

UAW

2024-2027

Master Agreement

Between

The

**Wayne County Community College
District**

Board of Trustees

And the

UAW Amalgamated Local 1796

TABLE OF CONTENTS

Article I	Agreement	3
Article II	Recognition	5
Article III	Scope of Agreement	6
Article IV	Conformity to Law	7
Article V	Fair Employment Practices	8
Article VI	Employer's Rights	9
Article VII	Union Security	10
Article VIII	Representation and Release Time	12
Article IX	Negotiations	14
Article X	Communications	15
Article XI	Grievance Procedures	17
Article XII	Disciplinary Action, Suspension and Termination	21
Article XIII	Seniority	24
Article XIV	Leaves	32
Article XV	Hours of Work	40
Article XVI	Overtime	43
Article XVII	Holidays	45
Article XVIII	Vacations	48
Article XIX	Personnel Files	52
Article XX	Miscellaneous	53
Article XXI	Job Classifications	59
Article XXII	Wage Schedules and Classifications	61
Article XXIII	Fringe Benefits	63
Article XXIV	Waiver	70
Article XXV	Interim Appointment, Temporary Job Assignment, And the Temporary Assignment of Additional Duties	71
Appendix A	Hourly Salary Grade and Progression Schedule	75
Appendix B	Classifications	77
Appendix C	Job Descriptions	79
Appendix D	Grievance Form	99
Appendix E	Medical Benefit Plans	102

ARTICLE I

AGREEMENT

- A. This Agreement is made by and between Wayne County Community College District Board of Trustees, and its successors, (hereinafter referred to as the Employer or College), and the International Union, United Automobile, Aerospace and Agricultural Implement Works of America and its Local 1796, hereinafter referred to as the Union.
- B. This Agreement shall be effective upon approval of the Board of Trustees and shall remain in force until midnight, June 30, 2027, and thereafter until sixty (60) days after either party shall serve written notice of a desire to terminate, modify, alter, re-negotiate, change, or amend this Agreement. Such written notice given sixty (60) days or more before June 30, 2027, shall become effective on June 30, 2027. A notice of desire to modify, alter, amend, re-negotiate, or change, or any combination thereof, shall have the effect of terminating the entire Agreement on June 30, 2027, in the same manner as a notice of desire to terminate, unless before that date all subjects of amendment proposed by either party have been disposed of by agreement or by withdrawal by the party proposing amendment.
- C. The purpose of this Agreement is to set forth terms and conditions of employment, such as wages, hours, and working conditions; to establish the machinery for collective bargaining, and to promote orderly and peaceful labor relations between the Employer and the employees. To the above end, it is the intent of the parties to abide by the terms of this Agreement at all times.

ARTICLE II

RECOGNITION

- A. Pursuant to and in accordance with all applicable provisions of Act 379 of the Michigan Public Acts of 1965, as amended, the Employer recognizes the Union as the exclusive collective bargaining agent with respect to wages, hours, terms, and working conditions of employment for the term of this Agreement.
- B. This Agreement applies to all regular full-time office, clerical, and technical support staff employees and all regular part-time office, clerical, and technical support staff employees as certified by the Michigan Employment Relations Commission in Case Number R71H377 that has been modified by the parties through mutual written agreement. Recognition shall apply to employees employed by the College at the following facilities or campuses: Curtis L. Ivery Administration Building, Downriver, Curtis L. Ivery Downtown, Eastern, Northwest, Mary Ellen Stempfle University Center/Center for Learning Technology and Ted Scott.
- C. Excluded from the Bargaining Unit are temporary employees, employees doing confidential work, work-study student employees, all other employees not covered by Section B.
- D. This agreement also applies to all full-time and regular part-time note takers employed by Wayne County Community College District at any of its campuses, excluding supervisors and all other employees.
- E. For the purpose of this Agreement, a regular full-time employee is an employee who regularly works forty (40) hours a week on a permanent basis.

A regular part-time employee is an employee who works a minimum of twenty-five (25) hours a week but less than forty (40) hours a week on a permanent basis.
- F. The Union recognizes that it is the policy of the College to provide employment for students to assist them in obtaining an education. No employee in the Bargaining Unit shall be displaced or replaced by a student employee.
- G. The Employer and the Union agree to extend Bargaining Unit status to eligible employees, as described in Article II.B of this section, at any new facility or campus owned by the College at such time the facility or campus is opened by the College.

ARTICLE III

SCOPE OF THE AGREEMENT

- A. This Agreement shall supersede any rules, regulations, practices, contracts inconsistent with its terms unless mutually adjusted in writing by the Employer and the Union.
- B. Such an adjustment between the Employer and the Union shall be made only after the Employer and the Union have agreed in writing that a particular program cannot be designed to comply with specific provisions of this Agreement, and that all efforts to design the program in question so as to comply with this Agreement have been exhausted. Such agreement by either party shall not be withheld arbitrarily nor capriciously.
 - 1. The written adjustment between the Employer and the Union shall specify which provisions of this Agreement shall be adjusted and how they shall be adjusted.
 - 2. Any such adjustment shall apply only to the programs specifically mentioned therein.

ARTICLE IV

CONFORMITY TO LAW

- A. This Agreement is subject in all respects to the laws of the State of Michigan and the United States with regard to the powers, rights, duties, and obligations of the Employer, the Union, and employees of the Bargaining Unit.
- B. In those instances where any state law is contested, the provisions of the law shall be binding until such time as a court of competent jurisdiction declares it to be unconstitutional, null, or void.
- C. In the event that any provisions of this Agreement shall at any time be held to be contrary to law by a court of competent jurisdiction from whose final judgment or decree no appeal has been taken within the time provided for doing so, such provision shall be void and inoperative. The parties shall meet for the purpose of rewriting directly affected provisions of this contract and those provisions only. However, all other provisions of this Agreement shall continue in effect and such court determination shall not affect any other portion of this Agreement.
- D. Each collective bargaining agreement entered into between a public employer and public employees under this act on or after March 28, 2013 shall include a provision that allows an emergency manager appointed under the local financial stability and choice act, 2012 PA 436, MCL 141.1541 to 141.1575, to reject, modify, or terminate the collective bargaining agreement as provided in the local financial stability and choice act, 2012 PA 136, MCL 141.1541 to 141.1575. Provisions required by this subsection are prohibited subjects of bargaining under this act.

ARTICLE V

FAIR EMPLOYMENT PRACTICES

- A. The Employer and the Union recognize their respective responsibilities under federal, state, and local laws relating to fair employment practices.
- B. The Employer and the Union recognize the moral and legal principles involved in the area of civil rights and reaffirm in this collective bargaining agreement their commitment not to discriminate because of race, creed, color, age, sex, marital status, sexual orientation or political beliefs and activities, membership in any labor organization, handicaps or disability persons, by adhering to valid equal employment opportunity, affirmative action, and Title IX rules and regulations and/or guidelines.
- C. Whenever the word he or employee is used in this document, it shall be deemed to include both male and female.

ARTICLE VI

EMPLOYER'S RIGHTS

- A. The Union recognizes the Employer's right to manage its affairs and direct its work force and, within the existing framework of the Statutes of the State of Michigan and the By Laws of the Wayne County Community College District Board of Trustees, to maintain the College as efficiently and at the lowest possible cost consistent with fair labor standards. Further, the College has all the customary and usual rights, power, functions and authority of management. It is recognized that the management of the College, the control of its properties, and the maintenance of order and efficiency is solely a responsibility of the Employer. Among the rights and responsibilities belonging to the Employer are the rights to decide the number and location of its facilities, work to be performed within the unit, amount of supervision necessary, and schedule of work. It is understood and agreed that none of the foregoing rights and responsibilities will be exercised in a manner, which is inconsistent with the provisions of this Agreement.
- B. It is further recognized that the responsibility of the Administration of the College for the selection and direction of the work force, including the right to hire, suspend, or discharge for just cause, assign, promote, or transfer, to relieve employees from duty because of lack of work or for other legitimate reasons as set forth in this Agreement, is vested exclusively in the Employer.
- C. The Employer reserves the right to promulgate reasonable rules and regulations in order to maintain order and discipline, provided the same are not inconsistent with the provisions of this Agreement.

ARTICLE VII

UNION SECURITY

A. UNION MEMBERSHIP

The Union security provisions of the prior collective bargaining agreement shall be of no force and effect in any state to the extent that the making or enforcement of such provisions is contrary to Michigan law as of July 1, 2014. However, should any such state law either be declared invalid with all appeals exhausted, or repealed or modified by the Michigan State Legislature or Congress of the United States, to make union security (including any form thereof) lawful, the union security provisions of the previous agreement will again be in force and effect to the fullest extent permitted by law, including such lesser forms of union security such as “fair share” or “agency fee” if those lesser forms of union security are all that is permitted by state law.

At all times, the following provisions respecting union membership shall remain in effect in the bargaining unit or units covered by this Agreement:

An employee who is a member of the UAW at the time this Agreement becomes effective shall continue to be eligible for membership in the UAW for acquisition and retention of membership, provided such restrictions do not restrict or in any way limit the right of a member to resign his or her membership in the Union at any time.

An employee who is not a member of the UAW at the time of this Agreement becomes effective may be a member of the UAW at any time after employment and remain a member of the UAW for the duration of this Agreement, subject to such terms as may be enforced by the UAW for acquisition and retention of membership, provided such restrictions do not restrict or in any way limit the right of a member to resign his or her membership in the Union at any time.

Employees who decide to discontinue membership with the UAW shall notify the local Financial Secretary by either registered or certified mail. A copy of the request notification will be sent to both the unit chairperson and Human Resources Department.

B. CHECK OFF

1. Human Resources, at the time of hire, rehire, reinstatement, or transfer of an employee into the Bargaining Unit, shall apprise the prospective member of this Article’s provisions and shall present to him an

Application for Membership and an Authorization for Check-off of Dues supplies by the Union.

- a. If the employee desires to join the Union, he shall complete both the Application for Membership and the Authorization for Check-off of Dues, and return them along with the initiation fee to the Union's financial officer.
2. During the life of this Agreement and in accordance with the terms of the Authorization for Check-off of Dues, the Employer agrees to deduct membership dues or service fees levied in accordance with applicable law and the Constitution of the International Union from the pay of each employee who executes or has executed the Authorization for Check-off of Dues.
3. The initial deduction for any employee shall not begin unless the Authorization for Check-off of Dues and the certification of the Union's financial officer as to the amount of the periodic Union dues or service fees has been delivered to the Employer's Payroll Department at least fifteen (15) calendar days prior to the affected pay day.
4. All sums deducted by the Employer shall be remitted to the Union's financial officer once each month by the twentieth (20th) calendar day of the month in which deductions were made together with a list of current employees showing the amount of Union dues or service fees deducted from each employee.
5. In cases where a deduction is made which duplicates a payment already made to the Union by an employee, or where a deduction is not in conformity with the Constitution of the International Union, refunds to the employee shall be made by the Union.
6. The Employer shall not be liable to the Union by reason of Section B of this Article for the remittance or payment of any sum other than that constituting actual deductions made from the pay earned by the employee.
7. The Employer shall not, during the life of this Agreement, deduct union dues or service fees from employees other than the Union without the Union's written permission.
8. The Union shall protect and save harmless the Employer from any and all claims, demands, suits, and other forms of liability by reason of action taken or not taken by the Employer for the purpose of complying with Section B of this Article.

ARTICLE VIII

REPRESENTATION AND RELEASE TIME

- A. The Employer shall recognize three (3) regular, full-time employees of the Bargaining Unit as the Bargaining Committee. The Employer agrees to negotiate with this Committee as the representative of its employees covered by this Agreement. In the event any member of the Bargaining Committee cannot participate in negotiation sessions the Vice President of the local shall participate in their absence.
- B. The Employer shall recognize ten (10) regular, full-time employees of the Bargaining Unit as Stewards. Additional Stewards may be recognized by mutual written agreement of both parties. The Union shall designate the jurisdictional district of each Steward; however, there shall be not more than one (1) Steward representing Bargaining Unit members in any one given district.
- C. The Employer shall recognize any authorized representative of the International Union, which is a party to this Agreement, for the purpose of participating in negotiations and the handling of other matters of this Agreement.
- D. The following officials of the Union shall be granted release time for the handling of matters pertaining to this Agreement without suffering a loss of earnings, provided in all cases the official's supervisor or his designee is given proper written notice of the Union official's pending absence from his job.
 - 1. Union Stewards and/or designee's shall be granted release time for investigating and/or adjusting grievances affecting the Steward's (and/or designee's) district and, at the request of the Employer, for the handling of other matters pertaining to this Agreement.
 - 2. The Bargaining Committee shall be granted release time for investigating and/or adjusting grievances, relative to the second step of the grievance procedure.
 - 3. The Bargaining Committee, which shall include one (1) part-time Bargaining Unit member, shall be granted release time not to exceed eight (8) hours per week for the purpose of negotiations once negotiations have begun officially. Additional release time for negotiations shall be granted only by mutual agreement of the Employer and the Union. However, it is mutually agreed that the

provisions of this paragraph shall not be used to delay the timely settlement of a new Agreement.

4. The President and the Bargaining Committee Chairperson of the Union shall be granted release time for the purpose of meeting with the Manager of Labor Relations or his designee for the special conferences for the discussions of important matters pertaining to labor relations. Arrangements for these conferences shall be made at least five (5) working days prior to the requested meeting unless otherwise mutually agreed to by the Employer and the Union. An agenda shall be submitted at the time the arrangements for the conferences are made, and the items to be discussed in the conferences shall be confined to those items on the agenda unless otherwise mutually agreed to in writing by the Employer and the Union.
- E. Officials of the Union shall be allowed release time, without pay, for official business of the International Union, provided the employee has given his supervisor written notice at least five (5) working days in advance of his pending absence from the job.

ARTICLE IX

NEGOTIATIONS

- A. During the period of this Agreement, any time after one hundred eighty (180) calendar days preceding the termination date, either party may notify the other of its intentions to negotiate, and negotiations shall begin exactly sixty (60) calendar days prior to the expiration date of this Agreement.
- B. During the period of negotiating an Agreement, the parties shall meet at reasonable intervals and for reasonable periods of time. Every effort shall be made to schedule bargaining sessions at times, which shall not conflict with scheduled assignments or otherwise disrupt or create problems with normal College operations.
- C. Whenever a question arises concerning the application and interpretation of this Agreement, which affects all or substantially all of the members of the Bargaining Unit, by mutual written agreement, the parties may convene their professional negotiation teams to discuss the matter.

ARTICLE X

COMMUNICATIONS

- A. The President of the Union or his designee shall be furnished a copy of the agenda of the monthly public meeting of the Board of Trustees with all normal attachments not confidential as determined by the Board at the same time regular distribution is made to the Board.
- B. Upon written request by the Union, its officially designated representative shall appear as an item of new business on the agenda of each monthly public meeting of the Board of Trustees for which the request was made, provided that such request shall be made in writing and in accordance with established Board policy and procedure. Said request shall state the reason for appearing before the Board and shall include any relevant materials related to subject matter of the request.
- C. The Employer shall make available to the Union upon its written request and within reasonable time thereafter such available statistical, financial, and personnel information and reports related to the operation of the College as are necessary for processing of grievances or the negotiation for implementation of collective bargaining agreements, provided that nothing included herein is intended to require the Employer to present information in forms not normally followed nor in forms not already compiled as provided by law.
- D. The Employer shall furnish the Union, on a monthly basis, with a list of all employees in the Bargaining Unit and a list of all temporary employees who are doing bargaining unit work who have been hired, rehired, laid off, or terminated.
- E. Upon written request, the Union shall be provided with a copy of the organizational chart of the College complete with names, titles, salaries, office locations, and office telephone numbers and extensions of each administrator and supervisor. The Union shall be notified of changes in the organizational chart.
- F. The Employer shall be provided with a list of local Union officers, committee members, and stewards and the jurisdictional districts to which they are assigned. The Employer shall be promptly notified in writing of any subsequent changes.
- G. Employees shall be responsible for providing written notification to the Personnel Department and the Union with changes in their addresses,

telephone numbers, or any change affecting their benefit administration status, within five (5) working days of such changes.

- H. The parties shall supply each employee of the Bargaining Unit with a copy of this Agreement within forty-five (45) calendar days after its ratification by both parties. After that date, each new hire, rehire, or reinstated employee who does not have a copy of this Agreement shall be supplied a copy by the Employer. The Employer shall supply the Union with twenty-five (25) copies of this Agreement for the Union's own use. Costs of any outside printing of this Agreement shall be shared equally by both parties. A copy of this Agreement shall be maintained on the College's website.

ARTICLE XI

GRIEVANCE PROCEDURES

A. A grievance shall mean a complaint by an employee in the Bargaining Unit, or by a group of employees, or by the Union on its own behalf, concerning any alleged violation of this Agreement. All grievances shall be settled in conformity with the following grievance procedures:

B. Step One

1. Prior to the filing of a written grievance, but no later than three (3) working days after the cause of the grievance, or the grievant knew of the cause or should have known the cause, the grievant, with or without a representative of the Union, shall meet with the appropriate supervisor in whose area the grievance arose to discuss the matter with the object of conflict resolution. The supervisor shall make a written disposition within three (3) working days. Within three (3) working days after the written decision of the supervisor, the appropriate administrator shall review and sign the grievance before moving to Step Two.
2. If the grievance remains unresolved after discussion, the Union may submit a typewritten or printed grievance not later than ten (10) working days after the grievant's knowledge that a grievance exists. A copy of the written grievance shall be dated and signed by the grievant and/or Union representative and submitted by the Union to the supervisor with whom the grievance has been discussed along with any attachment which the Union deems relevant to the case. In no event shall the Grievance Procedure be invoked for a grievance based on this Agreement later than the formal expiration of this Agreement.
3. Within five (5) working days after the grievance was presented to him, the supervisor shall communicate his decision in writing to the Union.

C. Step Two

1. If the grievance remains unresolved after Step One, the Union may submit the grievance to the Manager of Labor Relations within five (5) working days after receipt of the grievance answer from the supervisor.
2. Within fifteen (15) working days after receipt of the written grievance from the Union, the Manager of Labor Relations shall arrange and hold a fact-finding meeting concerning the grievance with the Bargaining Committee of the Union. At this meeting, the parties shall exchange all

relevant documents, names of witnesses and other information to set forth all known facts regarding the grievance under discussion.

3. Within five (5) working days after this fact-finding meeting, the Manager of Labor Relations, or his designee, shall communicate his decision in writing, including a written explanation thereof, to the Union. The Manager of Labor Relations shall date and sign the grievance disposition.

D. Step Three

1. If the grievance remains unresolved after Step Two of the Grievance Procedure, the Union shall request a hearing with the Manager of Labor Relations within five (5) working days after receipt of the grievance answer from the Manager in order to discuss the grievance further.
2. At this hearing, both parties again shall set forth all known facts regarding the grievance(s) under discussion. Within fifteen (15) working days after the receipt of the request for an additional hearing, the Manager of Labor Relations shall arrange and hold a pre-arbitration hearing with the Union President, Financial Secretary, Bargaining Chairperson, and the International Representative.
3. Within ten (10) working days after this hearing, the Manager of Labor Relations shall communicate his decision in writing to the Union.

E. Step Four

1. If the grievance remains unresolved after Step Three of the Grievance Procedure, the Union may submit the grievance to arbitration. Official written notice of the desire for arbitration shall be submitted to the Manager of Labor Relations no later than ten (10) working days after receipt of the grievance answer from the Manager in Step Three.
2. The arbitration proceedings shall be conducted under the rules of the American Arbitration Association by an arbitrator to be selected by the Employer and the Union within ten (10) working days after notice of the desire for arbitration has been received by the Manager of Labor Relations. If the parties cannot agree upon an arbitrator, they shall request the Michigan Employment Relations Commission to provide a list of five (5) arbitrators. Both the Employer and the Union shall strike two (2) names from the list, taking turns to strike one name at a time. The Employer and the Union shall strike the first name for the first grievance submitted to arbitrate under this Agreement.

3. The arbitrator shall hear the matter promptly and shall issue his decision not later than thirty- (30) days from the close of the hearings.
4. The fees and expenses of the arbitrator shall be shared equally by the Employer and the Union. All other expenses shall be borne by the party incurring them, and neither party shall be responsible for the expense of witnesses called by the other.
5. The decision and award of the arbitrator shall be in writing and shall set forth his opinions and conclusions on the issues submitted to him.
6. The decision and award of the arbitrator, if made in accordance with his jurisdiction and authority under this Agreement, shall be accepted as final by the Employer, the Union, and the employee or employees involved.
7. Nothing in the foregoing shall be construed to empower the arbitrator to make any decision amending, changing, subtracting from, or adding to the provisions of this Agreement.

F. General Provisions

1. All grievances shall be typewritten or printed and shall be submitted on the Grievance Report Form illustrated in the Appendix D of this Agreement. All subsequent decisions or answers by the Employer, the Union, and/or the arbitrator shall be typed.
2. The grievant shall have the right to be present personally, to be accompanied by an official of the Union, or to be represented by an official of the Union at any stage of the proceedings. Either the Union or the Employer shall have the right to bring in witnesses necessary for the processing of the grievance.
3. Hearings and conferences held under this procedure shall be conducted at a time and place which shall afford a fair and reasonable opportunity for all persons, including witnesses required to be present, to attend. When such hearings and conferences are held during work hours, all employees whose presence is required shall be excused for that purpose without loss of pay.
4. Grievances shall be processed as rapidly as possible. The number of working days indicated at each level shall be considered as maximum and every effort shall be made to expedite the grievance process. For purposes of this Agreement, a "working day" shall be defined as any weekday, Monday through Friday, excluding holidays and any other days on which the College is closed officially.

5. Failure to appeal a decision within the specified time limits shall be deemed a withdrawal of the grievance and shall bar further action or appeal. Failure to communicate the decision on a grievance within the specified time limits shall permit lodging an appeal at the next step of this procedure within the time allotted had the decision been given. Time limits may be extended by mutual written agreement of both parties.
6. A grievance may be initiated at any higher applicable level by mutual written agreement of both parties. The Union may withdraw a grievance without prejudice and without establishing a precedent at any step of the procedure. No grievance withdrawn in this manner shall be reinstated.
7. No restraining, coercive, discriminatory, or retaliatory action of any kind shall be taken by the Employer against any party of interest, any Union representative, or any official participant in the grievance procedure by reason of such participation.
8. All discussions with respect to the grievance shall be kept confidential by the parties involved during the procedural steps of the grievance, provided that either party may release pertinent information to any or all personnel relative to the grievance.
9. No decision on a grievance or an adjustment thereof shall be contrary to any provision of this Agreement. No terms shall be added to or subtracted from this Agreement, nor any provision changed by the grievance procedure.

ARTICLE XII

DISCIPLINARY ACTION, SUSPENSION, AND TERMINATION

A. DISCIPLINARY ACTION AND SUSPENSION

1. The Employer and the Union recognize that it shall be necessary to discipline employees who have violated personnel policies or work rules or who have been insubordinate, or otherwise for just cause. When discipline is necessary, the following procedures shall be adhered to:
 - a. The immediate supervisor shall orally reprimand an employee for an initial infraction. The supervisor may place a notation in employee's personnel file that the reprimand was given.
 - b. The supervisor shall have the option in the case of a subsequent infraction to reprimand the employee orally following the procedure set forth above, or to reprimand the employee in writing. If the employee is reprimanded in writing, a copy of the reprimand shall be given to the employee, a copy placed in the employee's personnel file, and separate copies given to the employee's Steward, Bargaining Chairperson, and the President of the Union. Such a written reprimand may include the warning that any further infraction or acts of insubordination shall result in the suspension or discharge of the employee.
 - c. The supervisor shall have the option in the case of continued infractions to reprimand the employee in writing following the procedure set forth above, or to suspend the employee without pay, provided the employee has been reprimanded in writing previously. The Employer and the Union agree to follow the disciplinary steps listed below:
 - (1) An initial suspension shall be for three (3) working days. Any subsequent suspension shall be for five (5) working days. However, in the case of a serious violation of personnel policies or work rules, or an act of insubordination, the Employer shall have the option to institute a five (5) day suspension or termination and promptly notify the Union of same without prior reprimand or suspension as provided in this Article.
 - (2) Any suspension shall be in writing and shall set forth the reasons for the suspension. The letter of suspension shall include a

warning that any further violation or acts of insubordination may result in termination of the employee.

- (3) A copy of the letter of suspension shall be given to the employee by the supervisor, a copy placed in the employee's personnel file, and separate copies given to the employee's Steward, Bargaining Chairperson, and the President of the Union.
 - (4) Except in those cases where, as reasonably determined by the Employer, circumstances warrant otherwise, the Steward and the employee shall have the right to discuss the suspension in a place of privacy before the employee is required to leave the Employer's property.
- d. In imposing any disciplinary action, the Employer shall not take into account written reprimands, which occurred more than twelve (12) months previously.
 - e. An employee in the Bargaining Unit may request in writing the removal of any reprimands from their personnel file, provided said reprimand has been in the employee's personnel file for two (2) years or more from the issue date.
2. If the Union desires a hearing on a suspension in place of the initiation of a grievance, it shall notify the Manager of Labor Relations in writing within four (4) working days of the suspension, and the Manager or his designee shall meet with the President of the Union and the Bargaining Chairperson or their designee within two (2) working days in an attempt to resolve the issue.
 3. Within five (5) working days of the suspension hearing, the Manager of Labor Relations shall communicate his decision in writing to the Union. A grievance on a suspension, filed on a timely basis, shall begin at Step Two of the formal grievance procedure.

B. TERMINATION

An employee in the Bargaining Unit shall be subject to termination only for just cause such as, but not limited to, the following:

Gross insubordination, pilferage, intoxication (drugs or alcohol), incompetence, or failure to observe safety rules and regulations. However, an attempt shall be made by the Employer and the Union to rehabilitate those Bargaining Unit members who experience drug and/or alcohol related problems.

1. Except in those cases where, as reasonably determined by the Employer, circumstances warrant otherwise, the Steward and the employee shall have the right to discuss the termination in a place of privacy before the employee is required to leave the Employer's property.
2. If the Union desires a hearing on a termination in addition to or in place of the initiation of a grievance, it shall notify the Labor Relations Manager in writing within five (5) working days of the termination, and the Labor Relations Manager or his designee shall meet with the President of the Union and Bargaining Chairperson or their designee within four (4) working days in an attempt to resolve the issue. Within five (5) days of the termination hearing, the Labor Relations Manager shall communicate his decision in writing to the Union.
3. A grievance on a termination, filed on a timely basis, shall be submitted in writing and begin at Step Two of the formal grievance procedure.
4. Probationary Employees

Refer to Article XIII.A.3.B

5. A copy of the letter of termination shall be given to the Employee by Human Resources via registered U.S. Mail, a copy placed in the Employee's Personnel File, and a separate copy given to the President of the Union or designee.

ARTICLE XIII

SENIORITY

A. GENERAL PROVISIONS

1. Bargaining Unit Employees who have completed their probationary period shall be entitled to seniority rights as set forth in this Agreement. Such seniority shall be classification seniority as listed in the Appendix to this Agreement.
2. A regular bargaining unit employee in the Bargaining Unit shall have seniority from the date of last hire into a regular position in the Bargaining Unit. An employee hired into a temporary full-time position in the Bargaining Unit, who subsequently transfers to a regular full-time position, shall have seniority as of the date of hire. The seniority date of note takers shall be based upon their date of hire. If two or more employees have the same seniority date, they shall be ranked by the last four digits of their respective social security numbers, the one with the highest number being given the highest rank.
3. Each new bargaining unit employee shall be considered a probationary employee for the first eighty-nine (89) calendar days of his employment. Upon satisfactory completion of his probationary period, the employee shall be placed on the seniority list of the Bargaining Unit from the first day of his full-time employment with the College.
 - a. There shall be no seniority among probationary or temporary full-time employees.
 - b. The Union shall represent probationary employees for the purpose of collective bargaining with respect to wages, hours, and conditions of employment as set forth in this Agreement, but the Union shall not represent probationary employees who have been laid off or terminated and who have worked for the Employer forty-five (45) calendar days or less. The Union may represent probationary employees who have been laid off or terminated and who have worked for the Employer forty-six- (46) calendar days or longer. The Union's representation of probationary employees who have worked for the Employer forty-six (46) days or longer shall not extend beyond the third step of the grievance procedure set forth in Article XI.
4. An employee, who transfers to a position excluded from any bargaining unit in the College after July 1, 1971, shall retain the classification

seniority held at the time of the transfer. In the event the employee's services are no longer required in the new classification, he shall be returned to the Bargaining Unit with such seniority as held at the time of transfer.

