries Biology Spl 3 14
Food Industry Scientist-A 12

Food Industry Scientist-E 10
Food Industry Scientist-E 9
Food Industry Scientist-E P11
Food Industry Specialist 2 13
Food Industry Specialist 3 14
Forensic Scientist-A 12
Forensic Scientist-E 10
Forensic Scientist-E 9
Forensic Scientist-E P11
Forest Management Spl 2 13
Forest Management Spl 3 14
Forester-E 10
Forester-E 9
Forester-E P11
Forester-A 12
Geologist-E 9
Geologist-E 10
Geologist-E P11
Geologist-A 12
Geology Specialist 2 13
Geology Spl. 3 14
Industrial Hygienist Spl-2 13
Industrial Hygienist Spl-3 14
Industrial Hygienist Spl-4 15
Industrial Hygienist-A 12
Industrial Hygienist-E 9
Industrial Hygienist-E 10
Industrial Hygienist-E P11
Laboratory Evaluation Spl-A 12
Laboratory Evaluation Spl-E 9
Laboratory Evaluation Spl-E 10
Laboratory Evaluation Spl-E P11
Laboratory Scientist Spl 2 13
Laboratory Scientist Spl 3 14
Laboratory Scientist-A 12
Laboratory Scientist-E 9
Laboratory Scientist-E 10
Laboratory Scientist-E P11
Land Surveyor Licensed-A 12
Land Surveyor Spl Lcnsd-2 13
Land Surveyor Spl. Licensed-3 14
Land Surveyor-E 9
Land Surveyor-E 10
Land Surveyor-E P11
Land Surveyor-A 12
Landscape Design Specialist-2 13

Landscape Design Specialist-3 14
Landscape Designer-A 12
Landscape Designer-E 10
Landscape Designer-E 9
Landscape Designer-E P11
Meteorologist-E 9
Meteorologist-E 10
Meteorologist-E P11
Meteorologist-A 12
Meteorology Specialist-2 13
Meteorology Spl. 3 14
Metrologist-A 12
Metrologist-E 10
Metrologist-E 9
Metrologist-E P11
Metrology Specialist-2 13
Metrology Specialist-3 14
Microbiologist Specialist 2 13
Microbiologist Spl. 3 14
Microbiologist-A 12
Microbiologist-E 9
Microbiologist-E 10
Microbiologist-E P11
Pharmacist Specialist-2 13
Pharmacist Specialist-3 14
Pharmacist-A 12
Pharmacist-E 10
Pharmacist-E P11
Physicist Specialist 2 13
Physicist Spl. 3 14
Physicist-A 12
Physicist-E 9
Physicist-E 10
Physicist-E P11
Plant Industry Scientist-A 12
Plant Industry Scientist-E 9
Plant Industry Scientist-E 10
Plant Industry Scientist-E P11
Plant Industry Specialist 2 13
Plant Pathologist Spl. 2 13
Public Utilities Eng Spl 2 13
Public Utilities Eng. Spl. 3 14
Public Utilities Engineer-A 12
Public Utilities Engineer-E 9
Public Utilities Engineer-E 10
Public Utilities Engineer-E P11

Agreement Between
The State of Michigan and SEIU 517M, Scientific and Engineering Unit

Research Biologist-A 12	Toxicologist-E P11
Research Biologist-E 10	Toxicology Specialist 2 13
Research Biologist-E 9	Toxicology Spl. 3 14
Research Biologist-E P11	Transportation Eng Lic-A 12
Research Biology Spl 2 13	Transportation Eng Lic Spl 2 13
Research Biology Spl 3 14	Transportation Eng Lic Spl 3 14
Resource Analyst-A 12	Transportation Eng Lic Spl 4 15
Resource Analyst-E 9	Transportation Engineer-A 12
Resource Analyst-E 10	Transportation Engineer-E 9
Resource Analyst-E P11	Transportation Engineer-E 10
Resource Specialist 2 13	Transportation Engineer-E P11
Resource Specialist 3 14	Transportation Plan Spl 2 13
Resource Spl. 4 15	Transportation Plan Spl 3 14
Soil Science Specialist 2 13	Transportation Planner-A 12
Soil Science Spl. 3 14	Transportation Planner-E 9
Soil Scientist-A 12	Transportation Planner-E 10
Soil Scientist-E 10	Transportation Planner-E P11
Soil Scientist-E 9	Veterinarian-A 12
Soil Scientist-E P11	Veterinarian-E P11
Statistician Specialist-2 13	Veterinary Specialist-2 13
Statistician Specialist-3 14	Veterinary Spl. 3 14
Statistician-A 12	Wildlife Biologist Spl 2 13
Statistician-E 10	Wildlife Biologist Spl 3 14
Statistician-E 9	Wildlife Biologist-A 12
Statistician-E P11	Wildlife Biologist-E 10
Toxicologist-A 12	Wildlife Biologist-E 9
Toxicologist-E 9	Wildlife Biologist-E P11
Toxicologist-E 10	

1

Appendix C-1

DEPARTMENT OF AGRICULTURE SAFETY AGREEMENT

Section 1: General

The Department of Agriculture (MDA) and the Michigan Professional Employees Society (MPES), mutually agree the goal is to provide a safe and healthful working environment for all unit employees. Both management and unit employees shall cooperate to identify unsafe working conditions and practices and work toward their elimination. The Michigan Department of Agriculture shall make reasonable efforts to provide a safe work environment and eliminate recognized hazards in accordance with applicable statutes, regulations, and established industry standards.

Section 2: Rule Compliance

All unit employees shall comply with written safety rules and procedures established by the Michigan Department of Agriculture and/or Division management, and with rules established on an emergency basis. Such emergency rules shall be committed to writing at the earliest practicable time.

Section 3: Designation of MPES Safety Representatives

The Department agrees to establish a Departmental Safety Committee as specified in Appendix B. MPES shall be entitled to designate a unit employee as the MPES Safety Representative to serve on the Departmental Safety Committee and one alternate. This representative or the alternate is entitled, without loss of pay and with proper notice to his/her supervisor, to resolve safety issues with the Department managers on behalf of unit employees in accordance with the procedures outlined in Section 4 of this Article.

To maximum extent possible, the preparation of written requests in accordance with Section 4 will take place on the non-work time of both the MPES Safety Representative and the unit employee with the safety issue.

Section 4: Procedure for Safety Issues

If a unit employee has a safety issue, he/she will discuss it first with his/her immediate supervisor. The supervisor will provide a verbal response as soon as possible but no later than five (5) days after the discussion.

If not satisfied with the supervisor's response, the unit employee shall, within 10 days of response, submit a written request for action to the Division Director, explaining the problem and a suggested solution. The Division Director will investigate and provide a written approval, denial, or plan of action to the unit employee within 10 days of receipt of the request, forwarding a copy to MPES.

If not satisfied with the Division Director's response, the unit employee shall within 10 days of receiving the response submit a request for action to the MPES Safety Representative. Upon request, the Division Director will meet with the

1 MPES Safety Representative and/or Society Representative. Any resolution of
2 the safety request shall be confirmed in writing and signed by the Division
3 Director, the requesting unit employee, and the Society. Such resolution shall not
4 be grievable.

5 Failing resolution with the Division Director, the unit employee and MPES Safety
6 Representative may submit a request for action to the Departmental Safety
7 Committee with copies of the original written request, the Division Director's
8 response and a statement on why the response was not acceptable. The
9 Departmental Safety Committee will review the request and make a
10 recommendation to the Department Director. The decision of the Department
11 Director will be issued in writing. Upon mutual agreement of the Employer and
12 the unit employee or the Society, time limits may be extended.

13 A unit employee who has reasonable cause to believe he/she is in imminent
14 danger or loss of life or serious bodily injury may remove himself or herself from
15 the situation to notify their immediate supervisor or higher authority, after taking
16 reasonable measures to protect the public, other employees and/or Departmental
17 property. The supervisor or higher authority will immediately correct the situation
18 to the extent possible and/or temporarily reassign the employee to another
19 location or work assignment.

20 Nothing in this Article shall be interpreted so as to prevent MPES or its
21 designated safety representative from providing assistance in the filing of
22 requests made under this Section, or to prevent the filing of a grievance where
23 there is alleged violation of the agreement. The Department agrees that no
24 retributive action will be taken against a unit employee who exercises his/her
25 rights under this Article.

