

**APPENDIX A
HUMAN SERVICES UNIT -- W-22**

All employees in the following classifications in the Human Services Unit are eligible for overtime pay in accordance with Article 15 as follows:

Code:

- 1 Regular overtime payment.
- 2 Eligible for overtime payment not after eight (8) hours in a day, but after forty (40) hours in a workweek.
- 3 Ineligible for overtime payment.
- 4 Eligible for overtime payment after eighty (80) hours in a pay period.

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

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Civil Rights Specialist 12	3
*Civil Rights Specialist 13	3
Civil Rights Specialist 15	3
Clinical Social Worker 9	1
Clinical Social Worker 10	1
Clinical Social Worker P11	1
*Clinical Social Worker 12	3
Corrections Field Services Assistant 9	1
Corrections Field Services Assistant E10	1
Corrections Program Coordinator 9	1
Corrections Program Coordinator 10	1
Corrections Program Coordinator P11	1
Corrections Program Coordinator 12	1
Dentist P15	3
*Dentist 16	3
Developmental Disabilities Programmer 9	1
*Developmental Disabilities Programmer 10	1
*Developmental Disabilities Programmer P11	1
*Developmental Disabilities Programmer 12	1
Dietitian/Nutritionist 9	1
Dietitian/Nutritionist 10	1
Dietitian/Nutritionist P11	1
*Dietitian/Nutritionist 12	1
Disability Examiner 9	1
*Disability Examiner 10	1
*Disability Examiner P11	1
*Disability Examiner 12	1
Education Consultant 12	3
Education Consultant P13	3
*Education Consultant 14	3
Education Field Services Consultant 12	3
Education Field Services Consultant P13	3
*Education Field Services Consultant 14	3

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Education Research Consultant 12	3
Education Research Consultant P13	3
Education Research Consultant 14	3
*Education Research Consultant 15A	3
*Education Research Consultant 15B	3
Education Specialist 9	1
Education Specialist 10	1
Education Specialist P11	1
Education Specialist 12	1
Employment Counselor 9	1
Employment Counselor 10	1
Employment Counselor P11	1
Family Independence Specialist 9	2
Family Independence Specialist 10	2
Family Independence Specialist P11	2
Family Independence Specialist 12	2
Forensic Psychiatrist P17	3
Forensic Psychiatrist 18	3
Forensic Psychologist P11	3
Forensic Psychologist 12	3
Health Care Surveyor 9	2
Health Care Surveyor 10	2
Health Care Surveyor P11	2
Health Care Surveyor 12	2
Higher Education Consultant 12	3
Higher Education Consultant P13	3
*Higher Education Consultant 14	3
Historian 9	2
Historian 10	3
Historian P11	3
Historian 12	3
History Specialist 9	2
History Specialist 10	3
History Specialist P11	3
History Specialist 12	3

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Institution Chaplain 9	1
Institution Chaplain 10	1
Institution Chaplain P11	1
Institution Chaplain 12	1
Librarian 9	1
Librarian 10	1
Librarian P11	1
*Librarian 12	3
Library Consultant 12	3
Library Consultant P13	3
Library Consultant 14	3
Library Research Analyst 9	1
Library Research Analyst 10	1
Library Research Analyst P11	3
Library Research Analyst 12	3
Mental Health Social Worker 9	2
Mental Health Social Worker 10	2
Mental Health Social Worker P11	2
Mental Health Social Worker 12	2
Migrant Program Worker 8	1
Migrant Program Worker 9	1
Migrant Program Worker E10	1
Music Therapist 9	1
Music Therapist 10	1
Music Therapist P11	1
Nurse Consultant 9	1
Nurse Consultant 10	3
Nurse Consultant P11	3
Nurse Consultant 12	3
*Nurse Consultant 13	3
Nutrition/Food Management Consultant 10	3
Nutrition/Food Management Consultant P11	3
*Nutrition/Food Management Consultant 12	3
Nutrition/Food Management Consultant 13	3

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Occupational Therapist 9	1
Occupational Therapist 10	1
Occupational Therapist P11	1
Occupational Therapist 12	1
Park Interpreter 9	1
Park Interpreter 10	1
Park Interpreter P11	1
Park Interpreter 12	3
Parole Probation Officer 9	4
Parole/ Probation Officer 10	4
Parole Probation Officer P11	4
Parole Probation Officer 12	4
Physician P17	3
Physician 18	3
Physician Assistant P11	1
Physician Assistant 12	3
Physician Assistant 13	3
Prison Counselor 9	1
Prison Counselor 10	1
Prison Counselor P11	1
Psychiatric Resident 11	3
Psychiatrist P17	3
Psychiatrist 18	3
Psychologist 9	1
Psychologist 10	3
*Psychologist P11	3
*Psychologist 12	3
Public Health Consultant 9	2
Public Health Consultant 10	3
Public Health Consultant P11	3
*Public Health Consultant 12	3
*Public Health Consultant 13	3

