

AGREEMENT
between
COUNTY OF MACOMB
and
ROAD TECHNICIANS ASSOCIATION

January 1, 2023
through
December 31, 2025

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ARTICLE 1

INTRODUCTION

THIS AGREEMENT was entered into the 1st day of January, 2023 between the COUNTY OF MACOMB, hereinafter referred to as "Employer" and the Department of Roads Employees, Road Technicians Association, hereinafter referred to as "Union." The headings in this Agreement and attached exhibits are for reference only and are not intended to add to or detract from the meaning.

ARTICLE 2

PURPOSE AND INTENT

- A. The general purpose of this Agreement is to set forth terms and conditions of employment and to promote orderly and mutually acceptable relations between the Employer and the Union. To that end, there shall be no discrimination against an employee because of membership in the Union, Union activity or acting as a Union officer. The parties agree that the provision of this Agreement shall apply equally to all employees regardless of religion, race, color, national origin, age, height, weight, familial status, marital status, sex, sexual orientation, gender identity or union affiliation.
- B. The parties recognize the interest of the community and job security of the employees depend upon the Employer's success in establishing proper community service. Accordingly, the Employer and Union shall encourage friendly and cooperative relations between the respective representatives at all levels and among all employees under the terms of this Agreement.
- C. This provision shall in no way diminish the Union officers' duty to responsibly administer the provision herein.

ARTICLE 3

RECOGNITION OF BARGAINING UNIT

- A. Pursuant to, and in accordance with, all applicable provisions of Act 379 of the Public Acts of 1965, as amended, the Employer does hereby recognize the Union as the exclusive representative for the purpose of collective bargaining with respect to rates of pay, wages, hours of employment and other conditions of employment for the term of this Agreement and for all employees of the Employer included in the bargaining units per Michigan State Labor Mediation Board Case No. R65-1-111.
- B. Employees not members of this bargaining unit, excluding summer temporary help, as defined in Article 13.A, Seniority, Probationary and Non-Seniority Employees, shall not perform bargaining unit work unless justified by reasonable considerations. Should the performance of such work be challenged by the Union, justification shall be reduced to writing by the instigating or performing party and submitted to the local Union President. If the response is unacceptable, the matter shall become the subject of a special conference. If there is no agreement, the matter shall become a subject of the Grievance Procedure, Step III.

ARTICLE 4

AID TO OTHER UNIONS

- A. The Employer will not aid, promote or finance any labor group or organization which purports to engage in collective bargaining or make any agreement with any such group or organization for the purpose of undermining the Union, as set forth in Public Act 379 of the State of Michigan.

ARTICLE 5

UNION DUES, SERVICE FEES AND INITIATION FEES AND INITIATION FEES COLLECTION

- A. During the life of this Agreement and to the extent the laws of the State of Michigan permit, the Employer agrees to deduct Union membership dues and initiation fees, in accordance with the Constitution and By-Laws of the Union, from the wages or compensation paid to each employee who authorizes the payroll deduction.
- B. Deductions shall be made only in accordance with the authorization.
- C. Deductions for each calendar month shall be remitted to the designated local Union officer, with a listing of employees for whom said deductions were made.
- D. In the event the designated local Union officer determines a member to be delinquent, the designated local Union officer shall notify the Employer on a quarterly basis of the name(s) of the delinquent Employee(s) and the amount of each delinquency. The Employer shall then deduct the amount of the delinquency from the wages or compensation to be paid the employee, if the Employer has not already deducted the amount owing. The deduction shall be remitted to the designated local Union officer during the month following notification. In the event employee dues are not delinquent, the Union shall reimburse the employee for those dues erroneously deducted.
- E. The Employer shall not be liable to the Union by reason of the requirements of this Agreement for the remittance or payment of any sum other than deductions made from wages or compensation paid to employees.
- F. The Union will defend, indemnify and save harmless the Employer from any and all claims, demands, suit and other liabilities by reason of action taken or not taken by the Employer for the purpose of complying with Article 5 of this Agreement.

ARTICLE 6

STEWARDS AND ALTERNATE STEWARDS

- A. There are seven (7) Service Centers represented within the bargaining unit, numbered and location as follows:

Service Center I	Washington
Service Center II	New Haven
Service Center III	Clinton Township
Service Center IV	Shelby
Service Center V	Vehicle Maintenance
Service Center VI	Electrical Department
Service Center VII	Sign Department
- B. The number of representative Service Centers shall be seven (7) as above referenced. The Employer and the Union may redistrict representative Service Centers from time to time by way of mutual agreement.
- C. There shall be one (1) steward and an alternative steward in each representative Service Center who shall exclusively represent all the employees working in that representative Service Center. The stewards and alternate stewards shall be regular employees working in the Service Center

they represent. Employees will be exclusively represented by the steward of the representative Service Center to which they are assigned. The chief steward may represent the employees.

1. The chief steward, with proper notice to the supervisor, shall be granted leave from his/her work without loss of pay to represent a steward or an employee discharged, disciplined without pay, or needing representation in the absence of a steward or alternate steward.
2. The stewards may service grievances in accordance with the terms of Article 8, Grievance and Grievance Procedure. The supervisor will grant time as soon as possible, but in any event, not later than the next regularly scheduled working day to service grievances. The right of stewards leaving their work during working hours without loss of time or pay is subject to the understanding that the time will be devoted to the proper handling of grievances as set forth in Article 8, Grievance and Grievance Procedure, and will not be abused. Stewards will perform their regularly assigned work at all times, except when necessary to leave their work to handle grievances as provided herein. Any alleged abuse by either party will be a proper subject for a special conference.
3. On all overtime work or prior programmed overtime work, the steward or alternate steward shall be continued at work or the first called as long as he/she can perform the work. If the shift continues beyond two (2) hours, the Employer is obligated to call in a steward or alternate steward, if he/she can perform the work, to replace the crew member with the greatest accumulated overtime, or to add the steward to the crew.

ARTICLE 7

SPECIAL CONFERENCES

- A. Special conferences for important matters not related to grievances may be arranged between the Local President or his designated representative. Such conference shall be arranged within five (5) to twenty (20) work days from the date of written request. Such conferences shall include at least two (2) representatives of the Employer and at least two (2) representatives of the Union. A written agenda of the matters to be addressed at the meeting together with the names of the participating conferees representing the requesting party shall be presented at the time the conference is requested. Members of the Union shall not lose time or pay for time spent in special conferences. Special conferences may be attended by Road Tech Legal Counsel. The Union or Employer representatives request for caucus time during the conference shall be granted. Special conferences shall not be a substitute for the grievance procedure. This language will in no way preclude exercise of the grievance procedure.

ARTICLE 8

GRIEVANCE PROCEDURE

- A. The Parties intend that the grievance procedure as set forth herein shall serve as a means for a peaceful settlement of all disputes that may arise between them concerning the interpretation or operation of this Agreement without any interruption or disturbance of the normal operation of the Employer's affairs.
- B. Any employee having a grievance in connection with their employment MUST present it to the Employer within fifteen (15) days after occurrence of alleged grievance as follows:
 1. STEP 1: The employee must first discuss the specific grievance with their immediate Supervisor or designee. A Steward shall be present at this meeting; otherwise, the complaint shall not be considered a formal grievance, as outlined in this Article. The immediate Supervisor shall attempt

to adjust the matter consistent with the terms of this Agreement as soon as possible, and shall, within five (5) days, give a verbal answer to the employee and their Steward.

2. STEP 2: WRITTEN – DEPARTMENT HEAD:

- a. If the grievance is not settled at the verbal step, a written grievance may be filed by the Union President or Steward with the employee's Department Head within ten (10) days after the immediate Supervisor's response at Step 1. When a grievance is reduced to writing, it shall contain the name, address, position and department of the grievant, a clear and concise statement of the grievance, the issue involved, the relief sought, the date the incident or violation took place, the specific section(s) of the Agreement alleged to have been violated, the signature of the grievant, the signature of one of the following: the Union President or Steward and the date the grievance is reduced to writing. Inadvertent omission of minor information will not prejudice the processing of the grievance.
- b. A meeting shall be held between the Parties within ten (10) days, unless mutually waived in writing. Within five (5) days after the completion of the meeting, or the waiver thereof, the Department Head shall give a written answer to the Union President or Steward.

3. STEP 3: DIRECTOR, HUMAN RESOURCES AND LABOR RELATIONS:

- a. If the grievance is not settled at Step 2, such grievance may be submitted by the Union President to the Director, Human Resources and Labor Relations, with a courtesy copy to the Department Head, within ten (10) days after the Department Head's written response has been received by the Union President or Steward. A grievance is submitted to the Human Resources and Labor Relations Department.
- b. The Union President, or designee, must make a request in writing to conduct a Step 3 grievance meeting and the Parties shall conduct a Step 3 meeting within fifteen (15) days of the receipt of the Union President's or Steward written request. The Union President, or designee, and Road Technicians Association Representative shall meet with the Director, Human Resources and Labor Relations, or designee, as scheduled for Step 3 grievance meetings. Dates and times shall be mutually agreed upon. The Union representatives at said meeting may include, at the Union's discretion, the Union President or designee, the grievant, the Steward and a Road Technicians Association Representative. In addition, a witness(es) may be in attendance if deemed necessary by both Parties.
- c. The decision of the Director, Human Resources and Labor Relations or designee shall be given in writing to the Union President or designee within ten (10) days of the completion of the Step 3 meeting.

4. STEP 4: ARBITRATION:

If the grievance is not resolved at Step 3, the Union President has thirty (30) days from the receipt of the Step 3 answer to file a Notice of Intent to Arbitrate, by sending a letter to the Director, Human Resources and Labor Relations. If the Union President fails to request arbitration within this time limit, the grievance shall be deemed not eligible to go to arbitration.

C. SELECTION OF THE ARBITRATOR:

1. Within thirty (30) days of the receipt of the written Notice of Intent to Arbitrate the Union shall notify one of the arbitrators from the permanent panel of arbitrators who are listed in a Letter of Understanding which is attached to this Agreement. Selection shall be made on a rotation basis

with the arbitrator listed first as the one who will hear the first case. The next arbitrator on the list will hear the second case and so on until each arbitrator shall have heard a case. Once the list has been exhausted, the Parties will go back to the beginning of the list and start the selection process over with the first name on the list.

2. The Parties recognize that, through no fault of either, an arbitrator may not be available for an extended period of time, to hear a case (extended period of time shall mean three (3) months or longer). The Parties may then move to the next arbitrator listed.
3. Upon mutual written agreement of the Parties, an arbitrator may hear more than one case.
4. An arbitrator may be removed from the list by written consent of both parties during the life of the Agreement. Upon such removal, no further cases will be assigned to that arbitrator, but the arbitrator will hear and decide any cases already assigned to him/her. Within thirty (30) days after such removal, the Parties shall meet and mutually agree upon another arbitrator to replace the arbitrator removed. The newly-selected arbitrator will be placed on the list in the numbered position of the arbitrator he/she replaces. An arbitrator may remove himself/herself from the list at any time.
5. If the Parties agree, in a particular case, not to use the list of arbitrators, they may agree in writing to use the American Arbitration Association selection procedure.

D. AUTHORITY OF THE ARBITRATOR:

1. All arbitration hearings shall be governed by the rules of the American Arbitration Association.
2. Any arbitrator selected shall have only the functions and authority set forth herein. The scope and extent of the jurisdiction of the arbitrator shall be limited to those grievances arising out of and pertaining to the respective rights of the Parties within the terms of this Agreement. The arbitrator shall be without power or authority to make any decision contrary to or inconsistent within any way, the terms of this Agreement or of applicable laws or rules or regulations having the force and effect of law. The arbitrator shall be without power to modify or vary in any way the terms of this Agreement.
3. The arbitrator shall have no power to establish or modify job classifications, to establish wage rates, or to change any existing wage rate, work schedule, or assignment.
4. In the event a grievance is submitted to an arbitrator and the arbitrator finds that they have no jurisdiction to rule on such grievance, it shall be referred back to the Parties without an answer or recommendation on the merits of the grievance.
5. To the extent that the laws of the State of Michigan permit, it is agreed that any arbitrator's decision shall be final and binding on the Union and its members, the employee or employees involved, and the Employer, and that there shall be no appeal from any such decision unless such decision shall extend beyond the limits of the powers and jurisdiction herein conferred upon such arbitrator.
6. In matters concerning discipline imposed, the arbitrator shall have the authority to sustain, overrule or mitigate the disciplinary action.
7. The decision of the arbitrator shall be in writing and due within thirty (30) days of the close of the hearing. This time limit may be waived by mutual written consent of the Parties.
8. The fees and approved expenses of an arbitrator will be paid by the Parties equally.

E. GENERAL CONDITIONS:

1. **Withdrawal Of Grievances:** A grievance may be withdrawn and, if so withdrawn, all financial liability shall be cancelled. If the grievance is reinstated, the financial responsibility shall date only from the date of reinstatement. If the grievance is not reinstated within fifteen (15) days from the date of withdrawal, the grievance shall not be reinstated.
2. **Computation Of Back Wages:** All claims for back wages shall be limited to the amount of straight time wages less any unemployment compensation.
3. **Time Of Appeals:** Any grievance not appealed within the time specified in the particular step of the Grievance Procedure, shall be considered settled and not subject to further review. In the event that the Employer shall fail to supply the Union with its answer in writing to the particular step within the specified time limits, the Union may appeal the grievance to the next step with the time limit for exercising said appeal, commencing with the expiration date of the Employer's period for answer.
4. Nothing contained herein shall be deemed to abrogate or limit the rights guaranteed by existing statutes or court decisions.
5. Time limits may be extended or shortened by mutual written consent of the Parties.
6. All references to days as they pertain to the Grievance Procedure shall mean "working days". They do not include Saturdays, Sundays and designated holidays.
7. Records, reports and other information pertaining to a grievance which are requested by the Union shall be made available for inspection and copying by the Union, provided the proper representative of the Union makes a request for the specific document referenced above and the affected employee has authorized in writing the release of said information.

ARTICLE 9

PROMOTION OF PRODUCTIVITY AND EFFICIENCY

- A. The Union recognizes the responsibilities imposed upon it as exclusive bargaining agent of the employees and also recognizes the Employer must abide by the statutes of the State of Michigan while simultaneously maintaining the Macomb County road system as efficiently and cost effectively as possible consistent with prevailing labor standards. The Union acknowledges the employees within the bargaining unit will be expected to individually and collectively perform efficiently and productively.
- B. The Union recognizes that public service and public safety are of utmost importance. Procedures and activities undertaken in response to situations threatening or posing to threaten public safety or public service shall be given priority.
- C. The supervisor shall have the right to temporarily or permanently correct a hazardous condition of limited extent. If the hazardous condition extends beyond what can reasonably be considered limited, the supervisor shall call a crew as he/she deems appropriate.
- D. If properly classified personnel are unavailable within the Service Center, an available qualified employee may be assigned work in either a higher, lower or comparable classification, consistent with seniority.

ARTICLE 10

NO STRIKE CLAUSE

- A. The Union recognizes that strikes are illegal and contrary to public policy in Michigan and that strikes are detrimental to the public health, safety and welfare. The Union agrees that no strike of any kind shall be caused or sanctioned by the Union at any time during the life of this Agreement. The occurrence of any such acts or actions prohibited in this Article by the Union shall be deemed a violation of this Agreement. Any employee who commits any of the acts prohibited in this Article may be subject to discharge or other disciplinary action as may be determined by the Employer.

ARTICLE 11

MANAGEMENT RIGHTS

- A. The Union recognizes that management of the Department of Roads is vested exclusively in the Employer. As such, the Employer shall continue to have all rights customarily reserved to Management, including the right to hire, transfer and determine how many employees it will employ or retain in various capacities; to comply with P.A. 390, as amended, known as the State's Emergency Management Act and the County's Emergency Management resolution as well as all related plans, policies and procedures covered by these statutes.
- B. Directions of the work and execution of its various duties, functions and responsibilities are vested exclusively with the Employer except as specifically limited by this Agreement or subsequent amendments through Memorandums of Understanding, which are approved and adopted by the Employer.

ARTICLE 12

DISCHARGE AND DISCIPLINE

- A. If any seniority employee is discharged or subjected to disciplinary action, the steward of the Service Center and the local president will be notified by Management in writing within the next regularly scheduled work day. Any notice of discharge or disciplinary action involving time off shall be given to the employee, his/her steward and his/her supervisor (if such was not instituted by the supervisor), no later than one-half (1/2) hour preceding the end of his/her shift.
- B. If the supervisor instituted or caused such an action to be instituted, he/she shall be present when the notice is given.
- C. The disciplined employee shall be allowed to discuss the discipline with the steward of the Service Center as soon as possible, but in any event within the next regularly scheduled work day. With the exception of a discharged employee, the Employer will make available a conference area.
- D. Should the discharged or disciplined employee or steward consider the discharge or discipline to be improper, a grievance shall be presented in accord with the grievance procedure.
- E. In imposing any discipline on a current charge, the Employer will not take into account any prior infractions which occurred more than twenty-four (24) months previous.
- F. Although disciplinary action or discharge may be imposed for other infractions, just cause for discipline or discharge exists if any employee does not adhere to the Work Rules.
- G. Employees shall not be permitted to use Paid Time Off or sick time for disciplinary time off.