26 The Department's compliance with this Article is contingent on the availability of
27 funds. If the Department is unable to immediately implement a safety measure,
28 the Department shall make a positive effort to obtain the necessary funds.

29 Failure of the Department to implement safety measures agreed to under this
30 Section shall be grievable in accordance with the provisions of Article 9 of the
31 MPES primary agreement.

32 **Section 5: Safety Equipment and Protective Clothing**

33 The Department reserves the right to require employees to use safety equipment
34 properly and to wear required protective clothing. Failure to do so may result in
35 discipline. Safety equipment and protective clothing that is required by the
36 Department or the Division Director shall be furnished to the employee by the
37 Department. The Department shall provide necessary training for the use of
38 required safety equipment.

39

1 **Section 6: Establishment of Temporary Safety Committee**

2 The parties mutually agree to establish a temporary MPES/Department of
3 Agriculture Safety Committee, comprised of four (4) Unit employees appointed by
4 the Society and four (4) representatives appointed by the Department. The
5 purpose of this temporary committee is to discuss and seek solutions for the
6 safety issues of concern listed in Appendix A. Recommendations of the
7 temporary committee shall be submitted to the appropriate Department authority,
8 together with supporting documentation. In the event the parties are unable to
9 reach resolution within the time frame prescribed below, all outstanding items in
10 Appendix A may be submitted to the Grievance procedure at the Third Step in
11 accordance with the Primary Agreement.

12 Committee members will be appointed and the first meeting held within four (4)
13 weeks of the effective date of this secondary agreement. It is the intent of the
14 parties to establish subcommittees comprised of one unit employee and one
15 department member each to address certain specific issues from Appendix A,
16 bring their recommended solution(s) to the full committee. The Committee will
17 meet bi-weekly for a minimum period of two months to resolve concerns in
18 Appendix A until the Departmental Safety Committee is fully operational.
19 Meetings may be cancelled or moved to another date by mutual agreement.
20 Each unit employee appointed to this temporary committee shall receive
21 administrative leave for meetings of the committee and subcommittee to which
22 he/she is assigned.

23 After the termination of the temporary committee general safety discussions may
24 be conducted under Article VI of the primary agreement.

25 **Section 7: Duration and Termination**

26 This Health and Safety Article, entered into this 26th day of February, 1986,
27 between the Michigan Professional Employees Society and the Department of
28 Agriculture, shall take effect upon ratification by the Society and Civil Service
29 Commission.

30 Appendix A for Department of Agriculture Safety Agreement

PLANT INDUSTRY DIVISION

Equipment Needs

Eye protection
Face protection
Hardhats and liners
Chemical resistant gloves
Chemical resistant boots
Safety Shoes
Respirators
Dust masks
Air packs

ENVIRONMENTAL DIVISION

Equipment Needs

Hardhats and liners
Safety Shoes
Working alone
Working in remote areas

LABORATORY DIVISION

Equipment Needs

Eye washes
Chemical resistant gloves

Transport cases
Chemical resistant suits
Sampling equipment
Bee suit
Bee sting kits
Carts for moving gas treated hives
Explosion proof flashlights
Dog repellent

Problems

Working at heights
Dust
Explosive atmospheres
Machinery which may catch clothing
Air quality in confined spaces

Training

Pesticide handling, sampling, application, clean-up, site re-entry
Fire safety
Self-defense, how to avoid dangerous situations
First aid
CPR
Safe driving

Other

Periodic cholinesterase tests and health screening for pesticide exposure
Working alone
Working in remote areas
Threat of assault

Eye and face protection
Pipetting aids

Problems

Storage of flammable liquids
Housekeeping
Electrical outlets on fume hoods
Adequacy of fume hoods
Ventilation (fumes "drift" around the building)
Storage of equipment and reagents in fume hoods

Training

First Aid
CPR
Handling accidents and spills

STATE CAR USERS

Equipment

Fire extinguishers
Radios
Rear window defoggers

Training

Safe driving

Problems

Transporting propane tanks
Transporting hazardous materials

- 1 A Departmental Safety Committee is to be established in MDA containing a
- 2 representative from each union (MPES, MSEA, UTEA, UAW) and a volunteer
- 3 who is a member of the Business and Administrative bargaining unit and 5
- 4 management representatives. It will meet bi-monthly or more frequently if
- 5 needed. If no items are placed on the agenda at least seven calendar days in
- 6 advance of a scheduled meeting, such meeting will not be held.
- 7 The charge to the Departmental Safety Committee is as follows:
 1. Develop an overall MDA safety policy for the approval and issuance by the Director's office.

2. Review existing safety procedures and work rules to determine where revisions or new safety procedures and work rules are needed.
3. With the concurrence of the Director's office on #2 above, coordinate with the Divisions to facilitate the drafting of necessary safety procedures/work rules.
4. Review safety concerns and documentation brought to it from time to time by members of management or employees regarding safety equipment or potentially hazardous situations. Make recommendations to the Director's office regarding preferred alternatives including supporting documentation.

1 **Signed original of this letter is on file with either MPES or OSE**

2
3 **Letter of Understanding**
4 **SECTION 3**
5

6 It is agreed by the parties that MPES will designate one unit employee to the
7 Departmental Safety Committee and one alternate to serve in the absence of the
8 appointed member. However, if in secondary negotiations during the term of this
9 contract another exclusive representative negotiates more than one member on
10 the Departmental Committee, MPES will be entitled to equal representation.

11 IN WITNESS WHEREOF, the parties have hereto set their hands,

For the Michigan Professional Employees
Society
Phillip Thompson
George Sabolish

For the Department of Agriculture
Sandra J. Yonker

**Signed original of this letter is on file
with either MPES or OSE**

12
13 **Appendix C-2**

14 **HEALTH AND SAFETY AGREEMENT FOR THE MICHIGAN DEPARTMENT**
15 **OF COMMUNITY HEALTH**

16 **A. GENERAL**

- 17 1. The Community Health Agency affirms its responsibility for the health and
18 safety of Department staff during the conduct of official business. The
19 Department shall be in compliance with applicable health and safety
20 standards, including those prescribed by the Michigan Occupational
21 Safety and Health Act, as amended, and standards promulgated
22 thereunder.
- 23 2. The Department has the responsibility to ensure healthful and safe
24 conditions in its facilities; and the responsibility to instruct employees to
25 comply with prescribed healthful and safe operating rules and procedures.
26 Written health and safety rules and procedures shall be provided to each
27 employee.

- 1 3. Employees shall have the responsibility to:
- 2 a. Comply with established health and safety rules and procedures.
- 3 b. Report all unhealthful or unsafe working conditions to the Department
- 4 of Community Health.
- 5 c. Report, on a form prescribed by the Department of Community Health,
- 6 all injuries or illnesses incurred during the performance of their job
- 7 responsibilities.
- 8 d. Upon entering the premises or confines of an establishment which has
- 9 health and safety rules or procedures requiring its own employees to
- 10 wear or use personal protective equipment, devices, and/or clothing, to
- 11 comply with said rules of the establishment.
- 12 4. Employees who fail to comply with established Department health and
- 13 safety rules and procedures may be subject to appropriate disciplinary
- 14 action, for just cause.
- 15 5. In order to carry out its responsibilities and to minimize health and safety
- 16 risks, the Department will furnish, without cost to the employee, health and
- 17 safety equipment, devices, and clothing which have been determined to
- 18 be necessary, by management, for the performance of employees' work
- 19 responsibilities. Issues pertaining to the maintenance and issuance of
- 20 health and safety equipment shall be proper subject of labor-management
- 21 conferences.

22 **B. HEALTH AND SAFETY COMMITTEE**

- 23 1. The Union and the Department hereby adopt, except as otherwise
- 24 provided in this agreement, the Bureau of Laboratories Health and Safety
- 25 Manual (or their respective successor).
- 26 2. The Union shall endeavor to appoint, as its representative to the Bureau of
- 27 Laboratories Health and Safety Committee, an employee with knowledge
- 28 and expertise in occupational health and safety. The Union may also
- 29 appoint an alternate representative who may attend Bureau of
- 30 Laboratories Health and Safety Committee meetings in the absence of its
- 31 representative.
- 32 The Union's representative to the Bureau of Laboratories Health and
- 33 Safety Committee shall be granted administrative leave for the purpose of
- 34 attending meetings of the Committee.
- 35 a. Any alleged or potential health and safety hazard shall be referred to
- 36 the Bureau of Laboratories Health and Safety Officer for investigation
- 37 and recommendations to the Bureau of Laboratories Health and Safety
- 38 Committee. The Health and Safety Officer shall render, in a timely
- 39 fashion, the findings and conclusions of the Department of Community

1 Health in such matters. If such findings are reduced to writing, the
2 Department shall provide a copy of the document to the Union.