5. After the effective date of this Agreement, a new employee hired into a position excluded from the Bargaining Unit shall have no seniority if transferred into the Bargaining Unit. Such an employee shall be considered a "new hire" for seniority purposes.
6. An employee who terminates his employment and is later rehired shall date his seniority to the last date of hire into a full-time position in the Bargaining Unit.
7. An employee on leave of absence granted in accordance with Article XIV, Leaves of Absence, during the period of his absence shall retain and continue to accumulate seniority, except as limited by said Article.
8. An employee on lay-off, except as limited by Subsection A.9.f. below, shall retain and continue to accumulate seniority.
9. Seniority rights of an employee shall cease for any one of the following reasons:
 - a. If the employee voluntarily terminates his employment in the Bargaining Unit, provided such termination is not for transfer purposes as covered in Subsection A.4. above.
 - b. If the employee retires or resigns.
 - c. If the employee is discharged and the discharge is not reversed through the grievance procedure.
 - d. If the employee transfers to a position in another bargaining unit within the College, he shall retain the classification seniority held at the time of the transfer. In the event the employee's services are no longer required in the new classification, he shall be returned to the Bargaining Unit with such seniority as held at the time of the transfer.
 - e. If the employee fails to return to work from layoff when recalled as set forth in the recall procedure provided in this Article.
 - f. If the employee is laid off or has for any reason not worked for a continuous period exceeding the length of his employment or one (1) year, whichever is longer.

- g. If the employee is absent for three (3) consecutive work days without notifying his immediate supervisor and fails to give a reasonable explanation for the absence and lack of notice or if the employee overstays a leave of absence without providing a reasonable explanation to his immediate supervisor within five (5) working days of the termination of the leave. An employee shall not be deprived of seniority when justifiable reasons beyond his control make it impossible to notify his immediate supervisor or return to work and the employees provide documentation of same to the Employer within a reasonable time.
 - h. If the employee gives a false reason in requesting a leave of absence or engages in other employment during such leave of absence.
 - i. If the employee falsifies pertinent information on the application form for employment provided same is discovered within two (2) years from date of hire.
10. The Employer shall, within thirty (30) calendar days after the effective date of this Agreement, furnish the Union with a master list of all employees in the Bargaining Unit showing the seniority of each employee. Such list shall contain the name, date of employment, and classification of each employee in the Bargaining Unit. The Employer shall post this master list on the Union bulletin boards. Revised master lists shall be furnished to the Union by the Employer and posted by the Employer every six (6) months. Any appeals from the master list shall be made within twenty (20) calendar days following the date the master list is posted by the Employer.
11. The Union shall be furnished information concerning the date of employment, rate of pay, and classification of any employee in the Bargaining Unit upon the Union's written request and within a reasonable period of time.

B. LAYOFF AND RECALL

- 1. When a reduction in force becomes necessary, the Employer shall determine the classification to be reduced, the number of employees in those classifications to be laid off, and the locations of the jobs to be reduced. In the application of seniority, as provided for in this Agreement, it is understood that an employee shall exercise his seniority at this location, and that any employee affected whose seniority no longer protects him at his location shall then exercise his

seniority as it applies across all locations within the recognized Bargaining Unit.

- a. Probationary and temporary employees in the classification affected shall be the first ones to be laid off.
 - b. The least senior employee in the classifications affected shall be the next ones to be laid off.
 - (1) An employee when laid off may exercise his seniority in another classification in the same or lower salary grade, provided he has the current ability to perform satisfactorily the work that is available. However, an employee may exercise his seniority in another classification in a higher salary grade provided the employee has either previously performed satisfactorily in that higher classification for a period of thirty (30) working days or has received training that would qualify him to perform in that higher classification, whichever is deemed appropriate by the Employer.
 - (2) When an employee exercises his seniority in another classification, he shall replace the least senior employee in that classification whose work he has the current ability to perform satisfactorily. Any employee thus replaced may utilize his seniority to replace another employee in the same fashion.
 - (3) An employee who exercises his seniority by replacing an employee in another classification shall not have classification seniority in that classification, but shall be entitled to hold the new position by virtue of his total seniority. He shall be required to return to his original classification when work becomes available in that classification.
 - (4) An employee who declines to exercise his seniority in another classification shall have recall rights only in his original classification.
 - (5) An employee when laid off must first exercise his seniority by replacing temporary or part-time employees, provided he has the current ability to perform satisfactorily the work that is available.
2. At least fifteen (15) working days prior to a layoff, the matter shall be discussed between the Manager of Labor Relations and the Union's Bargaining Committee. Any employee scheduled to be laid off shall be notified in writing by the Director of Human Resources or designee at

least ten (10) working days in advance of the layoff. An employee's accrued vacation time shall not be used in lieu of this notice. An employee must exercise his seniority rights within five (5) working days from the date of layoff notice by notifying the Director of Human Resources in writing of same.

3. The President and Vice President of the Union and the Union's Bargaining Committee shall have top seniority College-wide for layoff and recall purposes only, provided the individuals concerned have the current ability to perform satisfactorily the work that is available. Union Stewards shall have top seniority in the jurisdictional districts they represent, provided they have the current ability to perform satisfactorily the work that is available. Upon the expiration of their terms of office, the above Union officials shall revert to their respective original positions on the seniority list.
4. When employees are recalled, they shall be recalled in reverse order of their placement on layoff. They shall also have the right to accept a recall to a classification in an equal or lower pay grade, consistent with their seniority and their current ability to perform satisfactorily the work that is available. However, an employee may exercise his seniority in another classification in a higher salary grade provided the employee has previously performed satisfactorily in that higher classification for a period of thirty (30) working days.
 - a. Notice of recall shall be sent to the laid off employee at his last address of record by registered or certified mail, return receipt requested.
 - b. No new appointment shall be made while there is an available employee laid off who is qualified to fill the vacancy unless the employee fails to advise the Employer of his acceptance of employment within five (5) working days after the receipt of the notification from the Employer of the available position and fails to report to work within twelve (12) working days after said receipt. The employee may waive in writing recall to a classification without loss of seniority if he is working elsewhere and such recall is estimated by the Employer to be for less than thirty (30) working days.

C. VACANCIES

1. A notice of any vacancy in the Bargaining Unit shall be posted for a minimum of five (5) working days. The notice shall include the date of the posting, a job description, remuneration, and required qualifications where applicable, and the final date for acceptance of applications.

- a. The notice shall be posted on the Union bulletin boards in the Administration Building, a copy shall be sent to the President of the Union, and copies shall be sent to each campus official.
 - b. Any employee of the College may apply for the position by written application to the Director of Human Resources. An application for a position shall be recognized as a professional right and shall not affect adversely an employee's status in his present position.
 - c. The Employer shall upon written request notify all applicants presently working at the College of the disposition of their applications for a position prior to the publication of the name of the successful applicant. Employees shall have the opportunity upon written request to learn why they were not accepted for the position.
 - d. Job openings caused by employees in the Bargaining Unit on leave of absence shall not be considered as vacancies as outlined in this Section but whenever possible, they shall be filled temporarily by employees in the Bargaining Unit on the basis of seniority and qualifications. An offer of a temporary assignment as outlined in this Section must be in writing. Within three (3) working days, the Bargaining Unit member must indicate by their signature if they accept or reject the offer.
2. a. The Employer shall give primary consideration to qualified applicants from within the Bargaining Unit. Any Bargaining Unit employee that qualifies for any vacancy within the Bargaining Unit shall be placed in the vacancy provided equal consideration and weight shall be given to skills, experience, attendance, and past performance in determining if the employee is qualified. The Employer retains the right to hire from outside the Bargaining Unit to fill any vacancy, which cannot reasonably be filled with a qualified employee from within the Bargaining Unit. The Board of Trustees or their designee shall have final authority in all appointments.
 - b. The Union and the College agree to the concept of phasing part-time employees into full-time positions and, to that end, when a vacancy occurs in a full-time position the College, to the extent possible, are committed to filling the full-time position with a current part-time employee consistent with the current practice of the parties.
3. Promotions within the Bargaining Unit shall be based on length of service and current ability for performing the work. In cases where

more than one employee has the current ability to perform the work, length of service shall govern.

4. If during the first ninety (90) calendar days of an employee's service in the new classification he is laid off or fails to qualify for his new assignment, he shall return to his old classification in which he held seniority, resuming his proper place on the seniority list in that old classification. Upon completion of ninety (90) calendar days work in the new classification, the employee shall be given his full seniority in the new classification.

D. PART-TIME EMPLOYEES

1. The seniority date for a part-time employee hired into a full-time Bargaining Unit Classification shall be the date of hire as a part-time Bargaining Unit member.
2. Part-time employees who are laid off shall be recalled in inverse order of their placement on layoff and be recalled to any facility College-wide.

E. TRANSFER OF OPERATIONS

1. When operations are to be transferred from one College facility to another such facility within the Bargaining Unit, the College will notify the Union of such transfer. The College will notify the Union of the transfer, classification (s) affected, the number of employees affected, and the number of people required at the new location prior to such transfer. Such notice will be given as promptly as the circumstances in each case permits.
2. That upon the closing and transferring of a facility, those employees working at that facility shall be transferred to the new facility. The College shall determine the number of additional employees, if any, the receiving facility will need to perform the transferred work at the receiving facility and will offer the work to employees in the Union in the following order:
 - a. Employees currently working on the affected job.
 - b. Employees currently working in the affected classification.
 - c. Employees who have previously held a position as a full-time employee and satisfactorily performed in the affected classification.

3. When operations are transferred pursuant to Paragraphs 1 and 2 above, employees shall be governed by Section(s) B and C of Article XIII.
4. Whenever an employee is transferred to another location, or work schedule is changed, the Employer shall provide at least two working days advance notice and must inform employees of any changes in work schedule.

ARTICLE XIV

LEAVES

A. LEAVES OF ABSENCE WITH PAY

1. General Provisions

- a. Leaves of absence with pay may be granted to all employees in the Bargaining Unit.
- b. All leaves of absence with pay shall be granted without loss of seniority. Contractual benefits or rights accumulated by an employee prior to the effective date of the leave shall be carried forward and credited to him upon his return. Upon his return from a leave of absence with pay, the employee shall be returned to his classification and pay rate, provided such position exists and his seniority entitles him to his former classification and pay rate.
- c. An employee shall suffer no loss of any pay during a leave of absence with pay except as limited in the following provisions.
- d. An employee shall accrue sick leave days, vacation days, or any other benefits during a leave of absence with pay.
- e. All requests for leaves of absence shall be made initially with the employee's supervisor and shall be subject to the approval of the employee's divisional head and the Manager of Labor Relations.
- f. The Union shall be kept apprised of all extended leaves of absence for members of the Bargaining Unit.

2. Sick Leave

- a. Any balance of sick leave days held by an employee shall be carried forward effective the first day of this Agreement. Each full-time employee shall accrue one and half (1 ½) days of sick leave for each month employed, provided the employee worked a minimum of eighteen (18) days per month used in the computation. Any day for which the employee is compensated by the Employer shall be considered a day worked.
- b. Sick leave days shall be used for the following purposes:
 - (1) Employee's Illness, accident, or hospitalization.

- (a) Pregnancy, miscarriage, abortion, childbirth, and recovery therefrom shall be considered temporary disabilities and shall be specifically in this category.
- (b) Each employee will make every attempt to secure all medical and dental appointments outside normal working hours. If such appointments are necessary during normal working hours, they shall be charged to sick leave.

(2) Emergency Situations

Emergency situations shall be limited to the following: quarantine of employee or employee's living quarters; court appearance where the employee's attendance is required by subpoena or summons; such days as may be required by the employee's religion for holy observance and abstention from work; death in the family or death of close associate; care for a member of the employee's family when no other arrangements are possible; weather conditions that make it impossible for the employee to report to work; conditions arising out of civil strife or riot which make it impossible for the employee to report to work.

(3) Personal Business Leave

Up to seven (7) uses per annum may be stipulated as personal business leave time. Personal business leave is provided for personal business of a non-profit nature that cannot be taken care of outside of working hours. Personal business leave may be used to cover as little as one (1) hour, or as many as eight (8) hours, and such time will be deducted from the employee's sick bank. To the greatest extent possible personal days shall be scheduled in advance. In no event shall such time be used to cover an employee arriving late and/or leaving early without prior permission from his or her supervisor. Personal business leave days shall not be allowed immediately prior to or immediately following a scheduled holiday or vacation day.

- c. Sick leave days shall not be used during any period in which an employee would be eligible for disability benefits under the terms of this Agreement. The only exception to this provision shall be the use of sick leave days from the expected date of confinement to six (6) weeks after the birth of a child for those employees on maternity leave.

- d. An employee shall report each absence promptly to his supervisor. Whenever possible, the employee shall report the absence before the beginning of his normal workday. The employee shall identify the reason for the absence except in the case of personal business leave. If an employee is absent for three (3) consecutive working days without notifying his supervisor, seniority rights shall cease and the employee shall be terminated as provided for in Article XIII, Seniority.
- e. After seven (7) consecutive workdays of sick leave, an employee shall furnish to the Employer a statement from his physician testifying that the employee is unable to work. Further statements may be required by the Employer. An employee who remains on extended sick leave may be asked by the Employer to have a medical examination by a physician stipulated by the Employer in cases where sufficient evidence of continued illness is not obtainable by other means. An employee returning after seven (7) or more consecutive workdays of sick leave shall supply the Employer with a physician's statement attesting to the employee's ability to resume full-time employment.
- f. The Employer is responsible for keeping the records of each employee's sick leave account up to date. Upon written request and within a reasonable period of time, an employee shall be given a written notice of the number of sick leave days remaining in his account.
- g. An employee shall not be able to use sick leave days before they are accrued.
- h. An employee shall be allowed to use accrued vacation days as sick leave days when the employee's sick leave account is exhausted, provided notification of same is give to the supervisor on a timely basis.
- i. An employee who leaves a position in the Bargaining Unit for another position in the College shall be allowed to transfer his sick leave account to the new position.
- j. If an employee is sick for fifteen (15) consecutive work days, the employee shall notify the Human Resources Department by the end of the fifteenth (15th) day as to whether they wish to begin receiving short term disability benefits as of their sixteenth (16th) consecutive day of absence, or whether they wish to designate when sick leave benefits shall be terminated and when short term disability benefits shall begin. However, if an employee elects to exhaust their sick

leave before receiving short-term disability benefits, the employee's disability shall be deemed to have occurred on the fifteenth (15th) day prior to the exhaustion of the employee's sick leave. Only employees who have more than fifteen (15) accrued sick leave days may avail themselves of this option.

Once the employee has notified the Human Resources Department, as to their choice or failed to notify the Human Resources Department as to their choice, no changes may be made.

3. Jury Duty Leave

Upon prior written request, a Bargaining Unit employee called for jury duty shall be granted a leave of absence for the duration of that duty. The Employer shall be obligated only to pay an amount equal to the difference between the employee's salaries as computed on a daily basis and the documented daily jury duty fee paid.

4. Reservist Duty Leave

a. Annual Training Duty Leave

Upon written request, a Bargaining Unit employee who is a member of the National Guard or Organized Reserves of a United States Military Service and who is ordered to active duty for an annual training period shall be granted a leave of absence for the duration of that training period.

(1) The Employer shall be obligated only to pay an amount equal to the difference between the employee's salaries as computed on a daily basis and the reservist's documented daily stipend paid, if that stipend is less than the employee's daily rate.

(2) The Employer shall be obligated only to pay the above difference for a maximum period of fourteen (14) calendar days.

b. Emergency Duty Leave

A Bargaining Unit employee who is a member of the National Guard or Organized Reserves of a United States Military Service and who is ordered to emergency duty or other government declared disaster because of a riot, flood, or other disaster, shall be granted a leave of absence for the duration of that emergency duty.

(1) The Employer shall be obligated only to pay an amount equal to the difference between the employee's salary as computed on a daily basis and the reservist's documented daily base stipend paid, if that stipend is less than the employee's daily rate.

(2) The Employer shall be obligated only to pay the above difference for a maximum period of thirty (30) calendar days.

B. LEAVES OF ABSENCE WITHOUT PAY

1. General Provisions

- a. Leaves of absence without pay, except as provided for in the following provisions, and shall be granted only to eligible employees of the Bargaining Unit.
- b. All leaves of absence without pay shall be granted without loss of seniority. Contractual benefits or rights accumulated by an employee prior to the effective date of the leave shall be carried forward and credited to him upon his return. Upon his return from a leave of absence without pay, the employee shall be returned to his classification and pay rate, provided such position exists and his seniority entitles him to his former classification and pay rate.
- c. Except as specifically provided for in any of the following provisions, no payments of any kind shall be made to or for an employee on any leave of absence without pay.
- d. Except as specifically provided for in any of the following provisions, employees shall not accrue sick leave days or vacation days while on leaves of absence without pay, nor shall they have insurance benefits continue for them for the duration of such leaves. The Employer shall allow an employee on a leave of absence without pay to continue his insurance benefits through the Employer's insurance plans, provided the employee is responsible for all premium payments.
- e. All requests for leaves of absence without pay shall be made in writing and shall be made initially with the employee's supervisor. They shall be subject to the approval of the employee's divisional head and the Director of Human Resources.
- f. The Union shall be kept apprised of all extended leaves of absence without pay for members of the Bargaining Unit.

- g. If an employee overstays a leave of absence without providing a reasonable explanation to his supervisor within five (5) working days of the termination of the leave, seniority rights shall cease, and the employee shall be terminated as provided for in Article XIII, Seniority.
- h. Each request for a leave without pay shall be filed with the Director of Human Resources or designee and with the employee's supervisor, whenever possible, at least two (2) weeks prior to the requested starting date of the leave.

2. Union Business Leave

A Bargaining Unit Employee, when elected or appointed to an office of the International Union and in regular discharge of the duties thereof, shall be granted a leave of absence without pay for the period of his service with the College. Whenever possible, written notification shall be submitted to the Director of Human Resources or designee at least thirty (30) calendar days prior to the affected date of the union business leave. Leaves of absence for a period of one (1) year or more shall be renewed yearly.

3. Extended Military Leave

An employee within the Bargaining Unit who enlists in or is conscripted into the United States Military Service shall be granted a leave of absence without pay in conformance with conditions established by federal and state law.

4. Parental Leave

A Bargaining Unit employee who is an expectant mother shall be granted a leave of absence without pay under the following provisions:

- a. The employee shall furnish a statement from her physician indicating to the Employer the length of time she may safely remain at her job before she should be granted a maternity leave. The Employer shall grant a maternity leave of absence to commence at the time indicated by the physician.
- b. A maternity leave shall extend for a period indicated by the employee's physician. Normally, a maternity leave of absence shall not exceed one (1) year; but, under exceptional circumstances, supported by the employee's physician, the Employer shall grant extensions.

- c. Upon returning from a maternity leave, the employee shall have the right to displace an employee with less seniority in the department vacated by the employee when the maternity leave commenced. An employee may not return to work from a maternity leave unless a release form from her physician has been submitted in writing to the Human Resources Department.
- d. An employee who fails to return to work at the termination of a maternity leave shall lose all seniority rights and shall be subject to immediate termination.
- e. Hospitalization premiums shall be paid by the Employer for one hundred eighty (180) calendar days beginning the first day of leave. The Employer shall notify the employee at least thirty (30) calendar days prior to the termination of premium payments by the Employer.
- f. A male Bargaining Unit member shall be granted up to one (1) year's leave of absence without pay upon written request of the appropriate administrator provided such request is made within sixty (60) days of the birth of his child.

5. Medical Examination

Should the Board or its agents have reason to suspect that a Bargaining Unit member is being rendered incompetent by physical and/or emotional disability, and unable to perform daily responsibilities, they may demand that said Bargaining Unit member submit to a physical or psychiatric evaluation. The Board may designate an examiner who must be a licensed physician or psychiatrist, and the Board will assume the cost of the examination. A Bargaining Unit member, at his expense, may select an additional examiner. In the event the examiners differ upon final diagnosis, the parties shall employ a third physician selected by the first two physicians and whose diagnosis shall be binding on the parties. The parties shall split the cost of the final examination. All examination reports shall be confidential and none shall be placed in the personnel file of the employee until final determination of the employee's condition.

6. Other Leaves of Absence Without Pay

The Employer may grant other leaves of absence without pay if such leaves are recommended by the employee's supervisor and approved by the appropriate administrator or are otherwise required by applicable federal and state laws. A leave granted under this provision

to one employee shall in no way set a precedent for other requests.

C. LEAVES OF ABSENCE WITH PAY/ PART-TIME EMPLOYEE

Part-time Employee Leave

1. Part-time employees who have completed one (1) year of employment shall be provided (75) hours of leave. Provided the employee works a minimum of 100 hours per month.
2. Leaves may be used for vacation, sick, and personal business purposes. Leaves used for vacation must be requested in writing thirty (30) days in advance. Any part-time bargaining unit member who has a leave balance greater than (75) hours as of June 30 of each contract year shall forfeit all hours in excess of the (75) hours.
3. A day of leave will be granted in increments of hours.
4. The College agrees that all leave is accrued and available July 1, if said employee has completed at least one year of service by the above date.
5. The College agrees that all part-time employees, who have not completed one year of employment by July 1, will be provided pro-rata leave equivalent to their length of service on July 1. For example, if the employee has completed six months of service on July 1, they would have (37 $\frac{1}{2}$) hours of leave available. Service will be calculated using completed months of employment at the College.
6. Upon completion of a probationary period all part-time employees, who have not completed one year of employment will be provided pro-rata leave equivalent to their length of service. For example, if the employee has completed three months of service on September 1, they would have (18 $\frac{3}{4}$) hours of leave available, if the employee has completed six months of service as of January 1, they would have (37 $\frac{1}{2}$) hours of leave available, if the employee has completed nine months of service on April 1, they would have (56 $\frac{1}{4}$) hours of leave available.

ARTICLE XV

HOURS OF WORK

The provisions of this Article XV shall not apply to the note takers' bargaining unit.

A. WORK DAY

The regular workday shall consist of one shift of eight (8) consecutive hours.

1. Each full-time employee shall be entitled to a duty-free, sixty (60) minutes paid lunch period. The time of the lunch period shall be determined by the supervisor and may be changed by the employee with the approval of the supervisor.
2. Each full-time employee shall be entitled to a duty-free, paid, fifteen (15) minute rest period during the first half of the work day, and a duty-free, paid, fifteen (15) minute rest period during the second half of the working day.

B. SHIFT PREMIUM

1. The normal day shift shall be any full-time shift starting at or after 5:00 a.m. or between the hours of 5:00 a.m. and 12:59 p.m.
2. The normal afternoon shift shall be any full-time shift starting at or after 1:00 p.m. or between the hours of 1:00 p.m. and 8:59 p.m. A full-time employee working on the afternoon shift shall receive a premium of six percent (6%). Any full-time employee who works four (4) or more hours after 2:00 p.m. shall be eligible for shift premium.
3. The normal evening shift shall be any full-time shift starting at or after 9:00 p.m. or between the hours of 9:00 p.m. and 4:59 a.m. A full-time employee working on the evening shift shall receive a premium of eight percent (8%). Any full-time employee who works four (4) or more hours after 9:00 p.m. shall be eligible for evening shift premium.

- C. Effective January 1 of each contract year, each bargaining unit member may exercise a shift preference based on their overall seniority within their classification. This shift preference must be filed in writing with the Director of Human Resources and the employee's immediate supervisor not earlier than November 1 and not later than November 30 of each contract year.

D. WORK WEEK

1. The regular workweek shall consist of five (5) consecutive working days, Monday through Friday, for a total of forty (40) work hours in any one week. Inclusive of the lunch hour and the rest periods, except for employees assigned to operations whose regular work week shall consist of five (5) other consecutive working days for a total of forty (40) hours in any one week followed by two (2) consecutive days off.
2. In order to maintain effective and efficient timekeeping, the Board will institute a college-wide, standardized sign-in and sign-out procedure for UAW Local 1796 Bargaining Unit members.
3. All UAW Bargaining Unit members assigned to a campus must sign in and sign out in the Campus Administrative Office.
4. All UAW Bargaining Unit members assigned to the Central Administration Building must sign in and out in their assigned departments.
5. All UAW Bargaining Unit members shall identify the purpose and destination on signing out for off-site activities, which take place during the workday.

E. WEEKEND PREMIUM

Any full-time employee who works on a Saturday and/or Sunday as part of their regular workweek shall receive an additional five percent (5%) premium per hour for hours worked on Saturday and an additional five and one half (5 ½ %) per hour for those hours worked on Sunday. This provision does not apply to those employees who work Monday through Friday as their normal workweek.

F. FOUR DAY WORK WEEK

1. In each contract year the Employer shall have the right to schedule a four (4) day work week to begin not earlier than May 1 and ending not later than the start of the Fall Semester, provided the Employer notifies the Union in writing of the beginning and ending dates of the four (4) day work week schedule not later than April 1.
2. The four (4) day workweek schedule shall consist of four (4) ten (10) hour days. The regularly scheduled workweek shall be from Monday through Thursday.

3. The regularly scheduled workday shall begin at 8:00 a.m. and end at 6:00 p.m.
4. There shall be a lunch period each workday consisting of one hour and fifteen minutes. There shall be a fifteen-minute rest period during both the first half of the workday and the second half of the workday.
5. Alternate schedules may be assigned employees by the immediate supervisor subject to the prior approval of the Division Head to assure adequate staffing during hours of College operation.
6. Alternate schedules may also be requested by Bargaining Unit members subject to the approval of the Division Head in accordance with departmental needs.
7. The workweek shall revert to five (5) eight (8) hour days on the Monday following the ending date communicated to the Union in Section 1 above.
8. Any Bargaining Unit member may have the option of utilizing their vacation or personal leave time in lieu of working either the first two (2) or the last two (2) hours of their scheduled work day.

In the event a Bargaining Unit member has exhausted both their individual vacation account and their personal leave time, the Bargaining Unit member shall have the option of scheduling and taking Special Leave Time without pay.

9. For the purpose of sick and annual leave accruals, each Bargaining Unit member shall be entitled to their monthly accrual if they are compensated for 144 hours in the month. Bargaining Unit members shall be charged ten (10) hours of leave time for each sick or vacation day used during the scheduled four (4) day work week period.
10. Daily overtime shall be paid during the four (4) day workweek only for hours worked in excess of the regular ten (10) hours per day.

ARTICLE XVI

OVERTIME

A. GENERAL PROVISIONS

1. The Employer and the Union recognize that on occasion it may be necessary for the Employer to request employees to work overtime. The Union agrees to cooperate with the Employer when these occasions arise.
2. An employee shall be given as much advance notice of overtime as possible. Whenever possible, notice of overtime to be worked on the sixth (6th) or seventh (7th) day of the employee's work week shall be given to the employee on the fourth (4th) day prior to the overtime period. Whenever possible, notice of daily overtime shall be given twenty-four (24) hours in advance. When notice is not given the fourth (4th) day prior to the sixth (6th) or seventh (7th) day of provided above, the employee may submit written notice to the immediate supervisor that personal commitments will prevent said employee's working the sixth (6th) and/or seventh (7th) day and said employee shall not be required to work the sixth (6th) day and/or seventh (7th) day.
3. All overtime shall be divided as evenly as possible within the same department and classification. For the purpose of equalization of overtime, if an employee is unavailable for overtime or does not choose to work overtime, he shall be charged the same number of overtime hours as the employees working overtime during that period.
4. An employee requested to work overtime during his regular workweek, when such overtime is not part of a continuous period embracing regular working hours, shall be guaranteed a minimum of three (3) hours overtime. An employee requested to work overtime on the sixth (6th) or seventh (7th) day of his workweek shall be guaranteed a minimum of four (4) hours overtime. An employee doing building checks shall be exempt from this provision, and he shall be paid for overtime actually worked.
5. An employee working overtime shall be entitled to a duty-free, paid, fifteen (15) minute rest period within each four (4) hour work period. There shall be no paid lunch or dinner periods in any overtime period worked.
6. Overtime shall be paid for hours actually worked and not a combination of any leave time.

B. OVERTIME RATES

1. There shall be a specific starting and quitting time for each employee, and an employee required to work before or after such specified starting and quitting time shall be paid at the prescribed overtime rate.
2. Time and one half and double time for the purpose of this Agreement shall be based on the employee's weekly rate divided by forty (40) for the week in which the overtime occurs, provided the employee works within his classification during the hours of overtime employment. If the employee works outside of his classification during the hours of overtime employment, he shall be paid at an overtime rate based upon the classification in which he works.
 - a. Time and one half shall be paid to an employee for all hours worked over eight (8) hours in any one-work day, inclusive of the paid lunch and rest periods.
 - b. Time and one half shall be paid to an employee for all hours worked on the sixth (6th) day of his work schedule.
 - c. Double time shall be paid to an employee for all hours worked on the seventh (7th) day of his work schedule.
 - d. Double time shall be paid to an employee for all hours worked on a holiday designated in this Agreement in addition to the holiday pay.

ARTICLE XVII

HOLIDAYS

The following are the paid holidays of this Agreement; however, in the event the holiday calendar changes, these calendars may be modified accordingly: and that this language does not alter the number of days between the Christmas and New Years shut down below twelve (12 days).