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Recreational Therapist 9	1
Recreational Therapist 10	1
Recreational Therapist P11	1
Recreational Therapist 12	1
Registered Nurse P11	1
*Registered Nurse 12	1
*Registered Nurse 13	1
Registered Nurse 14	1
Registered Nurse Non-Career	1
Rehabilitation Consultant P11	3
Rehabilitation Consultant 12	3
*Rehabilitation Consultant 13	3
Rehabilitation Counselor 9	2
Rehabilitation Counselor 10	3
Rehabilitation Counselor P11	3
Rehabilitation Counselor 12	3
Rehabilitation Services Coordinator 9	2
Rehabilitation Services Coordinator 10	3
Rehabilitation Services Coordinator P11	3
*Resources Program Analyst 9	1
*Resources Program Analyst 10	1
*Resources Program Analyst P11	1
*Resources Program Analyst 12	3
Rights Representative Trainee 9	1
Rights Representative 9	1
Rights Representative 10	1
Rights Representative P11	3
Rights Representative 12	3
*Rights Specialist 13	3
School District Consultant 12	3
School District Consultant P13	3
*School District Consultant 14	3

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School Psychologist 9	1
School Psychologist 10	3
School Psychologist P11	3
School Teacher P11	3
Services Specialist Assistant 8	1
Services Specialist Assistant 9	1
Services Specialist Assistant E-10	1
Services Specialist 9B	2
Services Specialist 9M	2
Services Specialist 10B	2
Services Specialist 10M	2
Services Specialist P11B	2
Services Specialist P11M	2
Services Specialist 12B	2
Services Specialist 12M	2
Social Work Specialist 9	2
Social Work Specialist 10	2
Social Work Specialist P11	2
Social Work Specialist 12	3
Special Education Consultant 12	3
Special Education Consultant P13	3
*Special Education Consultant 14	3
Special Education Teacher P11	3
Special Education Teacher-Hearing Impaired 12	3
**State Transitional Professional 9	
**State Worker 4	
Trades Instructor P11	3
*Trades Instructor 12	3

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Vocational Education Consultant 12	3
Vocational Education Consultant P13	3
Vocational Education Consultant 14	3

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

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

**APPENDIX B
ADMINISTRATIVE SUPPORT UNIT -- W-41**

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

Classification

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

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

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

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

- Department of State Aide 6
- Department of State Aide 7
- Department of State Aide E8
- Department of State Aide 9

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

- Emergency Dispatcher 7
- Emergency Dispatcher E8
- Emergency Dispatcher 9

- Engineering Support Assistant E8 Frozen
- Engineering Support Assistant 9 Frozen

- *Executive Secretary E10

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

Hearings Reporter 10
*Hearings Reporter E11

- *Human Resources Assistant 7
- *Human Resources Assistant E8
- *Human Resources Assistant 9

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

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

Library Assistant 5
Library Assistant 6
Library Assistant E7
Library Assistant 8

Library Technician 8
Library Technician 9
Library Technician E10
Library Technician 11

Medical Benefits Reviewer 5
Medical Benefits Reviewer 6
Medical Benefits Reviewer E7
Medical Benefits Reviewer 8

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

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

- *Secretary 7
- *Secretary E8
- *Secretary 9

- State Services Assistant E7
- State Services Assistant 8

- **State Worker 4

- Treasury Customer Service Representative 6
- Treasury Customer Service Representative 7
- Treasury Customer Service Representative E8
- Treasury Customer Service Representative 9

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

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

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

APPENDIX D

**APPENDIX D
EMPLOYEE BENEFITS ELIGIBILITY CHART**

Appointment Duration

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

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

- NOTE:
1. Initial grant is available for immediate use.
 2. Not more than sixteen (16) hours initial annual leave may be credited in any calendar year, however, unused credit may be restored upon separation and rehire within same calendar year.