- 3 b. Any alleged or potential health and/or safety hazard which is not
4 resolved in a timely manner, to the satisfaction of the Union, may be
5 referred, for investigation and recommendations, to recognized
6 experts, including but not limited to, the National Center For Disease
7 Control; the State Fire Marshal; and the Michigan Department of
8 Licensing and Regulatory Affairs. Recommendations from recognized
9 experts, to whom an alleged or potential health and safety hazard has
10 been referred, shall be considered as appropriate subject matter for
11 labor-management conferences.

12 An allegation of failure to correct an alleged or potential health and/or
13 safety hazard, to the Union's satisfaction, may be timely grieved by the
14 Union beginning at Step Two of the grievance procedure.

15 **C. UNION NOTIFICATION**

- 16 1. The Union's office shall be notified of any and all prescheduled health
17 and/or safety related inspections to be conducted at Department of
18 Community Health work sites where Union members are employed.

19 a. The Union may designate a member to accompany said inspector(s).

20 b. The Union member, accompanying the inspector(s), shall be granted
21 administrative leave for the time spent on the inspection(s).

22 c. The Department shall furnish to the Union, forthwith, a copy of any and
23 all written documents resulting from said inspections at work sites and
24 associated common areas where Union members are employees.

- 25 2. The Department shall notify the Union of any proposed change to the
26 Bureau of Laboratories Health and Safety Manual (or their respective
27 successor) which may infringe upon any existing right accorded to Union
28 members, as specified therein.

29 a. The Union may request a labor-management conference to discuss
30 any proposed change to the Health and Safety Manual.

31 b. In the event that the issue of infringement upon an existing right
32 accorded to Union members, as specified in the Health and Safety
33 Manual, cannot be resolved in a labor-management conference, the
34 Union reserves the right to grieve in accordance with the collective
35 bargaining agreement.

36

1 **D. DURATION**

2 This health and safety agreement, entered into this first day of April, 2002,
3 between the Michigan Public Employees, SEIU Local 517M and the
4 Department of Community Health, shall take effect upon ratification by the
5 Union and the Civil Service Commission.

For the Michigan Public Employees,
SEIU Local 517M
Cindy Kalinowski 04-01-02

For the Michigan Department of
Community Health
Allen Sipes 04-01-02

6

7

Appendix C-3

8

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY—MICHIGAN

9

PROFESSIONAL EMPLOYEES SOCIETY—HEALTH AND SAFETY

10

AGREEMENT

11

SECTION 1. GENERAL

12

The Department of Environmental Quality (DEQ) and the Michigan Professional
13 Employees Society (MPES) mutually agree the goal is to provide a safe and
14 healthful working environment for all unit employees. Both management and
15 bargaining unit employees shall cooperate to identify unsafe working conditions
16 and practices and work toward their elimination. Management shall make every
17 effort to provide a safe work environment and eliminate recognized hazards in
18 accordance with all federal, state and local health and safety laws and
19 regulations. The parties recognize that retaliation for identifying health and/or
20 safety hazards is unacceptable and appropriate corrective measures shall be
21 taken for such action(s).

22

SECTION 2. HEALTH AND SAFETY COMMITTEE

23

The parties agree to establish an MPES/DEQ Health and Safety Committee
24 comprised of up to three (3) MPES members and an equal number of
25 management representatives. The Parties may mutually agree to add additional
26 members.

27

The Committee shall be co-chaired by an MPES Representative and the
28 Department Health and Safety Representative. The Committee shall meet
29 quarterly, or more frequently if mutually agree, to address any health and safety
30 concerns of the Scientific and Engineering Unit Employees within the DEQ.
31 Meetings shall be subject to reasonable scheduling, and Unit Employees shall
32 receive administrative leave for attendance at meetings, participation, necessary
33 travel, and reasonable preparation for all Committee activity. The Committee
34 shall submit written recommendations to the Department for proposed
35 implementation. The Department shall respond to the Committee within 10 work
36 days and make every effort to implement the Committee's recommendations

1 within 90 calendar days, or respond in writing to the Committee Co-Chairs as to a
2 suitable time schedule for implementation, any suggested modification(s), or
3 reasons for non-implementation.

4 The Department Health and Safety Representative shall provide MPES with a
5 current list of all DEQ Division Health and Safety Coordinators and
6 Building/Facility Managers on a quarterly basis. Any questions or concerns about
7 health and safety issues should be directed through the immediate supervisor
8 first. If no satisfactory resolution is obtained, the Unit Employee(s) should contact
9 their Division Health and Safety Coordinator. If no satisfactory resolution is
10 obtained at that level, the Unit Employee(s) should contact the Department
11 Health and Safety Representative or an MPES Staff Representative. Whenever
12 possible, a follow-up response shall be made to the Unit employee who raised
13 the question/issue, with a copy to MPES describing what actions were taken by
14 the Department to resolve the immediate concern.

15 **SECTION 3. TRAINING**

16 The Department recognizes the importance and benefits of training for Unit
17 employees in the area of Health and Safety and shall make every effort to make
18 such training available to staff (i.e., CPR/Basic First Aid, Ergonomics, Indoor Air
19 Quality, Workplace Violence, Dealing with Difficult People).

20 **SECTION 4. BUILDINGS**

21 The Department shall make every effort to maintain buildings or facilities
22 occupied by Unit employees in accordance with the Michigan Occupational
23 Safety and Health Act (MIOSHA) standards and reasonable efforts to maintain
24 good housekeeping and maintenance practices.

25 Every reasonable effort will be made to have pesticide spraying or the use of
26 chemical agents that may get into the ventilation system conducted after
27 business hours and/or on weekends to allow sufficient time for the area to be
28 ventilated. If such spraying or use of chemical agents must occur during business
29 hours, management shall provide at least 24 hours notice to Unit employees
30 stating (when available) the activity, the location, duration, and the availability of
31 Materials Safety Data Sheets (MSDS).

32 When major renovation or reconstruction of a building or portion thereof is
33 planned, potentially affected members shall receive prior notice of such work.
34 Unit employee concerns may be addressed through the Labor/Management
35 Conference forum.

36 **SECTION 5. HEPATITIS B / INFECTIOUS MATERIALS VACCINATIONS**

37 The MPES/DEQ Health and Safety Committee shall review types of duties
38 performed by Unit employees and identify those duties which may cause a
39 substantial risk of exposure to infectious materials. Unit employees who perform
40 these duties may be scheduled to receive the appropriate vaccination series to
41 prevent infection. This review shall be completed by the second regularly

1 scheduled quarterly meeting of the Committee. In those cases where a Unit
2 employee has been exposed to Hepatitis B or other infectious materials in the
3 course of their employment, the Department shall provide the necessary post-
4 exposure testing and treatment.

5 **SECTION 6. PROTECTIVE CLOTHING**

6 The Department may provide exterior winter clothing suitable for work duties to
7 Unit employees whose duties require that they be routinely exposed to winter
8 temperatures.

9 This Health and Safety Agreement, entered into 26th day of June, 1996 between
10 the Michigan Professional Employees Society and the Department of
11 Environmental Quality, shall take effect upon ratification by the Society and the
12 Civil Service Commission

Signed original of this Agreement is on file with MPES and/or

13 **Appendix C-4**
14 **MICHIGAN DEPARTMENT OF NATURAL RESOURCES—MICHIGAN**
15 **PROFESSIONAL EMPLOYEES SOCIETY—HEALTH AND SAFETY**
16 **AGREEMENT**

17 Section 1: General

18 The Department of Natural Resources (DNR) and the Michigan Professional
19 Employees Society (MPES) mutually agree the goal is to provide a safe and
20 healthful working environment for all unit employees. Both management and unit
21 employees shall cooperate to identify unsafe working conditions and practices
22 and work toward their elimination. The Michigan Department of Natural
23 Resources DNR shall endeavor to provide a safe and healthful work environment
24 and eliminate recognized hazards.