- A. Each regular, full time employee shall be paid one day's pay at his regular straight time hourly rate, exclusive of shift premium and overtime pay and premium, for each holiday listed below, provided he was scheduled to work during the pay period in which the holiday occurs. Each regular, part-time employee shall be paid his regular straight time hourly rate, exclusive of shift premium and overtime pay and premium, for each hour he was scheduled to work on each holiday herein listed. In addition, each regular part time employee shall receive all six (6) identified holidays during the Christmas and New Year's Holiday Break.
- B. The following are the paid holidays for fiscal years:

Fiscal Year –2024-2025		
July 4, 2024	Thursday	Independence Day
July 5, 2024	Friday	Day After Independence Day (If no classes)
September 2, 2024	Monday	Labor Day
November 28, 2024	Thursday	Thanksgiving Day
November 29, 2024	Friday	Day After Thanksgiving Day
December 18, 2024		Last Day of Work*
December 24, 2024	Tuesday	Christmas Eve
December 25, 2024	Wednesday	Christmas Day
December 26, 2024	Thursday	Day After Christmas
December 31, 2024	Tuesday	New Year's Eve
January 1, 2025	Wednesday	New Year's Day
January 2, 2025	Thursday	Day After New Year's Day
January 7, 2025		First Day of Work*
January 20, 2025	Monday	Martin Luther King's Birthday
April 18, 2025	Friday	Good Friday
April 19, 2025	Monday	Winter Break
April 20, 2025	Tuesday	Sojourner Truth Day
May 26, 2025	Monday	Memorial Day

Fiscal Year 2025-2026		
July 4, 2025	Friday	Independence Day
July 5, 2025	Saturday	Day After Independence Day (If no classes)
September 1, 2025	Monday	Labor Day
November 27, 2025	Thursday	Thanksgiving Day
November 28, 2025	Friday	Day After Thanksgiving Day
December 17, 2025	Wednesday	Last Day of Work*
December 24, 2025	Wednesday	Christmas Eve
December 25, 2025	Thursday	Christmas Day
December 26, 2025	Friday	Day After Christmas
December 31, 2025	Wednesday	New Year's Eve
January 1, 2026	Thursday	New Year's Day
January 2, 2026	Friday	Day After New Year's Day
January 5, 2026	Monday	First Day of Work*
January 19, 2026	Monday	Martin Luther King's Birthday
April 3, 2026	Friday	Good Friday
April 6, 2026	Monday	Winter Break
April 7, 2026	Tuesday	Sojourner Truth Day
May 25, 2026	Monday	Memorial Day
Fiscal Year 2026 - 2027		
July 3, 2026	Friday	Independence Day - <i>Observed</i>
July 4, 2026	Saturday	Independence Day
July 5, 2026	Sunday	Day After Independence Day (If no classes)
September 7, 2026	Monday	Labor Day
November 26, 2026	Thursday	Thanksgiving Day
November 27, 2026	Friday	Day After Thanksgiving Day
December 17, 2026	Thursday	Last Day of Work*
December 24, 2026	Thursday	Christmas Eve
December 25, 2026	Friday	Christmas Day
December 26, 2026	Saturday	Day After Christmas
December 31, 2026	Thursday	New Year's Eve
January 1, 2027	Friday	New Year's Day
January 2, 2027	Saturday	Day After New Year's Day
January 5, 2027	Tuesday	First Day of Work*
January 18, 2027	Monday	Martin Luther King's Birthday

March 26, 2027	Friday	Good Friday
March 29, 2027	Monday	Winter Break
March 30, 2027	Tuesday	Sojourner Truth Day
May 31, 2027	Monday	Memorial Day

- C. Whenever a state or federal statute requires that any of the above holidays be observed on the day or days other than as set forth above, the holiday shall be observed on the day or days prescribed by the controlling statute, except that any holiday falling on a Saturday or Sunday shall be observed on the respective Friday or Monday.
- D. Should any of the above holidays occur during an employee's scheduled vacation, he shall receive one (1) additional day of paid vacation for the holiday (s).
- E. When the National Holiday falls on a Monday, an employee with the work schedule of Tuesday thru Saturday, holiday shall be deemed as the Tuesday following the National Holiday. The National Holidays are as follows: Martin Luther King's Birthday (January), Memorial Day (May), Independence Day (July) and Labor Day (September).
- F. When the National Holiday and/or WCCCD designated "breaks" which include Saturday, an employee with the work schedule of Tuesday thru Saturday, work schedule shall be changed for that week of the holiday to Monday thru Friday. The National Holiday and/or breaks are as follows: Good Friday; Winter Break; Sojourner Truth Day; Thanksgiving Day; Day after Thanksgiving; and last of Work in December.

*Dates designated above, as "First Day of Work or Last Day of Work" shall not be considered paid holidays.

ARTICLE XVIII

VACATIONS

A. Only regular, full-time employees in the Bargaining Unit shall be granted vacation days with pay. Vacation days shall be granted only in accordance with the following provisions.

B. METHOD OF COMPUTING VACATION DAYS

1. For the purpose of these sub-sections, in order to accrue vacation days for any month, a full-time employee shall work a minimum of eighteen (18) days. Any day for which the employee is compensated by the Employer shall be considered a day worked. Vacation days shall accrue according to the following:
 - a. The employees of the college employed full-time shall accrue vacation days at the rate of one and three-quarter days ($1 \frac{3}{4}$) for each month employed to a maximum of twenty-one days (21).
 - b. Effective July 1 of each contract year, each Bargaining Unit member shall receive one (1) additional vacation day credited to the vacation account.
2. Each employee, in addition to the above vacation days, shall be credited as vacation days those days occurring between the Christmas and New Year's holiday break each contract year, provided the employee is not scheduled to work during this period. If the employee is scheduled to work, the employee shall be allowed to reschedule these vacation days.

C. METHOD OF SCHEDULING VACATION DAYS

1. The Employer is responsible for keeping the records of each employee's vacations account up to date. Upon request and within a reasonable period of time, an employee shall be given a written notice of the number of vacation days remaining in his account.
 - a. Each Bargaining Unit member must take a minimum of ten (10) vacation days each year provided the employee will have accrued a sufficient number of vacation days. Any remaining time not used may be reserved for future use provided however that the maximum number of reserved hours for any Bargaining Unit member shall not exceed 336 hours.

- b. Any Bargaining Unit member who has a vacation balance greater than 336 hours as of June 30, 1993 and June 30 of each contract year thereafter shall forfeit all hours in excess of the 336 hour reserve maximum.
 - c. All vacation requests must be submitted between February 1 and March 31 of each year for the following contract year. Requests not submitted within this period will not be subject to the “no denial” provisions below. All approvals or assignments of vacation time must be made by the employee’s supervisor not later than April 30 of each year.
 - d. A “no denial” period shall be a defined time span during which an employee may request vacation time and during which the employee’s supervisor must grant the number of consecutive days requested.
 - e. There shall be three (3) “no denial” periods as follows:
 - 1. July 1 through August 31 of each contract year.
 - 2. January 1 through March 31 of each contract year.
 - 3. April 1 through June 30 of each contract year.
 - f. The supervisor shall approve a vacation during the same “no denial” period as the requested period provided the employee will have accrued a sufficient number of vacation days.
 - g. Requests for changes in vacation times after April 30 of any year shall be made in writing to the supervisor. Approvals for vacation changes shall be effective only if signed by the appropriate administrator and Director of Human Resources.
- 2. Employees with the highest classification seniority shall be given preference in vacation schedules within a department. Whenever choices of vacations create operational problems, the vacation schedules shall be arranged on the basis of seniority.
 - 3. In the event that an employee and his supervisor are unable to agree on the dates when vacation leave shall be granted, the employee may submit two (2) options in writing to the supervisor. These alternative options shall be for the same number of consecutive vacation days as originally requested and shall not overlap each other or the originally requested vacation period. The Employer must accept one of the two (2) alternatives.

D. GENERAL PROVISIONS

1. An employee shall not be able to use vacation days before they are accrued.
2. A probationary employee shall accrue vacation days, but he shall not be able to use them during the period of his probation.
3. Vacation days shall not be waived by an employee nor additional pay received for working those days.
4. If any of the holidays stipulated in this Agreement should occur during an employee's scheduled vacation, he shall receive one (1) additional vacation day for that holiday.
5. If an employee becomes ill and presents a physician's statement that he was under the care of a physician during his vacation, he may submit an amended Report of Absence charging the vacation days to his sick leave account and reschedule the affected vacation days.
6. An employee shall be allowed to use accrued vacation days as sick leave or personal leave days when his sick leave or personal leave accounts are exhausted, provided notification of same is given to the supervisor on a timely basis.
7.
 - a. If an employee is laid off, retired, or terminated for any reason, he shall be paid for any unused vacation days, including those accrued in the current year. The employee shall be able to stipulate in writing the individual to whom payment for accrued vacation days shall be made in the event of his death. If the employee does not stipulate otherwise, payment shall be made to his estate. All payment for vacation days not used shall be based on the current rate of pay.
 - b. Each employee shall designate a beneficiary/assignee to whom the Employer is authorized to disburse accrued vacation monies, wages, sick leave monies, or any other monies which have become payable by the Employer to the employee at the time of death.
 - c. This designation shall have no effect and shall not serve as a substitute for nominating a beneficiary for vested pension benefits nor life insurance beneficiaries.

- d. This designation shall be filed in the employee's Personnel file and may be changed at any time by the employee. Designations shall not become effective until received by the College's Human Resources Office in writing.
 - e. In the event any employee has not designated such a beneficiary/assignee, the Employer shall disburse all monies due at the time of death only to the estate of the deceased employee.
8. An employee who leaves a position in the Bargaining Unit for another full-time position in the College shall be allowed to transfer his vacation account to his new position, provided the new position is not as an employee in the Wayne County Community College Federation of Teachers Bargaining Unit. If the new position is as an employee in the above named Bargaining Unit, the employee shall be paid for any unused vacation days as outlined in Subsection 7 above.
9. An employee shall be paid vacation pay prior to his departure on vacation, provided he gives the Payroll Department at least fifteen (15) calendar days advance notice in writing.

ARTICLE XIX

PERSONNEL FILES

- A. An official personnel file shall be maintained by the Employer for each employee, and all such files shall be maintained in a centrally located office.
- B. Each personnel file shall have a cover sheet upon which shall be indicated the date of insertion of material, the subject and origin of the material, the name of the person who inserts the material, and the name of the person involved in any inspection of material therein.
- C. Each employee shall have the right upon request to examine the contents of his own personnel file, the only exclusion being those excluded by law. The employee shall make an appointment with the Human Resources Office to examine his personnel file. The Human Resources Director or his designee shall be present when the employee examines his file, and the employee may be accompanied by a representative of the Union if the employee so desires. The employee may designate in writing that he desires a representative of the Union to examine his file in his absence, and the designated representative shall be allowed to examine the file.
- D. No official report nor any derogatory statement about an employee shall be filed unless the employee is sent a dated copy. The employee has the right to submit a response to the report or statement, and such a response shall be attached to and filed with the report or statements in the employee's file.
- E. Each employee shall have the right to place in his personnel file material, which attests to his proficiency and experience.
- F. At the employee's request, the Employer shall reproduce any material in his personnel file except those excluded by law, provided that a reasonable duplication fee is paid by the employee.

ARTICLE XX

MISCELLANEOUS

A. UNION MEETINGS

The Union shall be permitted the use of College facilities for regular and special business meetings of the Union without charge, provided the Union makes application and conforms to all regulations established by the Employer.

B. BULLETIN BOARDS

The Union shall be provided a locked bulletin board in the employee lounge area or cafeteria of the first floor of the Administration Building and separate bulletin boards in each teaching facility in which the College employs a full-time facility coordinator. Posting on bulletin boards shall not contain material or recommendations inconsistent with federal, state, and local laws. All materials posted on bulletin boards shall indicate the organization responsible for the material and be signed by an elected officer, and shall have a date for removal. Bulletin boards used for the above purposes shall be in areas not commonly frequented by students.

C. REST AREA

A central rest area shall be provided at each full-time College facility for use by Bargaining Unit members.

D. HEALTH AND SAFETY

1. The Employer shall make reasonable provisions for the health and safety of its employees during hours of employment.
2. The College and the Union will establish a Safety Committee which will meet periodically (at least quarterly) to discuss matters of health and safety which are of mutual concern to the parties. The College will develop emergency plans to deal with problems such as fires, civil disorders, bomb threats, and/or other potential disasters, which will be conveyed, to all members of the Bargaining Unit. The Committee will report directly to a designated College Administrator and shall be composed of at least one (1) member of the College administration appointed by the College and one (1) member of the Union designated by the Union. It is also understood that the College may wish to include representatives of other labor organizations within the College who may serve as members of the Safety Committee.

E. PAY PERIODS

Employees in the Bargaining Unit shall be paid a hourly wage on a bi-weekly basis.

F. PARKING FACILITIES

1. The Employer shall continue to provide parking facilities without charge to any member of the Bargaining Unit.
2. The Employer shall reimburse an employee thirty-four and a half cent (34.5) or the current rate in effect allowed by Internal Revenue Regulations Tax Code 162, whichever is higher, for every mile traveled in the performance of his duties when the employee uses his own automobile. Travel to and from the employee's home is explicitly excluded from this provision.
3. The Employer shall reimburse an employee for parking fees paid while on regularly scheduled assignments for the Employer provided receipts for said fees do not exceed twenty-five dollars (\$25.00) per day and receipts are submitted for same to the appropriate administrator.

G. ANTI-UNION ACTIVITIES

1. During work time, the Employer shall not permit any individual employee or group of employees, whether Union members or non-union members, to carry on any anti-union activity on the Employer's premises.
2. It shall not be a violation of this Agreement nor shall it be cause for disciplinary action or termination if an employee or group of employees refuse to enter upon the property of any other employer in a primary dispute with the UAW, one of its local unions, or any other recognized union at which a lawful primary picket line has been placed.

H. WORK BY NON-BARGAINING UNIT EMPLOYEES

1. Supervisory employees excluded from the Bargaining Unit shall not perform the work assigned to Bargaining Unit employees except in the following situations:
 - a. When regular bargaining unit employees are not available.
 - b. In the instruction or training of employees.
 - c. In temporary work situations as outlined in Section J below.

- d. In work situations covered by the College Work-Study Program or any other similar program (s).
2. Supervisory and other employees excluded from the Bargaining Unit shall not be used to deprive a Bargaining Unit employee of overtime, nor shall their services be used for the purpose of replacing a Bargaining Unit employee.

I. SUBCONTRACTING

1. General Provisions

It is the policy of the College to fully utilize its own employees in the classifications and on the work covered by this Agreement and its Appendix. When it is not feasible due to the nature of the work, the tools or skills to be required, or the economics of the particular situation, (or cannot be completed within a reasonable amount of time), the Employer may subcontract the work provided that it notifies the Union in writing prior to the requisitioning for a contract for the performance of work within the scope of the Bargaining Unit as set forth in Article II - Recognition. Such notice shall include the nature and the scope of the work to be performed and the reasons (equipment, manpower, economics, etc.) why the Employer is contemplating contracting out the work.

The Employer will afford the Union an opportunity to set forth its views on the Employer's plans and will give weight to those views in the light of all the attendant circumstances. Where the Union has persuasive evidence that this Section has not been complied with by the Employer, it may leave the matter to the Grievance Procedure up to and including arbitration.

2. Custodial Functions

- a. The College may subcontract custodial functions at the below listed locations:
 1. Administration Building
 2. Downriver
 3. Downtown
 4. Eastern
 5. Northwest
 6. Western

- b. The Employer will continue to subcontract services including but not limited to snow removal, window washing, and grounds keeping.
- c. The Employer will provide staff to perform maintenance functions as defined in the appropriate job descriptions at locations owned, controlled, or operated by the College in conformity with the provisions of the current UAW Master Agreement.
- d. The Employer will not lay off any Maintenance Worker I as a result of subcontracting of custodial services.
- e. The Union agrees not to initiate or process any grievances over the subcontracting of custodial functions at the locations listed in item number 1 above

J. TEMPORARY EMPLOYEES

The Employer and the Union agree that it may be necessary to hire temporary employees on a full-time or part-time basis as outlined below:

- 1. Temporary employees shall not be hired for a period in excess of eighty-four (84) calendar days per annum. This provision does not apply to students covered by the College Work-Study Program or any other similar program (s).
- 2. a. The Employer shall not hire temporary or College Work Study Student employees as replacement for regular employees in the Bargaining Unit who have resigned, who have been laid off, or who have been terminated.

b. The Employer agrees not to use College Work-Study students in lieu of or as replacements for bargaining unit positions at the campuses for Saturday or Sunday operations.
- 3. A full-time temporary employee transferred in a regular full-time position in the Bargaining Unit shall have his seniority date from the first day of the temporary assignment.
- 4. The Employer shall utilize the available overtime of regular employees before engaging temporary employees.
- 5. Prior to the hiring of any temporary employees, the Union shall be notified of the classification, location, and length of service needed by the College.

K. TOOLS

The Employer shall supply the appropriate Bargaining Unit members with the necessary tools that are appropriate to their classification. Such tools and equipment shall remain the property of the Employer. Employees will be responsible for replacing tools where there has been excessive loss.

L. EVALUATIONS

The Employer and the Union agree that in the interest of developing and maintaining a skilled and expert staff, evaluations or employee performance appraisals and like instruments shall be used for diagnostic purposes only. It is further agreed that such evaluation instruments shall not be used for any disciplinary purpose nor for the processing or adjudication of any grievance.

M. TWO WEEK CLOSEDOWN

1. In each contract year the Employer shall have the right to schedule a two (2) week closedown during the month of May and the month of August, provided the Employer notifies the Union in writing of the beginning and ending dates of the two week closedown (s) not later than April 1 of each contract year.
2. For the closedown period, each bargaining unit member on active payroll shall be charged for seven (7) vacation days but shall be compensated for ten (10) days. During any subsequent closedown period covered by this Memorandum, each bargaining unit member on active payroll shall be charged for eight (8) vacation days but shall be compensated for ten (10) days.
3. If any individual in the bargaining unit does not have sufficient vacation time to cover the number of workdays that would otherwise be worked during the closedown period, the time shall be charged against future vacation accruals.

N. GOALS AND OBJECTIVES

1. The College and the Union recognize that the Union represents the support staff of the College and is therefore a participating component in accomplishing the College's Mission.
2. The parties further agree that on an annual basis the Union and the Employer shall meet in a seminar format to work out details and strategies on how to best implement the goals and objectives of the College.

3. The Planning Committee for the seminar shall consist of at least three (3) members of the Union.

ARTICLE XXI

JOB CLASSIFICATIONS

- A. The classification of jobs as enclosed in Appendix B of this Agreement is designed to identify and categorize jobs according to the degree of responsibility, sensitivity, and complexity of the duties associated with the jobs. The Employer and the Union agree upon and accept the job classifications and job descriptions in effect at the time of ratification of this Agreement as the basis for payment of wages as provided herein.
- B. Whenever new or different work is undertaken by the Employer which is not covered by the classifications contained in this Agreement, or when existing jobs are permanently and materially changed so that the revised job is no longer covered by the classifications contained in this Agreement, a bargaining unit member must submit in writing to his immediate supervisor a request for job reclassification along with supporting reasons. Within five (5) working days the bargaining unit member's supervisor shall forward the request to the Director of Human Resources or designee. Within 30 days the Employer shall notify the Union and submit the new or revised job description and proposed rate of pay. If the rate of pay is not acceptable to the Union, the Union shall inform the Employer and the parties shall meet to negotiate the rate of pay. The negotiated rate of pay shall date back to the date the employee was first placed on the job. Within 45 days of the negotiated rate of pay, the Employer shall implement the new classification.
- C. Prior to the implementation and posting of any new job, the Manager of Labor Relations, representing the Employer, and the Union shall meet for the purpose of determining if the new job properly should be included in the Bargaining Unit.
- D. In the event the Employer abolishes a position within the Bargaining Unit, it shall promptly notify the President of the Union prior to the implementation of such change.
- E. REORGANIZATION
 - 1. The Employer may alter the number of classifications in implementing any reorganization adopted by the Board of Trustees consistent with Appendix "C", Job Descriptions, in the Master Agreement.
 - 2. No Bargaining Unit member shall be reduced in actual salary, classification, or pay grade as a result of any re-organizational plan

adopted by the Board of Trustees during the life of the Master Agreement.

3. In the event the Employer reduces the number of classifications, employees affected by same shall be transferred to a like classification consistent with Article XIII, Seniority. Thereafter, the Employer may reduce the number of classifications through the process of attrition.

ARTICLE XXII

WAGE SCHEDULES AND CLASSIFICATIONS

A.

Effective upon approval by the Board, all bargaining unit members shall receive a 5% increase added to the base salary schedule.

Effective July 1, 2025, all bargaining unit members shall receive a 5% increase added to the base salary schedule for July 1, 2025 through June 30, 2026.

Effective July 1, 2026, all bargaining unit members shall receive a 4% increase added to the base salary schedule for July 1, 2026 through June 30, 2027.

B. When transfers are brought about because of a reduction in force or because of promotions, as stipulated in Article XIII, Seniority, the following rules shall apply in establishing the salary rates of the employees transferred:

1. When an employee exercises his seniority and is transferred to a classification in a lower salary grade, he shall be paid the maximum job rate of the new classification or his current rate, whichever is lower.
2. When an employee is promoted to a classification in a higher salary grade, he shall be paid the appropriate rate in the progression schedule that reflects no less than five percent (5%) increase over and above his current rate, or the minimum of the new classification, whichever is greater.

C. All salaries and other economic benefits shall be subject to applicable laws and regulations of the federal and state governments.

D. Salary Adjustments

1. All increments shall be paid on July 1st and January 1st of each year. An employee shall not receive an increment during his probationary period or at any six (6) month period wherein the employee is not on active payroll for more than three (3) months.
2. The Employer agrees to pay group leaders a ten percent (10%) premium.

GROUP LEADER

Lead person over a group of employees who, under instruction by the supervisor, directs the work flow, instructs and directs other employees in the proper operation of the work procedure, and performs any and all duties encompassed in the classification, may fill in for other employees in their absence as necessary. Students in the work-study program are not considered employees under this provision.

3. An employee in the bargaining unit may be temporarily assigned additional duties other than the position in which the employee is currently working without actually being promoted or reclassified.

ADDITIONAL DUTIES

- a. Whenever an employee performs additional duties in a bargaining unit job at a higher-grade level, he/she shall be paid at the salary grade level of such position at the higher rate. The employee's immediate supervisor shall request additional compensation at the salary grade level of the duties performed by the employee.
- b. The employer agrees to pay a seven percent (7%) premium for the assignment of additional duties for work that is not currently covered in the Bargaining Agreement. The employee's immediate supervisor shall request additional compensation of seven percent (7%) above the employee's own rate of pay for the duration of such duties. Such compensation shall not exceed six (6) months.

E. New Employees

1. New employees hired on or after formal ratification by the Board of Trustees of the 2004-2007 collective bargaining agreement shall be paid at a rate of \$3.00 per hour less than the full base rate for the job classification – salary grade, but shall receive regularly scheduled step increments during this period for the life of this agreement. (See Appendix A)

ARTICLE XXIII

FRINGE BENEFITS

A. INSURANCE

With the exception of Worker's Compensation, only full-time employees in the Bargaining Unit shall be granted coverage by the following insurance programs. Commencement and duration of coverage and amount and nature of benefits shall be governed by the terms of the group insurance policy and the rules and regulations of the carrier.

1. Group Life Insurance

- a. The Employer agrees to pay the necessary premiums to provide a group term life insurance policy with an accidental death rider of equal amount for each full-time employee in an amount equal to twice the employee's annual salary to the nearest multiple of \$1,000.00 not to exceed a maximum of \$100,000.00.
- b. Each employee shall designate a beneficiary/assignee to whom the Employer is authorized to disburse accrued vacation monies, wages, sick leave monies, or any other monies which have become payable by the Employer to the employee at the time of death.
- c. This designation shall have no effect and shall not serve as a substitute for nominating a beneficiary for vested pension benefits nor life insurance beneficiaries.
- d. This designation shall be filed in the employee's Personnel file and may be changed at any time by the employee. Designations shall not become effective until received by the College's Human Resources Office in writing.
- e. In the event any employee has not designated such a beneficiary/assignee, the Employer shall disburse all monies due at the time of death only to the estate of the deceased employee, or otherwise as provided by law.

2. Short Term Disability Insurance

The Employer agrees to pay the necessary premiums to provide a short term sickness and accident disability policy for each full-time employee providing for twenty-six (26) weeks disability pay at two thirds (2/3) of weekly salary to a maximum of \$500.00 per week.

3. Long Term Disability Insurance

The Employer agrees to pay the necessary premiums to provide long-term disability insurance in the amount of sixty-five percent (65%) of the Bargaining Unit member's salary not to exceed \$2,500.00 per month. Disability benefits shall commence the twenty ninth (29th) week of total disability and continue for the period of total disability or to age sixty-five (65) whichever occurs first. During the time of total disability, there shall be excluded from the non-duplication offset any social security benefits in excess of those in effect at the time of disability.

4. Medical Insurance

- a. The Employer agrees to contribute the maximum amount permitted under MCL 15.563, as adjusted from time-to-time by the state treasurer, for premiums to provide, at the employee's option, any of the HAP (HMO) or BCBSM Community Blue (PPO) plans indicated in attached Appendix E, for each full-time Bargaining Unit employee, spouse, and dependent child. The Bargaining Unit employee shall be responsible for paying the balance of the premium, the service co-pays and deductibles, if any, for the plan that is selected.
- b. The College will establish a program which allows the employee monthly contributions towards premiums to be paid in pre-tax dollars.
- c. During the term of the contract, the College will not provide to exempt staff or enter into a new agreement to provide to any other bargaining unit a more favorable medical insurance package than that described above without offering such package to the Union.
- d. The employer agrees to grant part-time employees the option to participate in Section 125 of the IRS code to contribute pretax dollars to cover uninsured medical and child care cost.
- e. To the extent that applicable insurance plans are commercially available, the College agrees to grant part-time employees the right to participate in medical coverage at the employees own expense.
- f. To the extent that applicable insurance plans are commercially available, the College agrees to administer a program of medical insurance for part-time bargaining unit members. All premiums will be paid by the part-time bargaining unit member. Part-time

bargaining unit members may select from plans that are available to them.

Current part-time bargaining unit members may elect to enroll in the health insurance programs during open enrollment each year. Newly hired part-time bargaining unit members may elect to enroll in the health care program within thirty (30) days of their date of hire. Coverage will be effective as soon as arrangements can be made with the carrier selected.

The College agrees to implement under Internal Revenue Code 125 a plan to allow part-time bargaining unit member to pay insurance premiums through pre-tax payroll deductions. The College is not responsible for an employee's funds not being available for insurance premiums through a payroll deduction plan, and reserves the right to restrict the payroll deduction for any pay period during which an employee's compensation is not sufficient to cover the total amount of the payroll deduction. Un-deposited amounts will be included in the employee's regular check. The College is not responsible for subsequent cancellation of insurance due to non-payment of premiums by the employee.

- g. Full-time bargaining unit members who have full or partial health care coverage through another source may opt out of College provided health care coverage and receive \$2,500.00 per year. Cash reimbursements will be payable on a monthly basis through a cash in lieu of benefits plan implemented under IRS Code 125. No changes in beneficiaries can be made during the opt-out year. Cash reimbursements due bargaining unit members leaving the College will be made with other monies due upon separation from the employment with the College and shall be prorated. No opt out payments will be available when both the employee and the person who is the source of the employee's other coverage are employed by the College.

In order to drop health care benefits, the bargaining unit member must submit a written request to the Director of Human Resources and must present documents showing proof of alternative coverage. Such requests must be submitted between May 1 through May 30th each year. A Bargaining Unit member who elects not to be covered by a College health care plan must remain dropped from coverage for a period of one year (July 1 – June 30th) unless for any reason the Bargaining Unit member loses their alternative source of coverage. In such case, the Bargaining Unit member must present proof of loss health care coverage to the Director of Human Resources or designee who upon receipt and

verification of such proof will immediately re-enroll the bargaining unit member in the College health care program selected. Coverage will be effective as soon as arrangements can be made with the insurance carrier selected.

- h. The College agrees to implement Under IRS Code 125 a Reimbursement Account Plan for Bargaining Unit member to pay for medically necessary and doctor prescribed health services, and for dependent care services that are not covered under current insurance plan.

5. Dental Insurance

Bargaining Unit members may participate in the Delta Dental Plan or comparable plan as provided by the Employer. The dental plan provides in most cases payment of ninety percent (90%) of the cost of dental care (90/90/50) up to a maximum of \$2,500.00 in one year for each full-time employee, the employee's spouse, and dependent children.

6. Optical Insurance

The Employer agrees to pay the necessary premiums to provide each full-time employee, his spouse, and dependent children, with the Basic Plan of Cooperative Services, Inc., Heritage Optical, or a comparable plan, provided said plan does not exceed \$150.00 per annum per employee.

7. Workers' Compensation

Workers' Compensation Insurance shall be carried by the Employer as required by the Michigan Workers' Compensation Act.

B. OTHER FRINGES

1. Tax Sheltered Annuity Program

The Employer shall make available to all bargaining unit employees an approved tax sheltered annuity program. The Employer shall provide no more than five (5) vendors to provide the tax-sheltered annuity service. Each employee shall notify the appropriate administrator of their designation of vendor.

2. Retirement Fund

The Employer shall assume the cost of each Bargaining Unit member's contribution to the Michigan Public School Employees Retirement Fund as required by law. Effective June 1, 1998, employees eligible for retirement benefits may elect to participate in the Optional Retirement Plan.

3. Courses at the College

The Employer shall issue tuition waivers for each employee for courses taken at the College by the employee, the employee's spouse, and dependents under the age of twenty-five (25).