H. Records in Personnel Files:

1. Where disciplinary action has been put in writing, a copy shall become part of the employee's personnel file.
2. Any record of disciplinary action shall remain in the employee's personnel file. If after two (2) years from the date of discipline there have been no further incidents of a similar nature, the employee may request in writing for the Employer to remove the discipline from the personnel file. If the employee has not violated paragraph 3 below, the employer will remove such discipline from the employee's personnel file. When such request has been granted, the discipline shall be kept by the Employer in a separate file and shall be maintained for record keeping purposes only and will not be used in progressive discipline.
3. If, prior to the end of the above two (2) years, the employee is disciplined for a similar incident, the record of the first disciplinary action shall be maintained in the employee's file for an additional two (2) years, or a total of four (4) years. Record(s) of any similar incident(s) which causes subsequent disciplinary action to be imposed shall remain in the employee's personnel file until the previous similar discipline is authorized to be removed pursuant to paragraph 2, above.
4. If a record of discipline is not subject to paragraph 3 above and is older than two (2) years, it will not be relied upon for the purposes of progressive discipline.
5. It is the responsibility of the Employee or the Association to petition the Employer for removal of discipline records. Employees are encouraged to exercise their right to review their personnel files in accordance with the provisions of this collective bargaining agreement and/or human resources policies.

ARTICLE 13

SENIORITY, PROBATIONARY AND NON-SENIORITY EMPLOYEES

- A. New Employees hired in the unit shall be considered probationary employees for the first six (6) months of their employment. There shall be no seniority among probationary, temporary and part-time employees. Probationary, temporary and part-time employees are at-will employees and can be discharged without cause.
- B. The Union shall represent new hire probationary employees for the purposes of collective bargaining in respect to rates of pay, wages, hours and other conditions of employment, except that at any time during the probationary period, the Employer may dismiss the employee and such employee shall not have recourse to the grievance procedure unless the dismissal is for union activities.
- C. During the ninety first (90) calendar day trial and training period, new employees will not work scheduled overtime nor be included on the overtime equalization list. New employees may work overtime to ensure continuity of work for unscheduled overtime situations and may also work when the permanent employee roster has been exhausted. New employees shall not generally work in a higher classification, but may be required to train and learn the operation of equipment during their trial and training period and may also assist when snow removal is necessary. New employees with less than six (6) months but more than four (4) months of continuous employment will be allowed to bid on higher classifications within their service center provided they receive the approval of their immediate supervisor.

- D. Temporary and part-time employees shall not work overtime. It is understood that a situation may arise such as an equipment breakdown, delay of materials or act of God which may prevent a temporary or part-time employee from returning to the Service Center prior to the conclusion of a regularly scheduled shift.
- E. The date of seniority for all employees having identical dates of hire shall be determined by application of the Random Numbers Table located at the back of this Agreement.
- F. The Employer shall provide the Union with a list of new hires upon request. Within 15 working days of the request, the Union shall be provided the list.
- G. The Employer shall provide the Union Seniority for promotion and lay-off shall be on a Road Technician Association bargaining unit basis in accordance with the employee's most recent date of entry into the Road Technician Association as evidenced on the seniority list.

ARTICLE 14

SENIORITY LIST

- A. Seniority shall not be affected by race, sex, marital status, age, religion or dependents of an employee.
- B. The seniority list of the date of this Agreement will show the names, job titles and seniority dates of all employees of Road Technician Association entitled to seniority.
- C. The Employer shall provide the Union President with an up-to-date seniority list every ninety (90) days. Such list shall include employee addresses and designate those employees who are in probationary status.
- D. An employee accepting a job classification in another bargaining unit within the County shall retain their accumulated seniority while a member of Road Technician Association. Such accumulated seniority shall be vested for a period equal to the time the employee is a non-member for Road Technician Association. When such time as a non-member of Road Technician Association exceeds that which is vested in Road Technician Association, all seniority rights in Road Technician Association shall be terminated.
- E. If employees with seniority and holding a job classification in another bargaining unit suffer a job displacement causing their return to Road Technician Association, they shall only exercise their vested seniority rights at any entry level position.
- F. This language shall become effective with this Agreement and shall not be retroactive.

ARTICLE 15

LOSS OF SENIORITY

- A. An employee shall forfeit seniority rights for the following reasons:
 - 1. He/she resigns or terminates his/her employment with the Employer.
 - 2. He/she is dismissed and not subsequently reinstated in accordance with appropriate provisions of the Agreement between the Parties.

3. He/she is absent without leave for a period of three (3) consecutive working days without notifying the Employer. After such absence, the Employer will send written notification to the employee at his/her last known address that he/she has lost his/her seniority and his/her employment has been terminated. If the disposition made of any such case is not satisfactory, the matter may be referred to the grievance procedure. In proper cases exceptions shall be made by the Employer.
4. He/she retires.
5. If the employee, except for participants in the Deferred Retirement Option Program, withdraws his/her contributions from the Macomb County Employees' Retirement System.
6. If he/she does not return to work when recalled from layoff. The recall rights are spelled out in this Agreement between the Parties.
7. Return from Sick Leave and Leaves of Absence will be treated the same as paragraph 15.1(c) above.

ARTICLE 16

SHIFT PREFERENCE

- A. Shift preference will be granted on the basis of seniority within the classification, within the Service Center. In proper cases, exceptions may be made with agreement by both parties.
- B. Transfer to the desired shift will be effective within the two (2) weeks following the end of the current pay period within which the written request was made.
- C. The exercise by employees of their seniority for the purpose of shift transfers shall be limited to two (2) occasions per year unless additional transfers of this type are permitted by agreement of the Employer and Union.

ARTICLE 17

SENIORITY OF OFFICERS AND STEWARDS

- A. Notwithstanding their position on the seniority list, the President, Stewards and Chief Steward of the Local Union shall, in the event of a layoff, be continued at work at all times when one or more Service Centers or fractions thereof are at work, provided they can perform any of the work available.
- B. Notwithstanding their position on the seniority list, stewards shall, in the event of layoff of any type, be continued at work as long as there is a job in their Service Center which they can perform and shall be recalled to work in the event of a layoff to the first open job in their Service Center which they can perform.

ARTICLE 18

SUPPLEMENTAL AGREEMENTS

- A. All supplemental agreements shall be subject to the approval of the Employer and RoadTech Association Legal Counsel. They shall be approved or rejected within a period of fifteen (15) calendar days following the date they are filed by RoadTech or the Employer through the Union.

ARTICLE 19

LAYOFFS

- A. Layoff shall be defined as a reduction in the work force resulting from a decrease of work or lack of funds
- B. If a reduction in the work force becomes necessary the following will be mandatory:
1. All seasonal, part-time and probationary employees shall be terminated.
 2. If a further reduction is necessary, the Employer shall determine and select the classification(s) to be eliminated. Such reduction in the case of seniority employees will be made in inverse order of seniority as defined in Article 13.
 3. The Employer shall prepare a bump list of all employees who might be affected together with a list of the similar or lower classification(s) to which each of those employees may be eligible to bump. A copy of the official Employer bump list shall be provided to the Local Union President or his/her representative simultaneous with its final preparation. In determining the classification(s) qualifications. "Qualified" for purposes of this, is defined as current ability to do the available work without further training.
 4. The Employer shall follow the same procedure described in paragraph 19.2(c) afore referenced for all subsequent bumps. This process shall be continued until the seniority and classification(s) of the employee(s) who remain(s) afford(s) no further bumping rights.
- C. As soon as possible, but in no event later than five (5) working days following notification to the Union that the bump list has been finally prepared, a meeting shall be convened between three (3) Employer represents and three (3) Union representatives to discuss the proposed bumping sequence. If the Union disagrees with the bumping sequence as presented by the Employer, every effort will be made to resolve the dispute through negotiations. If no agreement can be reached, the Union may exercise its grievance rights beginning with Article 8.2(b), Step 2, independent of the bumping process. In any event, disagreement as to the employee(s) to be bumped and ultimately laid off will be resolved by mutual agreement between the Employer and Union or as selected by the Employer over the protest of the Union. Any employee in the bumping sequence who desires to accept a layoff rather than bump, shall be considered to have completed the bump process. The Employer/Union meeting shall be final as to the bumping sequence and no employee will possess any further bumping rights related to his/her layoff other than those preserved through the grievance process as afore referenced.
- D. Employee(s) to be laid off shall receive at least fifteen (15) working days notice of layoff. Simultaneous with the layoff notice, all employees changing job assignment/classification through the bumping process shall be given the effective date of their new job assignment/classification. The time constraints in this Article will be waived in the event of natural disasters to the Service Center(s).

- E. Members of Road Technician Association will be given first opportunity to apply for employment among other Department of Roads bargaining units prior to outside hiring. Further, a laid off employee shall be considered as employed for purposes of bidding on a posted vacancy as set forth in Article 24 of this Agreement.

ARTICLE 20

RECALL PROCEDURE

- A. When the work force is increased or job openings occur during the period employee(s) are on layoff, employee(s) will be recalled according to their seniority and consistent with Paragraph 20.2.
- B. Any laid off seniority employee will be removed from their recall list at the end of a two (2) year period unless he/she notifies the Employer in writing within thirty (30) calendar days following expiration of the two (2) year period that he/she desires to remain on the recall list. Further, the employee shall continue to give the Employer written notice each year of his/her desire to remain on the recall list at least thirty (30) calendar days following each anniversary.
- C. A laid off seniority employee will be responsible to register his/her address with the Employer and any subsequent change of address. Notice of recall shall be sent to the employee by registered or certified mail at the last address filed with the Employer. An employee shall be expected to report for work within fourteen (14) calendar days after delivery of notice of recall, and his/her failure to report or make alternative arrangements with the Employer shall be considered a quit as set forth in Article 15.6, Loss of Seniority, of this Agreement.

ARTICLE 21

TRANSFERS

- A. If an employee is transferred to a position not included in the Road Technician Association bargaining unit and is thereafter returned to a position in the Road Technician Association bargaining unit, his/her seniority shall be computed in accordance with Article 14, Seniority List, except for the purpose of computing fringe benefits, which shall be determined by years of service.
- B. Temporary employee transfers shall be on the basis of seniority and individual skill and ability as it related to the productivity and efficiency of the respective assignment. Transfers shall not exceed one hundred twenty (120) days without mutual consent of the Employer and the bargaining unit. Temporary employee transfers are not intended to avoid employee promotional opportunities.
- C. When a transfer occurs in accordance with Paragraph 21.b., the employee(s) shall have at least five (5) calendar days' notice.

ARTICLE 22

ATTENDANCE

- A. Unauthorized absences shall be subject to disciplinary action as follows:
 - 1. When an employee has exhausted all sick and Paid Time Off, he/she will be considered to have zero time. An absence is considered to be an absence of one-half (1/2) hour or more.
 - 1st zero time absence – verbal warning
 - 2nd zero time absence – written warning

- 3rd zero time absence – 1 day suspension
- 4th zero time absence – 3 day suspension
- 5th zero time absence – subject to discharge

- B. Zero time absences shall be counted during any twenty-four (24) month period, which is defined as a combination of twenty-four (24) consecutive months. Each day of an unauthorized absence will count as one (1) zero time absence. One (1) zero time absence will be deducted for each six (6) month period where an employee has no zero time absence.
- C. The following will not count as zero time absences for the purpose of this Article. Absences because of:
 - 1. On the job injury
 - 2. Long or short term disability
 - 3. Approved leave under the Family and Medical Leave Act
- D. All employees are expected to be at their regularly assigned Service Center at their scheduled starting time. If any employee is tardy, which is defined as not at their regularly assigned Service Center at their scheduled starting time, he/she will be subject to the following progressive disciplinary action if said tardiness occurs within any twelve (12) month period:
 - 2 tardies – verbal warning
 - 3 tardies – written warning
 - 4 tardies – 1 day disciplinary leave
 - 5 tardies – 3 day disciplinary leave
 - 6 tardies – 5 day disciplinary leave
 - 7 tardies – subject to discharge
- E. Being considered tardy begins with the date of the first occurrence. One (1) occurrence will be deducted for each month where an employee has no tardiness.

ARTICLE 23

LEAVE FOR UNION BUSINESS

- A. Members of the Local Union selected by the Regional Council or International Union to do work which takes them from their employment with the Employer shall, at the written requests of the Regional Council or International Union, receive temporary leaves of absence for periods not to exceed three (3) years or one (1) term of office, whichever may be shorter, and upon proper requests of the Regional Council or International Union and approval by the Employer.

ARTICLE 24

VACANCIES, TRAINING AND PROMOTIONS

- A. Employees in this bargaining unit will be given first consideration for job openings represented by the Union.
 - 1. The classification of Custodian, Highway Maintenance Person, Electrician A, Master Mechanic and Master Welder will be posted externally to the public concurrently with the bid period, as described in this article.

- B. Job vacancies will be posted for bid a period of seven (7) calendar days on the bulletin board in each work area and on the on-line recruitment site. Job postings shall reflect the location, position, and if applicable, the type of equipment and the equipment number.
- C. Bid award opportunities shall be given to employees within this union based on seniority.
- D. The employee granted the bid shall be given a sixty (60) calendar day trial and training period. The first thirty (30) calendar days shall be considered training and the remaining thirty (30) calendar days a trial period. Extensions of the trial period shall be by mutual agreement between Union and Employer. If an employee has been previously approved in a classification and has bid on a similar classification, his/her training period may be waived at the discretion of the Service Center supervisor.

Employees who bid and accept a lateral transfer, or a transfer to a lower classification, shall be restricted from bidding subsequent lateral and/or lower classification transfers for a period of twelve (12) months from the effective date of the initial transfer. The twelve (12) month restriction does not apply to promotional opportunities that may arise during the twelve (12) month period.

Employees who are participating in the DROP, will not be permitted to bid on lateral and/or lower classifications without prior authorization from Administration.

1. Successful completion of the training and/or trial period shall be evidenced by the supervisor's attestation on the appropriate form provided by the Employer. A copy shall be given to the employee with the original retained in the employee's personnel file.
2. If the employee is disqualified following the training and trial period he/she will be provided a position in the former classification regardless of service center location or equipment. Written notice shall be given on the appropriate form provided by the Employer together with any additional supporting data. Copies of the written notice and reasons shall be provided to the employee with a copy forwarded to the Union President. If the reasons given are not representative of just cause, meaning fair and honest cause or reason regulated by good faith, the employee may avail himself/herself of the provisions of the grievance procedure. The employee is restricted from bidding to the same classification title for a period of three (3) months from the day that they were reverted back to the former classification.
3. During the trial and training period, the employee shall be allowed to return to his/her former job and classification within ten (10) calendar days from the first day worked in the new position. Employees may waive this option.
4. Employees who are promoted to a higher classification within the bargaining unit shall immediately receive the rate of pay of the new higher classification.

- E. The Employer shall furnish the Road Technician Association President upon request bid awards and bid lists.

ARTICLE 25

UNION BULLETIN BOARD

- A. The Employer will provide bulletin boards in each Service Center which may be used by the Union for posting notices of the following types:
 1. Notices of recreational and social events

2. Notices of elections
 3. Notices of results of elections
 4. Notices of meetings
- B. The bulletin boards shall not be used by the Union for disseminating propaganda and shall not be used for posting or distributing pamphlets of political matters. The Union shall have the exclusive rights to the use of these bulletin boards.
- C. The Employer will provide Service Center 3 with a bulletin board having lockable glass doors similar in size and style to that currently being used to display Service Center 3's overtime equalization chart.

ARTICLE 26

CONTINUOUS WORK FOR REGULAR EMPLOYEES

- A. The Employer shall do all within its authority to provide all regular employees continuous work throughout the year. Subcontracting of work shall continue to be within the sole discretion of the Employer. If the Employer subcontracts, the basis of any subcontracting will be limited to the issue of responsible fiscal management and not intended as a mean to decrease employment or employee benefits among the bargaining unit employees.

ARTICLE 27

TEMPORARY ASSIGNMENT

- A. Employees represented by the ASSOCIATION shall be expected to work in either higher, comparable or lower classifications. Temporary assignments for the purpose of filling higher or lower classifications will be granted on the basis of seniority and qualifications. Under no circumstances will the senior qualified employee be bypassed provided he/she has documented experience and the supervisor is satisfied he/she can perform the job. An Employee assigned to a comparable or lower classification shall suffer no reduction in pay rate. Pay for assignment to a higher classification shall become effective immediately upon assignment to that classification at the current Step Wage Level of the EMPLOYEE (i.e., Step 1 Wage Level EMPLOYEE will be paid at the Step 1 Wage Level in the higher classification) unless doing so would place the employee at a lower pay rate; in which case the employee will be placed at the next highest Step in the higher classification. Classifications in the same paygrades will be paid at the employee's current Wage Level Step. Substantial performance of the duties of the classification without official assignment shall be considered an assignment for purposes of pay. Further, temporary assignment will only be recognized for a minimum assignment of four (4) hours.