25 Section 2: Health and Safety Committee

26 The Parties agree to establish an MPES/Department Health and Safety
27 Committee comprised of up to three (3) MPES members and an equal number of
28 management representatives. The Parties may mutually agree to add additional
29 members.

30 The Committee shall meet as needed to address any health or safety concerns
31 of the Scientific and Engineering Unit employees within the DNR. The Committee
32 shall not, however, meet more frequently than monthly unless MPES and DNR
33 mutually agree. Meetings shall be subject to reasonable scheduling, and Unit
34 employees shall receive administrative leave for participation, necessary travel,
35 and reasonable preparation for all committee activity.

36 Section 3: Resolution of Problems

1 The Parties agree to reduce to writing any recommendations for resolution of
2 health or safety concerns and forward them to the appropriate Division Chief(s)
3 with a copy to the Department Safety Officer and appropriate Department
4 Deputy.

5 Division Chief(s) shall endeavor to implement recommendations of this joint
6 Health and Safety Committee within thirty (30) days, or respond in writing to the
7 Committee as to a suitable time schedule for implementation, any suggested
8 modification(s), or reasons for non-implementation. Copies of this response shall
9 be provided to Department Safety Officer and Department Director.

10 Health and Safety issues that cannot be satisfactorily resolved by the joint Health
11 and Safety Committee shall be subject to the Labor/Management Conference
12 provision of the MPES/OSE Agreement.

For the Michigan Professional Employees Society <i>Cindy Mason</i> <i>Phillip Thompson</i>	For the Department of Natural Resources <i>Riley Lentz</i>
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13 **Appendix C-5**

14 **MICHIGAN PROFESSIONAL EMPLOYEES SOCIETY—MICHIGAN**
15 **DEPARTMENT OF STATE POLICE—HEALTH AND SAFETY AGREEMENT**

16 SECTION A: GENERAL

- 17 1. The Department of State Police recognizes its responsibility to maintain a
18 safe and healthful work place and will make reasonable efforts to do so.
- 19 2. The Department of State Police will operate in accordance with all federal,
20 state and local health and safety laws and regulations.

21 SECTION B: FORENSIC SCIENCE DIVISION SAFETY POLICY

- 22 1. The Forensic Science Division Safety Policy shall be as outlined in the
23 Forensic Science Division Safety Manual or its subsequent revision/update.
- 24 2. Additions to the Division Safety Policy may be locally established if the
25 Employer determines that there exists a condition and/or situation unique to a
26 given laboratory.
- 27 3. The Department of State Police shall furnish to each unit employee and the
28 Society an electronic copy of the Forensic Science Division Safety Policy,
29 including any applicable additions.
- 30 4. Unit employees who fail to comply with provisions of the Forensic Science
31 Division Safety Policy, and/or procedures, including those governing safety
32 equipment or clothing may be subject to disciplinary action.

1 SECTION C: TRAINING

- 2 1. At times and locations determined by the Employer, the Department of State
3 Police shall train unit employees assigned to the Forensic Science Division in
4 basic first aid and CPR (Cardio-Pulmonary Resuscitation) every other year.
5 This training shall be tailored towards incidents that may occur in the Forensic
6 Science Division. Forensic Science Division unit employees shall be
7 exempted from this training only upon presentation to the Employer of
8 comparable certification. Failure to complete such training shall not be
9 considered as failure to provide the necessary training by the Employer.
- 10 2. At times and locations determined by the Employer, periodic laboratory safety
11 training shall be provided to all Forensic Science Division unit employees.
12 This training will be provided as part of the orientation process for new
13 employees, and other courses may be available upon request. Such
14 requests, including topic desired and suggested date and time, shall be
15 submitted to the Safety Officer and forwarded to the Laboratory Director.
- 16 3. Unit employees shall be considered on duty (except as provided herein) for
17 purposes of travel to and participation in any of the above-cited training.
18 Failure to complete all phases of the training provided may, at the discretion
19 of the Employer, require the employee to utilize leave credits for such training.
- 20 4. Content of the above-cited training shall be subject to the operational needs
21 of the Employer.
- 22 5. Administration of the above-cited training shall be subject to the availability of
23 funds. The Department shall make a good faith effort to procure such funds.

24 SECTION D: SAFETY EQUIPMENT AND CLOTHING

- 25 1. The Department shall furnish, without cost to the unit employee, safety
26 equipment and clothing required by the Employer.
- 27 2. The Department shall make available to each unit employee, upon request
28 and without cost, safety glasses suitable to wear over prescription glasses
29 while in the laboratory. Such safety glasses will be the Norton 180 or other
30 similar model.
- 31 3. Unit employees shall exercise reasonable care in the use of Employer
32 furnished safety equipment.
- 33 4. The Department shall provide appropriate instruction or training in the proper
34 use of required safety equipment.
- 35 5. The Department shall endeavor to maintain all departmental safety equipment
36 in accordance with manufacturers' recommendations.
- 37 6. The Department shall furnish three (3) scrub suits to each unit employee in
38 the DNA and Serology units. The Department as guided by health and safety
39 law, including law as it pertains to blood born pathogens may require the

1 wearing of the scrub suits. Upon request the Department shall furnish the
2 scrub suits to Forensic Science bargaining unit employees not required to
3 wear them but who chose to wear them on a voluntary basis. These will be
4 provided at no cost to the unit employees as noted above and shall be
5 laundered at the employer's expense. Scrub suits shall be replaced as
6 needed but not less than every two years if requested by the employee. Shoe
7 and boot protectors will also be provided at no cost to the unit employees.

8 The unit employees who have been furnished scrub suits and shoe/boot
9 protectors shall be required to wear this additional protective clothing, plus
10 laboratory coats, in accordance with the biohazard specimen handling
11 procedures outlined in Official Order 120.

12 SECTION E: SAFETY EQUIPMENT FAILURE

- 13 1. If the On-Site Safety Officer is apprised of a safety equipment failure, the
14 Safety Officer shall immediately notify management and request a labor
15 management meeting to effectuate a resolution.

16 SECTION F: HEPATITIS B VACCINE

- 17 1. The Employer shall make Hepatitis B Vaccine available to all unit employees
18 of the Forensic Science Division pursuant to existing state and federal law.
19 The vaccine shall be administered by licensed medical practitioners selected
20 by the Employer. A follow up blood test will be given to verify the presence of
21 anti-bodies.

22 SECTION G: SAFETY CONCERNS

- 23 1. Safety concerns of unit employees shall be addressed as provided for in
24 departmental policies subject to the following:

- 25 a) On-Site Safety Officers shall be qualified volunteers and will be other than
26 the work site supervisor. If a qualified volunteer is unavailable, the position
27 shall be filled as specified in the Forensic Science Division Official Order
28 120. This position shall be filled by that individual for a minimum of one
29 year and a maximum of three years if the unit employee did not volunteer.
30 The On-Site Safety Officer and their immediate supervisor shall work
31 together to coordinate the work load between safety duties and regular
32 caseload.

33 The Department shall provide a list of duties to the On-Site Safety Officer.
34 The duties of the On-site Safety Officer and priorities of the duties may
35 change based on operational need. The Department will revise the list as
36 needed.

37 A unit employee will report a safety concern to the On-Site Safety Officer
38 either verbally or in writing.

1 seniority, as defined in Article 11 of the primary agreement in the following
2 manner:

3 1. The affected bargaining unit employee, in seniority order, beginning with
4 the most senior, shall have the opportunity to select his/her preferred work
5 schedule and notify the facility designee within five (5) work days after the
6 facility has notified employees that assignments will be made based on
7 seniority.

8 In the event some schedules remain open the facility designee shall
9 assign employees to the remaining available schedules.

10 D. Bargaining unit employees shall be allowed to bid on any new or vacated
11 schedules within their class, level and facility if the facility intends to fill the
12 position. Such positions bid on will be filled based on seniority.

13 E. Bargaining unit employees of equal qualifications may voluntarily agree to
14 switch work schedules with other bargaining unit employees of the same
15 class, level and facility. Such voluntary agreements will be subject to
16 supervisory approval, however, shall not be unreasonable denied.