4. Tuition Reimbursement

- a. The parties to this Agreement support the principle of continuing education for members of the Bargaining Unit. Accordingly, the Employer agrees to reimburse each member of the Bargaining Unit for any course that leads to a degree, or seminar, which is related to a job within the classification system of the College, provided however that the course or seminar is not offered by the College. The maximum reimbursement for any Bargaining Unit member shall be two thousand dollars (\$2,500.00) per contract year.
- b. In order to be reimbursed for tuition expenses, each member of the Bargaining Unit must submit to the Human Resources Department evidence of payment and satisfactory completion of the course on or before June 30 of each contract year. Failure to submit the necessary and appropriate paperwork as noted in this section shall result in forfeiture of the monies claimed. A Bargaining Unit member may submit evidence of payment and satisfactory completion of the course before June 30 of each year provided total payments have not reached the specified annual maximum as noted in B.4. (Tuition Reimbursement).

5. Unemployment Insurance

Unemployment insurance shall be carried by the Employer as required by Michigan Law.

6. Medical Insurance - Laid-Off Employees

A laid-off Bargaining Unit member may continue medical insurance as provided by law.

7. Group Life Insurance After Retirement

The Employer agrees to extend group term life insurance to permanent UAW Bargaining Unit members of Wayne County Community College District retired under the Michigan Public School Employees Retirement System at the retiree's expense. The retiree shall agree in writing to pay the premiums in advance to the College for said life insurance.

8. On-the-Job-Training

On-the-job training, as designated by the Employer, shall be scheduled according to the following principles:

- a. Bargaining unit members assigned to positions in higher paid classifications shall be trained first.
- b. Bargaining unit members with higher seniority shall be trained before bargaining unit members with lower seniority in the same classification.
Only bargaining unit members who desire on the job training as designated by the Employer, shall be scheduled for training under the provisions of this Agreement.

9. Career Development

It shall be the policy of the parties to assist employees to realize their full potential and to assist in creating circumstances whereby employees can develop career progression. The parties will endeavor to establish training programs, and/or academic courses of study, and/or such other projects and activities as may permit and encourage employees to upgrade their jobs and level of competence.

All bargaining unit members will be allowed to take elective training courses offered by the College during normal working hours with the approval of the appropriate administrator.

10. Employee Assistance Program

Employee assistance programming is a technique or method for reaching employees with personal problems, e.g., substance abuse, smoking, emotional, family, social, marital, financial, etc., and providing them with a mechanism to obtain treatment.

The Union and the College are committed to working together to ensure that the needs of the affected employees are met.

The Union and the College will jointly develop a written Employee Assistance Program (EAP). EAPs are based on two concepts:

- a. The Program will offer a policy and procedure for dealing with employees whose job performance suffers or is deteriorating due to personal problems, including alcohol or other drug abuse; and
- b. The Program will offer a mechanism for employees to obtain assistance for personal problems, which are not necessarily affecting their work.

ARTICLE XXIV

WAIVER

The parties acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining, and that understandings and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the Employer and the Union, for the life of this Agreement, each voluntarily and unqualifiedly waives the right, and each agrees that the other shall not be obligated to bargain collectively with respect to any subject or matter not specifically referred to or covered in this Agreement, even though such subjects or matters may not have been within the knowledge or contemplation of either or both of the parties at the time that they negotiated or signed this Agreement.

ARTICLE XXV

INTERIM APPOINTMENT, TEMPORARY JOB ASSIGNMENT,
AND THE TEMPORARY ASSIGNMENT OF ADDITIONAL DUTIES

A. INTERIM APPOINTMENTS

In the event it becomes necessary to fill a position on an interim basis prior to its being filled by a permanent employee, the Employer and the Union agree to the following procedures:

1. The interim appointment and the official posting of the position will occur simultaneously.
2. The Union shall be informed in writing by the Director of Human Resources or designee of any interim appointment. Any employee appointed to an interim position must consent to same in writing. Primary consideration shall be given to Bargaining Unit members for an interim appointment.
3. In filling a full-time Bargaining Unit position on an interim basis, such position will be first offered to qualified Bargaining Unit members before being filled by a person outside the Bargaining Unit.
4. In filling a part-time Bargaining Unit position on an interim basis, such position will first be offered to qualified part-time Bargaining Unit members before being filled by an individual outside the Bargaining Unit.
5. Said appointment shall consist of no more than six (6) months in duration. There shall be only one six (6) month interim appointment period for any vacant position. If at the end of the six-month interim period a position is not filled, posting and hiring for this position shall be in accordance with Article XIII, Section C, Vacancies, unless the position is placed on hold or abolished.
6. If the position remains unfilled by a permanent employee at the end of the six (6) month interim appointment, the interim appointee shall fill the position on a permanent basis or return to his former position. However, no interim appointee after six months will be allowed to fill the interim position on a permanent basis if the appointee does not possess the minimum qualifications for the job.

7. An interim appointee shall be compensated in the manner indicated in Article XXII, Wage Schedules and Classifications, while employed in an interim position.
8. In the event an employee outside the Bargaining Unit is appointed to an interim position within the Bargaining Unit, the provisions of Article VII, Union Security and Article XIII, Seniority, shall obtain.

B. TEMPORARY JOB ASSIGNMENT

In the event it becomes necessary to temporarily fill a position because of a Bargaining Unit member's absence for any reason, the Union and the Employer agree to the following procedures:

1. The union shall be informed in writing by the Human Resources Director or designee of any temporary job assignment. Any employee assigned to a temporary job must consent to same in writing.
2. In filling full-time temporary job assignments as described in this Article such jobs will first be offered to qualified Bargaining Unit members before being filled by an individual outside the Bargaining Unit. In filling part-time job assignments as described in this Article, such jobs will first be offered to qualified part-time Bargaining Unit members before being filled by an individual outside the Bargaining Unit.
3. A temporary job assignment shall not exceed six (6) months unless mutually agreed to by both the Union and the Employer.
4. A negative evaluation while filling a temporary job assignment shall not be made part of an employee's personnel file.
5. An employee shall be compensated in the manner indicated in Article XXII, Wage Schedules and Classifications, while employed in a temporary job assignment.
6. A temporary job assignment of over thirty (30) days shall not be offered to any currently employee Bargaining Unit member or outside individual while any Bargaining Unit member qualified to fill the temporary job assignment remains on lay off. The Employer shall recall any laid off Bargaining Unit member who is qualified to fill such a temporary job assignment.

C. TEMPORARY ASSIGNMENT OF ADDITIONAL DUTIES

In the event the Employer assigns extra duties to a Bargaining Unit member beyond those reasonably contemplated to be within the classification and requiring a work level that cannot be attributed to a general overlap of duties, the following criteria shall obtain:

1. The assignment shall be reduced to writing and shall not exceed six (6) months.
2. A negative evaluation while performing extra temporary duties shall not be made part of the employee's personnel file.
3. An employee shall be compensated in the manner indicated in Article XXII, Wage Schedule and Classifications, while performing additional duties.
4. Additional duties may not be assigned to Bargaining Unit members while any Bargaining Unit member qualified to perform those duties remains on lay-off status. The Employer shall recall any laid-off Bargaining Unit member who is qualified to perform needed job duties before the temporary assignment of additional duties, as described in this Article.

D. Special Provisions Regarding Registration

1. Parties agree that it is beneficial to the College, to the employee, and to the community-at-large, to have an employment atmosphere which promotes the growth of individual employees in their skills at their work place, their understanding of the community, and their sharing the vision of the future of the College.
2. Prior to hiring temporary employees for registration purposes, Bargaining Unit members in relevant classifications, i.e., such as but not limited to, registration clerk, records clerk, shall have the right to request overtime during the normal work week at the campus where they are regularly assigned or the other campuses provided the employee can travel and reach the assigned campus at the time registration is scheduled to commence.
3. All other employee's who have successfully completed the necessary training and written examination shall have the opportunity to work registration on an overtime basis pursuant to Paragraph 2 above.

4. Employees shall be compensated in accordance with the appropriate classification rate for their registration assignment and may continue to work registration provided said employee continues to satisfactorily perform the duties of their full-time classification and so long as the employee does not abuse the attendance policy of the College.
5. During registration periods, additional hours required by management will be offered to part-time employees at that campus location in the current classification first. Then, any additional hours required could be offered to other UAW employees.
6. The provisions of Article XVI, Overtime, shall apply.
7. The College agrees that it will not subcontract registration work during the life of this agreement.

APPENDIX A
#1
HOURLY SALARY GRADE PROGRESSION SCHEDULE

Board Approval - June 30, 2025										
Grade	<u>Minimum Hourly Rate</u>	<u>6 MO.</u>	<u>12 MO.</u>	<u>18 MO.</u>	<u>24 MO.</u>	<u>30 MO.</u>	<u>36 MO.</u>	<u>42 MO.</u>	<u>48 MO.</u>	<u>Maximum Hourly Rate</u>
1	26.00	26.08	26.16	26.24	26.32	26.41	26.49			26.49
2	26.16	26.24	26.32	26.41	26.49	26.60	26.69			26.69
3	26.32	26.41	26.52	26.60	26.69	26.78	26.88			26.88
4	26.49	26.59	26.67	26.76	26.86	26.96	27.07	27.17		27.17
5	26.67	26.76	26.86	26.96	27.07	27.17	27.28	27.39		27.39
6	26.86	26.96	27.07	27.17	27.28	27.39	27.59	27.70		27.7
7	27.07	27.17	27.28	27.39	27.51	27.62	27.74	27.86	27.98	27.98
8	27.28	27.39	27.51	27.62	27.74	27.86	28.09	28.12	28.25	28.25
9	27.50	27.61	27.73	27.85	27.97	28.11	28.24	28.37	28.52	28.52
10	27.73	27.85	27.97	28.11	28.24	28.37	28.52	28.66	28.80	28.8
11	27.96	28.10	28.22	28.36	28.50	28.64	28.79	28.94	29.09	29.09
12	28.30	28.38	28.50	28.65	28.79	28.92	29.08	29.23	29.37	29.37

NEW EMPLOYEES - From Board Approval to June 30, 2025										
Grade	<u>Minimum Hourly Rate</u>	<u>6 MO.</u>	<u>12 MO.</u>	<u>18 MO.</u>	<u>24 MO.</u>	<u>30 MO.</u>	<u>36 MO.</u>	<u>42 MO.</u>	<u>48 MO.</u>	<u>Maximum Hourly Rate</u>
1	23.00	23.08	23.16	23.24	23.32	23.41	23.49			23.49
2	23.16	23.24	23.32	23.41	23.49	23.60	23.69			23.69
3	23.32	23.41	23.52	23.60	23.69	23.78	23.88			23.88
4	23.49	23.59	23.67	23.76	23.86	23.96	24.07	24.17		24.17
5	23.67	23.76	23.86	23.96	24.07	24.17	24.28	24.39		24.39
6	23.86	23.96	24.07	24.17	24.28	24.39	24.59	24.70		24.7
7	24.07	24.17	24.28	24.39	24.51	24.62	24.74	24.86	24.98	24.98

UAW Master Agreement 2024-2027

8	24.28	24.39	24.51	24.62	24.74	24.86	25.09	25.12	25.25	25.25
9	24.50	24.61	24.73	24.85	24.97	25.11	25.24	25.37	25.52	25.52
10	24.73	24.85	24.97	25.11	25.24	25.37	25.52	25.66	25.80	25.80
11	24.96	25.10	25.22	25.36	25.50	25.64	25.79	25.94	26.09	26.09
12	25.30	25.38	25.50	25.65	25.79	25.92	26.08	26.23	26.37	26.37

July 1, 2025--June 30, 2026										
Grade	<u>Minimum Hourly Rate</u>	<u>6 MO.</u>	<u>12 MO.</u>	<u>18 MO.</u>	<u>24 MO.</u>	<u>30 MO.</u>	<u>36 MO.</u>	<u>42 MO.</u>	<u>48 MO.</u>	<u>Maximum Hourly Rate</u>
1	27.37	27.45	27.53	27.61	27.69	27.78	27.86			27.86
2	27.53	27.61	27.69	27.78	27.86	27.97	28.06			28.06
3	27.69	27.78	27.89	27.97	28.06	28.15	28.25			28.25
4	27.86	27.96	28.04	28.13	28.23	28.33	28.44	28.54		28.54
5	28.04	28.13	28.23	28.33	28.44	28.54	28.65	28.76		28.76
6	28.23	28.33	28.44	28.54	28.65	28.76	28.96	29.07		29.07
7	28.44	28.54	28.65	28.76	28.88	28.99	29.11	29.23	29.35	29.35
8	28.65	28.76	28.88	28.99	29.11	29.23	29.46	29.49	29.62	29.62
9	28.87	28.98	29.10	29.22	29.34	29.48	29.61	29.74	29.89	29.89
10	29.10	29.22	29.34	29.48	29.61	29.74	29.89	30.03	30.17	30.17
11	29.33	29.47	29.59	29.73	29.87	30.01	30.16	30.31	30.46	30.46
12	29.67	29.75	29.87	30.02	30.16	30.29	30.45	30.60	30.74	30.74

NEW EMPLOYEES - July 1, 2025 -- June 30, 2026										
Grade	<u>Minimum Hourly Rate</u>	<u>6 MO.</u>	<u>12 MO.</u>	<u>18 MO.</u>	<u>24 MO.</u>	<u>30 MO.</u>	<u>36 MO.</u>	<u>42 MO.</u>	<u>48 MO.</u>	<u>Maximum Hourly Rate</u>
1	24.37	24.45	24.53	24.61	24.69	24.78	24.86			24.86
2	24.53	24.61	24.69	24.78	24.86	24.97	25.06			25.06
3	24.69	24.78	24.89	24.97	25.06	25.15	25.25			25.25
4	24.86	24.96	25.04	25.13	25.23	25.33	25.44	25.54		25.54
5	25.04	25.13	25.23	25.33	25.44	25.54	25.65	25.76		25.76

UAW Master Agreement 2024-2027

6	25.23	25.33	25.44	25.54	25.65	25.76	25.96	26.07		26.07
7	25.44	25.54	25.65	25.76	25.88	25.99	26.11	26.23	26.35	26.35
8	25.65	25.76	25.88	25.99	26.11	26.23	26.46	26.49	26.62	26.62
9	25.87	25.98	26.10	26.22	26.34	26.48	26.61	26.74	26.89	26.89
10	26.10	26.22	26.34	26.48	26.61	26.74	26.89	27.03	27.17	27.17
11	26.33	26.47	26.59	26.73	26.87	27.01	27.16	27.31	27.46	24.76
12	26.67	26.75	26.87	27.02	27.16	27.29	27.45	27.60	27.74	27.74

July 1, 2026 - June 30, 2027										
Grade	<u>Minimum Hourly Rate</u>	<u>6 MO.</u>	<u>12 MO.</u>	<u>18 MO.</u>	<u>24 MO.</u>	<u>30 MO.</u>	<u>36 MO.</u>	<u>42 MO.</u>	<u>48 MO.</u>	<u>Maximum Hourly Rate</u>
1	28.52	28.60	28.68	28.76	28.84	28.93	29.01			29.01
2	28.68	28.76	28.84	28.93	29.01	29.12	29.21			29.21
3	28.84	28.93	29.04	29.12	29.21	29.30	29.40			29.4
4	29.01	29.11	29.19	29.28	29.38	29.48	29.59	29.69		29.69
5	29.19	29.28	29.38	29.48	29.59	29.69	29.80	29.91		29.91
6	29.38	29.48	29.59	29.69	29.80	29.91	30.11	30.22		30.22
7	29.59	29.69	29.80	29.91	30.03	30.14	30.26	30.38	30.50	30.50
8	29.80	29.91	30.03	30.14	30.26	30.38	30.61	30.64	30.77	30.77
9	30.02	30.13	30.25	30.37	30.49	30.63	30.76	30.89	31.04	31.04
10	30.25	30.37	30.49	30.63	30.76	30.89	31.04	31.18	31.32	31.32
11	30.48	30.62	30.74	30.88	31.02	31.16	31.31	31.46	31.61	31.61
12	30.82	30.90	31.02	31.17	31.31	31.44	31.60	31.75	31.89	31.89

NEW EMPLOYEES - July 1, 2026 --June 30, 2027										
Grade	<u>Minimum Hourly Rate</u>	<u>6 MO.</u>	<u>12 MO.</u>	<u>18 MO.</u>	<u>24 MO.</u>	<u>30 MO.</u>	<u>36 MO.</u>	<u>42 MO.</u>	<u>48 MO.</u>	<u>Maximum Hourly Rate</u>
1	25.52	25.60	25.68	25.76	25.84	25.93	26.01			26.01
2	25.68	25.76	25.84	25.93	26.01	26.12	26.21			26.21
3	25.84	25.93	26.04	26.12	26.21	26.30	26.40			26.40

UAW Master Agreement 2024-2027

4	26.01	26.11	26.19	26.28	26.38	26.48	26.59	26.69		26.69
5	26.19	26.28	26.38	26.48	26.59	26.69	26.80	26.91		26.91
6	26.38	26.48	26.59	26.69	26.80	26.91	27.11	27.22		27.22
7	26.59	26.69	26.80	26.91	27.03	27.14	27.26	27.38	27.50	27.50
8	26.80	26.91	27.03	27.14	27.26	27.38	27.61	27.64	27.77	27.77
9	27.02	27.13	27.25	27.37	27.49	27.63	27.76	27.89	28.04	28.04
10	27.25	27.37	27.49	27.63	27.76	27.89	28.04	28.18	28.32	28.32
11	27.48	27.62	27.74	27.88	28.02	28.16	28.31	28.46	28.61	28.61
12	27.82	27.90	28.02	28.17	28.31	28.44	28.60	28.75	28.89	28.89

APPENDIX B

CLASSIFICATIONS

SALARY GRADE

3	Custodian
4	Communications Representative Customer Service Clerk Data Entry Clerk Dental Laboratory Aide Facility Operator Help Desk Associate Information Services Clerk Mail Clerk Science Lab/Transportation Lab Aide
5	General Clerk Inventory Control Clerk

SALARY GRADE

6	Maintenance Worker I Shipping and Receiving Clerk Shipping and Receiving Inventory Control Clerk Vocational-Technical Laboratory Aide Word Processor
7	Secretary
8	Continuing Education Clerk Maintenance Worker II Shipping and Receiving Driver Shipping and Receiving Inventory Control Clerk Tool Crib/Warehouse Attendant
9	Administrative Secretary Admissions/Financial Aid Technician Allied Health Lab Aide Allied Health Technician Audio-Visual Technician Auxiliary Service Technician

Library Technician
Records and Registration Technician
Science Technician
Skilled Trades Painter
Telecommunications/Documentation Technician
Telecommunication Technician

SALARY GRADE

10	Audio Visual Media Technician Procurement Technician Word Processing Technician
11	Academic Specialist Accounting Specialist Accounts Payable Specialist Administration and Finance Specialist Administrative Assistant II Administrative Specialist Chemical/Hygiene Science Technician Compliance Specialist Computer Technician Custodian Specialist Financial Aid Campus Liaison Financial Aid Specialist Maintenance Specialist Records and Registration Specialist Skilled Trades Electrician Student Accounts Compliance Reviewer Veterans Affairs Specialist
12	Academic Specialist I Administrative Assistant I Administrative Specialist I Records Specialist I Student Services Technician

APPENDIX C
JOB DESCRIPTIONS

SALARY GRADE 3

Custodian

Performs custodial duties for building and grounds such as sweeping, mopping, waxing, scrubbing, dusting, refuse disposal, snow removal, and lawn care. Makes minor maintenance repairs and replacements such as light bulbs, fuses, and washers. Cleans lavatory equipment and replenishes supplies. Moves heavy furniture and equipment. Checks lights and heating equipment. Locks and unlocks premises. Reports more serious repair needs, unusual conditions, and evidence of hazardous situations after taking emergency steps to insure safety. Reports violations of rules. Performs other related duties as required.

SALARY GRADE 4

Communications Representative

Communicates with general public and students, by phone and through the distribution of materials, regarding the College and its events and activities. Answers telephone calls received in the College's Communication Management Center. Assists the general public and students by providing information about the College and on its events and activities. Receives and records inquiries and requests for information; provides data entry into the Information Center Database. Packages and mails requested college materials; distributes specialized materials as requested. Collects daily call data for all incoming calls. Possesses knowledge in various College departments, including but not limited to financial aid, accounts receivable, accounts payable, human resources, district records/student services and current events. Handles upset callers and identifies threats/threatening calls. Completes daily tasks to assist with opening and/or closing the College Communication Management Center. Completes other tasks and special projects, as assigned.

Customer Service Clerk

Maintaining professionalism with students, and community using various means tools such as the telephone, e-mail and face-to-face contact. Investigating and assisting in resolution of student problems. Provide help and advice to students and inquiring community members. Handling student service related concerns. Create and maintain records. Performs a variety of general office support work. Performs other related duties as required.

Data Entry Clerk

Responsible for functioning in the areas of data entry, cashiering, and related functions to provide an efficient and effective system of service to students and the College. Performs all cashiering functions defined by the administrator. Performs computer data entry functions for the departments of assignment. Prepares appropriate reports, collects data, and assures accuracy of student prepared forms. Operates technical equipment in the performance of duties. Maintains appropriate supplies to perform services assigned. Supervises part-time student staff in the absence of the designated supervisor of the area of assignment. Performs any other related duties assigned.

Dental Laboratory Aide

Performs a variety of support functions in the dental lab/clinic of the College. Insures all sterilization procedures and guidelines are followed in the dental lab and clinic. Monitors and changes all necessary solutions as needed. Dispenses supplies to faculty and students. Maintains an orderly system of incoming supplies and/or equipment and insures proper storage. Assists in annual inventory of equipment. Assists in the ordering of supplies. General clerical duties, answers telephone, records messages, maintain schedules of appointments, routes mail, light typing and filing. Performs other related duties as required.

Facility Operator

Performs building service and business related functions such as assembling, sorting, filing and retrieval of warehouse documents, shipping and receiving related functions, stocking and maintaining supplies, inventory supplies, light cleaning and building care tasks, registration and meeting set ups, minor building furniture and equipment repairs, escorting service delivery and repair workers, delivers, sets up and returns audio visual equipment, operates materials handling equipment. Performs other related duties as required.

Help Desk Associate

Work in professional call center environment working one on one with customers of all skill levels including logging, assigning, escalating and closing help desk calls. Answers help desk calls and access customer needs. Determine issues and use problem solving skills to work through issues and bring the issues to a suitable resolution. Areas of knowledge and responsibility include, but are not limited to: troubleshooting general PC hardware and peripherals, Microsoft Office

Suite 97/2000/XP, Microsoft Outlook 98/Outlook Web Access, Glink, Telnet, resetting ids, passwords and print queues in UNIX and NR environments, internet explorer, PDF file access and printing and PDAs.

Information Services Clerk

Answers telephone calls received in the College's Information Center. Provides assistance to the general public and students by providing information about the College and on events and activities. Receives and records inquiries and requests for information, provides data entry into the Information Center Database. Packages and mails requested College materials; distributes specialized materials as requested. Performs other related duties as required.

Mail Clerk

Sorts and distributes incoming mail and dispatches outgoing mail. Examines outgoing U.S. mail for appearance and completeness in accordance with postal laws regulations. Weighs, computes, and affixes proper postage by hand or with postage meter machine. Operates and provides general maintenance for various mechanical equipment used in processing mail. Maintains daily account records of all postage used and reconciles postage meter log to daily account sheet. Performs other related duties as required.

Science Lab/Transportation Lab Aide

Maintain a current and accurate inventory of all science equipment, repairing equipment, if possible, or arranging for the repair of equipment. Receiving, logging, and accessing the condition of incoming science equipment and supplies. Providing assistance to the Science Coordinator in regards to the ordering of science equipment and supplies. Keeping an active file of supplies and equipment ordered. Providing training and supervision of College Work Study students. Creating and updating Locator guides for all of the laboratories, assisting in the auditing of laboratory procedures and policies for all labs at all of the campuses. Monitoring safety conditions and safety equipment: i.e., fume hoods, eye wash stations, showers, fire extinguishers, etc. Maintaining a M.S.D.S. Log, maintaining a Laboratory Safety System Audit Checklist, maintaining an up-to-date list of (MI) OSHA requirements, maintaining accident reports. Frequent review of safety procedures and apparatus (eye wash station, showers, burn kits, and spill kits). Documentation of incoming and outgoing chemicals and maintenance of personal safety apparatus (Safety glasses, aprons, gloves). Preparation of all media, maintaining viable cultures of microbes (stock cultures), keeping an inventory of stock cultures and periodically subculturing (Tri-annually) for the purpose of propagating the existing cultures. Autoclaving microbes (student's

subcultures) upon completion of the Lab exercises. Overseeing the proper disposal of contaminated wastes; i.e., pipettes, cotton tip applicators, etc. Maintaining current collection and inventory of various biological stains and reagents. Storing biological stains and reagents in compliance to MIOSHA health and safety regulations. Inventory and store Physics equipment

Transportation Laboratory Aide

Responsible for providing supportive services to Coordinator and/or faculty. Responsibility includes but is not limited to preparation and set up of laboratory equipment and supplies for instructional purposes and the maintenance and care of laboratory equipment. Construct or assemble displays, demonstration units, or models to provide effective teaching aids in the various laboratories, maintain open lab for students use and provide related assistance in use of equipment and supplies. Maintain an adequate inventory of instructional supplies. Performs periodic inspections of equipment to insure adequate functioning of equipment, perform minor repairs, replacement of parts, and general maintenance of equipment where applicable. Arrange for major repairs. Report lab or equipment problems to supervisor, maintain lab in a clean and orderly fashion to provide for safety of staff and students. Assist custodial and maintenance to insure proper care of lab and equipment. Perform other related duties as required.

SALARY GRADE 5

General Clerk

Assembles, sorts, files, and retrieves documents and correspondence. Answers telephone, records messages, and provides general information to callers. Makes simple arithmetic calculations. Operates simple office machines such as typewriter and adding machine. Performs other routine clerical duties requiring some judgment and accuracy of detail. Performs other related duties as required.

Inventory Control Clerk

Maintains a current and accurate inventory of all office furniture and related capital equipment such as typewriters and adding machines. Tags all incoming capital equipment with College identification numbers, recording these numbers along with the name and location of the items and the cost center to which the item is charged. Makes changes in records when items are transferred, discarded, or stolen. Assists in location of missing equipment. Assists in general College-wide audit and/or physical inventory at least once a year. Assists purchasing director in procurement of materials and services in compliance with established buying procedures. Conducts market and cost savings studies as directed. Follows up on short shipments and

expedites late shipments. Maintains all other related records and files. Advises purchasing director of unusual problems. Performs other related duties as required.

SALARY GRADE 6

Maintenance Worker I

Makes minor repairs to plumbing such as toilet flush tanks, drinking fountains, and all drains. Makes minor repairs to electrical fixtures such as replacing light bulbs, switches, sockets, and fuses. Does minor plastering, painting, carpentry, and glass replacement work. Makes minor repairs to office equipment and general building hardware. Assists in all fire, safety, and security programs. Assists in custodial duties when necessary. Performs other related duties as required.

Shipping and Receiving Clerk

Receives and verifies incoming shipments of equipment, supplies, and books by comparing shipping documents with load content. Prepares stock for distribution and/or shipment within or without the College. Types, files, answers telephone, and records messages. Performs general office and clerical tasks. Occasionally drives light motor vehicle in making deliveries to and pickups from various instructional centers of the College. Assists with warehouse duties when necessary. Performs other related duties as required.

Shipping and Receiving Inventory Control Clerk

Receives and verifies incoming shipments of equipment, supplies, and books by comparing shipping documents with load content. Prepares stock for distribution and/or shipment within or without the College. Types, files, answers telephone, and records messages. Performs general office and clerical tasks. Occasionally drives light motor vehicles in making deliveries to and pickups from various instructional centers of the College. Assists with warehouse duties when necessary. Performs other related duties as required.

Vocational-Technical Laboratory Aide

Assists Vocational-Technical instructors in the overall operation of the labs as well as maintenance and care of equipment and supplies. Maintains inventory of instructional supplies; performs periodic inspection of equipment to insure adequate functioning; provides general maintenance to equipment and arranges for any major repairs; reviews all rules and regulations with individuals using the voc-tech labs; assists in tagging and inputting equipment information of computer terminal; maintains lab in a clean and orderly fashion. Performs other related duties as required.

Word Processor

Prepares, revises, and formats various documents on Word Processing equipment, transcribes dictation. Files Communication Service Center and User documents. Electronically telecommunicates User and Center documents. Performs other related duties as assigned.

SALARY GRADE 7

Secretary

Performs secretarial and stenographic duties for the supervisory, administrative, or professional staff position levels where responsibilities for trust and accuracy are important factors. Duties include typing, duplicating, or stenciling correspondence and office forms from copy. Composes and types answers to routine requests for information. Proofreads typed and transcribed copy, compiles and maintains office records, answers telephone, records messages, receives visitors, and provides general information. Maintains schedule of appointments and meetings. Reads and routes incoming mail. Orders and maintains adequate office supplies within departmental budgetary limitations. Operates common office machines. Performs other related duties as required.