ARTICLE 28

OVERTIME WORK REQUIREMENT AND OVERTIME EQUALIZATION

- A. Overtime work is considered a function of all employees. All pay for overtime work shall be in accordance with Articles 29.A, 29.B, 29.C and 29.D. The Employer shall equalize all overtime between employees in the same classification as nearly as possible on a monthly reporting basis. The Employer shall reset all overtime equalization lists on November 1st of each calendar year. An employee called to work overtime and not reporting for overtime work shall be charged the same as though he/she had worked the overtime. If sufficient employees are not available in a given classification, qualified employees may be utilized as set forth in Paragraph 28.J.

- B. Call-outs shall only be made by the supervisor, assistant supervisor and project leader. Calls will be considered completed after the call goes to voicemail and a voice message is left, or if a text message is sent. When a call-out requires a compliment of personnel in excess of a steward, the steward, upon arriving at the Service Center, shall verify the contract accuracy of the remaining employees being called until the call-out has been completed.
- C. New employees, transferred employees, reclassified employees and retiring stewards and alternate stewards will be charged with the average of accumulated overtime within the classification and/or unit they are assigned. Accumulated overtime of stewards and alternate stewards shall not be included in compiling the average. Transferred employees shall not be added to the equalization of overtime roster in the new Service Center until reporting for work at the start of a regular work day. Until the employee reports to the new Service Center he/she shall continue overtime equalization in his/her current Service Center.
- D. An employee shall not work more than sixteen (16) hours in a twenty-four (24) hour period. For purposes of this Article, the twenty-four (24) hour period shall begin at 7:00 a.m. Monday through Friday. On Saturday and Sunday, the twenty-four (24) hour period begins when the employee is first called in. Any employee who has worked sixteen (16) hours in any such twenty-four (24) hour period shall be ineligible for further work until the beginning of a new twenty-four (24) hour period. When Employer deems appropriate and the employee consents, Employer shall have the discretion to extend an employee's sixteen (16) hour work period by no more than two (2) additional hours. Appropriateness shall be governed by efficiency and/or sound judgment as it relates to the attendant circumstances.
- E. The clerk will keep a daily call-out card so that the person in charge of call-outs will know immediately who is eligible for call-out. Also, a report will be kept on the number of trucks or other equipment out of service.
- F. Crews returning to the division one-half (1/2) hour or less prior to quitting time and sent on overtime shall be recognized according to the equalization of overtime chart.
- G. Crews established at the beginning of a shift to do work which has received pre-authorization for overtime, shall be organized according to the equalization of overtime chart.
- H. If a crew has to work beyond normal quitting time, the crew will work beyond normal quitting time. The Employer does not have to break the crew down, but will equalize overtime the next day.
- I. During periods of snow and ice removal, the order of the call-out shall be as follows:
 1. Heavy Truck Driver/Semi-Truck Driver
 2. "A" Equipment Operator
 3. "B" Equipment Operator
 4. Highway Maintenance Person
 5. Custodian
 6. Project Leaders
 7. Mechanics
- J. When a Service Center has exhausted the call-out of one (1) through seven (7) above, it will then exhaust all Road Technician Association employees from the Maintenance Service Centers (Washington, New Haven, Shelby and Clinton). The Employer agrees to furnish a list of names and numbers of Road Technician Association employees and their respective service centers to all the Service Center Maintenance Foremen. The call-outs will then proceed to Division 7 (Sign Shop), Division 6 (Electrical) and Division 5 (Mechanics). A list of names and numbers of qualified Division

6, Division 7 and Division 5 employees will also be furnished to the Maintenance Foremen. If all trained and qualified available personnel represented by all Maintenance Service Centers, the Sign Shop, Electrical and Mechanics have been exhausted, only then may a qualified ADTECH employee, who is qualified and in possession of a valid CDL, be called in for overtime opportunities, and will be subject to random drug and alcohol testing.

- K. The daily equalization of overtime chart shall record employees on Paid Time Off, bereavement or Sick Leave. Employees on Paid Time Off, bereavement or Sick Leave shall not be eligible for call-out until the active call-out list has been exhausted.
- L. Employees on Paid Time Off, bereavement or Sick Leave shall be eligible for pre-scheduled overtime if they were at work the day the overtime is scheduled and the actual scheduled overtime day.

ARTICLE 29

SHIFT DIFFERENTIAL, TIME AND ONE-HALF, CALL-OUT AND DOUBLE TIME

- A. Employees who work on the second or third shift shall receive, in addition to their regular pay for the pay period, five percent (5%) per hour and ten percent (10%) per hour respectively. On-duty electricians shall be paid an additional fifteen (15%) of their hourly rate for the stand-by duty.
- B. Full-time employees shall receive compensation at the rate of 1½ times their regular hourly rate for all hours scheduled and authorized over and above their regular work week. Compensation as used in this Article shall mean either cash payment or compensatory time. The Employer has the right to offer overtime compensation either in the form of cash payment or compensatory time. An employee has the right to refuse overtime if it is offered as compensatory time; however, the Employer may then offer the overtime, in the form of compensatory time, to other employees. There shall be no accrual of compensatory time in excess of 40 hours.

Holidays (except as stated in paragraph 29.D of this Article) and Saturdays will be paid at 1½ times their regular hourly rate. When a shift starts on Friday and continues on Saturday, hours in excess forty (40) per week on such shift will be paid at 1 ½ times their regular hourly rate.

When an employee works on Sunday, that employee will be compensated at two (2) times their hourly rate of a minimum of four (4) hours or the employee shall be compensated for actual hours worked, whichever is greater. This provision does not apply to employees working on night patrol.

A minimum of seven (7) "A" electricians will be assigned to a regular stand-by rotation at all times. Such assignment shall be based upon seniority and desire. If an "A" electrician elects to drop out of stand-by rotation, he/she shall forfeit his/her opportunity to elect stand-by for one (1) year, unless assigned to a stand-by rotation by Employer. The "A" electricians who elect to opt out of the stand-by rotation shall do so by the date of equalization in the electrician's Service Center.

- C. Employees called out after their normal work hours shall receive a minimum of four (4) hours pay at time and one-half their regular rate unless such time conflicts without the start of a regular shift. In that event, the employee will only be paid time and one-half until the start of the regular shift.
- D. Double time will be paid for call-out provisions for any additional hours worked on the following holidays: Christmas Eve Day, Christmas Day, New Year's Eve Day, New Year's Day, Easter Sunday and Thanksgiving Day.

ARTICLE 30

PAID TIME OFF (PTO)

- A. Participants in the Deferred Retirement Option Plan are not subject to Article 30, Paid Time Off, but shall receive Paid Time Off in the manner described in Article 35, Deferred Retirement Option Plan.
- B. The purpose of Paid Time Off (PTO) is to provide employees with flexible paid time off from work that shall be used for such employee needs as vacation, personal business and other activities, without disrupting the operations of the department. Paid Time Off (PTO) shall also be used for employee absences incurred from inclement weather.
- C. Full time employees shall be entitled to accrue Paid Time Off (PTO) according to the following schedule.

The paid leave provisions in this contract apply only to full time employees working 37.5 hours or more. All other employees accrue paid leave time in accordance with Michigan's paid leave act and that leave time will be administered according to the acts provisions (PA 338 of 2018 as amended).

<u>YEARS OF CONSECUTIVE FULL TIME SERVICE COMPLETED:</u>	<u>ANNUAL EQUIVALENT OF:</u>
less than 5	15 days
5	20 days
10	21 days
13	24 days
20	25 days
21	26 days
22	27 days
23	28 days
24	29 days
25	30 days

- D. Paid Time Off days may be accumulated to a maximum of thirty (30) work days.
- E. Paid Time Off shall be available for use upon accrual.

Full-time employees shall be entitled to accumulate Paid Time Off as above for each fully paid two (2) week pay period of service. Paid Time Off shall accumulate only on hours paid.
- F. Paid Time Off requests shall be reviewed by the Department Head/designee, and must have their approval. Such approval shall be at the Department Head/designee's discretion to ensure efficient operations.
- G. Full time employees may request Paid Time Off conversion to cash payment of up to forty (40) hours per conversion, maximum of eighty (80) hours per year. Employees who are eligible for a PTO conversion to cash may choose to transfer PTO hours to their sick leave bank in lieu of a cash payment. At no time may a sick leave bank exceed the maximum accumulation of one hundred eighty (180) work days. At no time may an employee transfer or return converted hours to their PTO banks. Employees requesting Paid Time Off conversion must have a minimum of one hundred twenty (120)

hours of Paid Time Off to be eligible for the conversion. The requested Paid Time Off conversion(s) must be submitted by February with the cash payment to be made on the second pay in March and August with the cash payment to be made on the second pay in September, in regular paychecks with normal deductions.

- H. Upon termination of employment, an employee shall be compensated for their Paid Time Off at the rate of pay said employee received at the time of termination.

ARTICLE 31

LEAVE OF ABSENCE

- A. Full-time employees are eligible and may request a leave of absence in writing for any of the following reasons:

- 1. Personal Leave
- 2. Medical Leave for Employee and/or Family
- 3. Military

- B. Provisions:

- 1. Personal Leave:

- a. An employee may be eligible for a Personal Leave upon completion of 12 months of service from their date of hire.
- b. An employee absent from work for more than 15 consecutive working days shall be required to apply for and submit a request for Personal Leave in writing using forms required by Human Resources and Labor Relations.
- c. All requests for a Personal Leave must be submitted at least thirty (30) days prior to the effective date of the Personal Leave.
- d. While on an approved Personal Leave, an employee must exhaust annual leave/paid time off and compensatory time.
- e. An approved Personal Leave shall not exceed 6 months.
- f. An employee approved for a Personal Leave shall not accrue credited service for retirement during the time which the employee is on said Personal Leave without pay.
- g. While on an unpaid Personal Leave, benefits will be cancelled at the end of the month from the point of unpaid status. Upon return from an unpaid Personal Leave of Absence, insurance benefits will be reinstated in accordance with the waiting periods as outlined in Article 37, Insurance Benefits.
- h. The Department Head/designee and the Director, Human Resources and Labor Relations/designee shall approve or disapprove all requests for Personal Leave.
- i. An employee that fails to report for duty upon expiration of a Personal Leave shall be subject to loss of seniority as outlined in Article 15, Seniority and termination of employment.

- 2. Medical Leave for Employee and/or Family:

- a. An employee may be eligible for a Medical Leave upon completion of 6 months of service from their date of hire.
- b. An eligible employee who is unable to work due to their own medical condition caused by an illness or injury or the medical condition of a family member caused by illness or injury may request a Medical Leave.
- c. A family member shall be defined as parent, current step parent, current spouse, children, current step children, brother, sister, grandparent or grandchild. It shall also include any person who is normally a member of the employee's household.
- d. An employee absent from work for more than 5 consecutive working days shall be required to apply for and submit a request for Medical Leave in writing using forms required by Human Resources and Labor Relations.
- e. All foreseeable requests for a Medical Leave must be submitted in writing to the Department Head or designee at least thirty (30) days prior to the effective date of the Medical Leave.
- f. An eligible employee must complete a request for Medical Leave of Absence and Certification of Health Care Provider form provided by the U.S. Department of Labor.
- g. Medical certification must be received in the Human Resources and Labor Relations Department within 15 days from the employee's last day worked.
- h. While on an approved Medical Leave, an employee must exhaust sick leave and compensatory time.
- i. Medical Leaves are approved for a period of no more than 6 months. Medical Leave requested beyond 6 months, may be approved for an extension, but not to exceed an aggregate total of no more than 12 months.
- j. Medical Leave extension requests must be submitted in writing at least 5 working days prior to the expiration of the current approved Medical Leave.
- k. An employee on an approved unpaid Medical Leave shall not accrue credited service for retirement during the time which the employee is on said Medical Leave without pay.
- l. While on an unpaid Medical Leave, benefits will be cancelled at the end of the month following six (6) months of unpaid status. Upon the return from the unpaid Medical Leave, benefits will be reinstated effective immediately.
- m. The Employer may exercise the right to have the employee examined by a physician selected by the Employer before approving and granting such request for Medical Leave and/or Medical Leave extension at the Employer's expense.
- n. The Department Head/designee and the Director, Human Resources and Labor Relations/designee shall approve or disapprove all requests for Medical Leave.
- o. In order to return from a Medical Leave, the employee must have the ability to perform the essential functions of the job with or without reasonable accommodation. At the Employer's sole discretion, a medical examination may be conducted at the Employer's expense.
- p. Failure to report for duty upon expiration of a Medical Leave shall be subject to loss of

seniority as outlined in Article 15 Seniority and termination of employment.

3. Military:

- a. The Employer complies with the Uniform Services Employment and Reemployment Right Act (USERRA), 38 USC, Chapter 43 Employment and Reemployment Rights of Members of the Uniformed Services. An employee whose absence from employment is necessitated by reason of duty in the uniformed services, shall notify the Elected Official/Department Head or designee of the upcoming military service requirements.
- b. Benefits provided for employees absent under this Article shall be provided consistent with the Uniform Services Employment and Reemployment Right Act (USERRA), 38 USC, Chapter 43 Employment and Reemployment Rights of Members of the Uniformed Services as determined by Human Resources and Labor Relations. Employees absent under USERRA should provide the County with a copy of their military orders.
- c. Any employee on an approved USERRA Military Leave of Absence shall be eligible for the following benefits as a result of their Military Leave of Absence: differential pay, medical, prescription drug, dental and vision benefits, life insurance, Retirement eligibility, or 401 (a) vesting, Sick Leave, Paid Time Off (PTO) and Longevity as determined by Human Resources and Labor Relations.

4. Family And Medical Leave Act: The Employer shall comply with all aspects of the Family and Medical Leave Act (FMLA). Leaves will run concurrent with any FMLA eligible Leave.

ARTICLE 32

PAY FOR REGULAR EMPLOYMENT

- A. Effective January 1, 2016, all employees shall be paid bi-weekly.

ARTICLE 33

EMERGENCY MANAGER

- B. Parties agree that this Collective Bargaining Agreement is applicable to an Emergency Manager as defined in Public Act 4 of 2011. The Union's agreement to this provision was not by negotiation, rather, this provision is required by Public Act 9 and accordingly is a prohibited subject of bargaining.

ARTICLE 34

RETIREMENT SYSTEM

- A. Retirement Benefits: The Employer shall continue the benefits as provided by the presently constituted Macomb County Employees' Retirement Ordinance, and the Employer and the employee shall abide by the terms and conditions thereof, provided, that the provisions thereof may be amended by the Retirement Board as provided by the statutes of the State of Michigan and provided further, that an annual statement of employee's contributions is available upon request.
- B. Full-time employees hired into the County prior to January 1, 2016:

1. Employee Contribution: For any employee hired on or before July 31, 2007, or who is vested as of January 29, 2015, the employee's contribution to the retirement system is three and five tenths percent (3.5%) of the employee's compensation.

For employees hired on or after August 1, 2007 the employee's contribution to the retirement system is two and five tenths percent (2.5%) of the employee's compensation.

2. County Pension Maximum: For any employee hired on or before July 31, 2007, or who is vested as of January 29, 2015, the County pension shall not exceed sixty-five percent (65%) of annual average compensation.

For employees hired on or after August 1, 2007, the County pension shall not exceed sixty-six percent (66%) of an employee's final average compensation.

3. Pension Multiplier: For any employee hired on or before July 31, 2007, or who is vested as of January 29, 2015, the pension multiplier is two and four tenths percent (2.4%) for the first twenty-six (26) years of credited service and one percent (1%) for each year of credited service thereafter.

For employees hired on or after August 1, 2007, the pension multiplier is two and two tenths percent (2.2%) for all years of credited service.

4. Final Average Compensation Formula: For any employee hired on or before July 31, 2007, or who is vested as of January 29, 2015, the formula for computing final average compensation, used for calculating pension benefits for eligible bargaining unit members, shall be based on the average of an employee's one hundred and four (104) highest consecutive pay periods of compensation out of the last two hundred and sixty (260) pay periods.

For employees hired on or after August 1, 2007, the formula for computing final average compensation, used for calculating pension benefits for eligible bargaining unit members, shall be based on the average of an employee's one hundred and thirty (130) highest consecutive pay periods of compensation out of the last two hundred and sixty (260) pay periods.

Retroactive Effect: Notwithstanding the provisions of the Macomb County Employees' Retirement System Ordinance, when an employee's Final Average Compensation is calculated, any retroactive wages provided shall be counted as if the retroactive wages were paid to the employee when the wages were paid, not when they were earned by the employee.