17 F. Any affected bargaining unit employees work schedules shall be determined
18 according to this secondary agreement within twenty (20) work days after
19 ratification of this agreement.

20 This does not preclude changes in work schedules within the term of this
21 agreement.

22 G. It is understood by the parties that the intent of this secondary agreement is to
23 determine the method of scheduling bargaining unit employees for consistent
24 work schedules (as opposed to rotating work schedules). Requests for
25 rotating work schedules may be implemented by mutual agreement of the
26 parties. If agreement is not reached the issue will be subject to negotiation
27 between MPES and the Department at the request of either party.

28 H. The terms of this secondary agreement shall continue in full force and effect
29 through December 31, 1990 unless modified by mutual agreement or
30 negotiation between MPES and the Department of Community Health
31 (formerly Mental Health).

Phillip Thompson
MPES 7/22/88

Thomas E. Adams
DMH 7/22/88

MPES/DMH Secondary Bargaining Team

Edward Novak
Richard Kujda

Jeff Fiszbein
Bonnie Weitzel

Signed original of this letter is on file with either MPES or OSE

Appendix E-1

STATEWIDE RECALL REQUEST FORM—SCIENTIFIC/ENGINEERING UNIT

NAME: _____ Emp ID# _____

TELEPHONE: _____ CURRENT CLASS/LEVEL: _____

Article 12 (Layoff and Recall) of the Agreement between the State of Michigan and the SEIU 517M provides laid off employees certain rights to recall. The following information is essential in protecting your rights. You will be considered for recall only to those positions in classifications and locations you have indicated on this form. This form must be completed and delivered to the department personnel office within seven days of the effective date of your layoff.

I agree to accept recall to positions as indicated below:

- Any position in my current classification and level (Primary Class).
- Any position in a classification in the bargaining unit in which I have achieved Civil Service status (Secondary Class).
- I am interested in being considered for appointment to positions, for which I may be qualified, in the following classifications:

1. _____ 3. _____
2. _____ 4. _____

I understand that appointment to such a position shall be subject to Civil Service certification requirements and that it is my obligation to take the necessary steps to have my name placed on a "referral" list for the above classifications. I wish to be placed on recall lists and to be considered for appointment to positions in the counties I have indicated below:

- | | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alcona | <input type="checkbox"/> Clare | <input type="checkbox"/> Iosco | <input type="checkbox"/> Marquette | <input type="checkbox"/> Otsego |
| <input type="checkbox"/> Alger | <input type="checkbox"/> Clinton | <input type="checkbox"/> Iron | <input type="checkbox"/> Mason | <input type="checkbox"/> Ottawa |
| <input type="checkbox"/> Allegan | <input type="checkbox"/> Crawford | <input type="checkbox"/> Isabella | <input type="checkbox"/> Mecosta | <input type="checkbox"/> Presque Isle |
| <input type="checkbox"/> Alpena | <input checked="" type="checkbox"/> Delta | <input type="checkbox"/> Jackson | <input type="checkbox"/> Menominee | <input type="checkbox"/> Roscommon |
| <input type="checkbox"/> Antrim | <input type="checkbox"/> Dickinson | <input type="checkbox"/> Kalamazoo | <input type="checkbox"/> Midland | <input type="checkbox"/> Saginaw |
| <input type="checkbox"/> Arenac | <input type="checkbox"/> Eaton | <input type="checkbox"/> Kalkaska | <input type="checkbox"/> Missaukee | <input type="checkbox"/> Sanilac |
| <input type="checkbox"/> Baraga | <input type="checkbox"/> Emmet | <input type="checkbox"/> Kent | <input type="checkbox"/> Monroe | <input type="checkbox"/> Schoolcraft |
| <input type="checkbox"/> Barry | <input type="checkbox"/> Genesee | <input type="checkbox"/> Keweenaw | <input type="checkbox"/> Montcalm | <input type="checkbox"/> Shiawassee |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Gladwin | <input type="checkbox"/> Lake | <input type="checkbox"/> Montmorency | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> Benzie | <input type="checkbox"/> Gogebic | <input type="checkbox"/> Lapeer | <input type="checkbox"/> Muskegon | <input type="checkbox"/> St. Joseph |
| <input type="checkbox"/> Berrien | <input type="checkbox"/> Grand Traverse | <input type="checkbox"/> Leelanau | <input type="checkbox"/> Newaygo | <input type="checkbox"/> Tuscola |
| <input type="checkbox"/> Branch | <input type="checkbox"/> Gratiot | <input type="checkbox"/> Lenawee | <input type="checkbox"/> Oakland | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Hillsdale | <input type="checkbox"/> Livingston | <input type="checkbox"/> Oceana | <input type="checkbox"/> Washtenaw |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Houghton | <input type="checkbox"/> Luce | <input type="checkbox"/> Ogemaw | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Charlevoix | <input type="checkbox"/> Huron | <input type="checkbox"/> Mackinac | <input type="checkbox"/> Ontonagon | <input type="checkbox"/> Wexford |
| <input type="checkbox"/> Cheboygan | <input type="checkbox"/> Ingham | <input type="checkbox"/> Macomb | <input type="checkbox"/> Osceola | |

1 I hereby certify that I have read and understand the above statements. The
2 selections I have made serve as my written request of the appointing authority for
3 recall purposes.

4 _____
5 *Employee Signature* *Date*

6
7

Appendix E-4

DEPARTMENT OF TRANSPORTATION—RECALL FORM

8
9 I wish to be placed on recall lists and to be considered for appointment to
10 positions in the layoff units I have indicated below.

11

- Superior Region
- North Region
- Bay Region
- Grand Region
- Southwest Region
- University Region
- Metro Region
- Lansing Area, Including Secondary Complex And the Bureau of Aeronautics

12 **NOTE: Careful consideration must be given to your selection above. You**
13 **will be given consideration only for positions in those classifications and**
14 **locations you have indicated. Failure to respond to a recall notice or refusal**
15 **to accept an appointment will result in your name being removed from that**
16 **list.**

17 **Your personnel office must be notified immediately in writing of any**
18 **change in address and/or telephone number.**

19 I hereby certify that I have read and understand the above statements. The
20 selections I have made serve as my written request of the appointing authority for
21 recall purposes.