SALARY GRADE 8

Continuing Education Clerk

Provides support services to enrolled and prospective students, including but not limited to, such assisting with admissions applications, document intake, document processing, etc. Provides general information on all continuing education functions, i.e. admissions, advisement, community education/community services, financial aid, records, registration. Refers students/prospective students to the appropriate professional staff member for advice and counsel as necessary. Maintains data bases and reports as required. Must be proficient in the operation of the computerized student information system. Assists in data collection of local, state, and federal reports as assigned. Assists in providing cross training of program staff. Supports the development and production efforts of professional staff with the production of program promotional materials, internal forms, and various materials to facilitate student related activities and procedures and student success in the program. Supports the clerical needs in the development of workshops, meetings, and seminars for students and faculty. May assist in coordinating logistics, scheduling and participant communications as assigned. Performs other related duties as assigned.

Maintenance Worker II

Performs with a degree of independent judgment general preventative and repair maintenance work in the College such as plumbing, carpentry, plastering, painting, electrical, ventilation, heating, and air conditioning. Applies knowledge of building, fire, health, and safety code requirements to assure work will stand inspection. Assists in the inspection of the College's facilities, noting condition of site, building, and equipment, which require attention and/or repair. Shall have heating licenses. Performs other related duties as required.

Shipping and Receiving Driver

Operates motor vehicle to transport assorted items to and from points of pickup and delivery throughout the county. Loads, unloads, and delivers to person or department designated on shipping document. Receives and verifies incoming shipments from outside vendors and/or agencies, comparing shipping document with load content. Unloads and delivers same to designated department. Maintains and safeguards attending documents and forwards them to proper authorities. Provides routine preventative maintenance to vehicle and records daily mileage. Reports mechanical difficulties of motor vehicle to supervisor. Assists with warehouse duties when necessary. Performs other related duties as required.

Shipping and Receiving Inventory Control Clerk

Receives and verifies incoming shipments of equipment, supplies and books for vocational programs offered at the Campus. Compares shipping documents with load content. Prepares stock for distribution and/or shipment within or without the College. Maintains and inventories of tools for the Vocational/Auto/Technical Tool Crib. Assists Vocational/Technical faculty members with students in Vocational Programs. Maintains files, answers telephone and records messages dealing with Vocational/Technical programs. Occasionally drives light motor vehicles in making deliveries to and pickups from various instructional centers of the College. Assists with warehouse duties when necessary. Operates a lift truck when loading and unloading shipments. Assists the District Staff with tagging the college assets; record and file records for review. Assembles component parts when necessary includes set-up of table and chairs when required. Must be able to generate receiving reports for distribution to the Auxiliary Service Technician. Must be able to work well in a team setting and ability to perform independently as requested.

Tool Crib/Warehouse Attendant

Monitor and maintain all records of supplies and equipment in the tool crib and in shipping and receiving. Provide service through distribution of college inventory. Provide mailroom services as requested.

Receives and verifies incoming shipments of equipment, supplies, books and inventory by comparing shipping documents with load contents (campus and Central Administration). Prepares stock for distribution and/or shipments within or without the district. Performs general office and clerical tasks in the tool crib, warehouse and shipping and receiving departments. Make deliveries within the campus including the instructional area. Drives motor vehicle, when necessary to make deliveries to and pickups from various instructional centers and to outside vendors. Operates a hi-lo when loading or unloading shipments. Assist the Central Auxiliary Service Technician with tagging the college assets; record and file records for review. Record items transferred, discarded or stolen and forward the paper work to Central Receiving. Assembles component parts when necessary includes set-up of table and chairs when required. Performs warehouse duties (which includes lifting and moving large objects) and other related duties as required. Performs quarterly tool crib inventory. Must be able to generate receiving reports for distribution to the Auxiliary Service Technician. Must be able to work well in a team setting and ability to perform independently as requested.

SALARY GRADE 9

Administrative Secretary

Performs secretarial and stenographic duties for administrators of the College at the senior staff level where responsibilities of trust and accuracy are important and knowledge of the College, its educational policies and procedures, is essential. Works for an administrator whose decisions may effect the entire College as well as the College community and is prepared, therefore, to handle a variety of moderately complex situations with discretion, tact, and good judgment. Duties include scheduling meetings and appointments, receiving and giving information to callers, recording and transcribing dictation, composing general correspondence from marginal notes or verbal instructions, and opening, scanning, and sorting mail as to importance, urgency, or distribution. Organizes and maintains office records with minimal direction in order to free the administrator for duties of higher priority. Performs other related duties as required.

Admissions/Financial Aid Technician

The Admissions/Financial Aid Technician, under the direct supervision of the Coordinator of Admissions and/or Coordinator of Financial Aid, provides a complete delivery of services to the students for effective admission to the College and/or for the obtaining of financial assistance. Assists students in the completion of Admission and/or Financial Aid applications. Assists students in the completion of international Student applications for admission and/or Veteran

procedures for attaining benefits. Terminal data entry for all Admissions and/or Financial Aid and/or International Student application, and/or Veteran information, but not limited to those categories. Prepares files for Admissions and/or Financial Aid for all students relating to certification, validation, need analysis, modification, disbursement of funds, and compliance with all local, state, and federal regulations. Processes all Veteran, Financial Aid, and International Student waivers, scholarships, loans, etc. for students needing assistance for entrance into the College or continuing in the College. Accumulates data for all local, state, and federal reports. Performs all-functions that are related to the validation of students for all programs assigned to the area. Assists in the supervision of staff in the absence of the Coordinator. Assists in any presentation to College or community groups relative to areas of responsibility. Performs other related duties as required.

Allied Health Laboratory Aide

Insures all sterilization procedures and guidelines followed in the Allied Health labs and clinics. Monitors and changes all necessary solutions as needed. Dispenses supplies to faculty and students. Keeps track of incoming supplies and/or equipment insures proper storage. Assists in annual inventory of equipment and ordering supplies. Answers telephones, takes messages, and schedules appointment. Performs other related duties as required.

Allied Health Technician

Provide broad administrative and clinical support in the College's Health Sciences Center for its allied health programs. Manage calendars, appointments, and assist with students. Assist department faculty and deans as needed. Maintain departmental integrity. Completes other tasks and special projects, as assigned.

Audio-Visual Technician

Responsible for the ordering, routing and retrieval of all audio-visual equipment and supplies for all of the College's instructional centers, and is responsible for the maintenance of budgetary and inventory records of same. Makes minor repairs to equipment and supplies, and performs periodic equipment checks. Must be able to operate all A-V equipment: 16 mm movie projectors, filmstrip and slide projectors, tape duplication equipment, slide making equipment, slide duplication, etc. Performs other related duties as required.

Auxiliary Service Technician

Assists the Auxiliary Service Coordinator with monitoring and maintain the IFAS system. Receives and verifies incoming shipments of the college inventories, i.e. equipment, supplies, books. Record on the

TRIAD modules all fixed assets. Tags and record all fixed assets with the college's identification numbers. Prepares stock for distribution and/or shipments within the college campus. Makes deliveries within the campus area. Drive motor vehicle when needed to make deliveries and to pick-up from various instructional centers. Operate hi-lo when loading and unloading shipments. Perform general office and clerical tasks, i.e. typing, filing and answering telephones, records messages, inputs data into computer. Involved in various training programs that includes learning the automated computerized telecommunication equipment and how to make software changes in the Rolm CBX system and also phone mailboxes. Perform physical inventory of all college assets as required. Make changes in records when items are discarded. Perform warehouse duties when necessary, and other related duties as required. Must be able to generate reports for the Administration and Finance Department. Must be able to maintain vehicle maintenance records.

Library Technician

Performs the support and processing functions of a library unit such as preparing order forms, inputting online records or sorting library material. Provides general information and assistance to library users in an automated environment. Works with a variety of library automated systems providing service to library users, library staff or other libraries; may monitor the work of student assistants.

Records and Registration Technician

Maintains the student academic records with accuracy, security, and integrity. Provides liaison activities in records/registration for an assigned campus one or more days a week at the campus location. Provides training for campus based records/registration staff. Processes transcript requests, enrollment verifications, applications for graduation, and the evaluation of student transcripts. Processes registration, including requested program adjustment forms (add/drop) at any designated site. Distributes and collects instructor class lists. Distributes, collects and processes instructor grade rosters. Provides service to students at the counter, by telephone, and mail. Processes grade change forms, student grade mailers, and notification to students of class cancellations, and data entry of student academic transcript evaluations. Assists in data collection and preparation of local, state, and federal reports. Performs other related duties as required.

Science Technician

Receives and verifies all incoming laboratory science shipments. Stores supplies in designated locations. Maintains up to date inventory of materials in storage and at each center. Prepares inventory reports and submits requests for supplies. Prepares necessary chemical and

biological solutions and materials for distribution to learning centers. Establishes and assists in implementation of a delivery and return system for both day and evening centers. Labels all equipment. Performs other related duties as required.

Skilled Trades Painter

Provides drywall and plastering repair, painting, and wall cover installations college-wide. Prepares walls, ceilings, etc. for covering by performing necessary drywall, patching, and plastering repairs. Selects appropriate materials for covering various surfaces, performs painting, installation of surface coverings, etc. as directed. Removes necessary hardware, covers, etc. and re-installs after finishing. Installs or replace various ceiling materials in existing ceiling and moves furniture, equipment, etc. as needed to perform work. Performs other related duties as required.

Telecommunication/Documentation Technician

Responsible for the inventory of Wayne County Community College District assets. The position performs duties related to document imaging and data base software for asset information and tracking capabilities. The position will be responsible for uploading all assets scanned during WCCCD annual inventory, creation of efficient catalog system, maintenance and addition of information as new items are purchased.

Telecommunication Technician

Performs a variety of administrative support functions in the areas of telecommunications and related clerical functions. Operates automated computerized telecommunication equipment for record keeping; makes telesystem software entries for the Rolm CBX to accommodate phone relocation, all moves and changes, i.e., call forwarding, pick-group, class of services, plugs in phones, etc.; involved in various training programs; has technical knowledge in the phone mail usage, desktop devices, and copier recount accumulators; maintains and updates the telephone directory; maintains and posts data daily to journal and prepares month-end summary reflecting telephone and copier usage and cost; performs, as needed, a diagnostic check of the phone instruments, trunks, and the lines and other Rolm equipment; makes minor repairs to telephone equipment, changes cords, receivers, etc., and places service calls when necessary; maintains various files and performs other miscellaneous clerical duties such as answering phones, operating calculating equipment, typewriter, etc. Performs other related duties as required.

SALARY GRADE 10

Audio Visual/Media Technician

Operates, demonstrates, trains and assists faculty and other college personnel with LRC A-V and Media Equipment including but not limited to: overhead projectors, VCR/TV combination, digital cameras, camcorders, movie projectors, filmstrip and slide projectors, tape duplication equipment, slide making equipment, slide duplicators, laptop PC/projector combinations, cassette records, etc. Under the direction of the LRC Coordinator, responsible for ordering, routing and retrieval of all audio-visual/media equipment and supplies for the Campus. Responsible for the maintenance of budgetary and inventory records of all audio-visual/media equipment. Makes minor repairs to equipment and supplies and performs periodic equipment checks. Performs general clerical duties as needed for the Campus Learning Resource Center. Assists students with general library inquiries. Performs other related duties as assigned.

Procurement Technician

Receives and verifies all incoming laboratory science shipments. Store supplies in designated locations. Maintains up-to-date inventory of materials in storage and at each center. Prepares inventory reports and submits requests for supplies. Prepares necessary chemical and biological solutions and materials for distribution to learning centers. Establishes and assists in implementation of a delivery and return system for both day and evening centers. Labels all equipment. Assist Buyer in the purchasing of supplies, equipment, and services. Preparation of Request for Proposals. Solicitation of prices from vendors compiles and update vendor listing. Perform college-wide follow-up on all outstanding purchase orders. Place repair calls for all office equipment college-wide. Input data for various reports and prepare the quarterly minority procurement report. Responsible for maintaining up-to-date records; conducting training sessions; and ensuring that the College is in compliance with the "Right To Know" (Hazard Communication Standard). Responsible for assisting in the identification and disposal of hazardous waste materials. Responsible for the maintenance of Vendor Contracts. Performs other related duties as required.

Word Processing Technician

Provides broad administrative/secretarial support for management personnel in the area by the efficient use of Administrative Word Processing techniques/concepts, which will specialize, coordinate, methodize, and systemize the functions of this position. Performs complex work schedules involving a high degree of quality in editing correspondence with rapid responding abilities. On own initiative, compiles from files pertinent facts to assist the director and staff in handling inquiries. Assists with preparation of statistical reports under

general instructions from staff or supervisor. Collects data for department. Sets up and maintains confidential and subject departmental files. Operates various types of word processing equipment, including a standard typewriter. Maintains various files and performs other miscellaneous clerical duties such as answering the telephone, ordering office supplies, and operating office calculating equipment. Assists in determining the best processing method for various jobs. Assigns work to others in accordance with priority of the job, and to meet production objectives. Attempts to identify and correct work flow problems in order to meet due dates. Involves familiarity with the processing equipment and ability to identify equipment problems. Conducts initial and continuation departmental training. Reviews output for accuracy and completeness. Prepares and maintains various records and reports. Performs other related duties as required.

SALARY GRADE 11

Academic Specialist

Performs comprehensive and complex duties for the administrator of the College at the senior staff level where responsibilities of trust and accuracy are important and knowledge of the college, its educational policies and procedures is essential.

Accounting Specialist

Assist in bank reconciliations every month for all bank accounts. Schedules for debit/credit memos, bad checks and journal vouchers. Schedule of wire transfers and process necessary journals vouchers. Process journal vouchers for all charge back. (Postage, copier telephone, duplicating, bookstore and public affairs). Type invoice for Contracted Training Program, prepare schedule and type final report as necessary. Verify all account numbers for requisitions. Purchase orders, travel and tuition reimbursement reports. Schedule of travel and tuition reimbursement report. Trial balance and profit/loss summary of each contracted training program as necessary. Match deposits tickets from validated bank copy to campus copy. Verify deposits from campus(s) were submitted to bank in a timely manner through pick up log. Attach both deposit ticket and file in numeric sequence by each campus. Prepare missing deposit ticket log. Assist with the up-date of budget information. Assist with annual reports for governmental agencies. Performs other related duties as required.

Accounts Payable Specialist

Provides accounting services in the areas of payroll, accounts receivable, accounts payable, cashiering and/or registration accounting with accuracy and attention to detail. Prepares such forms as invoices, interaccount bills and voucher. Maintains and posts data

to journals, subsidiary ledgers, or other books of original entry or subsidiary records. Makes mathematic calculations and uses accounting tables and reports. Adds columns of figures and crossfoots totals, using adding machine. Maintains accounts receivable ledger, prepares journal entries on invoices receivables, posts transactions for cost centers and special projects. Computes trial balance for each month for accounts payable. balances registration receipts, files registration forms and drop/add forms, types tuition refund checks, answers inquires concerning tuition refunds, and performs registration duties for the Accounting Department as assigned. Assigns account numbers according to classification system, makes adjustments to account, prepares daily summaries and monthly accumulative reports and performs other related typing duties. Prepares month-end summary of book sales, and posts payments to short term loan report. Verifies time sheets and posts and maintains files for them. Effects forms for new hire and transfer employees, compiles reports for payroll earnings and deductions, writes all manual checks and obtains authorization for them, summarizes quarterly earnings, sorts and folds checks, mails checks, and makes necessary adjustments in individual payroll accounts. Responsible for notifying delinquent accounts in order to secure payment using postal service, telephone, or other means as designed by supervisor. Removes delinquent accounts from current files. Maintains logs of all form letters mailed to delinquent customers. Repeats process of notifying delinquent customers using different forms if replies are not received within specified time. Prepares and maintains accurate student "hold" lists. Sorts, reads, and answers all delinquent account correspondence. Periodically interviews customers regarding delinquent accounts. Receives incoming funds, disburses funds, records monetary transactions incidental to conduct of College business. Receives incoming cash and checks, counts money to verify amount and issues receipts for funds received in addition to issuing change and cashing checks. Endorses checks, lists and totals cash and checks for the purpose of reconciling and preparing bank deposit slips. Compares totals on cash register with amount of currency in register to verify amounts. Withdraws cash from bank and keeps custody of cash fund. Operates office machines, such as typewriter, calculator and check writer. Assist in staff training. Provide departmental status reporting. Compile monthly Outstanding Invoice Listing. Perform month-end close for supervisor review. Assist in year-end close process. Coordinate auditor information request. Responsibility for staff oversight and assistance. Assist management in analytical account review. Prepare all necessary journal voucher entries for supervisor review. Form 1099 preparation and filing. Additional duties as may be required.

Administration and Finance Specialist

Provides broad administrative/secretarial support for management personnel in the area of Administration and Finance by the efficient use of Administrative Word Processing techniques/concepts, which will specialize, coordinate, methodize, and systemize the functions of the position. Performs complex work schedules that require a high degree of accuracy and rapid responding abilities. Provides secretarial and stenographic duties for administrators of the College at the senior staff level where responsibilities of trust and accuracy are important and knowledge of the College, its educational policies and procedures, is essential. Use discretion, tact and good judgment in dealing with students, vendors and staff members. Organizes and maintains office records with minimal direction in order to free the administrator for duties of high priority. Sorts and folds student checks and send outstanding balance letters to students. Prepares and maintains timesheets for staff. Under the supervision of the Controller, provides all necessary information and assistance to the Internal and External Auditors. Assists with preparation of statistical reports, establishes and maintains filing system. On own initiative, compiles from files and other College departments pertinent facts to assist the Controller and other supervisors in handling inquiries. Maintains various files and performs other miscellaneous clerical duties such as answering the telephone, ordering office supplies, and operating office calculating equipment. Conducts initial and continuation departmental training. Sets up and maintains confidential and subject departmental files. In the absence of the Administrative Specialist, assist the Vice President for Administration and Finance. Assist and process Board mailings. Operates various types of word processing equipment, including a standard typewriter. Keep abreast of the latest PC applications with a broad knowledge of AmiPro, WordPerfect, Aldus PageMaker, Dbase and knowledge of producing charts, graphs and etc. Performs other related duties as required.

Administrative Assistant II

Provides broad clerical support for office administration. Performs clerical and stenographic duties. Inputs all purchasing requisitions into the College's fund accounting online system. Maintains and posts data to journals and subsidiary ledgers and makes mathematical calculations for the monthly expenditure report. Collaborates with Purchasing and Accounts Payable departments to secure payments for vendors. Prepares monthly and other requested reports on activities for college administrators. Gathers and compiles newspaper clippings and distributes them at the end of the month. Verifies timesheets and maintains files. Assists Department Director with advertising including obtaining pricing and deadline information. Maintains and distributes promotional supplies, office supplies and services. Schedules

meetings and appointments. Provides information to callers, including other staff, faculty, students and the public. Open, scan and sort mail for filing and distribution based on importance and urgency. Organize and maintain office records (hardcopy and electronic) with minimal direction. Other tasks and special projects, as assigned by supervisors, administrators or directors.

Administrative Specialist

Provides broad administrative/clerical support for security management. Assists in the investigations of all reported incidents on college property. Assists in the administration of parking operations. Assists in security training of college personnel and students. Conducts preliminary and follow-up investigations of traffic accidents and criminal offenses; prepares case documentation and participates in court cases on assignment of the Director. Investigates safety hazards; may develop and implement programs to deal with such emergencies as fires, bomb threats, etc. Participates in the hiring, training, and evaluating of various campus officers. Maintains contact with other federal, state, county and local law enforcement agencies to assist in achieving safe and secure college operation. May be required to develop work schedules, interpret law and develop other department procedures for Directors review. May be required to provide emergency medical treatment (CPR) in cases of accident or illnesses until medical personnel arrive. Performs other duties as required.

Chemical/Hygiene Science Technician

Implement and monitor the Chemical Hygiene Plan for all district science labs. Prioritize purchase requests of science equipment, materials and supplies for all campuses. Order science equipment and materials. Track requisition orders. Receive, verify and return, if necessary, all incoming laboratory science shipments. Ship supplies to designated locations. Train and monitor lab technicians. Coordinate repair and maintenance of equipment with the appropriate vendor. Work with vendors to purchase and dispose of materials and equipment. Maintains an up-to-date inventory of science materials, supplies and equipment for all campuses. Label equipment over \$500.00. Perform other related duties as required.

Compliance Specialist

Develops project budgets using an activity based costing format. Prepares documentation necessary for the set-up of restricted fund budgets. Manages multiple restricted and general fund budgets verifying correctness of account numbers, line items, etc. Inputs all purchase requisitions for restricted and general fund projects. Tracks program expenditures to ensure adherence to funding source guidelines. Develops and maintains databases for all restricted and

general fund budgets. Produces monthly activity reports for all department budgets. Initiates processes and provide appropriate project information relevant to invoicing for restricted fund programs. Processes mileage, travel, tuition assistance, and prior approval forms assigning appropriate fund numbers. Prepares and processes appropriate documents for line item transfers, charge backs, and budget corrections. Reviews department reports and other financial reports/documents for accuracy. Assists with the preparation of all internal and external reports. Works with internal and external partners providing budgetary documentation and/or clarification of expenditures relevant to program status. Assists the department director in providing appropriate responses/documentation related to single-line audits when necessary. Assists the department director in preparation activities related to external program audits. Participates in monitoring visits, providing documentation/assistance when requested. Maintains all necessary documentation and performs duties necessary for internal and external audits. Prepares documentation for all new and existing contracts staff and maintains appropriate database. Processes payment related documentation for all contract staff. Performs other related duties as assigned.

Computer Technician

Run backups on all Unix platform servers. Maintain backup tape archive and archive log. Maintain documentation of backup procedures for all Unix platform servers. Print required jobs run by department personnel, including rosters, grade mailers, student statements, student refund and financial aid checks, labels, and any necessary reports. Maintain inventory of computer supplies. Handle bursting and decollating of student checks and other forms as necessary. Operate additional equipment in department as necessary. Handle shredding and disposing of confidential documents and reports produced in Information Technology Department. Place service calls on Unix servers, printers and other equipment in Information Technology department when needed. Answer department telephones as needed. Aid users needing assistance, including resetting passwords and unlocking IDs on the domain, student information system and finance system. Assist users as necessary. Act as print operator for all printers in Information Technology Department, including delivering documents, filling all paper trays, maintaining supply of printer paper, replacing toner cartridges, and other printer maintenance as necessary. Organization of manuals and supplies, and any other actions necessary to maintain an organized operations center. Performs other related duties as required.

Custodian Specialist

Performs custodial duties with superior knowledge in stripping, waxing, and carpet cleaning and dying. Superior knowledge in chemical use for various types of flooring. Operates various types of machinery such as floor strippers and carpet cleaning equipment. Determines the best method for various jobs. Assigns work to others to meet production objectives. Oversees the performance of custodial duties for building and grounds such as sweeping, mopping, buffing, waxing, scrubbing, dusting, vacuuming and refuse disposal. Monitors the cleanliness of lavatories and the replenishing of supplies. Performs other related duties as required.

Financial Aid Campus Liaison

Serves as the College's representative to the students and others related to the provision of financial aid information, resources and opportunities through communication, advocacy and networking. Possess thorough understanding of the College's cost of attendance, including tuition, fees and other expenses. Understand and monitor updates to applicable financial aid legislation. Create and distribute financial aid related information including brochures, flyers and other informational materials to current and prospective students. Present information or staff an informational table for students and others at orientation sessions or other campus events. Collect contact information from interested students. Disseminate financial aid related information throughout the year to current students and prospective students at their respective schools. Inform and update faculty and administrators about financial aid related activities. Compile and update financial aid data. Transmit, receive and manage electronic financial aid application data to and from the U.S. Department of Education. Ensure accurate loading to the student information system and create required reports. Act as liaison between the College and the U.S. Department of Education, other colleges and institutions as it pertains to financial aid. Assist in special projects to include outreach efforts. Perform or prepare any other duties, reports, or projects, as assigned by administrators or directors.

Financial Aid Specialist

Provides assistance and technical support in the resolution of staff/student concerns. Assists the District Director of Financial Aid in preparing auditing worksheets for federal, state and local audit reviews. Responsible for the completion and mailing of all federal and state enrollment verification rosters as mandated for all loan students. Under close supervision by the District Director of Financial aid, audits all financial aid postings to identify any over/under payments to students. Monitors Satisfactory Process for the total financial aid population, audits student accounts to determine if student aid should either be canceled or inactivated, and mails campus-wide notices to

the entire affected population. Monitor student financial aid eligibility through the National Student Loan Database System (NSLDS) by entering and retrieving student information, via the internet. Handles all requests for documents, along with other materials, and forwards requested items to campuses. Assists the District Director in preparation of all federal, state, and local reports as mandated by law in the implementation of financial aid policies, procedures, and guidelines. Create, monitors, audits and analyzes payroll earning reports for College Work-Study employees. Using various Payroll reports, reviews and analyses payroll earnings, prepares new hire, transfer, and termination forms for CWS students. Processes all campus-wide CWS employment requisitions for off campus check request payments. Evaluates and reviews applications for special programs offered through the college. Process incoming documents and mail. Other related duties as assigned.

Maintenance Specialist

Performs with a degree of independent judgment general preventative and repair maintenance work in the College such as plumbing, carpentry, plastering, painting, electrical, ventilation, heating, and air conditioning. Applies knowledge of building, fire, health, and safety code requirements to assure work will stand inspection. Assists in the inspection of the College's facilities, noting condition of site, building, and equipment, which require attention and/or repair. Shall have both heating and refrigeration licenses as required by applicable codes. Performs other related duties as required.

Records and Registration Specialist

Provides a system for accuracy of academic history for each student, evaluation of transcripts, and certification of candidates for graduation, along with assisting in preparation of computer request for research and reports. Performs other related duties as required.

Skilled Trades Electrician

Performs electrical trouble-shooting, repairs, installation, and etc. college-wide as directed. Performs troubleshooting for lighting, motors, electrical equipment, electrical controls, etc., repairs and replaces various components on College's electrical mechanical, and pneumatic systems. Performs work in compliance with applicable codes, performs new installation work of lighting and power as directed, performs preventative maintenance on electrical systems and installs telephone, computer, signal, alarm wiring, etc. as directed. Performs other related duties as required.

Student Accounts Compliance Reviewer

Ensure that student financial accounts are in compliance with internal policies, standard accounting and financial procedures, and Federal, State and local regulations. Provide customer service to students, staff, third-party organizations and the public regarding student financial services and accounts. Schedule, coordinate and process student finance functions including billing, payment processing, payment plan, third-party funding, refunds and aging accounts to ensure accuracy, timeliness and compliance with Federal and State regulations. Develop outreach methods, communications and payment options to minimize aging accounts and ensure student success. Research, analyze and problem solve complex account issues and reconciliation related to students and third-party organizations. Collaborate, coordinate and communicate with departments within the College to ensure constant sharing of information and quality of service for students and others. Provide students with information on payment options. Ensure compliance with the College's policies and standard accounting and financial procedures. Review, research and reconcile student and external organizational accounts to ensure accuracy, timeliness and completeness. Responsible to generate, process and upload files in different systems and software. Perform a variety of tasks that apply charges and credits to the students' and external organizations' financial accounts at the College. Complete other tasks and special projects, as assigned.

Veterans Affairs Specialist

Provides communication between the District and the Veterans Administration Regional Offices. Responsibility for enrolling eligible students with the VA Regional Office for benefits under the following chapters of Title 38 of the U.S. Code: Chapter 30 (Montgomery Bill), Chapter 31 (Vocational Rehabilitation), Chapter 32 (Post-Vietnam Era), Chapter 34 (Vietnam Era), Chapter 35 (Survivor's Benefits), Chapter 106 (Selected Reserve). Preparation and submission of enrollment reports to the VA on each student receiving benefits each semester and summer sessions, reporting of cancellations, drops or adds, and other changes that affect the pay status of students receiving VA benefits. Submit via the District Assistant Registrar, on behalf of new applicants, of forms or copies of records on change of program or place of training. Report of Separation from Active Duty (DD 214), marriage licenses, birth certificates for dependents, claim numbers, and related documents required for certification of eligibility for benefits. Certifies tuition and fee changes and provides the VA with class schedules and grade reports for disabled veterans under Vocational Rehabilitation. Distribution of current information on VA policies and regulations, eligibility, academic programs, and benefits available to eligible students. Maintenance of continual communication with the VA

Regional Office. Advising veterans of availability of tutorial assistance, determination of eligibility, and processing of claims for reimbursement. Participation in workshops sponsored by the VA Regional Office for veterans coordinators and related personnel. Assisting veterans in securing special veterans benefits made available through individual state resources. Other related duties.

SALARY GRADE 12

Academic Specialist I

This position reports directly to the Campus Vice President. The position performs comprehensive and complex duties for the administrator of the College at the senior staff level where responsibilities of trust and accuracy are important and knowledge of the college, its educational policies and procedures is essential.

Administrative Assistant I

Provides broad administrative and clerical support for administrators, directors and executives of the College at the senior staff level where responsibilities of trust and accuracy are important and knowledge of the College, its educational policies and procedures, is essential. Schedule meetings, appointments and travel itineraries. Assist in training of college personnel and students. Communicate on behalf of administrators and the College with other staff, faculty, students and the general public in person, via phone and via email. Record and transcribe dictation. Compose correspondence, including letters and email, from marginal notes or verbal instructions. Open, scan and sort mail for filing and distribution based on importance and urgency. Develop work schedules and other department procedures for Director's review. Organize and maintain office records (hardcopy and electronic) with minimal direction. Arrange events such as staff parties, staff retreats, fund-raising events and staff appreciation events. Act as group leader, who directs the work under instruction from the supervisor. Perform other tasks and special projects, as assigned by administrators, executives or directors.