Annual Leave	A. Less than 2,080 hours continuous service completed.	Credit four (4) hours annual leave for each eighty (80) hours in pay status or a pro-rated amount if in pay status less than eighty (80) hours.	Not eligible
	B. 2,080 hours or more of continuous service, but less than 10,400 hours.	Credit 4.7 hours annual leave for each eighty (80) hours in pay status or a pro-rated amount if in pay status less than eighty (80) hours.	Not eligible
	C. 10,400 hours or more of continuous service.	See table, Article 39, annual leave.	Not eligible

Sick Leave Credit four (4) hours of sick leave for each eighty (80) hours in pay status or a pro-rated amount if in pay status less than eighty (80) hours. Not eligible

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

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

BENEFIT	PERMANENT/LIMITED TERM	TEMPORARY
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					(NON-CAREER)
	Full-Time	Part-Time %	Hourly P.I.	Seasonal	
PAID HOLIDAYS	Full holiday pay.	Pay in proportion to percentage assigned to position.	Pay in proportion to average hours in pay status for previous six (6) pay periods, if applicable (See Article 34).	Full holiday pay during season.	Not eligible
STATE-SPONSORED INSURANCE*					
A. Health	Eligible	Eligible	Eligible	Eligible	Not eligible
B. Life	Eligible	Eligible if working forty percent (40%) or more of full-time	Eligible if working forty percent (40%) or more of full-time	Eligible if working forty percent (40%) or more of full-time	Not eligible
C. Long-Term Disability	Eligible	Same as life	Same as life	Eligible if working full-time	Not eligible
D. Dental	Eligible	Same as life	Same as life*	Same as LTD*	Not eligible
E. Vision	Eligible	Same as life	Same as life	Same as dental	Not eligible

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BENEFIT	PERMANENT/LIMITED TERM				TEMPORARY (NON-CAREER)
	Full-Time	Part-Time %	Hourly P.I.	Seasonal	
ACCIDENTAL DUTY DEATH	Eligible	Eligible	Eligible	Eligible	Eligible
DEFERRED COMPENSATION	Eligible to enroll within sixty (60) days following date of appointment.				
LONGEVITY	10,400 hours of currently continuous service completed by October 1.				Not Eligible

Status: Granted at end of bi-weekly work period in which 2,080 hours of satisfactory paid service completed.
(Except for classes for which a longer probationary period prescribed by Civil Service Commission [CSC] action).

Not eligible

***Exception**

When permanent-intermittent and seasonal employees have not been on the payroll for two (2) consecutive pay periods, eligibility for dental benefit ceases after the third pay period.

Seasonal employees must have at least eight (8) months of employment per year to be eligible for dental benefits.

**APPENDIX E
STATE HEALTH PLAN – PPO BENEFIT CHART**

State Health Plan (PPO)		
	In-Network	Out-of-Network
Preventive Services – Limited to \$1,500 per calendar year per person.		
Health Maintenance Exam - includes chest X-ray, EKG and select lab procedures	Covered-100%, one per calendar year	Not covered
Annual Gynecological Exam	Covered-100%, one per calendar year	Not covered
Pap Smear Screening-laboratory services only	Covered-100%, one per calendar year	Not covered
Well-Baby and Child Care	Covered-100% -6 visits per year through age 1 -2 visits per year, age 2 through 3 -1 visit per year, age 4 through 15	Not covered
Immunizations (no age limit). Annual flu shot; Hepatitis C screening covered for those at risk	Covered 100%	Not covered
Fecal Occult Blood Screening	Covered-100%, one per calendar year	Not covered
Flexible Sigmoidoscopy Exam	Covered 100%	Not covered
Prostate Specific Antigen (PSA) Screening	Covered-100%, one per calendar year	Not covered

Preventive Services – Not Subject To Maximum Limit

Mammography

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

Physician Office Services

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

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

Emergency Medical Care

Hospital Emergency Room-approved diagnosis, prudent person rule	Covered – 100%, after a \$50 co-pay if not admitted, 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
	730 days per confinement	
Hospice Care	Covered – 100%	Covered – 100%
	Limited to the lifetime dollar max. which is adjusted annually by the State	
Home Health Care	Covered – 100% after deductible	Covered – 100% after deductible
	Unlimited visits	

Surgical Services

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

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

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	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
- 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

State Health Plan (PPO)		
	In-Network	Out-of-Network
Hearing Care Program	\$15 office visits; more frequent than 36 months if standards met	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after deductible (up to 20 visits annually)	Covered – 90% after deductible (up to 20 visits annually)
Weight Loss Benefit	Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction.	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300 (Additional wigs covered for children due to growth.)	