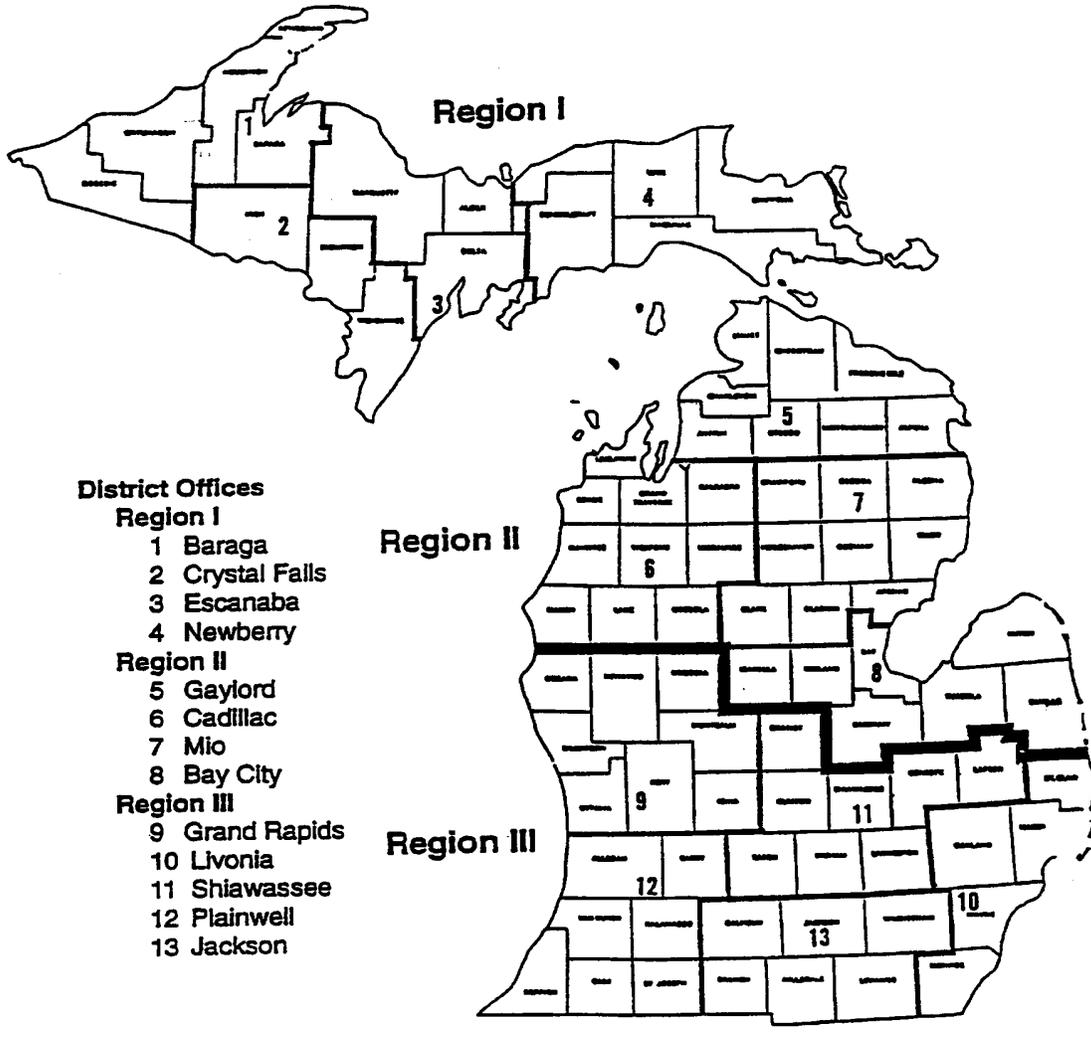
22 _____
23 *Employee Signature* *Date*

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Appendix F-1
DEPARTMENTAL LAYOFF UNIT MAPS

DEPARTMENT OF NATURAL RESOURCES MAP

Region/District Structure



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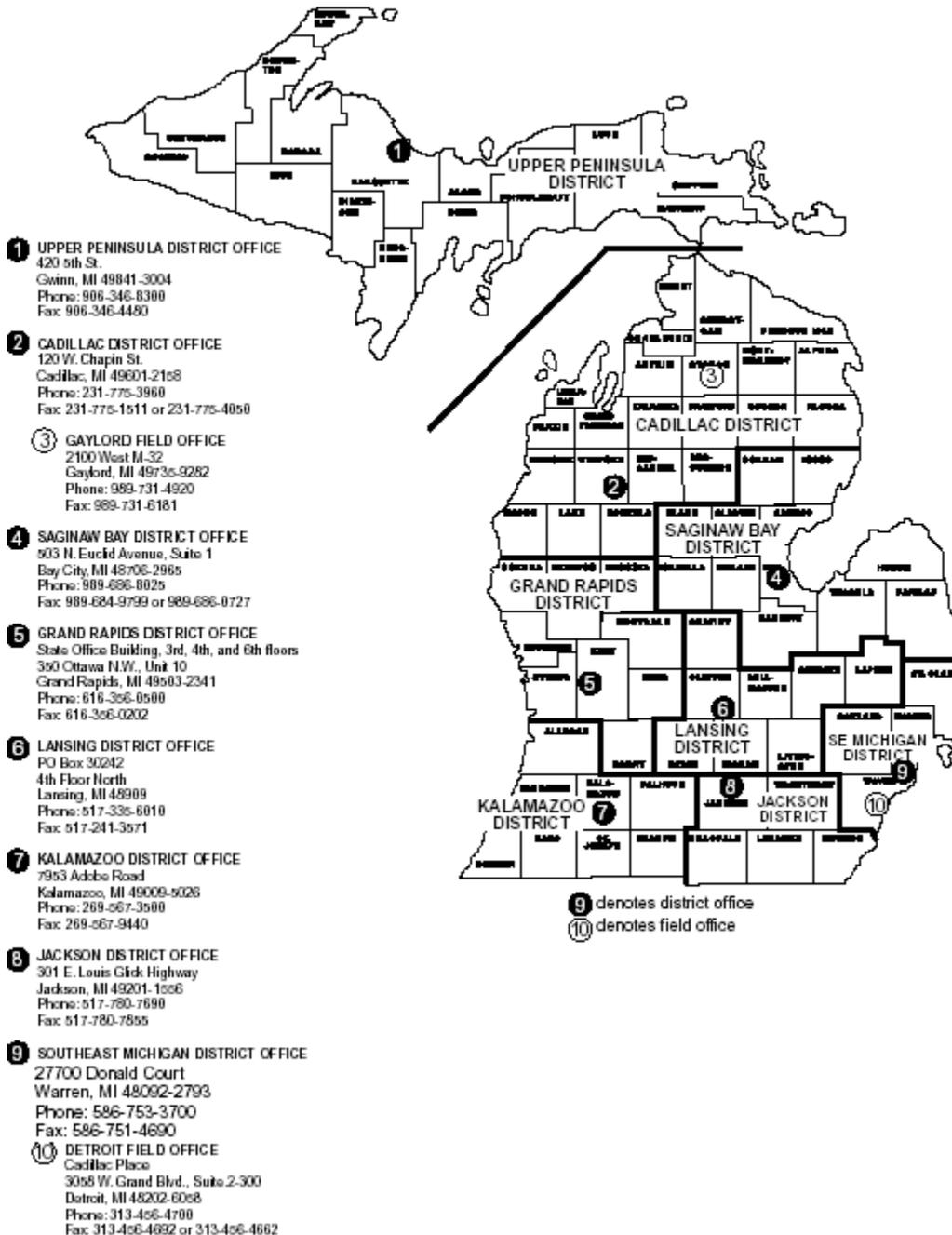
Appendix F-2

DEPARTMENTAL LAYOFF UNIT MAPS



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

DISTRICT AND FIELD OFFICE LOCATIONS



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Appendix G
LONGEVITY COMPENSATION PLAN SCHEDULES OF PAYMENTS FOR
SEIU 517M

Years Completed	Hours Completed	
5	10,400	\$260
6	12,480	
7	14,560	
8	16,640	
9	18,720	300
10	20,800	
11	22,880	
12	24,960	
13	27,040	370
14	29,120	
15	31,200	
16	33,280	
17	35,360	480
18	37,440	
19	39,520	
20	41,600	
21	43,680	610
22	45,760	
23	47,840	
24	49,920	
25	52,000	790
26	54,080	
27	56,160	
28	58,240	
29 & Over	60,320 & Over	1040

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A. Eligibility.

1. Career employees who separate from state service and return and complete five years (10,400 hours) of full-time continuous service prior to October first of any year shall have placed to their credit all previous state classified service earned.
2. To be eligible for a full annual longevity payment after the initial payment, a career employee must have completed continuous full-time classified service equal to the service required for original eligibility, plus a minimum of one additional year (2080 hours).

- 1 3. Career employees rendering seasonal, intermittent or other part-time
2 classified service shall, after establishing original eligibility, be entitled to
3 subsequent annual payments on a pro rata basis for the number of hours
4 in pay status during the longevity year.
- 5 B. Payments. Payment shall be made in accordance with the table of longevity
6 values based on length of service as of October 1.
- 7 1. No active employee shall receive more than the amount scheduled for one
8 annual longevity payment during any twelve month period except in the
9 event of retirement or death, or as provided in paragraph 7 of this sub-
10 section.
- 11 2. Initial payments—employees qualify for their initial payment by completing
12 an aggregate of five years (10,400 hours) of continuous service prior to
13 October 1. The initial payment shall always be a full payment (no
14 proration).
- 15 3. Annual payments.
- 16 a. Employees qualify for full annual payment by completing 2,080 hours
17 of continuous service during the longevity year.
- 18 b. Employees who are in pay status less than 2,080 hours shall receive a
19 pro rata annual payment based on the number of hours in pay status
20 during the longevity year.
- 21 4. Payments to employees who become eligible on October 1 of any year
22 shall be made on the pay date following the first full pay period in October;
23 except that pro rata payments in case of retirement or death shall be
24 made as soon as practicable thereafter.
- 25 5. Lost time considerations.
- 26 a. Lost time is not creditable continuous service nor does it count in
27 qualifying for an initial or an annual payment.
- 28 b. Employees do not earn state service credit in excess of 80 hours in a
29 bi-weekly pay period. Paid overtime does not offset lost time, except
30 where both occur in the same pay period.
- 31 6. Payment to employees on unpaid leave of absence or layoff on October 1.
- 32 a. An employee on other than a waived rights leave of absence, who was
33 in pay status less than 2,080 hours during the longevity year, will
34 receive a pro rata annual payment based on the number of hours in
35 pay status during the longevity year; such payment shall be made on
36 the pay date following the first full pay period in October.
- 37 b. An employee on a waived rights leave of absence will receive a pro
38 rata longevity payment upon returning from leave.