Administrative Specialist I

Provides broad administrative/clerical support for administrators of the College at the senior staff level where responsibilities of trust and accuracy are important and knowledge of the College, its educational policies and procedures, is essential.

Records Specialist I

The Records Specialist I provide a system of academic history for each student, evaluation of transcripts, and certification of candidates for graduation along with assisting in preparation of computer requests for research and reports.

Student Services Technician

Provides student support services to enrolled and prospective students, including but not limited to, such assisting with admissions applications, electronic financial aid applications, document intake, document processing, etc. Providing general information on all student service functions, i.e., admissions, advisement, community education/community services, financial aid, records, international student assistance, registration, testing and assessment. Refers students/prospective students to the appropriate professional staff member for advice and counsel as necessary. Maintains data bases and reports as required. Must be proficient in the operation of the computerized student information system. Assists in data collection of local, state, and federal reports as assigned. Assists in providing cross training of program staff. Supports the development and production efforts of professional staff with the production of program promotional materials, internal forms, and various materials to facilitate student related activities and procedures and student success in the program. Supports the clerical needs in the development of workshops, meetings, and seminars for students and faculty. May assist in coordinating logistics, scheduling and participant communications as assigned. Performs other related duties as assigned.

APPENDIX D
TECHNICAL AND PROFESSIONAL GRIEVANCE FORM - LOCAL 1796

STEP ONE

Grievance
Number _____

Department _____

Date _____

Date Grievance Occurred _____

Employee _____ Seniority _____

Nature of Grievance

Date _____ Steward _____

Supervisor _____

Supervisor's Answer

Supervisor _____ Date _____

Received By _____ Date _____

Union's Reply _____

Accept _____ Withdraw _____

-Committee

Person _____

WWP _____ Appealed

Date _____

Reviewed _____

Date _____

Administrator _____ Date _____

STEP TWO

Date _____ Labor Relations Manager _____

Received

Date of Hearing _____

Labor Relations Answer

Labor Relations Manager _____ Date

Received By _____ Date

Union's Reply _____

_____ Accept _____ Withdraw _____ WWP _____

Appeal

Bargaining Chairperson _____ Date _____

Date Received _____ Receiver _____

STEP THREE

Date of Hearing _____

Employer's Answer

Employer's Representative _____ Date

Received By _____ Date _____

Union's Reply

STEP FOUR

Appeal To Arbitration? Yes _____ No _____

Local President _____ Date _____

APPENDIX E

MEDICAL BENEFIT PLANS



Blue Cross
Blue Shield
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

0070119080005 - 09PN0

Effective Date: 01/01/2024

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Preauthorization for Specialty Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Preauthorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request preauthorization of the drugs. **If preauthorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Blue Cross provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

ADM COB-3;ADM PLANR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PDTTC104080RXCM;SB-HSA-AMB ASC;SBD HSA
ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Eligibility Information

Member	Eligibility Criteria
Dependents	- Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26
Sponsored dependents	Dependents of the subscriber related by blood, marriage or legal adoption, over age 19 and not eligible as a dependent under the provisions of the subscriber's contract, provided the dependent meets all eligibility requirements. The subscriber is responsible for paying the cost of this coverage.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Note: If an in-network provider refers you to an out-of-network provider, all covered services obtained from that out-of-network provider will be subject to applicable out-of-network cost-sharing.

Benefits	In-network	Out-of-network
Deductibles Note: Your deductible combines deductible amounts paid under your Simply Blue HSA medical coverage and your Simply Blue prescription drug coverage. Note: The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract.	\$2,000 for a one-person contract \$4,000 for a family contract (two or more members) each calendar year (no 4th quarter carry-over)	\$4,000 for a one-person contract \$8,000 for a family contract (two or more members) each calendar year (no 4th quarter carry-over)
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) Note: Coinsurance amounts apply once the deductible has been met.	None	20% of approved amount for most covered services
Annual out-of-pocket maximums -applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts	\$4,000 for a one-person contract \$8,000 for a family contract (two or more members) each calendar year	\$8,000 for a one-person contract \$16,000 for a family contract (two or more members) each calendar year
Lifetime dollar maximum	None	

Preventive care services

Benefits	In-network	Out-of-network
Health maintenance exam-includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Gynecological exam	100% (no deductible or copay/coinsurance), two per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered

ADM COB-3;ADM PLANYR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PDTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN200NA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Pap smear screening- laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilization of female reproductive organs	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Prescription contraceptive devices-includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Well-baby and Well-child visits	100% (no deductible or copay/coinsurance) 8 visits, birth through 12 months 6 visits, 13 months through 23 months 6 visits, 24 months through 35 months 2 visits, 36 months through 47 months - Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance, if applicable.	80% after out-of-network deductible Note: Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.
One per member per calendar year		
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance) for routine colonoscopy Note: Medically necessary colonoscopies performed during the same calendar year are subject to your deductible and coinsurance, if applicable.	80% after out-of-network deductible
One routine colonoscopy per member per calendar year		

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PD TTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSA C0IN200NA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Physician office services		
Benefits	In-network	Out-of-network
Office visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Online visits - by physician must be medically necessary Note: Online visits by a vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	100% after in-network deductible	80% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Office consultations - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Urgent care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible

Emergency medical care		
Benefits	In-network	Out-of-network
Hospital emergency room	100% after in-network deductible	100% after in-network deductible
Ambulance services - must be medically necessary	100% after in-network deductible	100% after in-network deductible

Diagnostic services		
Benefits	In-network	Out-of-network
Laboratory and pathology services	100% after in-network deductible	80% after out-of-network deductible
Diagnostic tests and x-rays	100% after in-network deductible	80% after out-of-network deductible
Therapeutic radiology	100% after in-network deductible	80% after out-of-network deductible

Maternity services provided by a physician or certified nurse midwife		
Benefits	In-network	Out-of-network
Prenatal care visits	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Postnatal care	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Delivery and nursery care	100% after in-network deductible	80% after out-of-network deductible

ADM COB-3;ADM PLANR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PDTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Hospital care

Benefits	In-network	Out-of-network
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	100% after in-network deductible	80% after out-of-network deductible
Unlimited days		
Note: Nonemergency services must be rendered in a participating hospital.		
Inpatient consultations	100% after in-network deductible	80% after out-of-network deductible
Chemotherapy	100% after in-network deductible	80% after out-of-network deductible

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care- must be in a participating skilled nursing facility	100% after in-network deductible	100% after in-network deductible
Limited to a maximum of 90 days per member per calendar year		
Hospice care	100% after in-network deductible	100% after in-network deductible
Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods-provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)		
Home health care:	100% after in-network deductible	100% after in-network deductible
- must be medically necessary - must be provided by a participating home health care agency		
Infusion therapy:	100% after in-network deductible	100% after in-network deductible
- must be medically necessary - must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) - may use drugs that require preauthorization-consult with your doctor		

Surgical services

Benefits	In-network	Out-of-network
Surgery-includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	100% after in-network deductible	80% after out-of-network deductible
Presurgical consultations	100% after in-network deductible	80% after out-of-network deductible
Voluntary sterilization of male reproductive organs	100% after in-network deductible	80% after out-of-network deductible
Note: For voluntary sterilization of female reproductive organs, see "Preventive care services."		
Voluntary abortions	100% after in-network deductible	80% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PD TTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Human organ transplants

Benefits	In-network	Out-of-network
Specified human organ transplants - must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% after in-network deductible	100% after in-network deductible -in designated facilities only
Bone marrow transplants-must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% after in-network deductible	80% after out-of-network deductible
Specified oncology clinical trials	100% after in-network deductible	80% after out-of-network deductible
Note: BCBSM covers clinical trials in compliance with PPACA.		
Kidney, cornea and skin transplants	100% after in-network deductible	80% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	100% after in-network deductible	80% after out-of-network deductible
Unlimited days		
Residential psychiatric treatment facility: - covered mental health services must be performed in a residential psychiatric treatment facility - Treatment must be preauthorized - subject to medical criteria	100% after in-network deductible	80% after out-of-network deductible
Outpatient mental health care: Facility and clinic	100% after in-network deductible	100% after in-network deductible in participating facilities only
Online visits	100% after in-network deductible	80% after out-of-network deductible
Note: Online visits by a vendor are not covered.		
Physician's office	100% after in-network deductible	80% after out-of-network deductible
Outpatient substance use disorder treatment-in approved facilities only	100% after in-network deductible	80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment

Benefits	In-network	Out-of-network
Applied behavior analysis (ABA) treatment - when rendered by an approved licensed behavior analyst - subject to preauthorization	100% after in-network deductible	100% after in-network deductible
Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).		
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible
Physical, speech and occupational therapy with an autism diagnosis is unlimited		

ADM COB-3;ADM PLANYR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PD TTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Other covered services, including mental health services, for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP)	100% after in-network deductible	80% after out-of-network deductible
Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. Note: When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.		
Allergy testing and therapy	100% after in-network deductible	80% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	100% after in-network deductible	80% after out-of-network deductible
	Limited to a combined 12-visit maximum per member per calendar year	
Outpatient physical, speech and occupational therapy-provided for rehabilitation	100% after in-network deductible	80% after out-of-network deductible
		Note: Services at nonparticipating outpatient physical therapy facilities are not covered.
	Limited to a combined 30-visit maximum per member per calendar year	
Durable medical equipment	100% after in-network deductible	100% after in-network deductible
Note: DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.		
Prosthetic and orthotic appliances	100% after in-network deductible	100% after in-network deductible
Private duty nursing care	100% after in-network deductible	80% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PD TTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Simply BlueSM HSA PPO with Rx ASC

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Specialty Pharmaceutical Drugs - The pharmacy for **specialty drugs** is AllianceRx Walgreens Pharmacy, an independent company. Specialty prescription drugs (such as Enbrel® and Humira®) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. You may also obtain specialty drugs through a Walgreens retail pharmacy as long as the drug is available at that location. You may want to call ahead to confirm availability at the location. **If you go to a non-AllianceRx Walgreens Pharmacy, you may be responsible for 100% of the cost of the specialty drug.** A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. If you have any questions, please call AllianceRx Walgreens Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay/coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Your Simply Blue HSA prescription drug benefits, including mail order drugs, are subject to the same deductible and same annual out-of-pocket maximum required under your Simply Blue HSA medical coverage. Benefits are not payable until you have met the Simply Blue HSA annual deductible. After you have satisfied the deductible you are required to pay applicable prescription drug copays and coinsurance amounts which are subject to your annual out-of-pocket maximums.

Note: The following prescription drug expenses will not apply to your Simply Blue HSA deductible or annual out-of-pocket maximum

- any difference between the Maximum Allowable Cost and BCBSM's approved amount for a covered brand-name drug
- the 20% member liability for covered drugs obtained from an out-of-network pharmacy

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	1 to 30-day period	After deductible is met, you pay \$10 copay	After deductible is met, you pay \$10 copay	After deductible is met, you pay \$10 copay	After deductible is met, you pay \$10 copay plus an additional 20% of the BCBSM approved amount
	31 to 83-day period	No coverage	After deductible is met, you pay \$20 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$20 copay	After deductible is met, you pay \$20 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	After deductible is met, you pay \$40 copay	After deductible is met, you pay \$40 copay	After deductible is met, you pay \$40 copay	After deductible is met, you pay \$40 copay plus an additional 20% of the BCBSM approved amount
	31 to 83-day period	No coverage	After deductible is met, you pay \$80 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$80 copay	After deductible is met, you pay \$80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, you pay \$80 copay	After deductible is met, you pay \$80 copay	After deductible is met, you pay \$80 copay	After deductible is met, you pay \$80 copay plus an additional 20% of the BCBSM approved amount
	31 to 83-day period	No coverage	After deductible is met, you pay \$160 copay	No coverage	No coverage

ADM COB-3;ADM PLANYR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PDTTC104080RXCMB;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
84 to 90-day period	After deductible is met, you pay \$160 copay	After deductible is met, you pay \$160 copay	No coverage	No coverage

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law. They are identified by BCBSM as select prescription drugs. A prescription for the select OTC drug is required from the member's physician. In some cases, over-the-counter drugs may need to be tried before BCBSM will approve use of other drugs.

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Covered services				
Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Prescribed over-the-counter drugs - when covered by BCBSM	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
State-controlled drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	80% of approved amount

ADM COB-3;ADM PLANYR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PDTTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved generic and select brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy .	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Features of your prescription drug plan

Custom Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • Generic drug tier - This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment. • Preferred brand-name drug tier - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive than generic and members pay more for them. • Nonpreferred brand-name drug tier - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. Step Therapy, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at bcbsm.com/pharmacy.

ADM COB-3;ADM PLANYR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PDTTC104080RXCM;SB-HSA-AMB ASC;SBD HSA ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Features of your prescription drug plan

Maximum allowable cost drugs	When you receive a generic maximum allowable cost (MAC) drug from an in-network pharmacy, you pay your cost share as noted in your coverage. However, if you request a brand-name drug and the prescriber did not write "Dispense as Written" or "DAW" on the prescription, you must pay the difference between the maximum allowable cost and the Blue Cross Blue Shield of Michigan approved amount for the brand-name drug, plus your copayment. If the prescriber wrote "Dispense as Written" or "DAW" on the prescription, we will pay the pharmacy the approved amount for the brand-name drug, after deduction of your copayment.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.

ADM COB-3;ADM PLANYR JAN;CDH-HSA;DHSAD2KIN4KON A;HEQ;HSAOPM4KIN8KONA;PDTTC104080RXCM;SB-HSA-AMB ASC;SBD HSA
ASC;SBDHSAC0IN20ONA;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE A1UHG0

007011908

Simply BlueSM HSA PPO with Rx Embedded Cost-Sharing ASC

Effective Date: On or after January 2026

Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Prior authorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request prior authorization of the drugs. **If prior authorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Blue Cross provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Eligibility Information

Member	Eligibility Criteria
Dependents	- Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Note: If an in-network provider refers you to an out-of-network provider, all covered services obtained from that out-of-network provider will be subject to applicable out-of-network cost-sharing.

Benefits	In-network	Out-of-network
Deductibles Note: Your deductible combines deductible amounts paid under your Simply Blue HSA medical coverage and your Simply Blue prescription drug coverage. Note: Two or more members must meet the family deductible. If the one-member deductible has been met, but not the family deductible, we will pay for covered services only for that member who has met the deductible. Covered services for the remaining family members will be paid when the full family deductible has been met.	\$3,500 for one member, \$7,000 for the family (when two or more members are covered under your contract) each benefit year (no 4th quarter carry-over)	\$7,000 for one member, \$14,000 for the family (when two or more members are covered under your contract) each calendar year (no 4th quarter carry-over)
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) Note: Coinsurance amounts apply once the deductible has been met.	None	20% of approved amount for most covered services
Annual out-of-pocket maximums - applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts	\$6,900 for one member, \$13,800 for the family (when two or more members are covered under your contract) each calendar year	\$13,800 for one member, \$27,600 for the family (when two or more members are covered under your contract) each calendar year
Lifetime dollar maximum	None	

Preventive care services

Benefits	In-network	Out-of-network
Health maintenance exam-includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Gynecological exam	100% (no deductible or copay/coinsurance), two per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Pap smear screening- laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Voluntary sterilization of female reproductive organs	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Prescription contraceptive devices-includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Well-baby and Well-child visits	100% (no deductible or copay/coinsurance) • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance.	80% after out-of-network deductible Note: Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.
One per member per calendar year		
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance) for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance.	80% after out-of-network deductible
One routine colonoscopy per member per calendar year		

Physician office services		
Benefits	In-network	Out-of-network
Office visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Online visits - by physician must be medically necessary Note: Online visits by a vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	100% after in-network deductible	80% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Office consultations - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Urgent care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible

Emergency medical care		
Benefits	In-network	Out-of-network
Hospital emergency room	100% after in-network deductible	100% after in-network deductible
Ambulance services - must be medically necessary	100% after in-network deductible	100% after in-network deductible

Diagnostic services		
Benefits	In-network	Out-of-network
Laboratory and pathology services	100% after in-network deductible	80% after out-of-network deductible
Diagnostic tests and x-rays	100% after in-network deductible	80% after out-of-network deductible
Therapeutic radiology	100% after in-network deductible	80% after out-of-network deductible

Maternity services provided by a physician or certified nurse midwife		
Benefits	In-network	Out-of-network
Prenatal care visits	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Postnatal care	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Delivery and nursery care	100% after in-network deductible	80% after out-of-network deductible
Note: For facility services See "Hospital Care"		

Hospital care		
Benefits	In-network	Out-of-network
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	100% after in-network deductible	80% after out-of-network deductible
Note: Nonemergency services must be rendered in a participating hospital.		
Inpatient consultations	100% after in-network deductible	80% after out-of-network deductible

Unlimited days

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Chemotherapy	100% after in-network deductible	80% after out-of-network deductible

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care- must be in a participating skilled nursing facility	100% after in-network deductible Limited to a maximum of 90 days per member per calendar year	100% after in-network deductible
Hospice care	100% after in-network deductible Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods-provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	100% after in-network deductible
Home health care: - must be medically necessary - must be provided by a participating home health care agency	100% after in-network deductible	100% after in-network deductible
Infusion therapy: - must be medically necessary - must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) - may use drugs that require prior authorization-consult with your doctor	100% after in-network deductible	100% after in-network deductible

Surgical services

Benefits	In-network	Out-of-network
Surgery-includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	100% after in-network deductible	80% after out-of-network deductible
Presurgical consultations	100% after in-network deductible	80% after out-of-network deductible
Voluntary sterilization of male reproductive organs	100% after in-network deductible	80% after out-of-network deductible
Note: For voluntary sterilization of female reproductive organs, see "Preventive care services."		
Elective Abortion Services Note: Abortions are not covered if rendered in a location where abortions are not legal.	100% after in-network deductible	80% after out-of-network deductible

Human organ transplants

Benefits	In-network	Out-of-network
Specified human organ transplants - must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% after in-network deductible	100% after in-network deductible -in designated facilities only
Bone marrow transplants-must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% after in-network deductible	80% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Specified oncology clinical trials	100% after in-network deductible	80% after out-of-network deductible
Note: BCBSM covers clinical trials in compliance with PPACA.		
Kidney, cornea and skin transplants	100% after in-network deductible	80% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)		
Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	100% after in-network deductible	80% after out-of-network deductible
Note: Facility services are covered in participating facilities only.		
Residential psychiatric treatment facility:	100% after in-network deductible	80% after out-of-network deductible
- covered mental health services must be performed in a residential psychiatric treatment facility - treatment requires prior authorization - subject to medical criteria		
Outpatient mental health care:	100% after in-network deductible	100% after in-network deductible
Facility and clinic		
Note: Facility services are covered in participating facilities only.		
Online visits	100% after in-network deductible	80% after out-of-network deductible
Note: Online visits by a vendor are not covered.		
Physician's office	100% after in-network deductible	80% after out-of-network deductible
Outpatient substance use disorder treatment-in approved facilities only	100% after in-network deductible	80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment		
Benefits	In-network	Out-of-network
Applied behavior analysis (ABA) treatment - subject to prior authorization	100% after in-network deductible	80% after out-of-network deductible
Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).		Note: Services rendered by an approved licensed behavior analyst (LBA) will apply the in-network cost-sharing.
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible
Physical, speech and occupational therapy with an autism diagnosis is unlimited		
Other covered services, including nutritional counseling and mental health services, for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. Note: When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	100% after in-network deductible for diabetes medical supplies 100% (no deductible or copay/coinsurance) for diabetes self-management training	80% after out-of-network deductible
Allergy testing and therapy	100% after in-network deductible	80% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	100% after in-network deductible	80% after out-of-network deductible
Limited to a combined 12-visit maximum per member per calendar year		
Outpatient physical, speech and occupational therapy-provided for rehabilitation	100% after in-network deductible	80% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are not covered.
Limited to a combined 30-visit maximum per member per calendar year		
Durable medical equipment Note: DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	100% after in-network deductible	100% after in-network deductible
Prosthetic and orthotic appliances	100% after in-network deductible	100% after in-network deductible
Private duty nursing care	100% after in-network deductible	80% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE A1UHG0

0070119080005

Simply BlueSM HSA PPO with Rx Embedded Cost-Sharing ASC

Effective Date: On or after January 2026

Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prescription Drug Discount Program - Prescription drug manufacturers provide coupon programs for certain medications. Your benefit plan requires you to take advantage of BCBSM-approved coupon programs for select medications. This benefit may lower the cost-sharing typically required for these drugs. Your out-of-pocket expense will be no more than your benefit cost-sharing. When a manufacturer coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum.

NOTE: Adjustments may be required to accurately reflect your annual out-of-pocket maximum to reflect your true out-of-pocket cost.

This program may be discontinued at any time if it is no longer supported by the vendor.

Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our website at bcbsm.com/pharmacy. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, you can call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that Blue Cross defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. Blue Cross reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay or coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Your Simply Blue HSA prescription drug benefits, including mail order drugs, are subject to the same deductible and same annual out-of-pocket maximum required under your Simply Blue HSA medical coverage. The 20% member liability for covered drugs obtained from an out-of-network pharmacy will not contribute to your annual out-of-pocket maximum.

Benefits are not payable until after you have met the Simply Blue HSA annual deductible. After you have satisfied the deductible you are required to pay applicable prescription drug copays and coinsurance amounts which are subject to your annual out-of-pocket maximums.

ADM COB-3;ADM PLANR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits		90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic drugs	1 to 30-day period	After deductible is met, you pay \$20 copay	After deductible is met, you pay \$20 copay	After deductible is met, you pay \$20 copay	After deductible is met, you pay \$20 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible is met, you pay \$40 copay	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible is met, you pay \$50 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$50 copay	After deductible is met, you pay \$50 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	After deductible is met, you pay \$60 copay	After deductible is met, you pay \$60 copay	After deductible is met, you pay \$60 copay	After deductible is met, you pay \$60 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible is met, you pay \$120 copay	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible is met, you pay \$170 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$170 copay	After deductible is met, you pay \$170 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible is met, you pay \$160 copay or 50% of the approved amount (whichever is greater) but no more than \$200	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible is met, you pay \$230 copay or 50% of the approved amount (whichever is greater) but no more than \$290	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$230 copay or 50% of the approved amount (whichever is greater) but no more than \$290	After deductible is met, you pay \$230 copay or 50% of the approved amount (whichever is greater) but no more than \$290	No coverage	No coverage
Generic and preferred brand-name specialty drugs	1 to 30-day period	Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs After deductible is met, you pay 20% of the approved amount, but no more than \$200 Note: No coverage for 31-90 day supply.			
Nonpreferred brand-name specialty drugs	1 to 30-day period	Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs After deductible is met, you pay 25% of the approved amount, but no more than \$300 Note: No coverage for 31-90 day supply.			

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

ADM COB-3;ADM PLANYR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Covered services

Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	80% of approved amount
FDA-approved generic and select brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

ADM COB-3;ADM PLANYR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN200NA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Features of your prescription drug plan

Custom Select Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • Generic drug tier - This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment. • Preferred brand-name drug tier - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive than generic and members pay more for them. • Nonpreferred brand-name drug tier - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs. • Generic and preferred specialty drug tier - This tier includes generic and preferred brand-name specialty drugs that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs. • Nonpreferred specialty drug tier - This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are cost-effective generic or preferred drugs available.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. Step Therapy, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at bcbsm.com/pharmacy.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.
Exclusions	The following drugs are not covered: • Over-the-counter drugs and drugs with comparable OTC counterparts (e.g., antihistamines, cough/cold and acne treatment) unless deemed an Essential Health Benefit or not considered a covered service • State-controlled drugs • Brand-name drugs that have a generic equivalent available • Drugs to treat erectile dysfunction and weight loss • Prenatal vitamins (prescribed and over-the-counter) • Brand-name drugs used to treat heartburn • Compounded drugs, with some exceptions • Cosmetic drugs

ADM COB-3;ADM PLANR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN;SBDHSAC0IN20ONA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE A1UHL2

007011908

Simply BlueSM HSA PPO with Rx Embedded Cost-Sharing ASC

Effective Date: On or after January 2026

Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Prior authorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request prior authorization of the drugs. **If prior authorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Blue Cross provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E
ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Eligibility Information

Member	Eligibility Criteria
Dependents	- Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Note: If an in-network provider refers you to an out-of-network provider, all covered services obtained from that out-of-network provider will be subject to applicable out-of-network cost-sharing.

Benefits	In-network	Out-of-network
Deductibles Note: Your deductible combines deductible amounts paid under your Simply Blue HSA medical coverage and your Simply Blue prescription drug coverage. Note: Two or more members must meet the family deductible. If the one-member deductible has been met, but not the family deductible, we will pay for covered services only for that member who has met the deductible. Covered services for the remaining family members will be paid when the full family deductible has been met.	\$3,500 for one member, \$7,000 for the family (when two or more members are covered under your contract) each benefit year (no 4th quarter carry-over)	\$7,000 for one member, \$14,000 for the family (when two or more members are covered under your contract) each calendar year (no 4th quarter carry-over)
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) Note: Coinsurance amounts apply once the deductible has been met.	20% of approved amount for most covered services	40% of approved amount for most covered services
Annual out-of-pocket maximums - applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts	\$6,900 for one member, \$13,800 for the family (when two or more members are covered under your contract) each calendar year	\$13,800 for one member, \$27,600 for the family (when two or more members are covered under your contract) each calendar year
Lifetime dollar maximum	None	

Preventive care services

Benefits	In-network	Out-of-network
Health maintenance exam-includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Gynecological exam	100% (no deductible or copay/coinsurance), two per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Pap smear screening- laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Voluntary sterilization of female reproductive organs	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Prescription contraceptive devices-includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Well-baby and Well-child visits	100% (no deductible or copay/coinsurance) 8 visits, birth through 12 months 6 visits, 13 months through 23 months 6 visits, 24 months through 35 months 2 visits, 36 months through 47 months - Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance.	60% after out-of-network deductible Note: Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.
One per member per calendar year		
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance) for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance.	60% after out-of-network deductible
One routine colonoscopy per member per calendar year		

Physician office services		
Benefits	In-network	Out-of-network
Office visits - must be medically necessary	80% after in-network deductible	60% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Online visits - by physician must be medically necessary Note: Online visits by a vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	80% after in-network deductible	60% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	80% after in-network deductible	60% after out-of-network deductible
Office consultations - must be medically necessary	80% after in-network deductible	60% after out-of-network deductible
Urgent care visits - must be medically necessary	80% after in-network deductible	60% after out-of-network deductible

Emergency medical care		
Benefits	In-network	Out-of-network
Hospital emergency room	80% after in-network deductible	80% after in-network deductible
Ambulance services - must be medically necessary	80% after in-network deductible	80% after in-network deductible

Diagnostic services		
Benefits	In-network	Out-of-network
Laboratory and pathology services	80% after in-network deductible	60% after out-of-network deductible
Diagnostic tests and x-rays	80% after in-network deductible	60% after out-of-network deductible
Therapeutic radiology	80% after in-network deductible	60% after out-of-network deductible

Maternity services provided by a physician or certified nurse midwife		
Benefits	In-network	Out-of-network
Prenatal care visits	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Postnatal care	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Delivery and nursery care	80% after in-network deductible	60% after out-of-network deductible
Note: For facility services See "Hospital Care"		

Hospital care		
Benefits	In-network	Out-of-network
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	80% after in-network deductible	60% after out-of-network deductible
		Unlimited days
Note: Nonemergency services must be rendered in a participating hospital.		
Inpatient consultations	80% after in-network deductible	60% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Chemotherapy	80% after in-network deductible	60% after out-of-network deductible

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care- must be in a participating skilled nursing facility	80% after in-network deductible Limited to a maximum of 90 days per member per calendar year	80% after in-network deductible
Hospice care	80% after in-network deductible Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods-provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	80% after in-network deductible
Home health care: - must be medically necessary - must be provided by a participating home health care agency	80% after in-network deductible	80% after in-network deductible
Infusion therapy: - must be medically necessary - must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) - may use drugs that require prior authorization-consult with your doctor	80% after in-network deductible	80% after in-network deductible

Surgical services

Benefits	In-network	Out-of-network
Surgery-includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	80% after in-network deductible	60% after out-of-network deductible
Presurgical consultations	80% after in-network deductible	60% after out-of-network deductible
Voluntary sterilization of male reproductive organs	80% after in-network deductible	60% after out-of-network deductible
Note: For voluntary sterilization of female reproductive organs, see "Preventive care services."		
Elective Abortion Services Note: Abortions are not covered if rendered in a location where abortions are not legal.	80% after in-network deductible	60% after out-of-network deductible

Human organ transplants

Benefits	In-network	Out-of-network
Specified human organ transplants - must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	80% after in-network deductible-in designated facilities only
Bone marrow transplants-must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	60% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Specified oncology clinical trials	80% after in-network deductible	60% after out-of-network deductible
Note: BCBSM covers clinical trials in compliance with PPACA.		
Kidney, cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)		
Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	80% after in-network deductible	60% after out-of-network deductible
Note: Facility services are covered in participating facilities only.		
Residential psychiatric treatment facility:	80% after in-network deductible	60% after out-of-network deductible
- covered mental health services must be performed in a residential psychiatric treatment facility - treatment requires prior authorization - subject to medical criteria		
Outpatient mental health care:	80% after in-network deductible	80% after in-network deductible
Facility and clinic		
Note: Facility services are covered in participating facilities only.		
Online visits	80% after in-network deductible	60% after out-of-network deductible
Note: Online visits by a vendor are not covered.		
Physician's office	80% after in-network deductible	60% after out-of-network deductible
Outpatient substance use disorder treatment-in approved facilities only	80% after in-network deductible	60% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment		
Benefits	In-network	Out-of-network
Applied behavior analysis (ABA) treatment - subject to prior authorization	80% after in-network deductible	60% after out-of-network deductible
Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).		Note: Services rendered by an approved licensed behavior analyst (LBA) will apply the in-network cost-sharing.
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible
Physical, speech and occupational therapy with an autism diagnosis is unlimited		
Other covered services, including nutritional counseling and mental health services, for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. Note: When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	80% after in-network deductible for diabetes medical supplies 100% (no deductible or copay/coinsurance) for diabetes self-management training	60% after out-of-network deductible
Allergy testing and therapy	80% after in-network deductible	60% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	80% after in-network deductible	60% after out-of-network deductible
Limited to a combined 12-visit maximum per member per calendar year		
Outpatient physical, speech and occupational therapy-provided for rehabilitation	80% after in-network deductible	60% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are not covered.
Limited to a combined 30-visit maximum per member per calendar year		
Durable medical equipment	80% after in-network deductible	80% after in-network deductible
Note: DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.		
Prosthetic and orthotic appliances	80% after in-network deductible	80% after in-network deductible
Private duty nursing care	80% after in-network deductible	60% after out-of-network deductible

ADM COB-3;ADM PLANYR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE A1UHL2

0070119080005

Simply BlueSM HSA PPO with Rx Embedded Cost-Sharing ASC

Effective Date: On or after January 2026

Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prescription Drug Discount Program - Prescription drug manufacturers provide coupon programs for certain medications. Your benefit plan requires you to take advantage of BCBSM-approved coupon programs for select medications. This benefit may lower the cost-sharing typically required for these drugs. Your out-of-pocket expense will be no more than your benefit cost-sharing. When a manufacturer coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum.