5. Pension Calculation: For any employee hired on or before July 31, 2007, or who is vested as of January 29, 2015, the County pension, which when added to an employee pension, will provide a straight life retirement allowance equal to the number of years, and fraction of a year, of an employee's credited service multiplied by the sum of 2.4% of the employee's final average compensation for the first twenty-six (26) years of credited service and one percent (1%) for each year of credited service thereafter.

For employees hired after August 1, 2007, the County pension, which when added to an employee pension, will provide a straight life retirement allowance equal to the number of years, and fraction of a year, of an employee's credited service multiplied by the sum of 2.2% of the employee's final average compensation for all years of credited service.

Effective January 1, 2020 in no case shall the Straight Life pension benefit for a bargaining unit member under this contract exceed 100% of the employee's base salary at the time of retirement. Such limitation shall be applied to a bargaining unit member's straight life benefit calculation prior to an applicable actuarial adjustment, if any, for the member's selection of an optional

form of benefit or the annuity withdrawal option and shall also apply to the member's DROP benefit.

6. Eligibility:

a. For employees hired on or before July 31, 2007, or who is vested as of January 29, 2015, who meets the following criteria may retire upon the employee's written application filed with the Retirement Board:

1. Attained age 60 years and has 8 or more years of credited service; or
2. Attained the age of 50 with at least 8 years of credited service, if the employee's age, when added to the employee's years of credited service, equal the sum of 70 or more.

b. For employees hired on or after August 1, 2007, any member who meets the following criteria may retire upon the employee's written application filed with the Retirement Board:

1. Attained age 60 years and has 8 or more years of credited service; or
2. Attained the age of 55 with 25 years of credited service.

c. For employees hired into the County on or after June 1, 2013, any member who meets the following criteria may retire upon the employee's written application filed with the Retirement Board:

1. Attained age 60 years and has 15 or more years of credited service; or
2. Attained the age of 55 with 25 years of credited service.

Upon the employee's retirement, the employee shall receive a pension as provided in the Retirement Ordinance.

d. In the event a former member is re-employed by the County as a full-time employee within four (4) years from their last separation date, membership is reinstated.

1. For employees who have multiple terms of employment as a member in Macomb County Employees' Retirement System, the following shall apply:

- a. If an employee was vested during the first term of employment, the pension will be calculated per the terms of the original date of hire.
- b. If an employee was not vested during the first term of employment, the pension will be calculated per the terms of the employee's rehire date.

e. In the event a former member is re-employed by the County as a full-time employee and it has been four (4) or more years since their last separation date, their membership will not be re-instated, and they will enter the 401(a) Defined Contribution plan.

7. Annuity Withdrawal: Members of the Macomb County Employees' Retirement System may elect to take an Annuity Withdrawal, excluding non-duty disability retirement and non-duty death. The utilization of this option shall be governed by any applicable Annuity Withdrawal provisions of the Macomb County Employees' Retirement System Ordinance.

8. Purchase of Military Service Credits: A member who wishes to purchase military service credits as provided in the Macomb County Employees' Retirement Ordinance shall be allowed to purchase said credits through payroll deduction. If a member chooses the payroll deduction option, the cost to purchase military service credit shall be computed as provided in the aforementioned Ordinance.
9. Option D: A retirant shall have the option of selecting survivor's benefits in conjunction with the retirement option described in the Macomb County Employees' Retirement Ordinance commonly known as "Option D – Level Income Option". Said survivor's benefits shall correspond to those benefits known as Option A – 100% Survivor Allowance, Option B – 50% Survivor Allowance and Option C – Allowance for 10 Years Certain and Life Thereafter, as described in the Ordinance.
10. Pop Up Option: A retirant may elect this option in combination with Option A or B of the Ordinance. Under this option, a reduced retirement allowance is payable during the joint lifetime of the retirant and their beneficiary nominated under Option A or B, whichever is elected. Upon the death of the retirant, their beneficiary will receive a retirement allowance for life equal to the percentage specified by Option A or B of the reduced retirement income payable during the joint lifetime of the retirant and their beneficiary. Upon the death of the beneficiary, the retirant will receive a retirement allowance equal to one hundred percent of the amount specified by the Macomb County Employees' Retirement Ordinance for the remaining lifetime of the retirant. The reduced retirement allowance payable during the joint lifetime of the retirant and their beneficiary together with the retirement allowance payable to one upon the death of the other will be actuarially equivalent to the retirement allowance provided by the Macomb County Employees' Retirement Ordinance as a single life annuity. This provision shall be without force or effect unless or until the retirant submits acceptable documentation of the death of their beneficiary to the Secretary of the Retirement Board.
11. Deferred Retirement Allowance Option: In the event a vested bargaining unit member, leaves the employ of the County prior to the date they have satisfied the age and service requirements for retirement provided in the Macomb County Employees' Retirement Ordinance, for any reason except their disability retirement or death, they shall be entitled to retire at the normal retirement age and be subject to the retirement formula in effect at the time they left County employment and as provided for in the Macomb County Employee's Retirement Ordinance, provided that they did not withdraw their accumulated contributions from the employees savings fund. His/her retirement allowance under the plan in effect at the employee's termination of County employment shall begin the first day of the calendar month following the date their application for same is filed with the Board after the employee would have become eligible for retirement under the plan had the employee's employment not been terminated.

A vested former member who withdraws accumulated member contributions and voluntarily forfeits credited service in the System thereby forfeits all rights in and to the portion of the pension attributable to the forfeited credited service.

There shall be no pension to an eligible vested member until an application for retirement is submitted and approved. In the event of an eligible vested member dies prior to applying for their pension, their beneficiary or estate shall not be entitled to a pension. The vested member's beneficiary or estate shall receive the contributions and interest earned as of the date of the vested member's death.

12. Non-Duty Death Before Retirement, Beneficiary Nominated: Any bargaining unit member who is vested may at any time prior to the effective date of their retirement elect Option A provided in the Macomb County Employees' Retirement System Ordinance in the same manner as if they were then retiring from county employment, and nominate a beneficiary whom the retirement commission finds to be dependent upon the said member for at least 50 percent of their support

due to lack of financial means. Prior to the effective date of their retirement a member may revoke their said election of Option A and nomination of beneficiary and they may again elect the said Option A and nominate a beneficiary as provided in this section. Upon the death of a member who has an Option A election in force their beneficiary, if living, shall immediately receive a retirement allowance computed in the same manner in all respects as if the said member had retired the day preceding the date of their death, notwithstanding that they may not have attained age 60 years. If a member has an Option A election in force at the time of their retirement their said election of Option A and nomination of beneficiary shall thereafter continue in force; provided, that prior to the effective date of their retirement, they shall have the right to elect to receive their retirement allowance as a straight life retirement allowance or under Option B provided in the Ordinance. No retirement allowance shall be paid under this section on account of the death of a member if any benefits are paid or will become payable under the Ordinance on account of their death.

13. Non-Duty Death Before Retirement, Non-spousal Beneficiary Nominated: In the event of a non-duty death of a vested member prior to retirement, a non-spousal beneficiary shall receive only contributions and interest.
14. Non-Duty Death Retirement Allowance, Automatic Provisions: Any vested bargaining unit member who continues County employment and (1) dies while in County employment and (2) leaves a spouse, the spouse shall immediately receive a retirement allowance computed in the same manner in all respects as if the member had (1) retired the day preceding the date of the member's death, notwithstanding that the member might not have attained age 60 years, (2) elected Option A in the Macomb County Employees' Retirement Ordinance.
15. DROP Program: The Memorandum of Understanding executed in 2007 regarding the Deferred Retirement Option Plan (DROP) incorporated by reference herein as Article 35 Deferred Retirement Option Plan. Vesting for the purposes of DROP excludes service time under Reciprocal Act 88.

C. Full-time employees hired into the County on or after January 1, 2016:

1. Will be eligible to receive a one-time fixed payment of \$1000 from the Macomb County Employees' Retirement System. This payment will be made to an employee after separation from employment who meets the Employer contribution vesting requirements as outlined in Section C.5 and after the completion of five (5) years of service.
2. Will not be eligible for or participate in the Macomb County Employees' Retirement System for any other benefit, including DROP, other than for the fixed payment as outlined in Section C.1.
3. Will participate in a Defined Contribution Retirement Plan. Employees shall contribute 3% of the employee's base pay and the Employer shall contribute 6% of the employee's base pay. Upon the completion of 5 years of actual service with the Employer, employees shall be eligible to elect to increase their contribution by 1% of the employee's base pay. Per IRS regulations, the additional 1% contribution is a post-tax contribution. If such election is made by the employee, the Employer shall increase its contribution from 6% to 8% of the employee's base pay.
4. Will not be eligible for Employer provided retiree medical, prescription drug, dental or vision coverage and life insurance. The eligible employee, however, shall receive \$100 per pay period, deposited by the County, into the Defined Contribution Retirement Plan, not to exceed \$2600 per year.
5. Employees shall have the following schedule as it relates to vesting for the Employer contributions:

Completion of 1 year of service	20%
Completion of 2 years of service	40%
Completion of 3 years of service	60%
Completion of 4 years of service	80%
Completion of 5 years of service	100%

ARTICLE 35

DEFERRED RETIREMENT OPTION PLAN

Eligible employees may elect to participate in the Deferred Retirement Option Plan (DROP). Eligibility, terms, and conditions of DROP participation are set forth below, including the payment of certain fringe benefits to DROP participants, Longevity, Paid Time Off and Sick Leave.

- A. **Eligibility:** Any current employee who is a member of the Macomb County Employees' Retirement System may voluntarily elect to participate in the DROP with a minimum of a thirty (30) day notice, at any time after attaining the minimum age and service requirements for a normal service retirement. Vesting for the purposes of DROP excludes service time under the Reciprocal Act 88.
- B. **Participation:** The maximum period for DROP payments credited to the account is five (5) years (the "Participation Period"). An employee may elect to DROP at any time of year. There is no minimum time period for participation. Employees may continue to work beyond the five (5) years, but DROP payments will cease at the end of the participation period.
- C. **DROP Payment:** Upon termination of employment, the retiree shall receive the monthly pension previously credited to their DROP account. Failure to terminate employment at the expiration of the DROP Participation Period shall result in suspension of the employee's monthly pension benefit otherwise payable to the DROP account. Interest on the DROP account will continue to accrue during such a forfeiture.
- D. **Election to Participate:** Participation in the DROP is irrevocable once an employee begins participation. An employee who wishes to participate in the DROP shall be eligible to begin at the start of a pay period and must complete and sign such application form. Such application shall be reviewed by the Human Resources and Labor Relations Department within a reasonable time period and a determination shall be made as to the member's eligibility for participation in the DROP. On the date upon which the member's participation in the DROP shall be effective, they shall be considered to be a DROP participant and shall cease to be an active member of the Macomb County Employees Retirement System. The effective date of the DROP shall be on the first day of a Department of Roads payroll period. The amount of credited service, multiplier and final average compensation shall be fixed as of the employee's DROP date. When an employee's Final Average Compensation is calculated, any retroactive wages provided shall be counted as if the retroactive wages were paid to the employee when the wages were paid, not when they were earned by the employee. Increases or decreases in compensation during DROP participation will not be factored into retirement benefits of active or former DROP participants. DROP participants accrue no service time credit for retirement purposes pursuant to the Macomb County Employees Retirement System.
- E. **DROP Account:** The employee's DROP Account shall be the regular monthly retirement benefit to which the employee would have been entitled if they had actually retired on the DROP date. The payment shall be credited monthly to the employee's individual DROP account. At the time an

employee elects to participate in the DROP, their optional form of retirement allowance as set forth in the Macomb County Employee Retirement Ordinance shall be irrevocable. For each employee participating in the DROP, an individual DROP account will be created in which shall be accumulated the DROP payments, as well as interest on said DROP payments. All individual DROP accounts shall be maintained for the benefit of each employee participating in the DROP and will be managed by the Retirement System in the same manner as the primary retirement fund. DROP interest for each employee who participates in the DROP shall be at a fixed rate of 3.5% per annum, calculated in the same manner as the interest in the employee savings accounts in the Macomb County Employees Retirement System.

- F. Annuity Withdrawal: An employee who elects to participate in the DROP may elect the Annuity Withdrawal option provided by the retirement ordinance at the time of electing DROP participation. Such election shall be made commensurate with the employee's DROP election, but not thereafter. Such annuity withdrawal will be utilized to compute the actuarial reduction of the member's DROP benefit, as well as the member's monthly pension from the Macomb County Employees Retirement System, after termination of employment.

The annuity withdrawal amount (accumulated contributions and interest) will be disbursed from the Macomb County Employees Retirement System within sixty (60) days from the first pension check. All withdrawal provisions and options under the Retirement Ordinance, which are available to Retirement System members shall be available to the employee participating in the DROP at such time that they elect to participate in the DROP.

- G. Contributions: The employee's contributions to the Macomb County Employees Retirement System shall cease as of the date that the employee begins participation in the DROP.

- H. Distribution of DROP Account: The employee participating in the DROP must choose one, or a non-inconsistent combination of, the following distribution methods to receive payment(s) from their individual DROP account:

- 1) A lump sum distribution to the employee; AND/OR
- 2) A lump sum direct rollover to another qualified plan to the extent allowed by federal law and in accordance with any procedures established by the Retirement System for such rollovers. Failure to elect one of the above options and receive such distribution within sixty (60) days of termination of employment shall result in a lump sum distribution to the employee.

- I. Death During DROP Participation: If an employee participating in the DROP dies either: (1) before full retirement, that is before termination of employment with the County, or (2) during full retirement (that is, after termination of employment with the County but before the DROP account balance has been fully paid), the employee's designated beneficiary(ies) shall receive the remaining balance in the employee's DROP account in the manner in which they elect from the previously mentioned distribution methods (above). If there is no such beneficiary, the account balance shall be paid in a lump sum to the estate of the employee. Benefits payable from the Macomb County Employees Retirement System shall be determined as though the employee participating in the DROP had separated from service on the day prior to the employee's date of death.

- J. Disability During DROP Participation: In the event an employee participating in the DROP becomes totally and permanently disabled from further service in the employment of Macomb County, the employee's participation in the DROP shall cease, and the employee shall receive such benefits as if the employee had retired and terminated employment during the participation period.

- K. Internal Revenue Code Compliance: The DROP is intended to operate in accordance with Section 415 and other applicable laws and regulations contained within the Internal Revenue Code of the United States. Any provision of the DROP, or portion thereof, that is in conflict with an applicable provision of the Internal Revenue Code of the United States is hereby null and void and of no force and effect.
- L. Other Provisions: The Macomb County Employees Retirement System is a defined benefit plan. Should that plan be modified to include a defined contribution plan, this DROP account established is only part of a defined benefit plan. It is intended that this DROP be a "forward" DROP only and contains no DROP "back" provision, which would allow members to retire retroactively.
- M. Paid Time Off and Sick Leave in Final Average Calculation: The collective bargaining agreement may provide for the crediting of Paid Time Off for inclusion in determining an employee's Final Average Compensation for purposes of computing an employee's pension.

At the effective date of an employee's participation in the DROP, an employee's Paid Time Off and Sick Leave bank shall be "credited" and/or paid as provided for in the collective bargaining agreement or the Macomb County Employees Retirement Ordinance.

After the effective date of an employee's participation in the DROP, the employee's Paid Time Off and Sick Leave shall be determined as set forth below. Other fringe benefits will be provided to DROP participants pursuant to the Collective Bargaining Agreement.

While in the DROP, an employee will continue under active employee's medical, dental and life insurance plans and will be subject to any changes in such plans. Once an employee's participation in the DROP ceases, they will be transferred to retiree status for medical, dental and life insurance purposes.

- 1) DROP participants shall be provided with six (6) days of Sick Leave on January 1st of each year the employee participates in the DROP.
- 2) Employees who begin DROP participation at a time other than January 1st, shall receive a pro-rata share of six (6) Sick Leave days for the balance of the year.
- 3) DROP participants shall receive, on January 1st of each year of DROP participation, a number of hours of Paid Time Off equal to the number of hours the employee accrued in the calendar year immediately preceding the commencement of DROP participation.
- 4) Employees whose DROP participation begins at a time of year other than January 1st shall receive a pro-rata share of Paid Time Off for the balance of the calendar year computed in the same manner as paragraph 3 above.
- 5) Annual sick and Paid Time Off not utilized by an employee by December 31st of a calendar year shall be forfeited.
- 6) There shall be no compensation for sick or Paid Time Off remaining in an employee's leave banks upon separation from employment.
- 7) DROP participants who utilize Paid Time Off in an amount in excess of a proportionate share prior to voluntarily or involuntarily discontinuing employment shall be obligated to compensate the Employer of all Paid Time Off used in excess of such proportionate share. The provision shall not apply to an employee whose involuntary discontinuance of employment is caused by duty related death or disability.