- 1 7. Effective with the pay period beginning August 20, 2000 the anniversary
2 date longevity system will be discontinued. Payments for the conversion
3 period will be as outlined below.
- 4 a. If the employee has more than 12,480 hours prior to October 1, 2000
5 and has received a longevity payment since the end of the last fiscal
6 year, the employee shall receive a pro-rated payment in October 2000
7 based on the number of hours in pay status between the longevity
8 anniversary date and October 1, 2000.
- 9 b. If the employee has more than 12,480 hours of continuous service
10 prior to October 1, 2000 and has not received a longevity payment
11 since September 30, 1999, the employee's longevity payment in
12 October, 2000 will be calculated based on the number of hours in pay
13 status between his/her last longevity anniversary date and October 1,
14 2000, as a percentage of 2,080 hours. If an employee is scheduled to
15 receive an anniversary longevity payment on or after August 20, 2000
16 but before October 1, 2000, the employee's longevity payment in
17 October, 2000 will include both the anniversary longevity payment
18 amount and an additional amount based on the number of hours the
19 employee has been in pay status between the longevity anniversary
20 date and October 1, 2000.
- 21 8. Payment at retirement or death -- an employee with 10,400 hours of
22 currently continuous service, who separates by reason of retirement or
23 death, shall qualify and receive both a terminal and a supplemental
24 payment as follows:
- 25 a. A terminal payment, which shall be either:
- 26 1) A full initial longevity payment based upon the total years of both
27 current and prior service, if the employee has not yet received an
28 initial longevity payment; or,
- 29 2) A pro rata payment for time worked from the preceding October 1
30 to the date of separation, if previously qualified. the pro rata
31 payment is based on hours in pay status since October 1 of the
32 current fiscal year.
- 33 b. A supplemental payment for all time previously not counted in
34 determining the amount of prior longevity payments, if any.
- 35 C. Longevity Overtime. Upon conversion, the regular rate add-on for longevity
36 will be calculated and paid retroactively for overtime worked in the previous
37 fiscal year. This amount will be included in the longevity payment. In 2000
38 only, the regular rate add-on for longevity will be calculated retroactively for
39 overtime worked on and between August 20, 2000 and September 30, 2000,
40 and will be paid with the longevity payment in the first full pay period in
41 October 2000.

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Appendix I

**Letter of Understanding—HUMAN RESOURCES MANAGEMENT NETWORK
(HRMN)**

During negotiations in 2001 the parties reviewed changes in terminology that resulted from the implementation of the new payroll-personnel system, HRMN. The parties have elected to continue to use terminology that existed prior to the implementation of HRMN even though that same terminology is not utilized in HRMN. The parties agree that the HRMN terminology does not alter the meaning of the contract language unless specifically agreed otherwise.

An example of this are the terms “transfer, reassignment, and demotion” which are called “job change” in HRMN. The HRMN history record will show each of these transactions as a job change, however they will continue to have the same contractual meaning they had prior to the implementation of HRMN.

For the Union	For the Office of the State Employer
Cindy Kalinowski	Janine M. Winters

Appendix J

Letter of Understanding—ARTICLE 24

The following Rules for Network Use will be used by the parties in determining in and out-of-network benefits. In addition, the parties agree to set up a joint committee for the purpose of creating any additional guidelines and reviewing implementation. The committee will also be charged with identifying situations in which access to non-participating providers may be necessary and developing procedures to avoid balance billing in these situations.

The parties have also discussed the fact that there are some state employees who do not live in Michigan. The following are procedures in place for persons living or traveling outside Michigan:

Members who need medical care when away from Michigan can take advantage of the third party administrator’s national PPO program. There is a toll-free number for members to call in order to be directed to the nearest PPO provider. The member is not required to pay the physician or hospital at the time of service if he/she presents the PPO identification card to the network provider.

If a member is traveling he/she must seek services from a PPO provider. Failure to seek such services from a PPO provider will result in a member being treated as out-of-network unless the member was seeking services as the result of an emergency.

If a member resides out of state and seeks non-emergency services from a non-PPO provider, he/she will be treated as out-of-network. If there is not adequate access to a PPO provider, exceptions will be handled on a per case basis.

RULES FOR NETWORK USE

Effective October 12, 2014, see Appendix K-2 for member costs.

A member is considered to have access to the network based on the type of services required, if there are:

- Primary care -- two primary care physicians (PCP) within 15 miles;
- Specialty care -- two specialty care physicians (SCP) within 20 miles; and
- Hospital -- one hospital within 25 miles.

The distance between the member and provider is the center-point of one zip code to the center-point of the other.

SHP PPO Member costs associated within in-network or out-of-network use (for eligible employees hired prior to April 1, 2010 and covered by the SHP PPO)

	In-Network	Out-Of-Network
Deductible	\$200/Individual \$400/Family	\$500/Individual \$1,000/Family
Effective 1-1-09	\$300/Individual \$600/Family	\$600/Individual \$1,200/Family
Co-Payments	Office Visits \$10	Most Services 10%
Effective 10-1-08	Office Visits \$15 Services 0% Or 10% Emergency 0%	(See 2. Below)
Effective 10-1-08	Emergency room visit \$50 co-pay if not admitted	Emergency room visit \$50 co-pay if not admitted
\$50 co-pay if not admitted		
Preventive services	covered at 100% limited to \$1500 per calendar year per Person	not covered
13 Out-of-pocket	\$1,000/individual	\$2,000/individual
14 maximum	\$2,000/family	\$4,000/family

NSHP PPO Member costs associated within in-network or out-of-network use (for eligible employees hired on or after April 1, 2010 and covered by the NSHP PPO)

	In-Network	Out-of-Network
Deductible	\$400/individual	\$800/individual
	\$800/family	\$1,600/family
Copayments	Office Visits \$20	Most services 20%
	Services 0% or 10%	
	Emergency \$200 co-	

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The State of Michigan and SEIU 517M, Scientific and Engineering Unit

	pay if not admitted	
Preventive Services	Covered at 100%	Not covered
Out-of-Pocket Maximum	\$1,500/individual	\$3,000/individual
	\$3,000/family	\$6,000/family

- 1 1. If a member has access to the network, the member receives benefits at the
2 in-network level when a network provider is used. The member is responsible
3 for the in-network deductible (if any) and co-payment (if any). If a network
4 provider refers the member to an out-of-network SCP the member continues
5 to pay in-network expenses.
- 6 2. If a member has access to the network, the member receives benefits at the
7 out-of-network level when a non-network provider is used. The member is
8 responsible for the out-of-network deductible (if any), and co-payment (if any).
- 9 • If the non-network provider is a blues' participating provider, the provider
10 will accept the blues' payment as payment in full. The member is
11 responsible for the out-of-network deductible and co-payment. The
12 member will not, however, be balance billed.
- 13 • If the non-network provider is not a Blues' participating provider, the
14 provider does not accept blues' payment as payment in full. The member
15 is responsible for the out-of-network deductible and co-payment. The
16 member may also be balance billed by the provider for all amounts in
17 excess of the Blues' approved payment amount.
- 18 When a member has access to the network and chooses to use an out-of-
19 network provider, amounts paid toward the out-of-network deductible, co-
20 payment or out-of-pocket maximum cannot be used to satisfy the in-network
21 deductible, co-payments or out-of-pocket maximum.
- 22 3. If a member does not have access to the network as provided above, the
23 member will be treated as in-network for all benefits. The member will be
24 responsible for the in-network deductible (if any) and co-payment (if any).
- 25 4. If a member does not have access to the network but then additional
26 providers join the network so that the member would now be considered in-
27 network, the member will be notified and given a reasonable amount of time
28 in which to seek care from an in-network provider. Care received from a non-
29 network provider after that grace period will be considered out-of-network and
30 the out-of-network deductibles, co-payments and out-of-pocket maximums
31 will apply. If a member is undergoing a course of treatment at the time he
32 becomes in-network, the in-network rules will continue for that course of
33 treatment only pursuant to the PPO standard transition policy. Once the
34 course of treatment has been finished, the member must use an in-network
35 provider or be governed by the out-of-network rules.
- 36 If a member is under a course of treatment on January 1, 2003 when the new
37 State Health Plan is implemented, the member will be treated as in-network

1 until the course of treatment is concluded pursuant to the PPO standard
 2 transition policy. After that, the level of benefits will be governed by the in/out-
 3 of-network rules of the new State Health Plan.