NOTE: Adjustments may be required to accurately reflect your annual out-of-pocket maximum to reflect your true out-of-pocket cost.

This program may be discontinued at any time if it is no longer supported by the vendor.

Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our website at bcbsm.com/pharmacy. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, you can call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that Blue Cross defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. Blue Cross reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay or coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Your Simply Blue HSA prescription drug benefits, including mail order drugs, are subject to the same deductible and same annual out-of-pocket maximum required under your Simply Blue HSA medical coverage. The 20% member liability for covered drugs obtained from an out-of-network pharmacy will not contribute to your annual out-of-pocket maximum.

Benefits are not payable until after you have met the Simply Blue HSA annual deductible. After you have satisfied the deductible you are required to pay applicable prescription drug copays and coinsurance amounts which are subject to your annual out-of-pocket maximums.

ADM COB-3;ADM PLANR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits		90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic drugs	1 to 30-day period	After deductible is met, you pay \$20 copay	After deductible is met, you pay \$20 copay	After deductible is met, you pay \$20 copay	After deductible is met, you pay \$20 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible is met, you pay \$40 copay	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible is met, you pay \$50 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$50 copay	After deductible is met, you pay \$50 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	After deductible is met, you pay \$60 copay	After deductible is met, you pay \$60 copay	After deductible is met, you pay \$60 copay	After deductible is met, you pay \$60 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible is met, you pay \$120 copay	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible is met, you pay \$170 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$170 copay	After deductible is met, you pay \$170 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100	After deductible is met, you pay \$80 copay or 50% of the approved amount (whichever is greater) but no more than \$100 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible is met, you pay \$160 copay or 50% of the approved amount (whichever is greater) but no more than \$200	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible is met, you pay \$230 copay or 50% of the approved amount (whichever is greater) but no more than \$290	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay \$230 copay or 50% of the approved amount (whichever is greater) but no more than \$290	After deductible is met, you pay \$230 copay or 50% of the approved amount (whichever is greater) but no more than \$290	No coverage	No coverage
Generic and preferred brand-name specialty drugs	1 to 30-day period	Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs After deductible is met, you pay 20% of the approved amount, but no more than \$200 Note: No coverage for 31-90 day supply.			
Nonpreferred brand-name specialty drugs	1 to 30-day period	Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs After deductible is met, you pay 25% of the approved amount, but no more than \$300 Note: No coverage for 31-90 day supply.			

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

ADM COB-3;ADM PLANYR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Covered services

Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	80% of approved amount
FDA-approved generic and select brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy .	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

ADM COB-3;ADM PLANYR JAN;CDH-HSA;CSRXP206050*AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Features of your prescription drug plan	
Custom Select Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • Generic drug tier - This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment. • Preferred brand-name drug tier - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive than generic and members pay more for them. • Nonpreferred brand-name drug tier - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs. • Generic and preferred specialty drug tier - This tier includes generic and preferred brand-name specialty drugs that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs. • Nonpreferred specialty drug tier - This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are cost-effective generic or preferred drugs available.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. Step Therapy, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at bcbsm.com/pharmacy.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.
Exclusions	The following drugs are not covered: • Over-the-counter drugs and drugs with comparable OTC counterparts (e.g., antihistamines, cough/cold and acne treatment) unless deemed an Essential Health Benefit or not considered a covered service • State-controlled drugs • Brand-name drugs that have a generic equivalent available • Drugs to treat erectile dysfunction and weight loss • Prenatal vitamins (prescribed and over-the-counter) • Brand-name drugs used to treat heartburn • Compounded drugs, with some exceptions • Cosmetic drugs

ADM COB-3;ADM PLANR JAN;CDH-HSA;CSRXP206050%AS;HEQ;HSADOPME\$69KASC;PD-ESN-HSA ASC;RX-VCP ASC;SB-HSA-AMB ASC;SBD HSA-E ASC;SBDHSA-3500IN

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE

0070119080004 - 03740

Effective Date: 01/01/2022

Supplemental Care Coverage

This is not a Medicare document. It is intended as an easy-to-read summary of many important features of Blue Cross Blue Shield Supplemental health care benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield certificates and riders. For more detailed information on Medicare benefits, please call or visit your local Social Security office or consult the Medicare handbook (available on the Medicare Web site at medicare.gov or at any Social Security office).

Member's responsibility (deductibles, coinsurance, copays and dollar maximums)

Note: Medicare deductible and coinsurance amounts are effective January 1, 2022 and are subject to change yearly.

Benefits	Original Medicare coverage	Medicare Supplemental coverage
Deductible amounts	Medicare Part A \$1,556 (for days 1-60) each benefit period Medicare Part B \$233 per calendar year	None
Coinsurance/fixed dollar copays	Hospital stay \$389 per day (for days 61-90) and \$778 per each "lifetime reserve day" after day 90 (up to 60 days over your lifetime) Skilled nursing facility stay (a limit of 100 days each benefit period) \$194.50 per day (for days 21-100)	None
Coinsurance/percent copay amounts	20% of Medicare approved amount for most general services 20% of Medicare approved amount for outpatient mental health care	None

Preventive care services

Benefits	Original Medicare coverage	Medicare Supplemental coverage
Health maintenance exam (yearly "Wellness" visit)	Covered at 100% of Medicare approved amount*, once every 12 months Note: Your first yearly "Wellness" visit can't take place within 12 months of your enrollment in Part B or your "Welcome to Medicare" preventive visit.	Covered in full by Medicare; no additional coverage by BCBSM
Gynecological exam	Covered at 100% of Medicare approved amount*, once every 24 months	When not covered by Medicare - covered at 100% of BCBSM approved amount, one per member per calendar year

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLANR JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXC

Benefits	Original Medicare coverage	Medicare Supplemental coverage
Pap smear screening - laboratory services only	Covered at 100% of Medicare approved amount*, once every 24 months (more frequently if at high risk)	When not covered by Medicare - covered at 100% of BCBSM approved amount, one per member per calendar year
Voluntary sterilizations for females	Not covered Note: Medicare covers voluntary sterilization if it's necessary for the treatment of an illness or injury.	Covered at 100% of BCBSM approved amount
Prescription contraceptive devices - includes insertion and removal of an intrauterine device by a licensed physician	Not covered	Covered at 100% of BCBSM approved amount
Contraceptive injections - includes cost of medication when provided by the physician	Not covered	Covered at 100% of BCBSM approved amount
Screening fecal occult blood test	Covered at 100% of Medicare approved amount*, once every 12 months, if age 50 and older	When not covered by Medicare - covered at 100% of BCBSM approved amount, one per member per calendar year, no age restrictions
Screening flexible sigmoidoscopy	Covered at 100% of Medicare approved amount*, once every 48 months, if age 50 and older, or every 120 months after a previous screening colonoscopy for those not at high risk	When not covered by Medicare - covered at 100% of BCBSM approved amount, one per member per calendar year, no age restrictions
Prostate specific antigen (PSA) test	Covered at 100% of Medicare approved amount*, once every 12 months, if over age 50 Note: A digital rectal exam is covered at 80% of Medicare approved amount less Part B deductible	When not covered by Medicare - covered at 100% of BCBSM approved amount, one per member per calendar year, no age restrictions
Flu shots	Covered at 100% of Medicare approved amount*, one flu shot per flu season	Covered in full by Medicare; no additional coverage by BCBSM
Hepatitis B shots - for those at medium or high risk for Hepatitis B	Covered at 100% of Medicare approved amount*	Covered in full by Medicare; no additional coverage by BCBSM
Pneumococcal shot	Covered at 100% of Medicare approved amount*	Covered in full by Medicare; no additional coverage by BCBSM
Mammography screening	Covered at 100% of Medicare approved amount*, once every 12 months at age 40 and older (one baseline mammogram for women between ages 35 and 39)	When not covered by Medicare - covered at 100% of BCBSM approved amount, one per member per calendar year, no age restrictions
Screening colonoscopy	Covered at 100% of Medicare approved amount*, once every 120 months (high risk every 24 months) or every 48 months after a previous flexible sigmoidoscopy	When not covered by Medicare - covered at 100% of BCBSM approved amount, one per member per calendar year
Well-baby and child care visits	One health maintenance exam covered at 100% of Medicare approved amount* every 12 months, subsequent well-baby and child care visits not covered	Covered at 100% of BCBSM approved amount • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLANYSR JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXC

Benefits	Original Medicare coverage	Medicare Supplemental coverage
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act and not covered by Medicare	Not covered	Covered at 100% of BCBSM approved amount

* Under Medicare coverage, you pay nothing for these services if the doctor or other qualified health care provider accepts assignment. You may be required to pay 20 percent of the Medicare approved amount for the doctor's visit.

Physician office services		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Office visits	Covered at 80% of Medicare approved amount less Part B deductible	Not covered
Outpatient and home visits	Covered at 80% of Medicare approved amount less Part B deductible	Not covered
Office consultations	Covered at 80% of Medicare approved amount less Part B deductible	Not covered

Emergency medical care		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Hospital emergency room (facility services) - must be medically necessary	Covered at 80% of Medicare approved amount less Part B deductible	Covers Medicare deductible and coinsurance
Ambulance services - must be medically necessary	Covered at 80% of Medicare approved amount less Part B deductible	Covers Medicare deductible and coinsurance

Clinical laboratory services		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Laboratory and pathology tests - used in the diagnosis and treatment of an illness or injury	Covered at 100% of Medicare approved amount for most diagnostic laboratory and pathology services (covered at 80% of approved amount for certain laboratory services)	Covered in full by Medicare

Hospital care		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies - does not include private duty nursing	Covered at 100% of Medicare approved amount less Part A deductible (also includes inpatient mental health and residential substance use disorder)	Covers Medicare deductible
• Days 1-60 of each benefit period		
• Days 61-90 of each benefit period	Covered at 100% of Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance
• Lifetime reserve days after day 90 of each benefit period (up to 60 days over your lifetime)	Covered at 100% of Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance
• Additional days	Not covered	Covered at BCBSM approved amount, up to an additional 275 days
Chemotherapy	Covered at 80% of Medicare approved amount for administration and drugs, must meet Medicare criteria	Covers Medicare deductible and coinsurance

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLANYSR JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXC

Alternatives to hospital care		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Skilled nursing facility care - subject to medical criteria	Covered at 100% of Medicare approved amount	Covered in full by Medicare
- Days 1-20 of each benefit period - Days 21-100 of each benefit period	Covered at 100% of Medicare approved amount less daily coinsurance	Covers Medicare coinsurance
Days 101 and after	Not covered	Not covered
Hospice care	Covered at Medicare approved amount less small copayment for outpatient prescription drugs and less small coinsurance for inpatient respite care	Covers limited costs not covered by Medicare
Home health care services - must be medically necessary and must be provided by a Medicare-certified home health agency	Covered at 100% of Medicare approved amount	Covered in full by Medicare

Surgical services provided by a physician		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Surgery - includes related surgical services	Covered at 80% of Medicare approved amount less Part B deductible	Covers Medicare deductible and coinsurance

Human organ transplants

Note: Payment is based on medical necessity and must be rendered in an approved facility.

Benefits	Original Medicare coverage	Medicare Supplemental coverage
Heart and liver transplants	Covered at 80% of Medicare approved amount less deductible	Covers Medicare deductible and coinsurance
Lung and heart-lung transplants	Covered at 80% of Medicare approved amount less deductible	Covers Medicare deductible and coinsurance
Pancreas transplants	Not covered	Not covered
	Note: Pancreas transplants are covered under certain conditions. Please call Medicare for more information.	Note: Covers Medicare deductible and coinsurance when covered by Medicare
Bone marrow transplants - under certain conditions	Covered at 80% of Medicare approved amount less deductible (Please call Medicare for more information.)	Covers Medicare deductible and coinsurance
Kidney, cornea and skin transplants	Covered at 80% of Medicare approved amount less deductible (Please call Medicare for more information.)	Covers Medicare deductible and coinsurance

Mental health care		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Inpatient mental health care in psychiatric facility Days 1-190 lifetime	See "Hospital care" benefits (Medicare pays the claim as part of your regular Part A hospital coverage, subject to Part A deductible and coinsurance) Note: In most cases, psychiatric care in general (as opposed to psychiatric) hospitals is not subject to the 190-day limit.	Covers Medicare deductible and daily coinsurance
Additional days after 190 lifetime days are used	Not covered	Not covered

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLANR JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXXCM

Benefits	Original Medicare coverage	Medicare Supplemental coverage
Outpatient mental health care	Covered at 80% of Medicare approved amount less Part B deductible Note: If you get your services in a hospital outpatient clinic, or hospital outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital.	Covers Medicare deductible and coinsurance

Other covered services		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Allergy testing and therapy - with approved diagnosis	Covered at 80% of Medicare approved amount less Part B deductible	Covers Medicare deductible and coinsurance for testing. Injections are not covered.
Chiropractic services (limited coverage) - must be medically necessary	Covered at 80% of Medicare approved amount less Part B deductible Note: You pay all costs for noncovered services or tests ordered by a chiropractor (including x-rays and massage therapy).	Not covered
Outpatient physical, speech and occupational therapy	Covered at 80% of Medicare approved amount less Part B deductible Note: There may be a limit on the amount Medicare will pay for these services in a single year and there may be certain exceptions to these limits.	Covers Medicare deductible and coinsurance or set copayment
Durable medical equipment - must be obtained from a Medicare-approved supplier	Covered at 80% of Medicare approved amount less Part B deductible	Covers Medicare deductible and coinsurance
Prosthetic appliances	Covered at 80% of Medicare approved amount less Part B deductible	Covers Medicare deductible and coinsurance
Private duty nursing	Not covered	Not covered
Oral cancer drugs	Approved drugs are covered	Covered in full by Medicare

Foreign travel		
Benefits	Original Medicare coverage	Medicare Supplemental coverage
Hospital services	Not covered, except as specified in the Medicare handbook	Covered at BCBSM approved amount, up to 30 days for covered services
Physician services	Not covered, except as specified in the Medicare handbook	Covered at BCBSM approved amount

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLANR JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXC

BCBSM Preferred RX Program

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Specialty Pharmaceutical Drugs - The mail order pharmacy for **specialty drugs** is AllianceRx Walgreens Prime, an independent company. Specialty prescription drugs (such as Enbrel® and Humira®) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. AllianceRx Walgreens Prime will handle mail order prescriptions only for specialty drugs while many in-network retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to the OptumRx home delivery pharmacy. (OptumRx is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. If you have any questions, please call AllianceRx Walgreens Prime customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical" whether or not the drug is obtained from a 90-Day Retail Network provider or mail-order provider. We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay/coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Note: Your prescription drug copays and coinsurance amounts, including mail order copay and coinsurance amounts, are subject to the **same** annual out-of-pocket maximum required under your medical coverage. The following prescription drug expenses will not apply to your annual out-of-pocket maximum.

- any difference between the Maximum Allowable Cost and BCBSM's approved amount for a covered brand-name drug
- the 25% member liability for covered drugs obtained from an out-of-network pharmacy

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Out-of-pocket maximum		\$7,150 per member, \$14,300 family (two or more members), per calendar year for all covered prescription drugs obtained from in-network retail pharmacies and BCBSM's approved mail order provider			
Tier 1 - Generic or select prescribed over-the-counter drugs	1 to 30-day period	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$20 copay	No coverage	No coverage
	84 to 90-day period	You pay \$20 copay	You pay \$20 copay	No coverage	No coverage
Tier 2 - Preferred brand-name drugs	1 to 30-day period	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$80 copay	No coverage	No coverage
	84 to 90-day period	You pay \$80 copay	You pay \$80 copay	No coverage	No coverage
Tier 3 - Nonpreferred brand-name drugs	1 to 30-day period	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$160 copay	No coverage	No coverage

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLANR JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
84 to 90-day period	You pay \$160 copay	You pay \$160 copay	No coverage	No coverage

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law. They are identified by BCBSM as select prescription drugs. A prescription for the select OTC drug is required from the member's physician. In some cases, over-the-counter drugs may need to be tried before BCBSM will approve use of other drugs. * BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Covered services				
Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Prescribed over-the-counter drugs - when covered by BCBSM	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
State-controlled drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	75% of approved amount
FDA-approved generic and select brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLANR JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	75% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug
Note: Needles and syringes have no copay/coinsurance.				
Select diabetic supplies and devices (test strips, lancets and glucometers)	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy .				

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Features of your prescription drug plan	
Custom Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • Tier 1 (generic) - Tier 1 includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment. • Tier 2 (preferred brand) - Tier 2 includes brand-name drugs from the Custom Drug List. Preferred brand name drugs are also safe and effective, but require a higher copay/coinsurance. • Tier 3 (nonpreferred brand) - Tier 3 contains brand-name drugs not included in Tier 2. These drugs may not have a proven record for safety or as high of a clinical value as Tier 1 or Tier 2 drugs. Members pay the highest copay/coinsurance for these drugs.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. Step Therapy, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at bcbsm.com/pharmacy.
Mandatory maximum allowable cost drugs	If your prescription is filled by any type of network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you MUST pay the difference in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug plus your applicable copay regardless of whether you or your physician requests the brand name drug. Exception: If your physician requests and receives authorization for a nonformulary brand-name drug with a generic equivalent from BCBSM and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your applicable copay. Note: This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.

ADM COB-3;ADM MOS816 MED;ADM MOS816 RX;ADM PLAN1R JAN;BC-COMP;BS 65 OPTION 1;GCP-D;GPC-SAT 2;GPC-SAT-MHP-2;HCR MS PCB;HCR-MS-WCB-ECS;PDRX ASC;PDTTC104080RXC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE_1

0070119080003 - 07CNH

Effective Date: 01/01/2022

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Preauthorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Preauthorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request preauthorization of the drugs. **If preauthorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Blue Cross provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

ADM COB-3;ADM PLAN YR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Eligibility Information

Members	Eligibility Criteria
Dependents	- Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26
Sponsored dependents	Dependents of the subscriber related by blood, marriage or legal adoption, over age 19 and not eligible as a dependent under the provisions of the subscriber's contract, provided the dependent meets all eligibility requirements. The subscriber is responsible for paying the cost of this coverage.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Benefits	In-network	Out-of-network
Deductible	None	\$250 for one member, \$500 for the family (when two or more members are covered under your contract) each calendar year
Flat-dollar copays	\$15 copay for office visits and office consultations \$15 copay for medical online visits \$50 copay for emergency room visits \$15 copay for urgent care visits	\$50 copay for emergency room visits
Coinsurance amounts (percent copays)	50% of approved amount for private duty nursing care	50% of approved amount for private duty nursing care 20% of approved amount for mental health care and substance use disorder treatment 20% of approved amount for most other covered services
Annual out-of-pocket maximums - applies to deductibles, flat dollar copays and coinsurance amounts for all covered services - including cost-sharing amounts for prescription drugs, if applicable	\$6,350 for one member, \$12,700 for the family (when two or more members are covered under your contract) each calendar year	\$12,700 for one member, \$25,400 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network cost-sharing amounts also count toward the in-network out-of-pocket maximum.
Lifetime dollar maximum	None	

Preventive care services

Benefits	In-network	Out-of-network
Health maintenance exam - includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered

ADM COB-3;ADM PLANYR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Gynecological exam	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Pap smear screening - laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilization for females	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Prescription contraceptive devices - includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	100% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Well-baby and child care visits	100% (no deductible or copay/coinsurance) • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance, if applicable.	80% after out-of-network deductible Note: Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.

One per member per calendar year

ADM COB-3;ADM PLANR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance) for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance, if applicable.	80% after out-of-network deductible
One per member per calendar year		

Physician office services		
Benefits	In-network	Out-of-network
Office visits - must be medically necessary	\$15 copay per office visit	80% after out-of-network deductible
Online visits - by physician must be medically necessary Note: Online visits by a vendor are not covered.	\$15 copay per online visit	80% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Office consultations - must be medically necessary	\$15 copay per office consultation	80% after out-of-network deductible
Urgent care visits - must be medically necessary	\$15 copay per urgent care visit	80% after out-of-network deductible

Emergency medical care		
Benefits	In-network	Out-of-network
Hospital emergency room	\$50 copay per visit (copay waived if admitted or for an accidental injury)	\$50 copay per visit (copay waived if admitted or for an accidental injury)
Ambulance services - must be medically necessary	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)

Diagnostic services		
Benefits	In-network	Out-of-network
Laboratory and pathology services	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Diagnostic tests and x-rays	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Therapeutic radiology	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

Maternity services provided by a physician or certified nurse midwife		
Benefits	In-network	Out-of-network
Prenatal care visits	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

ADM COB-3;ADM PLANYR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Postnatal care visit	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Delivery and nursery care	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

Hospital care

Benefits	In-network	Out-of-network
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Unlimited days		
Inpatient consultations	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Chemotherapy	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care - must be in a participating skilled nursing facility	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
Limited to a maximum of 120 days per member per calendar year		
Hospice care	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)		
Home health care: - must be medically necessary - must be provided by a participating home health care agency	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
Infusion therapy: - must be medically necessary - must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) - may use drugs that require preauthorization - consult with your doctor	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)

Surgical services

Benefits	In-network	Out-of-network
Surgery - includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Presurgical consultations	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

ADM COB-3;ADM PLANYR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Voluntary sterilization for males Note: For voluntary sterilizations for females, see " Preventive care services. "	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Voluntary abortions	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

Human organ transplants		
Benefits	In-network	Out-of-network
Specified human organ transplants - must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance) - in designated facilities only
Bone marrow transplants - must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Specified oncology clinical trials Note: BCBSM covers clinical trials in compliance with PPACA.	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Kidney, cornea and skin transplants	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)

Note: Some mental health and substance use disorder services are considered by BCBSM to be comparable to an office visit or medical online visit. When a mental health or substance use disorder service is considered by BCBSM to be comparable to an office visit or medical online visit, we will process the claim under your office visit or medical online visit benefit.

Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Unlimited days		
Residential psychiatric treatment facility: - covered mental health services must be performed in a residential psychiatric treatment facility - treatment must be preauthorized - subject to medical criteria	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Outpatient mental health care: Facility and clinic	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance) in participating facilities only
Online visits Note: Online visits by a vendor are not covered.	\$15 copay per online visit	80% after out-of-network deductible
Physician's office	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Outpatient substance use disorder treatment - in approved facilities only	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

ADM COB-3;ADM PLANR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Autism spectrum disorders, diagnoses and treatment

Benefits	In-network	Out-of-network
Applied behavioral analysis (ABA) treatment - when rendered by an approved board-certified behavioral analyst - is covered through age 18, subject to preauthorization Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment.	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	100% (no deductible or copay/coinsurance) Physical, speech and occupational therapy with an autism diagnosis is unlimited	80% after out-of-network deductible
Other covered services, including mental health services, for autism spectrum disorder	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. Note: When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	100% (no deductible or copay/coinsurance) for diabetes medical supplies 100% (no deductible or copay/coinsurance) for diabetes self-management training	80% after out-of-network deductible
Allergy testing and therapy	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	100% (no deductible or copay/coinsurance) Limited to a combined 24-visit maximum per member per calendar year	80% after out-of-network deductible
Outpatient physical, speech and occupational therapy - provided for rehabilitation	100% (no deductible or copay/coinsurance) Limited to a combined 60-visit maximum per member per calendar year	80% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are not covered.
Durable medical equipment Note: DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
Prosthetic and orthotic appliances	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
Private duty nursing care	50% (no deductible)	50% (no deductible)

ADM COB-3;ADM PLANYR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

BCBSM Preferred RX Program

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Specialty Pharmaceutical Drugs - The mail order pharmacy for **specialty drugs** is AllianceRx Walgreens Prime, an independent company. Specialty prescription drugs (such as Enbrel® and Humira®) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. AllianceRx Walgreens Prime will handle mail order prescriptions only for specialty drugs while many in-network retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to the OptumRx home delivery pharmacy. (OptumRx is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. If you have any questions, please call AllianceRx Walgreens Prime customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical" whether or not the drug is obtained from a 90-Day Retail Network provider or mail-order provider. We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay/coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Note: Your prescription drug copays and coinsurance amounts, including mail order copay and coinsurance amounts, are subject to the **same** annual out-of-pocket maximum required under your medical coverage. The following prescription drug expenses will not apply to your annual out-of-pocket maximum.

- any difference between the Maximum Allowable Cost and BCBSM's approved amount for a covered brand-name drug
- the 25% member liability for covered drugs obtained from an out-of-network pharmacy

Benefits	In-network pharmacy	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	You pay \$10 copay	You pay \$10 copay plus an additional 25% of BCBSM approved amount for the drug
Brand name prescription drugs	You pay \$20 copay	You pay \$20 copay plus an additional 25% of BCBSM approved amount for the drug
Mail order (home delivery) prescription drugs	Copay for up to a 30 day supply: • No copay for Tier 1 (generic) drugs • No copay for Tier 2 (formulary brand) drugs Copay for 31-90 day supply • No copay for Tier 1 (generic) drugs • No copay for Tier 2 (formulary brand) drugs	Not covered

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law. They are identified by BCBSM as select prescription drugs. A prescription for the select OTC drug is required from the member's physician. In some cases, over-the-counter drugs may need to be tried before BCBSM will approve use of other drugs.

Covered services

Benefits	In-network pharmacy	Out-of-network pharmacy
FDA-approved drugs	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Prescribed over-the-counter drugs - when covered by BCBSM	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance

ADM COB-3;ADM PLANR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits	In-network pharmacy	Out-of-network pharmacy
State-controlled drugs	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	75% of approved amount
FDA-approved generic and select brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	75% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug
Note: Needles and syringes have no copay/coinsurance.		
Select diabetic supplies and devices (test strips, lancets and glucometers)	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy .		

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law. They are identified by BCBSM as select prescription drugs. A prescription for the select OTC drug is required from the member's physician. In some cases, over-the-counter drugs may need to be tried before BCBSM will approve use of other drugs.

Features of your prescription drug plan

Prescription drug preferred therapy	A step-therapy approach that encourages physicians to prescribe generic, generic alternative or over-the-counter medications before prescribing a more expensive brand-name drug. It applies only to prescriptions being filled for the first time of a targeted medication. Before filling your initial prescription for select, high-cost, brand-name drugs, the pharmacy will contact your physician to suggest a generic alternative. A list of select brand-name drugs targeted for the preferred therapy program is available at bcbm.com/pharmacy, along with the preferred medications. If our records indicate you have already tried the preferred medication(s), we will authorize the prescription. If we have no record of you trying the preferred medication(s), you may be liable for the entire cost of the brand-name drug unless you first try the preferred medication(s) or your physician obtains prior authorization from BCBSM. These provisions affect all targeted brand-name drugs, whether they are dispensed by a retail pharmacy or through a mail order provider.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.
Clinical Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost.