- N. Longevity, Paid Time Off and Sick Leave: After the effective date of an employee's participation in the DROP, the employee's Longevity, Paid Time Off and Sick Leave shall be determined as set forth below:

Longevity

1. Longevity for DROP participants:

- a. At the time an employee elects to participate in the DROP, they shall receive, as part of their payoff, a prorated amount of longevity compensation. Payment for the balance of the DROP years' longevity payment and subsequent longevity payments shall be made in December of each year as described in Section b, below.
- b. For DROP participants, the amount of longevity compensation paid in subsequent years shall be determined by the step level achieved by the employee at the time they elected to DROP. Step levels are listed below.

<u>STEP</u>	<u>CONTINUOUS YEARS OF FULL-TIME SERVICE ON OR BEFORE OCTOBER 31ST OF EACH YEAR</u>		<u>AMOUNT</u>
1	15 through 19		\$600
2	20 through 24		\$800
3	25 and thereafter		\$1,000

- c. Longevity compensation shall be added to the regular payroll check, when due, for eligible DROP participants. It shall be considered a part of the regular compensation and, as such subject to Federal and State withholding tax, social security, regulations and ordinances of the County of Macomb and other applicable statutes.
- d. Payments to eligible DROP participants as of October 31st of any year shall be included in the first regular payroll check of December. The annual period covered in computation of longevity shall be from November 1 of each year through and including October 31st of the following year.
- e. DROP participants who terminate employment shall be entitled to and receive a longevity payment upon a pro-rated basis for that portion of the year employed.

2. Paid Time Off for DROP Participants

- a) The purpose of Paid Time Off (PTO) is to provide employees with flexible paid time off from work that shall be used for such employee needs as vacation, personal business and other activities, without disrupting the operations of the department. Paid Time Off (PTO) shall also be used for employee absences incurred from inclement weather.
- b) Employees who are participants in the Deferred Retirement Option Plan (DROP) shall receive Paid Time Off in the following manner:

DROP participants shall receive, on January 1st of each year of DROP participation, a number of hours of Paid Time Off equal to the number of hours of Paid Time Off earned based upon their years of service at the commencement of DROP participation, according to the following schedule:

<u>YEARS OF CONSECUTIVE FULL-TIME SERVICE COMPLETED:</u>	<u>ANNUAL EQUIVALENT OF:</u>
less than 5	15 days
5	20 days
10	21 days
13	24 days
20	25 days
21	26 days
22	27 days
23	28 days
24	29 days
25	30 days

- c) Paid Time Off requests shall be reviewed by the Department Head/designee, and must have their approval. Such approval shall be at the Department Head/designee's discretion to ensure efficient operations.
- d) DROP participants may request Paid Time Off conversion to cash payment of up to forty (40) hours conversion, maximum of eighty (80) hours per year. Employees requesting Paid Time Off conversion must have a minimum of one hundred twenty (120) hours of Paid Time Off to be eligible for the conversion. The requested Paid Time Off conversion(s) must be submitted by February with the cash payment to be made in the second pay of March and August with the cash payment to be made in the second pay of September in a regular paycheck with normal deductions.
- e) Employees whose DROP participation begins at a time of year other than January 1st, shall receive a pro-rata share of Paid Time Off for the balance of the calendar year computed in the same manner as paragraph b, above.
- f) Paid Time Off not utilized by an employee by December 31st of a calendar year shall be forfeited.
- g) There shall be no compensation for Paid Time Off remaining in the DROP participants Paid Time Off bank upon separation from employment.
- h) DROP participants who utilize Paid Time Off in an amount in excess of a proportionate share prior to voluntarily or involuntarily discontinuing employment shall be obligated to compensate the Employer for all Paid Time Off time used in excess of such proportionate share. This provision shall not apply to a DROP participant whose involuntary discontinuance of employment is caused by duty related death or disability.

3. Sick Leave and DROP participants:

- a) DROP participants shall be entitled to Sick Leave calculated in the following manner:
 - i. DROP participants shall be provided with six (6) days of Sick Leave on January 1st of each year the employee participates in the DROP.
 - ii. Employees who begin DROP participation at a time other than January 1st, shall receive a pro-rata share of six (6) Sick Leave days for the balance of the calendar year.

- iii. After the exhaustion of the six (6) Sick Leave days provided for in paragraph a, above, DROP participants may utilize that Excess Sick Leave, accrued during the period of employment prior to the effective date of DROP participation, for which the employee was not compensated at the time of entry into the DROP.
 - iv. DROP participants who are employed on December 31st of each year and have not exhausted the six (6) sick leave days provided for in paragraph a, above, shall receive a pay out of up to three (3) of the unused sick leave days. Payment will be made the following January.
 - v. There shall be no compensation for any Sick Leave time remaining in the DROP participant's Sick Leave bank upon separation from employment.
- b) An employee may utilize available Sick Leave for absences:
- i. Due to personal illness or physical incapacity caused by factors that the employee has no reasonable immediate control. Personal illness includes a woman's actual physical inability to work as a result of pregnancy, child birth, or related medical condition.
 - ii. Necessitated by exposure to contagious disease or condition in which the health of others would be endangered by attendance on duty.
 - iii. Due to illness of a member of their immediate family who requires their personal care and attention. The term "immediate family" as used in this section shall mean parent, current step parent, current mother-in-law, current father-in-law, current spouse, children, current daughter-in-law, current son-in-law, current step children, brother, sister, grandparent or grandchildren. It shall also include any person who is normally a member of the employee's household.
 - iv. To report to the Veterans' Administration for medical examinations or other purposes relating to eligibility for disability pension or medical treatment.
 - v. DROP participants absent for one of the reasons mentioned above shall inform their immediate Supervisor of such absence as soon as possible and failure to do so within the earliest reasonable time, may be the cause of denial of Sick Leave with pay for the period of absence.
 - vi. When an absence occurs as defined in this Article, and the Department Head or designee suspects abuse, a medical certificate may be required.
 - vii. A DROP participant who is seriously ill for more than five (5) days while on Paid Time Off, may, upon application, have the duration of such illness charged against their Sick Leave bank rather than against Paid Time Off. Notice of such illness must be given immediately. Proof of such illness in the form of a physician's certificate shall be submitted by the employee.

ARTICLE 36

LONGEVITY

- A. Participants in the Deferred Retirement Option Plan are not subject to Article 36, Longevity, but shall receive Longevity in the manner described in Article 35, Deferred Retirement Option Plan.

- B. The Parties recognize employees who have a record of long continued employment and service with the County of Macomb and value the experience gained through such length of service.
- C. The basis of longevity compensation is as follows:
 1. Eligibility of a full-time employee shall commence when such employee shall have completed fifteen (15) years of continuous full-time employment on or before October 31st of any year.
 2. Continuous employment shall not be considered interrupted when absences arise as paid vacations, paid Sick Leave, approved Leave of Absence and paid Worker's Compensation period not to exceed one year.
 3. The following schedule shall be used as a basis for longevity payments, paid to such employees as of October 31st, provided said employees qualify as to length of service, as per Paragraph 35.A.1 of this Article, as follows:

<u>STEP</u>	<u>CONTINUOUS YEARS SERVICE ON OR BEFORE OCTOBER 31ST OF EACH YEAR</u>	<u>AMOUNT</u>
1	15 through 19	\$600
2	20 through 24	\$800
3	25 and thereafter	\$1,000

- D. Longevity compensation shall be added to the regular payroll check, when due, for eligible employees. It shall be considered a part of the regular compensation and, as such subject to Federal and State withholding tax, social security, retirement deductions, regulations and ordinances of the County of Macomb and other applicable statutes.
- E. Payments to employees eligible as of October 31st of any year shall be included in the first regular payroll check of December. The annual period covered in computation of longevity shall be from November 1 of each year through and including October 31st of the following year.
- F. Employees leaving the employ of the County by reason of retirement and receiving benefits under the Macomb County Employees' Retirement Ordinance, or by reason of death from any cause shall be entitled to and receive a longevity payment upon a pro-rated basis for that portion of the year employed.
- G. Employees hired into the County after January 1, 2012 will not be eligible for Longevity.

ARTICLE 37

INSURANCE BENEFITS

- A. Life Insurance:
 1. Full-time Employees (including DROP Participants):

The life insurance benefit provided by the Employer shall be \$50,000.

The Employer will provide a payroll deduction option for employees wishing to purchase additional \$25,000 increments of life insurance to a maximum of \$325,000. Rates and conditions shall be those established by the insurance carrier.

Based on the above language, an employee exercising their ability to purchase the maximum life insurance benefit of \$325,000 would then have a total life insurance benefit of \$375,000.

2. Retirees: The Employer will provide a life insurance benefit, in the amount of two thousand dollars (\$2,000), to employees covered by this Agreement who retire and are eligible for and receive a retirement allowance under the Macomb County Employees' Retirement Ordinance. Employees hired on or after January 1, 2016 will not be eligible for this life insurance benefit.

B. Insurance Benefits:

1. Only full-time employees (including DROP participants) and their eligible dependents will be eligible for Macomb County's Insurance Benefits which includes medical, prescription drug, dental and vision plans, effective their first day of employment with Macomb County.

2. Dependent Eligibility:

Full-time employees (including DROP participants) may elect to cover their current spouse on Macomb County's medical, prescription drug, dental and vision plans.

Full-time employees (including DROP participants) may elect to cover their eligible children up to the age of 26 on Macomb County's medical, prescription drug, dental and vision plans. Supporting documentation must be provided to the Human Resources and Labor Relations Department as necessary.

- C. The Employer shall provide two medical plan options: a Preferred Provider Organization (PPO) and a Health Maintenance Organization (HMO) to all regular eligible full-time employees and their eligible dependents including prescription drug coverage, as outlined in Appendix B, Active Employee Benefits or its substantial equivalence. Full-time employees shall be required to comply with PA 152. Prior to the implementation of any deductions, the Employer will meet and confer on design, plan, or carrier changes to comply with PA 152.

1. Full-time employees who have a current spouse who is also employed full-time by Macomb County will be entitled to only one (1) medical, prescription drug, dental and vision plan for both employee and all eligible dependents. Such employee shall not be eligible for the insurance waiver.
2. Full-time employees who elect not to participate in Macomb County's medical and prescription drug plans and who has coverage elsewhere shall receive a monthly insurance waiver payment of \$167.00. The insurance waiver will be paid in the employee's regular paycheck.
 - a. Full-time employees shall establish proof of their eligibility to receive the insurance waiver.
 - b. Full-time employees participating in the insurance waiver who lose coverage shall be allowed to enroll in Macomb County's medical, prescription drug, dental and vision plans as soon as administratively possible and the insurance waiver payments shall cease as soon as administratively possible.

- D.
1. Retirees: Full-time employees hired before June 15, 2010, the Employer will provide a fully paid medical and prescription drug plan to the employee and the employee's eligible spouse, as defined in D.1.a. after eight (8) years of actual service with the Employer, for the employee who leaves employment because of retirement and is eligible for and receives benefits under the Macomb County Employees' Retirement Ordinance.
 - a. Coverage shall be limited to the spouse of the retiree, at the time of retirement or DROP.
 - b. Coverage for the eligible spouse will terminate upon the death of the retiree unless the retiree elects to exercise a retirement option whereby the eligible spouse receives applicable retirement benefits following the death of the retiree.
 2. Full-time employees hired on or after June 15, 2010, the Employer will provide a fully paid medical and prescription drug plan to the employee only, after fifteen (15) years of actual service with the Employer, for the employee who leaves employment because of retirement and is eligible for and receives benefits under the Macomb County Employees' Retirement Ordinance.
 3. All employees who retire or DROP after June 15, 2010, will have the medical and prescription drug plan as outlined in Appendix B Post November 1, 2013 Retirees, until they are Medicare eligible, subject to the limitations and provisions of D.2. and D.4. of this Article.
 4. Full-time employees hired into the County on or after January 1, 2016 will not be eligible for Employer provided retiree medical, prescription drug, dental or vision coverage and life insurance.
 5. Retired employees and/or their eligible spouse as defined in D.1.a., shall apply and participate in the Medicare Program, if eligible, at their expense as required by the Federal Insurance Contribution Act, a part of the Social Security Program. At that time the Employer's obligation shall be only to provide medical and prescription drug coverage that will coordinate or supplement with Medicare. Failure to participate in the aforementioned Medicare Program shall be cause for termination of Employer paid coverage of applicable hospital-medical benefits, as outlined herein for employees who retire and/or their eligible spouse as defined in D.1.a.
 6. Employees who retire under the provisions of the Macomb County Employees' Retirement Ordinance who subsequently are employed on a full-time basis where the subsequent employer offers a medical and prescription drug plan, shall not be eligible for Employer provided medical and prescription drug benefits during such period of full-time employment.
 7. Employees who retire under the provisions of the Macomb County Employees' Retirement Ordinance and eligible spouse as defined in D.1.a., shall, if eligible apply for and participate in ANY National Health Insurance program offered by the U.S. Government. Failure to participate, if eligible, shall be cause for termination of Employer paid hospital-medical benefits as outlined.
 8. Retirees who are eligible for Macomb County's medical and prescription drug plan and elect not to participate and who has coverage provided elsewhere, shall receive a monthly insurance waiver payment of \$167.00. The insurance waiver will be paid in the retiree's regular retirement check.
 - a. Retirees shall establish proof of their eligibility to receive the insurance waiver.

- b. Retirees participating in the insurance waiver who lose coverage shall be allowed to enroll in Macomb County's medical and prescription drug plans as soon as administratively possible and the insurance waiver payments shall cease as soon as administratively possible.
- E. Dental Plan: The Employer shall provide a dental plan to full-time employees (including DROP Participants) and their eligible dependents as outlined in Appendix B, Active Employees Dental Benefits, or its substantial equivalence.
- F. Vision Plan: The Employer shall provide a vision plan to full-time employees (including DROP Participants) and their eligible dependents as outlined in Appendix B, Active Employees Vision Benefits or its substantial equivalence.
- G. Liability Insurance: The County shall provide for each regular employee (including DROP Participants) Bodily Injury and Property Damage Liability Insurance while acting within the scope of their duties and Personal Injury Insurance including "false arrest" when also arising out of and in the line of duty and in the conduct of duly constituted Employer business. The cost of this insurance will be borne by the Employer.
- H. Long Term Disability: Full-time employees (including DROP Participants) covered by this Agreement will be provided a Long Term Disability program with benefits as currently provided by the present provider, or its substantial equivalence.
- I. The County shall provide, at its discretion, a Voluntary Benefit Program to include, but not limited to, supplemental life insurance, pet insurance, critical care insurance, short term disability and legal services. The Employer will provide a payroll deduction for employees (including DROP participants) wishing to purchase these voluntary benefits.
- J. Part-time employees shall not be eligible for Macomb County's medical, prescription drug, dental and vision plans, life insurance, Voluntary Benefit Program and long term disability during employment and/or upon retirement.

ARTICLE 38

WORKERS' COMPENSATION AND LIABILITY INSURANCE

- A. Employer shall provide Worker's Compensation and Liability Insurance and shall be responsible for premiums thereon. For a period not to exceed one (1) year, and provided the employee remains disabled and eligible for Worker's Compensation benefits, the benefits received by the employee shall be supplemented by payment of an amount which represents the difference between the worker's compensation and the employee's base pay. At no time shall the supplemental pay result in the employee receiving compensation in excess of base pay or an amount which is less than the limits prescribed by law. In the event of a disputed Worker's Compensation claim, the Employer will pay the difference between Worker's Compensation and base pay for the period, not to exceed one (1) year, that the claim is settled or determined to be compensable as a matter of law.
- B. If at the end of any such one (1) year period the employee is still not able to return to work, the employee may elect to use his/her unused Sick Leave to supplement Workers' Compensation payments. If disability exists at the end of any such one (1) year period, employee at his/her option, may seek to become eligible for coverage under the appropriate disability provision of the Retirement Ordinance and/or continue applicable Workers' Compensation Benefits. Employees receiving disability compensation hereunder shall continue to accrue Sick Leave days on the same basis as employees on the active roll.

ARTICLE 39

PAID HOLIDAYS

A. The designated holidays are:

January 1 st (New Year's Day)	Martin Luther King, Jr. Day
Presidents Day	Good Friday
Memorial Day	June 19 th (Juneteenth)
Independence Day	Labor Day
Columbus Day	November 11 th (Veterans' Day)
Thanksgiving Day	The day AFTER Thanksgiving
December 24 th (Christmas Eve)	December 25 th (Christmas Day)
December 31 st (New Year's Eve)	

B. When one (1) of the above-listed paid holidays falls on a Saturday, the preceding Friday shall be considered the holiday. When the paid holiday falls on a Sunday, the following Monday shall be considered the holiday.

C. An employee will not receive holiday pay for a designated holiday if absent without leave on the scheduled work day preceding or following the holiday.

ARTICLE 40

SICK LEAVE

A. Participants in the Deferred Retirement Option Plan are not subject to Article 40, Sick Leave, but shall receive Sick Leave in the manner described in Article 35, Deferred Retirement Option Plan.

B. Regular full time employees shall be entitled to accrue a Sick Leave bank at the rate of up to 12 days per year. Sick Leave shall accumulate only on hours paid.