Appendix K

ARTICLE 24—STATE HEALTH PLAN PPO – BENEFIT CHART

6 **Appendix K remains in effect until the first full pay period in October 2012**
 7 **for employees hired prior to April 1, 2010 and covered by the State Health**
 8 **Plan PPO. Effective the first full pay period in October 2012 Appendix K will**
 9 **no longer be applicable.**

State Health Plan (PPO)		
	In-Network	Out-of-Network
Preventive Services - Limited to \$1500 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 Colonoscopy 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

10

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The State of Michigan and SEIU 517M, Scientific and Engineering Unit

1

Physician Office Services		
Office Visits Effective 10-1-08:	Covered - \$10 co-pay Covered - \$15 co-pay	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 Effective 10-1-08:	Covered - \$10 co-pay Covered - \$15 co-pay	Covered - 90% after deductible, must be medically necessary
Emergency Medical Care		
Hospital Emergency Room-approved diagnosis, prudent person rule Effective 10-1-08:	Covered - 100% for emergency medical illness or accidental injury Covered - 100%, after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury	Covered - 100% for emergency medical illness or accidental injury Covered - 100%, after a \$50 co-pay 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
Alternatives to Hospital Care		
Skilled Nursing Care	Covered - 100% after deductible	Covered – 90% after deductible
	120 days per confinement	

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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% up to 365 days per year. Partial Day Hospitalization at 2:1 ratio	50%, up to 365 days per year
Outpatient Mental Health Care	90% of network rates	50% of network rates
Inpatient Alcohol & Chemical Abuse Care	100% up to two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100%	50% up to 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 Effective 10-1-08:	Covered - \$10 co-pay Covered - \$15 co-pay	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

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- 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
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 Effective 10-1-08:	\$10 office visits; more frequent than \$15 office visits; more frequent than	36 months if standards met. 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, Co-pays and Dollar Maximums		
Deductible	\$200 per member; \$400 per family	\$500 per member; \$1,000 per family
Effective 1-1-09:	\$300 per member; \$600 per family	\$600 per member; \$1,200 per family
Co-pays		
Fixed Dollar Co-pays - Do not apply toward deductible Effective 10-1-08:	\$10 for office visits/consultations, Chiropractic \$15 for office visits/consultations, Chiropractic	
- Percent Co-pays - MH/SA co-pays do not apply toward deductible - Services without a network are covered at the in-network level	10% for MHSA outpatient, and private duty nursing	10% for most services; MHSA at 50%
Annual Dollar Maximums		
- Fixed Dollar Co-pays - Do not apply toward out-of-pocket maximum	N/A	None
- Percent Co-pays - MH/SA and private duty nursing co-pays 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	

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1 **APPENDIX K-1**
 2 **Appendix K-1 remains in effect for eligible employees hired on or after April**
 3 **1, 2010 and covered by the New State Health Plan PPO or New HMO Plan.**

4 **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

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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 ¹ American Cancer Society guidelines apply

2 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

3 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%

4 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%

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Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
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1 Maternity Services

2 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%

3 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%

4 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

1 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

2 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

3 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

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1 **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 <i>-Support Program</i>	Covered 100%	Covered 80% of approved amount	Covered
<i>Prosthetic and orthotic appliances</i> <i>-Support Program</i>	Covered 100%	Covered 80% of approved amount	Covered
<i>Private duty nursing</i>	Covered 80% after deductible		Covered
<i>Wig, wig stand, adhesives</i>	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

2

1 **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.

2 **Prescription Drugs**

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

5
 6 Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply.
 7 Employees can still receive a 90-day supply by mail order.

8
 9 To check the co-pay for drugs you may be taking, visit BCBSM website at
 10 <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred
 11 list of drugs is updated periodically as new drugs are added.

12
 13 The chart below shows the NSHP and NHMO prescription drug member co-pays:
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 15

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

2 **Outpatient Physical, Speech, and Occupational Therapy**

3 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

4 **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

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Annual out-of-pocket dollar maximums ⁵	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	None
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1 ⁵ The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty
2 nursing co-payments.

3 **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

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

7 **Appendix K-2**

8 **Effective October 12, 2014 this Appendix applies to all eligible employees**
9 **regardless of the date of hire and replaces Appendix K and Appendix K-1.**
10

Preventive Services	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100%
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100%
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100%
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening ¹	Covered 100%	Not Covered	Covered 100%
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	Covered 100%

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Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	Covered 100%
Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹	Covered 100%	Covered 80% after deductible	Covered 100%
Colonoscopy ¹	Covered 100%	Covered 80% after deductible	Covered 100%

¹ American Cancer Society guidelines apply

Physician Office Services

	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered, \$20 co-pay	Covered 80% after deductible	Covered, \$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay

Emergency Medical Care

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

Diagnostic Services

	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" 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% after deductible
Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

Maternity Services

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

	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Prenatal care	Covered 100%	Covered 80% after deductible	Covered 100%
Postnatal care	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay

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Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
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Hospital Care	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" 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% after deductible Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

2

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

3

Surgical Services	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services.	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Male Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Female Voluntary sterilization	Covered 100%	Covered 80% after deductible	Covered 100%

4

Human Organ and Tissue Transplants	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" 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% after deductible in designated facilities
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities		Covered 100% after deductible in designated facilities

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Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% after deductible subject to medical criteria
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Other Services	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Allergy testing and therapy (non-injection)	Covered 90% after deductible	Covered 80% after deductible	Covered, 100% after deductible.
Allergy injections	Covered 90% after deductible	Covered 80% after deductible	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%
Autism-Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	Covered 90% after deductible	Covered 80% after deductible	Covered, 100% after deductible
Chiropractic/spinal manipulation	Covered, \$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
Durable medical equipment	Covered 100%	Covered 80% of approved amount	Check with your HMO
Prosthetic and orthotic appliances	Covered 100%	Covered 80% of approved amount	Check with your HMO
Private duty nursing	Covered 80% after deductible		Check with your HMO
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	Covered, \$20 co-pay	Covered 80% after deductible	Check with your HMO

2

Mental Health/Substance Abuse	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" 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; Inpatient services subject to deductible.

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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; Inpatient services subject to deductible.
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.

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Prescription Drugs

Prescription medications for the State Health Plan PPO are carved out and administered by a Pharmacy Benefit Manager (PBM).

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 the Civil Service commission Employee Benefits Division website at <http://www.michigan.gov/employeebenefits> and select Benefit Plan Administrators.

The chart below shows the SHP and HMO prescription drug member co-pays:

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

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Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible	Covered 90% after deductible	Covered, \$20 co-pay
Outpatient physical therapy – physician’s office	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay

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Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Deductible ⁵	\$400 per member \$800 per family	\$800 per member \$1,600 per family	\$125 per member \$250 per family
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 ⁶	\$2,000 per member and \$4,000 per family	\$3,000 per member \$6,000 per family	\$2,000 per member and \$4,000 per family

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⁵ Deductible amounts for the SHP – PPO are effective January 1, 2015 and renew annually on a calendar year basis. Deductible amounts for the HMOs are effective October 12, 2014 and renew annually each October with the start of the new plan year.

⁶ Beginning October 12, 2014, in-network deductibles, in-network fixed dollar co-payments and in-network co-insurance all apply toward the out-of-pocket annual limit. In addition, in HMOs, prescription drug co-payments also apply toward the annual out-of-pocket limit. Beginning with the October 2015 plan year, prescription drug co-payments in the SHP PPO also apply to the annual out-of-pocket limit.

Premium Sharing	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15%	85% ⁷

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⁷ The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage code under the SHP-PPO.

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