ADM COB-3;ADM PLANYR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Features of your prescription drug plan

Mandatory maximum allowable cost drugs	If your prescription is filled by any type of network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you MUST pay the difference in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug plus your applicable copay regardless of whether you or your physician requests the brand name drug. Exception: If your physician requests and receives authorization for a nonformulary brand-name drug with a generic equivalent from BCBSM and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your applicable copay. Note: This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.
--	---

ADM COB-3;ADM PLANYR JAN;ASCMOD 5943;CB ASC;CB-AMB ASC;CB-MTC \$0 ASC;CB-OPMIN 6350 A;CB-OV \$15 ASC;CB-XC-IN ASC;CB-XD-IN ASC;CBC 20%-ON ASC;CBOPMON 12.7K A;MOPD ASC;PD-BC \$10 ASC;PD-CR \$10 ASC;PD-PT ASC;PDRX ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

0070119080002 - 07CNJ

Effective Date: 06/01/2019

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Preauthorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Preauthorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request preauthorization of the drugs. **If preauthorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Blue Cross provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

ADM COB-3;ADM PLANR JAN;PDRX ASC;PDTC104080RXCM;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Eligibility Information

Member	Eligibility Criteria
Dependents	- Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26
Sponsored dependents	Dependents of the subscriber related by blood, marriage or legal adoption, over age 19 and not eligible as a dependent under the provisions of the subscriber's contract, provided the dependent meets all eligibility requirements. The subscriber is responsible for paying the cost of this coverage.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Note: If an in-network provider refers you to an out-of-network provider, all covered services obtained from that out-of-network provider will be subject to applicable out-of-network cost-sharing.

Benefits	In-network	Out-of-network
Deductibles	\$1,000 for one member, \$2,000 for the family (when two or more members are covered under your contract) each calendar year	\$2,000 for one member, \$4,000 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network deductible amounts also count toward the in-network deductible.
Flat-dollar copays	\$30 copay for office visits and office consultations \$30 copay for medical online visits \$30 copay for chiropractic and osteopathic manipulative therapy \$150 copay for emergency room visits \$30 copay for urgent care visits	\$150 copay for emergency room visits
Coinsurance amounts (percent copays) Note: Coinsurance amounts apply once the deductible has been met.	30% of approved amount for private duty nursing care 20% of approved amount for most other covered services	50% of approved amount for private duty nursing care 40% of approved amount for most other covered services
Annual out-of-pocket maximums - applies to deductibles, flat-dollar copays and coinsurance amounts for all covered services - including cost-sharing amounts for prescription drugs, if applicable.	\$3,500 for one member, \$7,000 for the family (when two or more members are covered under your contract) each calendar year	\$7,000 for one member, \$14,000 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network cost-sharing amounts also count toward the in-network out-of-pocket maximum.
Lifetime dollar maximum	None	

ADM COB-3;ADM PLAN YR JAN;PDRX ASC;PDTTC104080RXCMB;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Preventive care services

Benefits	In-network	Out-of-network
Health maintenance exam -includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Gynecological exam	100% (no deductible or copay/coinsurance), two per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Pap smear screening -laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilizations for females	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Prescription contraceptive devices- includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	100% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Well-baby and child care visits	100% (no deductible or copay/coinsurance), 8 visits, birth through 12 months 6 visits, 13 months through 23 months 6 visits, 24 months through 35 months 2 visits, 36 months through 47 months - Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance	60% after out-of-network deductible Note: Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.

One per member per calendar year

ADM COB-3;ADM PLAN YR JAN;PDRX ASC;PD T TC 104080 RXCM;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance), for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance	60% after out-of-network deductible
One per member per calendar year		

Physician office services		
Benefits	In-network	Out-of-network
Office visits-must be medically necessary	\$30 copay for each office visit Note: Simply Blue applies deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the exam. Cost-sharing may not apply if preventive or immunization services are performed during the office visit.	60% after out-of-network deductible
Online visits - by physician must be medically necessary Note: Online visits by a vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	\$30 copay per online visit	60% after out-of-network deductible
Outpatient and home medical care visits-must be medically necessary	80% after in-network deductible	60% after out-of-network deductible
Office consultations-must be medically necessary	\$30 copay for each office consultation Note: Simply Blue applies deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the exam. Cost-sharing may not apply if preventive or immunization services are performed during the office visit.	60% after out-of-network deductible

ADM COB-3;ADM PLANR JAN;PDRX ASC;PDTTC104080RXCM;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Urgent care visits

Benefits	In-network	Out-of-network
Urgent care visits	\$30 copay for each urgent care visit Note: Simply Blue applies deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the exam. Cost-sharing may not apply if preventive or immunization services are performed during the office visit.	60% after out-of-network deductible

Emergency medical care

Benefits	In-network	Out-of-network
Hospital emergency room	\$150 copay per visit (copay waived if admitted)	\$150 copay per visit (copay waived if admitted)
Ambulance services-must be medically necessary	80% after in-network deductible	80% after in-network deductible

Diagnostic services

Benefits	In-network	Out-of-network
Laboratory and pathology services	80% after in-network deductible	60% after out-of-network deductible
Diagnostic tests and x-rays	80% after in-network deductible	60% after out-of-network deductible
Therapeutic radiology	80% after in-network deductible	60% after out-of-network deductible

Maternity services provided by a physician or certified nurse midwife

Benefits	In-network	Out-of-network
Prenatal care visits	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Postnatal care	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Delivery and nursery care	80% after in-network deductible	60% after out-of-network deductible

Hospital care

Benefits	In-network	Out-of-network
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	80% after in-network deductible	60% after out-of-network deductible
		Unlimited days
Note: Nonemergency services must be rendered in a participating hospital.		

ADM COB-3;ADM PLANR JAN;PDRX ASC;PDTC104080RXCM;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Inpatient consultations	80% after in-network deductible	60% after out-of-network deductible
Chemotherapy	80% after in-network deductible	60% after out-of-network deductible

Alternatives to hospital care		
Benefits	In-network	Out-of-network
Skilled nursing care-must be in a participating skilled nursing facility	80% after in-network deductible Limited to a maximum of 120 days per member per calendar year	80% after in-network deductible
Hospice care	100% (no deductible or copay/coinsurance) Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	100% (no deductible or copay/coinsurance)
Home health care: - must be medically necessary - must be provided by a participating home health care agency	80% after in-network deductible	80% after in-network deductible
Infusion therapy: - must be medically necessary - must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) - may use drugs that require preauthorization- consult with your doctor	80% after in-network deductible	80% after in-network deductible

Surgical services		
Benefits	In-network	Out-of-network
Surgery- includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	80% after in-network deductible	60% after out-of-network deductible
Presurgical consultations	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Voluntary sterilization for males Note: For voluntary sterilizations for females, see " Preventive care services. "	80% after in-network deductible	60% after out-of-network deductible
Voluntary abortions	80% after in-network deductible	60% after out-of-network deductible

Human organ transplants		
Benefits	In-network	Out-of-network
Specified human organ transplants-must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance) - in designated facilities only
Bone marrow transplants -must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	60% after out-of-network deductible

ADM COB-3;ADM PLANYR JAN;PDRX ASC;PDTTC104080RXCM;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;\$BDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Benefits	In-network	Out-of-network
Specified oncology clinical trials	80% after in-network deductible	60% after out-of-network deductible
Note: BCBSM covers clinical trials in compliance with PPACA.		
Kidney, cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)		
Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	80% after in-network deductible	60% after out-of-network deductible
Unlimited days		
Residential psychiatric treatment facility: - covered mental health services must be performed in a residential psychiatric treatment facility - treatment must be preauthorized - subject to medical criteria	80% after in-network deductible	60% after out-of-network deductible
Outpatient mental health care: Facility and clinic	80% after in-network deductible	80% after in-network deductible in participating facilities only
Online visits	80% after in-network deductible	60% after out-of-network deductible
Note: Online visits by a vendor are not covered.		
Physician's office	80% after in-network deductible	60% after out-of-network deductible
Outpatient substance use disorder treatment- in approved facilities only	80% after in-network deductible	60% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment		
Benefits	In-network	Out-of-network
Applied behavior analysis (ABA) treatment-when rendered by an approved licensed behavior analyst - subject to preauthorization	80% after in-network deductible	80% after in-network deductible
Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment.		
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible
	Physical, speech and occupational therapy with an autism diagnosis is unlimited	
Other covered services, including mental health services, for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible

ADM COB-3;ADM PLANR JAN;PDRX ASC;PDTTC104080RXCMB;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. Note: When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	80% after in-network deductible for diabetes medical supplies 100% (no deductible or copay/coinsurance) for diabetes self-management training	60% after out-of-network deductible
Allergy testing and therapy	80% after in-network deductible	60% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	\$30 copay per visit Note: Simply Blue applies deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the exam Limited to a combined 12-visit maximum per member per calendar year	60% after out-of-network deductible
Outpatient physical, speech and occupational therapy-provided for rehabilitation	80% after in-network deductible	60% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are not covered. Limited to a combined 30-visit maximum per member per calendar year
Durable medical equipment Note: DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	80% after in-network deductible	80% after in-network deductible
Prosthetic and orthotic appliances	80% after in-network deductible	80% after in-network deductible
Private duty nursing care	70% after in-network deductible	50% after out-of-network deductible

ADM COB-3;ADM PLAN YR JAN;PDRX ASC;PDTTC104080RXCM;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Preferred Rx Program ASC

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Specialty Pharmaceutical Drugs - The mail order pharmacy for **specialty drugs** is AllianceRx Walgreens Pharmacy, an independent company. Specialty prescription drugs (such as Enbrel® and Humira®) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. AllianceRx Walgreens Pharmacy will handle mail order prescriptions only for specialty drugs while many in-network retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to the OptumRx home delivery pharmacy. (OptumRx is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. If you have any questions, please call AllianceRx Walgreens Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical" whether or not the drug is obtained from a 90-Day Retail Network provider or mail-order provider. We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay/coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Note: Your prescription drug copays and coinsurance amounts, including mail order copay and coinsurance amounts, are subject to the **same** annual out-of-pocket maximum required under your medical coverage. The following prescription drug expenses will not apply to your annual out-of-pocket maximum.

- any difference between the Maximum Allowable Cost and BCBSM's approved amount for a covered brand-name drug
- the 25% member liability for covered drugs obtained from an out-of-network pharmacy

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	1 to 30-day period	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$20 copay	No coverage	No coverage
	84 to 90-day period	You pay \$20 copay	You pay \$20 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$80 copay	No coverage	No coverage
	84 to 90-day period	You pay \$80 copay	You pay \$80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$160 copay	No coverage	No coverage
	84 to 90-day period	You pay \$160 copay	You pay \$160 copay	No coverage	No coverage

ADM COB-3;ADM PLANYR JAN;PDRX ASC;PDTC104080RXC;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law. They are identified by BCBSM as select prescription drugs. A prescription for the select OTC drug is required from the member's physician. In some cases, over-the-counter drugs may need to be tried before BCBSM will approve use of other drugs.

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Covered services				
Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Prescribed over-the-counter drugs - when covered by BCBSM	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
State-controlled drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	75% of approved amount
FDA-approved generic and select brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	75% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug
Note: Needles and syringes have no copay/coinsurance.				

ADM COB-3;ADM PLANYR JAN;PDRX ASC;PDTTC104080RXCMB;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy .	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Features of your prescription drug plan

Custom Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • Generic drug tier - This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment. • Preferred brand-name drug tier - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive than generic and members pay more for them. • Nonpreferred brand-name drug tier - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. Step Therapy, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at bcbsm.com/pharmacy.
Maximum allowable cost drugs	When you receive a generic maximum allowable cost (MAC) drug from an in-network pharmacy, you pay your cost share as noted in your coverage. However, if you request a brand-name drug and the prescriber did not write "Dispense as Written" or "DAW" on the prescription, you must pay the difference between the maximum allowable cost and the Blue Cross Blue Shield of Michigan approved amount for the brand-name drug, plus your copayment. If the prescriber wrote "Dispense as Written" or "DAW" on the prescription, we will pay the pharmacy the approved amount for the brand-name drug, after deduction of your copayment.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.

ADM COB-3;ADM PLANYR JAN;PDRX ASC;PDTC104080RXCMB;SB ASC;SB-AMB ASC;SB-MTC \$30 ASC;SB-OV \$30 ASC;SB-UC \$30 ASC;SBD-ON\$2K/\$4K A;SBDIN\$1K/2K ASC;SBOPMIN\$3.5KASC;SBOPMON \$7K ASC;SD ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Alliance Health and Life Insurance Company (Alliance)
Exclusive Provider Organization (EPO)
Summary of Benefits
HAP EPO 2000-0 HSA A / Rx 2H

EPO
PPS00085 / XRS00063

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	\$2,000 Self Only; \$4,000 Family If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts.	N/A	Deductible does not include copays or coinsurance. Deductible applies to the annual Out-of-Pocket Maximum.
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	\$3,000 Self Only; \$6,000 Family If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts.	N/A	These values do not accumulate: Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified.
Preventive Services			
Office Visit / Physical Exam / Well Baby Exam	Covered - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	Covered after Deductible	N/A	
Telehealth Visit	Covered after Deductible	N/A	Through our contracted telehealth services provider.
Specialist Office Visit	Covered after Deductible	N/A	
Routine Audiology Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Routine Eye Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Chiropractic Services	Covered after Deductible	N/A	Manipulation of the spine for subluxation only. Up to 20 visits per benefit period.
Allergy Treatment	Covered after Deductible	N/A	
Allergy Injections	Covered after Deductible	N/A	
Laboratory & Pathology	Covered after Deductible	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	Covered after Deductible	N/A	Services require preauthorization.
Radiology (X-ray)	Covered after Deductible	N/A	Some services require preauthorization.
Radiation Therapy & Chemotherapy	Covered after Deductible	N/A	
Dialysis	Covered after Deductible	N/A	
Outpatient Medical Drugs	Covered after Deductible	N/A	
Outpatient Surgical Services			
Outpatient Surgery	Covered after Deductible	N/A	
Ambulatory Surgical Center	Covered after Deductible	N/A	
Professional Surgical and Related Services	Covered after Deductible	N/A	
Emergency/Urgent Care			
Urgent Care	Covered after Deductible		
Emergency Room Care	Covered after Deductible		
Emergency Medical Transportation	Covered after Deductible		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	Covered after Deductible	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered after Deductible	N/A	
Bariatric Surgery and Related Services	Covered after Deductible	N/A	One procedure per lifetime
Maternity Services			
Routine Prenatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Routine Postnatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	Covered after Deductible	N/A	
Other Services			
Home Health Care	Covered after Deductible	N/A	Does not include Rehabilitation Services. Up to 100 visits per benefit period.
Hospice Care	Covered after Deductible	N/A	Unlimited.
Skilled Nursing Care	Covered after Deductible	N/A	Up to 100 days per benefit period.
Durable Medical Equipment; Prosthetics & Orthotics	Covered after Deductible	N/A	Covered for approved equipment only.
Hearing Aid Hardware	\$1,539 Copay per Hearing Aid for Advanced Technology Hearing Aids after deductible \$689 Copay per Hearing Aid for Basic Technology Hearing Aids after deductible \$2,039 Copay per Hearing Aid for Premium Technology Hearing Aids after deductible \$989 Copay per Hearing Aid for Prime Technology Hearing Aids after deductible \$0 Copay per Hearing Aid for Value Technology Hearing Aids after deductible	N/A	Through a NationsHearing Provider only. Limited to 2 Hearing Aids per Benefit Period. Copays do not count toward the Out-of-Pocket Limit.
Vision Hardware	Covered - Deductible does not apply	N/A	Covered once each 12 month period thru HAP's Contracted Providers. \$80 benefit maximum for Frames/Lens or Contact Lens. Details can be found in your policy or plan documents.
Rehabilitation Services: Physical, Occupational, and Speech Therapy	Covered after Deductible	N/A	May be rendered at home. Up to 60 combined visits per benefit period.
Habilitation Services: Physical, Occupational, and Speech Therapy	Covered after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Applied Behavioral Analysis	Covered after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy
Infertility Services	Covered after Deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Assisted Reproductive Technologies	Covered after Deductible	N/A	One attempt per lifetime
Temporomandibular Joint Disorder	Covered after Deductible	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers only)			
Preferred Generic Drugs	\$7 Copay 30 day supply, \$14 Copay 90 day supply after Deductible		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply.
Non-Preferred Generic Drugs	\$20 Copay 30 day supply, \$40 Copay 90 day supply after Deductible		
Preferred Brand Drugs	\$30 Copay 30 day supply, \$60 Copay 90 day supply after Deductible		
Non-Preferred Brand Drugs	\$60 Copay 30 day supply, \$120 Copay 90 day supply after Deductible		Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days.
Preferred Specialty Drugs	20% Coinsurance 30 day supply at Specialty pharmacy only after Deductible		
Non-Preferred Specialty Drugs	20% Coinsurance 30 day supply at Specialty pharmacy only after Deductible		

QHDHP

Template Rev 01/2020

- In case of conflict between this summary and your EPO Group Health Insurance Policy and Riders, the terms and conditions of the EPO Group Health Policy and Riders will govern.
- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after any emergency hospital admission. Failure to notify Alliance could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- Students away at school are covered for acute illness and injury related services according to Alliance criteria.
- EPO plans are offered through Alliance Health and Life Insurance Company, a wholly owned subsidiary of Health Alliance Plan.
- For Outpatient Mental Health & Substance Use Disorder Services delivered via Telehealth, you will pay the lower of either the Outpatient Mental Health & Substance Use Disorder Cost-Share or the Telehealth Cost-Share.



**Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
Summary of Benefits
AA000586 / XR000920**

**HMO
AA000586 / XR000920 / XW000317**

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	\$0 Individual; \$0 Family	N/A	
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	\$6,600 Individual; \$13,200 Family	N/A	These values do not accumulate: Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified.
Preventive Services			
Office Visit / Physical Exam / Well Baby Exam	Covered	N/A	
Related Laboratory and Radiology Services	Covered	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered	N/A	
Immunizations	Covered	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	Covered	N/A	
Telehealth Visit	Covered	N/A	Through our contracted telehealth services provider.
Specialist Office Visit	Covered	N/A	
Routine Audiology Exam	Covered	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Routine Eye Exam	Covered	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Chiropractic Services	Not Covered	N/A	
Allergy Treatment	Covered	N/A	
Allergy Injections	Covered	N/A	
Laboratory & Pathology	Covered	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	Covered	N/A	Services require preauthorization.
Radiology (X-ray)	Covered	N/A	Some services require preauthorization.
Radiation Therapy & Chemotherapy	Covered	N/A	
Dialysis	Covered	N/A	
Outpatient Medical Drugs	Covered	N/A	
Outpatient Surgical Services			
Outpatient Surgery	Covered	N/A	
Ambulatory Surgical Center	Covered	N/A	
Professional Surgical and Related Services	Covered	N/A	
Emergency/Urgent Care			
Urgent Care	Covered		
Emergency Room Care	Covered		
Emergency Medical Transportation	Covered		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	Covered	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered	N/A	
Bariatric Surgery and Related Services	\$1,000 Copay	N/A	One procedure per lifetime
Maternity Services			
Routine Prenatal Office Visits	Covered	N/A	Covered under Preventive Services
Routine Postnatal Office Visits	Covered	N/A	Covered under Preventive Services
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	Covered	N/A	
Other Services			
Home Health Care	Covered	N/A	Does not include Rehabilitation Services. Unlimited.
Hospice Care	Covered	N/A	Up to 210 days per lifetime
Skilled Nursing Care	Covered	N/A	Covered for authorized services. Up to 730 days. Maximum benefit renews after 60 days of nonconfinement.
Durable Medical Equipment; Prosthetics & Orthotics	Not Covered	N/A	
Rehabilitation Services: Physical, Occupational, and Speech Therapy	Covered	N/A	May be rendered at home. Up to 60 combined visits per benefit period.
Habilitation Services: Physical, Occupational, and Speech Therapy	Covered	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Applied Behavioral Analysis	Covered	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy
Infertility Services	Covered	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Assisted Reproductive Technologies	Covered	N/A	One visit per lifetime
Temporomandibular Joint Disorder	Covered	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers only)			
Preferred Generic Drugs	\$10 Copay 30 day supply, \$20 Copay 90 day supply		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply.
Non-Preferred Generic Drugs	\$10 Copay 30 day supply, \$20 Copay 90 day supply		
Preferred Brand Drugs	\$20 Copay 30 day supply, \$40 Copay 90 day supply		Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days.
Non-Preferred Brand Drugs	\$20 Copay 30 day supply, \$40 Copay 90 day supply		
Preferred Specialty Drugs	\$20 Copay 30 day supply at specialty pharmacy only		
Non-Preferred Specialty Drugs	\$20 Copay 30 day supply at specialty pharmacy only		

Template Rev 01/2020

- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.
- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours after any emergency hospital admission. Failure to notify HAP could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- Students away at school are covered for acute illness and injury related services according to HAP criteria.
- For Outpatient Mental Health & Substance Use Disorder Services delivered via Telehealth, you will pay the lower of either the Outpatient Mental Health & Substance Use Disorder Cost-Share or the Telehealth Cost-Share.



**Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
Summary of Benefits
AA000745 / XR001036**

**HMO
AA000745 / XR001036**

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	\$0 Individual; \$0 Family	N/A	
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	\$6,600 Individual; \$13,200 Family	N/A	These values do not accumulate: Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified.
Preventive Services			
Office Visit / Physical Exam / Well Baby Exam	Covered	N/A	
Related Laboratory and Radiology Services	Covered	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered	N/A	
Immunizations	Covered	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	\$20 Copay	N/A	
Telehealth Visit	\$20 Copay	N/A	Through our contracted telehealth services provider.
Specialist Office Visit	\$20 Copay	N/A	
Routine Audiology Exam	Covered	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Routine Eye Exam	Covered	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Chiropractic Services	Not Covered	N/A	
Allergy Treatment	Covered	N/A	
Allergy Injections	Covered	N/A	
Laboratory & Pathology	Covered	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	Covered	N/A	Services require preauthorization.
Radiology (X-ray)	Covered	N/A	Some services require preauthorization.
Radiation Therapy & Chemotherapy	Covered	N/A	
Dialysis	Covered	N/A	
Outpatient Medical Drugs	Covered	N/A	
Outpatient Surgical Services			
Outpatient Surgery	Covered	N/A	
Ambulatory Surgical Center	Covered	N/A	
Professional Surgical and Related Services	Covered	N/A	
Emergency/Urgent Care			
Urgent Care	\$20 Copay		
Emergency Room Care	\$150 Copay		Copay will be waived if admitted
Emergency Medical Transportation	Covered		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	Covered	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered	N/A	
Bariatric Surgery and Related Services	\$1,000 Copay	N/A	One procedure per lifetime
Maternity Services			
Routine Prenatal Office Visits	Covered	N/A	Covered under Preventive Services
Routine Postnatal Office Visits	Covered	N/A	Covered under Preventive Services
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	\$20 Copay	N/A	
Other Services			
Home Health Care	Covered	N/A	Does not include Rehabilitation Services. Unlimited.
Hospice Care	Covered	N/A	Up to 210 days per lifetime
Skilled Nursing Care	Covered	N/A	Covered for authorized services. Up to 730 days. Maximum benefit renews after 60 days of nonconfinement.
Durable Medical Equipment; Prosthetics & Orthotics	Not Covered	N/A	
Rehabilitation Services: Physical, Occupational, and Speech Therapy	Covered	N/A	May be rendered at home. Up to 60 combined visits per benefit period.
Habilitation Services: Physical, Occupational, and Speech Therapy	Covered	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Applied Behavioral Analysis	\$20 Copay	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy
Infertility Services	Covered	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Assisted Reproductive Technologies	Covered	N/A	One visit per lifetime
Temporomandibular Joint Disorder	Covered	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers only)			
Preferred Generic Drugs	\$7 Copay 30 day supply, \$14 Copay 90 day supply		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply.
Non-Preferred Generic Drugs	\$7 Copay 30 day supply, \$14 Copay 90 day supply		
Preferred Brand Drugs	\$20 Copay 30 day supply, \$40 Copay 90 day supply		Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days.
Non-Preferred Brand Drugs	\$30 Copay 30 day supply, \$60 Copay 90 day supply		
Preferred Specialty Drugs	\$30 Copay 30 day supply at specialty pharmacy only		
Non-Preferred Specialty Drugs	\$30 Copay 30 day supply at specialty pharmacy only		

Template Rev 01/2020

- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.
- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours after any emergency hospital admission. Failure to notify HAP could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- Students away at school are covered for acute illness and injury related services according to HAP criteria.
- For Outpatient Mental Health & Substance Use Disorder Services delivered via Telehealth, you will pay the lower of either the Outpatient Mental Health & Substance Use Disorder Cost-Share or the Telehealth Cost-Share.



**Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
Summary of Benefits
AA001842 / XR000948**

**HMO
AA001842 / XR000948 / XW000346**

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	\$1,000 Individual; \$2,000 Family	N/A	Deductible does not include copays or coinsurance. Deductible applies to the annual Out-of-Pocket Maximum.
Coinsurance	30%	N/A	Coinsurance applies towards the Annual Out-of-Pocket Maximum
Annual Coinsurance Maximum	\$2,000 Individual; \$4,000 Family	N/A	These values do not accumulate: premiums, balance-billed charges, deductibles, services with 50% coinsurance, copays, and health care this plan doesn't cover.
Annual Out-of-Pocket Maximum	\$6,600 Individual; \$13,200 Family	N/A	These values do not accumulate: Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified.
Preventive Services			
Office Visit / Physical Exam / Well Baby Exam	Covered - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	\$35 Copay - Deductible does not apply	N/A	
Telehealth Visit	\$35 Copay - Deductible does not apply	N/A	Through our contracted telehealth services provider.
Specialist Office Visit	\$35 Copay - Deductible does not apply	N/A	
Routine Audiology Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Routine Eye Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Chiropractic Services	Not Covered	N/A	
Allergy Treatment	30% Coinsurance after Deductible	N/A	
Allergy Injections	30% Coinsurance after Deductible	N/A	
Laboratory & Pathology	30% Coinsurance after Deductible	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	30% Coinsurance after Deductible	N/A	Services require preauthorization.
Radiology (X-ray)	30% Coinsurance after Deductible	N/A	Some services require preauthorization.
Radiation Therapy & Chemotherapy	30% Coinsurance after Deductible	N/A	
Dialysis	30% Coinsurance after Deductible	N/A	
Outpatient Medical Drugs	30% Coinsurance after Deductible	N/A	
Outpatient Surgical Services			
Outpatient Surgery	30% Coinsurance after Deductible	N/A	
Ambulatory Surgical Center	30% Coinsurance after Deductible	N/A	
Professional Surgical and Related Services	30% Coinsurance after Deductible	N/A	
Emergency/Urgent Care			
Urgent Care	\$40 Copay - Deductible does not apply		
Emergency Room Care	\$150 Copay - Deductible does not apply		Copay will be waived if admitted
Emergency Medical Transportation	30% Coinsurance after Deductible		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	30% Coinsurance after Deductible	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	30% Coinsurance after Deductible	N/A	
Bariatric Surgery and Related Services	30% Coinsurance after Deductible	N/A	One procedure per lifetime
Maternity Services			
Routine Prenatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Routine Postnatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	\$35 Copay - Deductible does not apply	N/A	
Other Services			
Home Health Care	30% Coinsurance after Deductible	N/A	Does not include Rehabilitation Services. Unlimited.
Hospice Care	30% Coinsurance after Deductible	N/A	Up to 210 days per lifetime
Skilled Nursing Care	30% Coinsurance after Deductible	N/A	Covered for authorized services. Up to 730 days. Maximum benefit renews after 60 days of nonconfinement.
Durable Medical Equipment; Prosthetics & Orthotics	Not Covered	N/A	
Rehabilitation Services: Physical, Occupational, and Speech Therapy	30% Coinsurance after Deductible	N/A	May be rendered at home. Up to 60 combined visits per benefit period.
Habilitation Services: Physical, Occupational, and Speech Therapy	30% Coinsurance after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Applied Behavioral Analysis	\$35 Copay - Deductible does not apply	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only.
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy
Infertility Services	30% Coinsurance after Deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Assisted Reproductive Technologies	30% Coinsurance after Deductible	N/A	One visit per lifetime
Temporomandibular Joint Disorder	30% Coinsurance after Deductible	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers only)			
Preferred Generic Drugs	\$5 Copay 30 day supply, \$10 Copay 90 day supply		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply.
Non-Preferred Generic Drugs	\$5 Copay 30 day supply, \$10 Copay 90 day supply		
Preferred Brand Drugs	\$20 Copay 30 day supply, \$40 Copay 90 day supply		
Non-Preferred Brand Drugs	\$40 Copay 30 day supply, \$80 Copay 90 day supply		Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days.
Preferred Specialty Drugs	\$40 Copay 30 day supply at specialty pharmacy only		
Non-Preferred Specialty Drugs	\$40 Copay 30 day supply at specialty pharmacy only		

Template Rev 01/2020

- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.
- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours after any emergency hospital admission. Failure to notify HAP could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- Students away at school are covered for acute illness and injury related services according to HAP criteria.
- For Outpatient Mental Health & Substance Use Disorder Services delivered via Telehealth, you will pay the lower of either the Outpatient Mental Health & Substance Use Disorder Cost-Share or the Telehealth Cost-Share.