The paid leave provisions in this contract apply only to full time employees working 37.5 hours or more. All other employees accrue paid leave time in accordance with Michigan's paid leave act and that leave time will be administered according to the acts provisions (PA 338 of 2018 as amended).

C. For Sick Leave usage only, the unused Sick Leave accumulation maximum that an employee can earn will be one hundred eighty (180) work days.

For accumulated Sick Leave payoff purposes the maximum Sick Leave accumulation will retain its cap of one hundred twenty-five (125) work days.

D. An employee may utilize available Sick Leave for absences:

1. Due to personal illness or physical incapacity caused by factors that the employee has no reasonable immediate control. Personal illness includes a woman's actual physical inability to work as a result of pregnancy, child birth, or related medical condition.

2. Necessitated by exposure to contagious disease or condition in which the health of others would be endangered by attendance on duty.
 3. Due to illness of a member of their immediate family who requires their personal care and attention. The term "immediate family" as used in this section shall mean parent, current step parent, current mother-in-law, current father-in-law, current spouse, children, current daughter-in-law, current son-in-law, current step children, brother, sister, grandparent, or grandchildren. It shall also include any person who is normally a member of the employee's household.
 4. To report to the Veterans' Administration for medical examinations or other purposes relating to eligibility for disability pension or medical treatment.
- E. Any employee absent for one of the reasons mentioned above shall inform their immediate Supervisor of such absence as soon as possible and failure to do so within the earliest reasonable time, may be the cause of denial of Sick Leave with pay for the period of absence.
- F. When an absence occurs as defined in this Article, and the Department Head or designee suspects abuse, a medical certificate may be required.
- G. An employee who is seriously ill for more than five (5) days while on Paid Time Off, may, upon application, have the duration of such illness charged against their Sick Leave bank rather than against Paid Time Off. Notice of such illness must be given immediately. Proof of such illness in the form of a physician's certificate shall be submitted by the employee.
- H. Sick Leave shall be available for use upon accrual.
- I. Accumulated Sick Leave Payoff (does not apply to employees hired after 1-1-16)
1. The maximum Accumulated Sick Leave available to be paid off is one hundred twenty-five (125) work days. Any accumulated sick leave above the one hundred twenty-five (125) work days will be considered excess sick leave.
 2. Retirement: A regular employee, as defined, who leaves employment because of retirement and is eligible for and receives a pension under Macomb County Employees' Retirement Ordinance, shall be paid for fifty percent (50%) of their accumulated and unused Sick Leave at employee's then current rate of pay.
 3. In case of death of a regular employee, as defined, payment of their accumulated and unused Sick Leave, at deceased employee's then current rate of pay, shall be made to the deceased employee's estate/trust.
 4. Excess sick leave, up to a maximum of 440 hours, will be paid at the time of separation from the County by either those eligible to receive benefits under Macomb County Employees' Retirement Ordinance or by those who have participated in the DROP. The cash payment will be made in the payoff check with normal deductions. This payment will not be included in the Final Average Calculation (FAC).
- J. Sick Leave payoff for employees in the Defined Contribution (401(a) Plan):

Upon separation of employment, an employee shall be compensated for a portion of their unused sick leave up to one hundred twenty-five (125) work days. The rate of pay will be based on the employee's hourly rate at the time of separation. The payoff will be based on a percentage in accordance with the following schedule:

Continuous years of Full Time Service	Percentage Payoff Amount
After 5 years	25% of a maximum of 125 work days
After 10 years	50% of a maximum of 125 work days

The cash payment will be made in the final payoff check with all normal payroll deductions.

ARTICLE 41

BEREAVEMENT LEAVE

- A. Upon presentation of proof as required by the Employer, such as, but not limited to, newspaper death or obituary notices, the following Bereavement Leave Policy shall apply:
- a. The Employee may elect to take up to three (3) days off with pay due to a death in the Employee's family as follows: parent, current step parent, current mother-in-law, current father-in-law, current spouse, children, current daughter-in-law, current son-in-law, current step children, brother, sister, grandparent, or grandchildren. It shall also include any person who is normally a member of the employee's household.
 - b. The Employee may elect to take up to three (3) bereavement leave days chargeable to Sick Leave or Paid Time Off due to a death in the Employee's family as follows: sister-in-law, brother-in-law, nieces or nephews.

ARTICLE 42

JURY DUTY

- A. In the event a full-time employee is called for jury duty, the employee shall promptly provide a copy of the official notice to his/her immediate supervisor. The employee's schedule may be adjusted by the Employer, provided, however, no employee shall be required to work any number of hours, when added to the number of hours the person spends on jury duty, that exceeds the number of hours normally and customarily worked by the person during a work day. An employee working second shift, whose schedule has not been adjusted, shall be released from the shift scheduled for the same date as the scheduled jury duty. An employee working third shift, whose schedule has not been adjusted, shall normally be released from the shift scheduled on the date prior to the scheduled jury duty, except, with approval of the Department, an employee may be released from the scheduled shift on the date after the scheduled jury duty.
- a. Should any employee be released from jury duty prior to the end of that shift, the employee shall, when practicable, return to the department and work until the conclusion of that day's shift.
 - b. The employee shall be paid his/her normal daily wage for each day worked and/or assigned to jury duty. The employee shall pay to the Employer an amount equal to any payment received as a result of jury duty service. Expenses provided to employees as a result of jury duty service, such as mileage, parking or meal expenses, may be retained by the employee.

ARTICLE 43

SEMINARS AND EDUCATIONAL TRAINING PROGRAMS

- A. The employees recognize that seminars and training programs may be required to promote efficiency and job skills in their respective classifications and that they may be required to attend such programs. All such training will be subject to review and approval of the Board prior to attendance. The employee shall be reimbursed any personal costs for travel and expenses while attending authorized seminars and/or training programs in accordance with the MCDR Policy Manual.

ARTICLE 44

LICENSE/CERTIFICATION RENEWALS

- A. Upon Management approval and in accordance with job requirements, expenses associated with CDL, Mechanic and Electrician license renewals shall be reimbursed to active employees.

ARTICLE 45

LEGAL SERVICE

- A. Employer agrees to provide legal services and hold employees harmless from any monetary recovery assessed against them as parties to litigation arising from actions or activities involving professional services to County projects or assignments.

ARTICLE 46

REPLACEMENT OF PERSONAL BELONGINGS

- A. When an employee suffers accidental damage to personal belongings through no fault of the employee, consideration shall be given to replacement in kind. Replacement shall be based upon an investigation, a written review and a recommendation by the immediate supervisor to the Employer. The Employer will have final say on consideration of replacement after reviewing the immediate supervisor's recommendation.
- B. Mechanic's Uniforms and Tools. Two (2) additional uniform changed per week will be provided to each mechanic. During the term of this contract, the Employer will purchase and furnish one (1) winter jacket and one (1) spring jacket each year of the Collective Bargaining Agreement.
- C. Mechanics shall be required to furnish all standard and/or universal tools required for the job. Specialized tools designed for and necessary to the repair or maintenance job, will be provided by the Employer and made available for checkout.

ARTICLE 47

EQUIPMENT ASSIGNMENT

- A. It is understood by the parties that equipment assigned through the bidding process shall be the employee's primary equipment assignment and that said employee shall be accountable and responsible for the CDL walk-around inspection and assisting mechanics in routine maintenance of such equipment. Operator will be responsible for changing mud flaps, mirrors, bulbs, and other minor maintenance and assist mechanics in changing tires.

- B. Said equipment will be reassigned to other employees in the absence of the assigned employee. Further, this understanding shall in no way impair Employer's right to assign work, direct its work force through equipment transfers or eliminate equipment.
- C. Upon assignment of equipment, a review and inspection shall be conducted by the employee with the supervisor and an Equipment Assignment Acceptance Sheet completed and signed.
- D. The large tractors with side and rear flail mower attachments will be considered to be within the B Operator classification status for pay purposes. They shall not be bid or considered as assigned equipment.
- E. An Equipment Assignment Acceptance Sheet (next page) must be completed and is available from the immediate supervisor.

ARTICLE 48

HEIGHT PAY

Electricians who perform work at a height over 60 feet for a minimum of four (4) consecutive hours and who provide proof that the crane and/or bucket company provided services for a minimum of four (4) hours, will receive 15% of their normal hourly rate as hourly Height pay. Height compensation shall be added to regular payroll, when due, for eligible employees. It will be considered a part of regular compensation and subject to all normal taxes and deductions.

ARTICLE 49

CLOTHING ALLOWANCE

- A. Employees will be provided a credited amount of \$300.00 on even numbered years towards work-related clothing with a vendor as determined by the Employer.
- B. Any purchase in excess of the \$300.00 will be the paid by the employee.
- C. Eligible employees who qualify for clothing allowance must have past his/her probationary period.

ARTICLE 50

SAFETY COMMITTEE

- A. Safety Committee Guidelines are as follows:
- B. Purpose: Employer shall establish a Safety Committee. It shall be the function of the Safety Committee to review matters pertaining to the safety of the Employees and make recommendations to the Employer concerning such matters. When agreement is reached by the Safety Committee on a matter of safety, recommendations shall be put in writing and directed to the appropriate supervisor and/or department head. This individual will notify the Safety Committee upon completion of their recommendations.

- C. Participants: The Assistant Superintendent or his designee shall be the Chairperson of the Safety Committee. Union has the right to appoint two (2) persons to the Safety Committee as well as an alternative for each of those persons if the case they cannot attend a meeting. Employer shall have the right to appoint the persons it feels necessary to serve on the Safety Committee.
- D. Meetings: The Safety Committee shall meet during regular daytime working hours at the request of the Union or Employer, not to exceed one (1) meeting per month unless mutually agreed upon.

ARTICLE 51

VEHICLE OPERATOR STANDARDS

The following does not limit the Employer's ability to discipline an employee per the Discipline Article.

- A. The vehicle operator standards as presently determined by the Employer are as follows:
- B. Two (2) at-fault accidents within a twelve (12) month period result in a six (6) month suspension of driving privileges and the Employee must attend a defensive driving class. At-fault is determined by a review of the Law Enforcement Accident Report.
- C. Court conviction of three (3) moving violations within a three (3) year period results in the employee being placed "out of fleet". Out of fleet means suspension of driving privileges until one of the violations within the three (3) year period is removed from the driving record by the Secretary of State.
- D. CDL guidelines may impose further restrictions on driving privileges.

ARTICLE 52

RATES FOR NEW JOBS

- A. When a new job is created and cannot be properly placed in an existing classification, the Employer will establish a classification and rate structure to apply. Upon the establishment of any such classification and rate structure, the Employer shall notify the Union and shall grant a Special Conference, if requested. In the event the Union does not agree that the description and rate is proper, the Union shall then have the right to submit the matter into the Grievance Procedure at Step II.

ARTICLE 53

SUCCESSOR CLAUSE

- A. This Agreement shall be binding upon the Employer's successor, assignees or transferees, whether the succession, assignment or transfer be effected voluntarily or by the operation of law; and in the event of the Employer's merger or consolidation with another employer, this Agreement shall be binding upon the merged or consolidated employer.

ARTICLE 54

EFFECTIVE DATE

- A. This Agreement shall become effective as of January 1, 2023.

ARTICLE 55

CHANGE OF NAME/ADDRESS

It is the Employee's responsibility to notify the County of any change of name/address.

Upon request, the County will furnish the Names and Addresses of all Employees covered by this Agreement to the Local Union. The Local Union shall appoint one Local Officer authorized to make the request. Requests are limited to one request per calendar quarter.

ARTICLE 56

TERMINATION AND MODIFICATION

- A. This Agreement shall continue in full force and effect until 11:59 p.m., December 31, 2025.
- B. If either party desires to terminate this Agreement, it shall give written notice to the other party no later than one hundred twenty (120) days prior to the expiration date. If neither party gives notice of termination of this Agreement, as provided, or if each party giving notice of termination withdraws the notice prior to the expiration date, this Agreement shall continue in effect from year-to-year thereafter, subject to written notice of termination by either party prior to the current year expiration date.
- C. If either party desires to modify or change this Agreement, it shall give written notice of amendment to the other party no later than one hundred twenty (120) days prior to the expiration date or any subsequent expiration date. Such notice of amendment shall set forth the nature of the amendment or amendments desired. If notice of amendment of this Agreement has been given in accordance with this paragraph, this Agreement may be terminated by either party upon ten (10) days written notice of termination. Any amendments that may be agreed upon shall become a part of this Agreement without modifying or changing any of the terms of this Agreement.
- D. Negotiations shall commence within one hundred twenty (120) days prior to the expiration of this contract.
- E. Notice of termination or modification shall be in writing and shall be sufficient if sent by certified mail, addressed to the Union at:

10 South Main Street, Suite 405
Mount Clemens, MI 48043

And the Employer at:

Human Resources and Labor Relations
1 S. Main Street, 6th Floor
Mt. Clemens, MI 48043

Or to any such address the Union and the Employer may make available to each other.

IN WITNESS WHEREOF, the County of Macomb and its Office of the County Executive, by its Director, Human Resources and Labor Relations, and representatives of the Road Technicians Association, on behalf of its represented employees, hereby cause this Agreement to be executed.

FOR THE UNION:



Ronald Kurkowski, President



James Andary, Legal Counsel for RoadTech



Doug Shafer, Recording Secretary



Adam Haffey, Vice President



Michael Schade, Treasurer



Joseph Prevost, Steward

FOR THE EMPLOYER:



Karlyn Semlow Director
Human Resources and Labor Relations

Dated: March 31, 23

TABLE OF PSEUDO-RANDOM NUMBERS

In the event that two (2) or more people begin employment in a bargaining unit on the same day, the following method shall be used to determine their respective placement on the seniority list.

Using the last two (2) digits of the employee's social security number, the Employer shall, beginning at the top of the (far) left hand column in the random number table, proceed down the first column to locate the respective employee's last two (2) digits of their social security number. The order in which they appear in the table shall determine the order of their seniority. If more than one column is required the search shall proceed at the top of the next column immediately to the right and continue in that fashion until all numbers are located.

In the event the last two (2) numbers of the social security number of the Employees involved in this process are the same, the first two (2) numbers of the last four (4) shall be used to determine the respective placement for those employees only.

TABLE OF PSEUDO-RANDOM NUMBERS

97	46	51	56	37	85	86	33	64	09
20	99	79	08	09	68	00	38	13	26
58	11	40	66	84	55	58	09	12	92
19	19	74	99	56	57	36	30	26	19
33	37	66	12	03	83	32	47	82	39
54	53	48	45	86	35	69	56	73	97
61	33	90	73	53	12	93	13	53	55
06	17	12	11	33	12	77	29	43	90
45	23	73	04	39	25	14	70	26	98
40	41	80	39	72	38	24	60	50	87
54	49	81	35	11	35	49	76	26	83
56	84	70	49	21	96	57	53	30	30
19	68	84	73	60	96	37	83	02	84
19	00	05	35	54	08	06	12	46	19
37	52	58	00	24	97	02	42	29	25
17	57	89	67	26	06	55	79	96	77
49	49	19	98	24	68	53	32	39	95
36	58	57	33	07	62	30	22	47	09
80	37	50	16	11	36	45	31	09	87
84	15	86	27	60	33	79	98	76	16
56	97	98	83	59	93	41	18	65	98
11	65	65	37	98	52	61	41	54	50
63	75	07	76	52	40	93	74	87	08
33	61	89	25	78	86	17	80	72	19
46	32	21	44	18	13	36	78	81	51
31	73	56	29	99	40	77	41	49	86
19	45	92	13	31	83	89	02	76	20
48	85	69	65	08	54	50	47	27	69
57	06	73	88	07	60	56	18	27	62
92	98	34	22	91	04	34	14	69	45
00	25	23	45	07	86	22	90	10	80
34	29	60	68	83	03	00	57	67	45
51	27	04	40	35	44	60	81	25	34
11	12	62	45	60	97	20	85	34	56
79	52	83	03	40	47	23	48	02	38
23	94	59	71	41	73	37	05	06	22
16	58	28	41	15	49	52	45	87	65
33	42	72	41	93	49	83	17	46	41
56	18	16	36	96	38	69	22	53	41
69	35	29	25	24	82	73	20	39	70
61	19	24	46	63	38	82	24	99	50
24	71	58	71	85	64	06	07	94	19
53	69	33	08	43	09	80	93	46	31
51	64	95	01	75	23	64	68	44	56
22	86	31	30	03	48	41	68	40	80
73	41	77	12	33	23	16	89	48	05
18	09	08	00	55	85	21	81	49	48
72	48	47	81	44	65	11	51	86	44
57	90	58	79	57	91	65	63	67	42

APPENDIX A
PAY GRADES AND ASSIGNED CLASSIFICATIONS

ROADTECH	
Classification	PTA Grade
Mechanic Leader	H
Master Welder	H
Master Mechanic	H
Electrician A	H
Project Leader	G
Semi Truck Driver	F
Master Sign Artisan	F
Heavy Truck Driver	F
Equipment Operator A	F
Electrician B	F
Traffic Sign Artisan	E
Mechanic Helper	E
Equipment Operator B	E
Electrical Aide	E
Highway Maintenance Person	D
Custodian	A