Deductible, Co-pays and Dollar Maximums

Deductible	\$300 per member; \$600 per family	\$600 per member, \$1,200 per family
Co-pays		
- Fixed Dollar Co-pays - Do not apply toward deductible	\$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 MH/SA outpatient and private duty nursing	10% for most services; MH/SA at 50%
Annual Dollar Maximums	N/A	None
- Fixed Dollar Co-pays - Do not apply toward out-of-pocket maximum		
- 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	

APPENDIX E-1

Appendix E-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.

<u>Preventive Services</u>	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%

<u>Maternity Services</u> 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%

<u>Hospital Care</u>	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%

<u>Alternatives to Hospital Care</u>	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
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

<u>Mental Health/ Substance Abuse</u>	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 \$10	Retail \$30	Retail \$60
Mail Order \$20	Mail Order \$60	Mail Order \$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. MH/SA 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 E-2

Effective October 12, 2014 this Appendix applies to all eligible employees regardless of the date of hire and replaces Appendix E and Appendix E-1.

<u>Preventive Services</u>	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%
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
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

<u>Hospital Care</u>	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

<u>Alternatives to Hospital Care</u>	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

<u>Surgical Services</u>	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%

<u>Human Organ and Tissue Transplants</u>	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
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% after deductible subject to medical criteria

<u>Other Services</u>	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
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	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

<u>Mental Health/ Substance Abuse</u>	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.
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.

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/employee_benefits 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 Mail Order \$20	Retail \$30 Mail Order \$60	Retail \$60 Mail Order \$120

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

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

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.

<u>Premium Sharing</u>	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15%	85% ⁷

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.

APPENDIX F
MINIMUM HMO BENEFITS*

Effective October 12, 2014 see Appendix E-2 for HMO Benefits

Description of Benefits

Services in the Hospital

Number of days of care	Unlimited
Semi-private room and intensive care	Covered
Miscellaneous hospital services	Covered
Surgery and all related surgical services	Covered
Anesthesia	Covered
Laboratory tests and x-rays	Covered
Medicines and drugs	Covered

Emergency Medical Care

Physician services	Covered
Hospital emergency room services	\$50 co-pay
- At participating hospitals	Covered
- Other hospitals in plan service area	Covered
- Other hospitals outside plan service area	Covered

Ambulance Service

Covered

Physician Services

Routine office visits	\$10 co-pay
Consulting specialist care when necessary	Covered
Periodic physical examinations	Covered
Dermatology services	Covered
Allergy services	Covered

Maternity Service

Prenatal and postnatal care	Covered
Delivery in hospital	Covered
Well-baby care in hospital	Covered
Home delivery	Not Covered

Prescriptions

Prescription drugs	Covered with \$5/\$10 co-pay
Birth control pills	Covered with \$5/\$10 co-pay

Description of Benefits

Diagnostic and Therapeutic Procedures

Laboratory tests	Covered
Radiation therapy	Covered
Diagnostic X-Rays	Covered

Preventive Services

Immunizations	Covered
Voluntary family planning	Covered
Sterilization	Covered
IUDs and other devices	Covered
Infertility counseling and treatment	Covered
Genetic counseling	Covered
Nutritional education and counseling	Covered
Health education and counseling	Covered

Mental Health Care

Outpatient visits	20 visits covered in full; \$10/half session, \$15/full session co-pay thereafter
Inpatient Psychiatric Hospital Services	45 days renewable after 60 days

Alcoholism and Drug Abuse Services

Inpatient alcoholism and drug abuse services Detoxification	45 days renewable after 60 days covered
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Outpatient Alcoholism and Drug Abuse Services

35 visits

Alternate Medical Systems

Nursing services in the home	Covered
Skilled nursing home care	730 days
Home health aide care	Covered
Custodial care	Not covered

Hospice Care

Home support for terminally ill

Description of Benefits

Appliances and Prosthetic Devices

When medically necessary	Covered
When body's growth or development necessitates replacement	Covered
Normal wear and damage	Covered
Durable medical equipment	Covered

Vision

Vision screening	Covered
Eye refractions	Not covered
Corrective lenses	Not covered

Hearing Services

Hearing screening	Covered
Hearing examination	Covered
Hearing aid evaluation test	Covered
Hearing aids	Once every 36 months

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

*Subject to provisions of Article 43.C.2.b.3

**APPENDIX G
LONGEVITY COMPENSATION PLAN SCHEDULES OF PAYMENTS FOR**

<u>Years of Service</u>	<u>Equivalent Hours of Service</u>	<u>Human Services and Administrative Support Annual Payments</u>
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	\$1,040

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