2023 PAY GRADES										
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
A	\$30,080.46	\$30,952.79	\$31,850.42	\$32,774.09	\$33,724.53	\$34,702.55	\$35,708.92	\$36,744.48	\$37,810.07	\$38,906.56
	\$14.46	\$14.88	\$15.31	\$15.76	\$16.21	\$16.68	\$17.17	\$17.67	\$18.18	\$18.71
B	\$33,088.51	\$34,048.07	\$35,035.47	\$36,051.49	\$37,096.99	\$38,172.80	\$39,279.81	\$40,418.93	\$41,591.08	\$42,797.22
	\$15.91	\$16.37	\$16.84	\$17.33	\$17.84	\$18.35	\$18.88	\$19.43	\$20.00	\$20.58
C	\$36,397.36	\$37,452.88	\$38,539.01	\$39,656.64	\$40,806.69	\$41,990.08	\$43,207.79	\$44,460.82	\$45,750.18	\$47,076.94
	\$17.50	\$18.01	\$18.53	\$19.07	\$19.62	\$20.19	\$20.77	\$21.38	\$22.00	\$22.63
D	\$40,037.09	\$41,198.17	\$42,392.91	\$43,622.31	\$44,887.36	\$46,189.09	\$47,528.57	\$48,906.90	\$50,325.20	\$51,784.63
	\$19.25	\$19.81	\$20.38	\$20.97	\$21.58	\$22.21	\$22.85	\$23.51	\$24.19	\$24.90
E	\$44,040.80	\$45,317.98	\$46,632.21	\$47,984.54	\$49,376.09	\$50,808.00	\$52,281.43	\$53,797.59	\$55,357.72	\$56,963.10
	\$21.17	\$21.79	\$22.42	\$23.07	\$23.74	\$24.43	\$25.14	\$25.86	\$26.61	\$27.39
F	\$48,444.88	\$49,849.78	\$51,295.43	\$52,782.99	\$54,313.70	\$55,888.80	\$57,509.57	\$59,177.35	\$60,893.49	\$62,659.40
	\$23.29	\$23.97	\$24.66	\$25.38	\$26.11	\$26.87	\$27.65	\$28.45	\$29.28	\$30.12
G	\$53,289.37	\$54,834.76	\$56,424.97	\$58,061.29	\$59,745.07	\$61,477.68	\$63,260.53	\$65,095.09	\$66,982.84	\$68,925.35
	\$25.62	\$26.36	\$27.13	\$27.91	\$28.72	\$29.56	\$30.41	\$31.30	\$32.20	\$33.14
H	\$58,618.31	\$60,318.24	\$62,067.47	\$63,867.42	\$65,719.58	\$67,625.44	\$69,586.58	\$71,604.59	\$73,681.13	\$75,817.88
	\$28.18	\$29.00	\$29.84	\$30.71	\$31.60	\$32.51	\$33.46	\$34.43	\$35.42	\$36.45
I	\$64,480.14	\$66,350.06	\$68,274.21	\$70,254.16	\$72,291.53	\$74,387.99	\$76,545.24	\$78,765.05	\$81,049.24	\$83,399.67
	\$31.00	\$31.90	\$32.82	\$33.78	\$34.76	\$35.76	\$36.80	\$37.87	\$38.97	\$40.10
J	\$70,928.15	\$72,985.07	\$75,101.63	\$77,279.58	\$79,520.69	\$81,826.79	\$84,199.77	\$86,641.56	\$89,154.16	\$91,739.63
	\$34.10	\$35.09	\$36.11	\$37.15	\$38.23	\$39.34	\$40.48	\$41.65	\$42.86	\$44.11
K	\$78,020.96	\$80,283.57	\$82,611.80	\$85,007.54	\$87,472.76	\$90,009.47	\$92,619.74	\$95,305.71	\$98,069.58	\$100,913.60
	\$37.51	\$38.60	\$39.72	\$40.87	\$42.05	\$43.27	\$44.53	\$45.82	\$47.15	\$48.52
L	\$85,823.06	\$88,311.93	\$90,872.98	\$93,508.29	\$96,220.03	\$99,010.41	\$101,881.72	\$104,836.29	\$107,876.54	\$111,004.96
	\$41.26	\$42.46	\$43.69	\$44.96	\$46.26	\$47.60	\$48.98	\$50.40	\$51.86	\$53.37
M	\$94,405.37	\$97,143.12	\$99,960.27	\$102,859.12	\$105,842.04	\$108,911.46	\$112,069.89	\$115,319.91	\$118,664.19	\$122,105.45
	\$45.39	\$46.70	\$48.06	\$49.45	\$50.89	\$52.36	\$53.88	\$55.44	\$57.05	\$58.70
N	\$103,845.90	\$106,857.44	\$109,956.30	\$113,145.03	\$116,426.24	\$119,802.60	\$123,276.88	\$126,851.91	\$130,530.61	\$134,316.00
	\$49.93	\$51.37	\$52.86	\$54.40	\$55.97	\$57.60	\$59.27	\$60.99	\$62.76	\$64.57
O	\$114,230.49	\$117,543.18	\$120,951.93	\$124,459.54	\$128,068.86	\$131,782.86	\$135,604.56	\$139,537.10	\$143,583.67	\$147,747.60
	\$54.92	\$56.51	\$58.15	\$59.84	\$61.57	\$63.36	\$65.19	\$67.09	\$69.03	\$71.03

2024 PAY GRADES (6% increase from 2023)										
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
A	\$31,885.29	\$32,809.96	\$33,761.45	\$34,740.54	\$35,748.00	\$36,784.70	\$37,851.46	\$38,949.15	\$40,078.67	\$41,240.95
	\$15.329	\$15.774	\$16.231	\$16.702	\$17.187	\$17.685	\$18.198	\$18.726	\$19.269	\$19.827
B	\$35,073.82	\$36,090.95	\$37,137.60	\$38,214.58	\$39,322.81	\$40,463.17	\$41,636.60	\$42,844.07	\$44,086.54	\$45,365.05
	\$16.862	\$17.351	\$17.855	\$18.372	\$18.905	\$19.453	\$20.018	\$20.598	\$21.195	\$21.810
C	\$38,581.20	\$39,700.05	\$40,851.35	\$42,036.04	\$43,255.09	\$44,509.48	\$45,800.26	\$47,128.47	\$48,495.19	\$49,901.56
	\$18.549	\$19.087	\$19.640	\$20.210	\$20.796	\$21.399	\$22.019	\$22.658	\$23.315	\$23.991
D	\$42,439.32	\$43,670.06	\$44,936.48	\$46,239.65	\$47,580.60	\$48,960.44	\$50,380.28	\$51,841.31	\$53,344.71	\$54,891.71
	\$20.404	\$20.995	\$21.604	\$22.231	\$22.875	\$23.539	\$24.221	\$24.924	\$25.646	\$26.390
E	\$46,683.25	\$48,037.06	\$49,430.14	\$50,863.61	\$52,338.66	\$53,856.48	\$55,418.32	\$57,025.45	\$58,679.18	\$60,380.89
	\$22.444	\$23.095	\$23.764	\$24.454	\$25.163	\$25.893	\$26.643	\$27.416	\$28.211	\$29.029
F	\$51,351.57	\$52,840.77	\$54,373.16	\$55,949.97	\$57,572.52	\$59,242.13	\$60,960.14	\$62,727.99	\$64,547.10	\$66,418.96
	\$24.688	\$25.404	\$26.141	\$26.899	\$27.679	\$28.482	\$29.308	\$30.158	\$31.032	\$31.932
G	\$56,486.73	\$58,124.85	\$59,810.47	\$61,544.97	\$63,329.77	\$65,166.34	\$67,056.16	\$69,000.80	\$71,001.81	\$73,060.87
	\$27.157	\$27.945	\$28.755	\$29.589	\$30.447	\$31.330	\$32.239	\$33.173	\$34.135	\$35.125
H	\$62,135.41	\$63,937.33	\$65,791.52	\$67,699.47	\$69,662.75	\$71,682.97	\$73,761.77	\$75,900.87	\$78,102.00	\$80,366.95
	\$29.873	\$30.739	\$31.631	\$32.548	\$33.492	\$34.463	\$35.462	\$36.491	\$37.549	\$38.638
I	\$68,348.95	\$70,331.06	\$72,370.66	\$74,469.41	\$76,629.02	\$78,851.27	\$81,137.95	\$83,490.95	\$85,912.19	\$88,403.65
	\$32.860	\$33.813	\$34.794	\$35.803	\$36.841	\$37.909	\$39.009	\$40.140	\$41.304	\$42.502
J	\$75,183.84	\$77,364.17	\$79,607.73	\$81,916.35	\$84,291.93	\$86,736.40	\$89,251.76	\$91,840.05	\$94,503.41	\$97,244.01
	\$36.146	\$37.194	\$38.273	\$39.383	\$40.525	\$41.700	\$42.909	\$44.154	\$45.434	\$46.752
K	\$82,702.22	\$85,100.58	\$87,568.51	\$90,107.99	\$92,721.13	\$95,410.04	\$98,176.92	\$101,024.05	\$103,953.75	\$106,968.42
	\$39.761	\$40.914	\$42.100	\$43.321	\$44.577	\$45.870	\$47.200	\$48.569	\$49.978	\$51.427
L	\$90,972.44	\$93,610.65	\$96,325.36	\$99,118.79	\$101,993.23	\$104,951.03	\$107,994.62	\$111,126.47	\$114,349.13	\$117,665.26
	\$43.737	\$45.005	\$46.310	\$47.653	\$49.035	\$50.457	\$51.920	\$53.426	\$54.976	\$56.570
M	\$100,069.69	\$102,971.71	\$105,957.89	\$109,030.67	\$112,192.56	\$115,446.15	\$118,794.08	\$122,239.10	\$125,784.04	\$129,431.78
	\$48.110	\$49.506	\$50.941	\$52.419	\$53.939	\$55.503	\$57.113	\$58.769	\$60.473	\$62.227
N	\$110,076.65	\$113,268.89	\$116,553.68	\$119,933.73	\$123,411.81	\$126,990.76	\$130,673.49	\$134,463.02	\$138,362.45	\$142,374.96
	\$52.921	\$54.456	\$56.035	\$57.660	\$59.333	\$61.053	\$62.824	\$64.646	\$66.520	\$68.450
O	\$121,084.32	\$124,595.77	\$128,209.05	\$131,927.11	\$135,752.99	\$139,689.83	\$143,740.83	\$147,909.33	\$152,198.69	\$156,612.46
	\$58.214	\$59.902	\$61.639	\$63.426	\$65.266	\$67.159	\$69.106	\$71.110	\$73.172	\$75.294

2025 PAY GRADES (3% increase from 2024)										
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
A	\$32,841.85	\$33,794.26	\$34,774.29	\$35,782.76	\$36,820.44	\$37,888.24	\$38,987.00	\$40,117.62	\$41,281.03	\$42,478.18
	\$15.789	\$16.247	\$16.718	\$17.203	\$17.702	\$18.216	\$18.744	\$19.287	\$19.847	\$20.422
B	\$36,126.03	\$37,173.68	\$38,251.73	\$39,361.02	\$40,502.49	\$41,677.07	\$42,885.70	\$44,129.39	\$45,409.14	\$46,726.00
	\$17.368	\$17.872	\$18.390	\$18.924	\$19.472	\$20.037	\$20.618	\$21.216	\$21.831	\$22.464
C	\$39,738.64	\$40,891.05	\$42,076.89	\$43,297.12	\$44,552.74	\$45,844.76	\$47,174.27	\$48,542.32	\$49,950.05	\$51,398.61
	\$19.105	\$19.659	\$20.229	\$20.816	\$21.420	\$22.041	\$22.680	\$23.338	\$24.014	\$24.711
D	\$43,712.50	\$44,980.16	\$46,284.57	\$47,626.84	\$49,008.02	\$50,429.25	\$51,891.69	\$53,396.55	\$54,945.05	\$56,538.46
	\$21.016	\$21.625	\$22.252	\$22.898	\$23.562	\$24.245	\$24.948	\$25.671	\$26.416	\$27.182
E	\$48,083.75	\$49,478.17	\$50,913.04	\$52,389.52	\$53,908.82	\$55,472.17	\$57,080.87	\$58,736.21	\$60,439.56	\$62,192.32
	\$23.117	\$23.788	\$24.477	\$25.187	\$25.918	\$26.669	\$27.443	\$28.239	\$29.057	\$29.900
F	\$52,892.12	\$54,425.99	\$56,004.35	\$57,628.47	\$59,299.70	\$61,019.39	\$62,788.94	\$64,609.83	\$66,483.51	\$68,411.53
	\$25.429	\$26.166	\$26.925	\$27.706	\$28.509	\$29.336	\$30.187	\$31.062	\$31.963	\$32.890
G	\$58,181.33	\$59,868.60	\$61,604.78	\$63,391.32	\$65,229.66	\$67,121.33	\$69,067.84	\$71,070.82	\$73,131.86	\$75,252.70
	\$27.972	\$28.783	\$29.618	\$30.477	\$31.360	\$32.270	\$33.206	\$34.169	\$35.160	\$36.179
H	\$63,999.47	\$65,855.45	\$67,765.27	\$69,730.45	\$71,752.63	\$73,833.46	\$75,974.62	\$78,177.90	\$80,445.06	\$82,777.96
	\$30.769	\$31.661	\$32.579	\$33.524	\$34.496	\$35.497	\$36.526	\$37.586	\$38.676	\$39.797
I	\$70,399.42	\$72,440.99	\$74,541.78	\$76,703.49	\$78,927.89	\$81,216.81	\$83,572.09	\$85,995.68	\$88,489.56	\$91,055.76
	\$33.846	\$34.827	\$35.837	\$36.877	\$37.946	\$39.047	\$40.179	\$41.344	\$42.543	\$43.777
J	\$77,439.36	\$79,685.10	\$81,995.96	\$84,373.84	\$86,820.69	\$89,338.49	\$91,929.31	\$94,595.25	\$97,338.51	\$100,161.33
	\$37.230	\$38.310	\$39.421	\$40.564	\$41.741	\$42.951	\$44.197	\$45.478	\$46.797	\$48.154
K	\$85,183.29	\$87,653.60	\$90,195.57	\$92,811.23	\$95,502.76	\$98,272.34	\$101,122.23	\$104,054.77	\$107,072.36	\$110,177.47
	\$40.954	\$42.141	\$43.363	\$44.621	\$45.915	\$47.246	\$48.616	\$50.026	\$51.477	\$52.970
L	\$93,701.61	\$96,418.97	\$99,215.12	\$102,092.35	\$105,053.03	\$108,099.56	\$111,234.46	\$114,460.26	\$117,779.60	\$121,195.22
	\$45.049	\$46.355	\$47.700	\$49.083	\$50.506	\$51.971	\$53.478	\$55.029	\$56.625	\$58.267
M	\$103,071.78	\$106,060.86	\$109,136.63	\$112,301.59	\$115,558.34	\$118,909.53	\$122,357.90	\$125,906.27	\$129,557.56	\$133,314.73
	\$49.554	\$50.991	\$52.470	\$53.991	\$55.557	\$57.168	\$58.826	\$60.532	\$62.287	\$64.094
N	\$113,378.95	\$116,666.96	\$120,050.29	\$123,531.74	\$127,114.16	\$130,800.48	\$134,593.69	\$138,496.91	\$142,513.32	\$146,646.21
	\$54.509	\$56.090	\$57.716	\$59.390	\$61.113	\$62.885	\$64.709	\$66.585	\$68.516	\$70.503
O	\$124,716.85	\$128,333.64	\$132,055.32	\$135,884.92	\$139,825.58	\$143,880.52	\$148,053.05	\$152,346.61	\$156,764.65	\$161,310.83
	\$59.960	\$61.699	\$63.488	\$65.329	\$67.224	\$69.173	\$71.179	\$73.244	\$75.368	\$77.553

Appendix B

Active Employee Benefits

Blue Cross Blue Shield

Community Blue PPO ASC

As a self-funded group, you are solely responsible for compliance with the federal Summary of Benefit and Coverage (SBC) rules, including SBC creation and distribution. BCBSM does not assume any responsibility for SBC rule compliance relating to your group health plan, or for creation or disclosure of compliant SBCs. This SBC template document is being provided as an example that may contain useful information concerning your BCBSM administered coverage as you create your own group health plan's SBC. This SBC template document being provided is not fully compliant with the SBC federal rules. It is your responsibility to work with your legal counsel to ensure proper compliance with the federal SBC rules. This SBC template document does not constitute legal, tax, actuarial, accounting, benefit design, compliance or other advice. BCBSM disclaims any liability or responsibility for any non-compliance by your group health plan with SBC rules and regulations relating to creation, disclosure or other requirements. You should also note that there may be additional special circumstances which may be applicable to your specific group health plan situation which may affect SBC content, including but not limited to account type arrangements such as flexible spending accounts (FSA), health reimbursement arrangements (HRA), and health savings accounts, (HSA), or for example, wellness programs, reference based pricing or benefits, or coverage not administered by BCBSM, or whether the coverage provides minimum essential coverage. If you have an ASC Plan Modification, it may be defined here in only a limited way.


MACOMB COUNTY EMPLOYEES

Community Blue PPOSM ASC

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual/Family | Plan Type: PPO

Note to ASC groups: Before completing this template, please reference the disclaimer on the attached cover page.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call the number on the back of your BCBSM ID card. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call the number on the back of your BCBSM ID card to request a copy.

Important Questions	Answers		Why this Matters
	In-Network	Out-of-Network	
What is the overall <u>deductible</u> ?	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual/ \$6,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. Preventive care services are covered before you meet your <u>deductible</u> .		This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.		You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> limit for this plan? (May include a <u>coinsurance</u> maximum)	\$6,350 Individual/ \$12,700 Family	\$12,700 Individual/ \$25,400 Family	The <u>out-of-pocket</u> limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket</u> limits until the overall family <u>out-of-pocket</u> limit has been met.
What is not included in the <u>out-of-pocket</u> limit?	Premiums, <u>balance-billing</u> charges, any <u>pharmacy</u> penalty and health care this plan doesn't cover.		Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> limit.
Will you pay less if you use a <u>network</u> provider?	Yes. See www.bcbsm.com or call the number on the back of your BCBSM ID card for a list of <u>network</u> providers.		This plan uses a <u>provider</u> <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network</u> provider, and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware, your <u>network</u> provider might use an <u>out-of-network</u> provider for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.		You can see the <u>specialist</u> you choose without a <u>referral</u> .

Group Number 007000448-0033

SBC000003576473

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All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 <u>copay</u> /office visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	Specialist visit	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	Preventive care/ screening/ immunization	No Charge; <u>deductible</u> does not apply	Not covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	May require <u>preauthorization</u>
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsm.com/druglists	Generic or select prescribed over-the-counter drugs	\$7 <u>copay</u> /prescription for retail 30-day supply; \$14 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% of the approved amount; <u>deductible</u> does not apply	Preauthorization, step therapy and quantity limits may apply to select drugs. <u>Preventive</u> drugs covered in full. 90-day supply not covered out of network.
	Preferred brand-name drugs	\$35 <u>copay</u> /prescription for retail 30-day supply; \$70 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% of the approved amount; <u>deductible</u> does not apply	
	Non preferred brand-name drugs	\$70 <u>copay</u> /prescription for retail 30-day supply; \$140 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% of the approved amount; <u>deductible</u> does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$250 <u>copay/visit</u> ; <u>deductible</u> does not apply	\$250 <u>copay/visit</u> ; <u>deductible</u> does not apply	<u>Copay</u> waived if admitted or for an accidental injury.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Mileage limits apply
	Urgent care	\$40 <u>copay/visit</u> ; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance use disorder services	Outpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Your cost share may be different for services performed in an office setting
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required.
If you are pregnant	Office visits	Prenatal: No Charge; <u>deductible</u> does not apply Postnatal: No Charge; <u>deductible</u> does not apply	Prenatal: 40% <u>coinsurance</u> Postnatal: 40% <u>coinsurance</u>	Maternity care may include services described elsewhere in the SBC (i.e. tests) and cost share may apply. <u>Cost sharing</u> does not apply to certain maternity services considered to be <u>preventive</u> .
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need help recovering or have other special health needs	Home health care	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required.
	Rehabilitation services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Physical, Speech and Occupational Therapy is limited to a combined maximum of 60 visits per member, per calendar year.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Habilitation services	Not covered for Applied Behavioral Analysis; Not covered for Physical, Speech and Occupational Therapy	Not covered for Applied Behavioral Analysis; Not covered for Physical, Speech and Occupational Therapy	None
	Skilled nursing care	20% coinsurance	20% coinsurance	Preauthorization is required. Limited to 120 days per member per calendar year
	Durable medical equipment	20% coinsurance	20% coinsurance	Excludes bath, exercise and deluxe equipment and comfort and convenience items. Prescription required.
	Hospice services	No Charge; deductible does not apply	No Charge; deductible does not apply	Preauthorization is required. Visit limits apply.
If your child needs dental or eye care For more information on pediatric vision or dental, contact your plan administrator	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Acupuncture treatment• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long term care	<ul style="list-style-type: none">• Routine eye care (Adult)• Routine foot care• Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care	<ul style="list-style-type: none">• Coverage provided outside the United States. See http://provider.bcbs.com• If you are also covered by an account-type plan such as an integrated health flexible spending arrangement (FSA), health reimbursement arrangement (HRA), and/or a health savings account (HSA), then you may have access to additional funds to help cover certain out-of-pocket expenses - like the deductible, co-payments, or co-insurance, or benefits not otherwise covered	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S• Private-duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services, Center for Consumer Information and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov or by calling the number on the back of your BCBSM ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross® and Blue Shield® of Michigan by calling the number on the back of your BCBSM ID card.

Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) Department of Insurance and Financial Services, P. O. Box 30220, Lansing, MI 48909-7720 or <http://www.michigan.gov/difs> or difs-HICAP@michigan.gov

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace. (IMPORTANT: Blue Cross Blue Shield of Michigan is assuming that your coverage provides for all Essential Health Benefit (EHB) categories as defined by the State of Michigan. The minimum value of your plan may be affected if your plan does not cover certain EHB categories, such as prescription drugs, or if your plan provides coverage of specific EHB categories, for example prescription drugs, through another carrier.)

Language Access Services: See Addendum

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,500
- Specialist copayment \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$100
Coinsurance	\$1,700

<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,360

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,500
- Specialist copayment \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$900
Coinsurance	\$70

<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,530

Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

- The plan's overall deductible \$1,500
- Specialist copayment \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic tests (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,100
Copayments	\$100
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,200

The plan would be responsible for the other costs of these EXAMPLE covered services.

ADDENDUM – LANGUAGE ACCESS SERVICES and NON-DISCRIMINATION

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete; llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر بحاجة للمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات بالغة دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY: 711 إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話：如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

Se tú o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nese ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e shërbimit të klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

.만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

यदि आपनार, वा आपनि साहाय्य करछैन एमन कारो, साहाय्य प्रयेछिन हय, ताबेन आपनार भाषा बिनामुल्त साहाय्य ओ उष्य पर्यार अहिकार आपनार परेछे। कोनो एकअन (दोताबीर साथे कषा बनछे, आपनार कार्डेर पेशने देओवा ग्राहक सहायता न्यारे. कर् करन वा 877-469-2583, TTY: 711 यदि इतमथे आपनि सहाय्य ना हस्य छकेन।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tú o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号（メンバーでない方は 877-469-2583, TTY: 711）までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome koine Vi pomazete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodilcem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulongan; ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us; such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ociportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave; S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRCComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Blue Cross Blue Shield

Simply Blue PPO HSA ASC with Rx

(High Deductible Health Plan)

As a self-funded group, you are solely responsible for compliance with the federal Summary of Benefit and Coverage (SBC) rules, including SBC creation and distribution. BCBSM does not assume any responsibility for SBC rule compliance relating to your group health plan, or for creation or disclosure of compliant SBCs. This SBC template document is being provided as an example that may contain useful information concerning your BCBSM administered coverage as you create your own group health plan's SBC. This SBC template document being provided is not fully compliant with the SBC federal rules. It is your responsibility to work with your legal counsel to ensure proper compliance with the federal SBC rules. This SBC template document does not constitute legal, tax, actuarial, accounting, benefit design, compliance or other advice. BCBSM disclaims any liability or responsibility for any non-compliance by your group health plan with SBC rules and regulations relating to creation, disclosure or other requirements. You should also note that there may be additional special circumstances which may be applicable to your specific group health plan situation which may affect SBC content, including but not limited to account type arrangements such as flexible spending accounts (FSA), health reimbursement arrangements (HRA), and health savings accounts, (HSA), or for example, wellness programs, reference based pricing or benefits, or coverage not administered by BCBSM, or whether the coverage provides minimum essential coverage. If you have an ASC Plan Modification, it may be defined here in only a limited way.

MACOMB COUNTY EMPLOYEES

Simply Blue PPO HSASM ASC with Rx

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Note to ASC groups: Before completing this template, please reference the disclaimer on the attached cover page.

Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call the number on the back of your BCBSM ID card. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call the number on the back of your BCBSM ID card to request a copy.

Important Questions	Answers		Why this Matters:
	In-Network	Out-of-Network	
What is the overall deductible?	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible.		This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.		You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan? (May include a coinsurance maximum)	\$3,000 Individual/ \$6,000 Family	\$6,000 Individual/ \$12,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, any pharmacy penalty and health care this plan doesn't cover.		Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsm.com or call the number on the back of your BCBSM ID card for a list of network providers.		This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.		You can see the specialist you choose without a referral.

Group Number 007000448-0047

SBC000006195971

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All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care or Online visit to treat an injury or illness	No Charge	20% <u>coinsurance</u>	None
	Specialist visit	No Charge	20% <u>coinsurance</u>	None
	Preventive care/ screening/ immunization	No Charge	Not covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	No Charge	20% <u>coinsurance</u>	May require <u>preauthorization</u>
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsm.com/druglists	Generic or select prescribed over-the-counter drugs	\$10 <u>copay</u> /prescription for retail 30-day supply; \$20 <u>copay</u> /prescription for retail or mail order 90-day supply	In-Network <u>copay</u> plus an additional 20% <u>coinsurance</u> of the approved amount	Preauthorization, step therapy and quantity limits may apply to select drugs. <u>Preventive</u> drugs covered in full. 90-day supply not covered out of network.
	Preferred brand-name drugs	\$40 <u>copay</u> /prescription for retail 30-day supply; \$80 <u>copay</u> /prescription for retail or mail order 90-day supply	In-Network <u>copay</u> plus an additional 20% of the approved amount	
	Non preferred brand-name drugs	\$80 <u>copay</u> /prescription for retail 30-day supply; \$160 <u>copay</u> /prescription for retail or mail order 90-day supply	In-Network <u>copay</u> plus an additional 20% of the approved amount	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No Charge	20% <u>coinsurance</u>	None
	Emergency room care	No Charge	No Charge	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency medical transportation	No Charge	No Charge	Mileage limits apply
	Urgent care	No Charge	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	20% coinsurance	Preauthorization is required
	Physician/surgeon fee	No Charge	20% coinsurance	None
If you need mental health, behavioral health, or substance use disorder services	Outpatient services	No Charge	No Charge	None
	Inpatient services	No Charge	20% coinsurance	Preauthorization is required.
If you are pregnant	Office visits	Prenatal: No Charge; deductible does not apply Postnatal: No Charge	Prenatal: 20% coinsurance Postnatal: 20% coinsurance	Maternity care may include services described elsewhere in the SBC (i.e. tests) and cost share may apply. Cost sharing does not apply to certain maternity services considered to be <u>preventive</u> .
	Childbirth/delivery professional services	No Charge	20% coinsurance	None
	Childbirth/delivery facility services	No Charge	20% coinsurance	None
If you need help recovering or have other special health needs	Home health care	No Charge	No Charge	Preauthorization is required.
	Rehabilitation services	No Charge	20% coinsurance	Physical, Speech and Occupational Therapy is limited to a combined maximum of 30 visits per member, per calendar year.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	No Charge	No Charge	Preauthorization is required. Limited to 90 days per member per calendar year
	Durable medical equipment	No Charge	No Charge	Excludes bath, exercise and deluxe equipment and comfort and convenience items. Prescription required.
	Hospice services	No Charge	No Charge	Preauthorization is required. Visit limits apply.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
For more information on pediatric vision or dental, contact your plan administrator	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Acupuncture treatment• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Infertility treatment• Long term care• Routine eye care (Adult)	<ul style="list-style-type: none">• Routine foot care• Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care• Coverage provided outside the United States. See http://provider.bcbs.com	<ul style="list-style-type: none">• Hearing aids• If you are also covered by an account-type plan such as an integrated health flexible spending arrangement (FSA), health reimbursement arrangement (HRA), and/or a health savings account (HSA), then you may have access to additional funds to help cover certain out-of-pocket expenses - like the deductible, co-payments, or co-insurance, or benefits not otherwise covered• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Private-duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services, Center for Consumer Information and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cchio.cms.gov or by calling the number on the back of your BCBSM ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross® and Blue Shield® of Michigan by calling the number on the back of your BCBSM ID card.

Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) Department of Insurance and Financial Services, P. O. Box 30220, Lansing, MI 48909-7720 or <http://www.michigan.gov/difs> or difs-HICAP@michigan.gov

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace. (IMPORTANT: Blue Cross Blue Shield of Michigan is assuming that your coverage provides for all Essential Health Benefit (EHB) categories as defined by the State of Michigan. The minimum value of your plan may be affected if your plan does not cover certain EHB categories, such as prescription drugs, or if your plan provides coverage of specific EHB categories, for example prescription drugs, through another carrier.)

Language Access Services: See Addendum

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$30
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,090

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$700
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,760

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic tests (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

Blue Care Network

BCN HMO Active Employees

As a self-funded group, you are solely responsible for compliance with the federal Summary of Benefit and Coverage (SBC) rules, including SBC creation and distribution. BCN does not assume any responsibility for SBC rule compliance relating to your group health plan, or for creation or disclosure of compliant SBCs. This SBC template document is being provided as an example that may contain useful information concerning your BCN administered coverage as you create your own group health plan's SBC. This SBC template document being provided is not fully compliant with the SBC federal rules. It is your responsibility to work with your legal counsel to ensure proper compliance with the federal SBC rules. This SBC template document does not constitute legal, tax, actuarial, accounting, benefit design, compliance or other advice. BCN disclaims any liability or responsibility for any non-compliance by your group health plan with SBC rules and regulations relating to creation, disclosure or other requirements. You should also note that there may be additional special circumstances which may be applicable to your specific group health plan situation which may affect SBC content, including but not limited to account type arrangements such as flexible spending accounts (FSA), health reimbursement arrangements (HRA), and health savings accounts, (HSA), or for example, wellness programs, reference based pricing or benefits, or coverage not administered by BCN, or whether the coverage provides minimum essential coverage.

CLSSLG


Macomb Co Employees - Hard Cap-Active/COBRA

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: All Plan Types

Plan Type: TPA

BCN HMO Active Employees

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call 800-662-6667.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 800-662-6667 to request a copy.

Important Questions	Answers: Member, Family	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	No	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other <u>deductibles</u> for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$6,350/\$12,700	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance billed charges and health care this plan does not cover	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.bcbsm.com or call the phone number on the back of your ID card for a list of <u>network providers</u> . 800-662-6667 for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> /visit	Not covered	\$20 <u>copay</u> for online visits.
	Specialist visit	\$30 <u>copay</u> /visit	Not covered	Requires <u>referral</u> . No charge for allergy injections, allergy office visit and testing /30 combined visits for spinal manipulations performed by a chiropractor or osteopathic physician
	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	May require <u>preauthorization</u> / No charge for lab services
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Requires <u>preauthorization</u>
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsm.com/customdruglist	Tier 1 - Mostly Generics	\$10 <u>copay</u> /30 days	Not covered	<u>Preauthorization</u> & <u>step-therapy</u> apply to select drugs. 50% <u>coinsurance</u> for sexual dysfunction drugs. Effective 1/1/2013 Tier 1 contraceptives are covered in full 90 day mail order and retail <u>copays</u> are 2x the standard retail <u>copays</u> . Limited to a 30 day supply
	Tier 2 - Preferred Brand	\$25 <u>copay</u> /30 days	Not covered	
	Tier 3 - Non-Preferred Brand	\$50 <u>copay</u> /30 days	Not covered	
	Specialty drugs	Tiered <u>copays</u> listed above apply	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	May require <u>preauthorization</u> /50% <u>coinsurance</u> for TMJ, orthognathic surgery, reduction mammoplasty, male mastectomy
	Physician/surgeon fees	No charge	Not covered	See "Outpatient surgery facility fee"

BCN HMO Active Employees

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$100 copay/visit	\$100 copay/visit	Copay waived if admitted
	Emergency medical transportation	No charge	No charge	Non-emergent transport is covered when preauthorized
	Urgent care	\$30 copay/visit	\$30 copay/visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Preauthorization is required. 50% coinsurance for TMJ, orthognathic surgery, reduction mammoplasty, male mastectomy
	Physician/surgeon fee	No charge	Not covered	See "Hospital Stay surgery facility fee"
If you need mental health, behavioral health, or substance use disorder services	Outpatient services	No Charge	Not covered	Preauthorization is required
	Inpatient services	No Charge	Not covered	Preauthorization is required
If you are pregnant	Office visits	No charge	Not covered	Postnatal and non-routine prenatal office visits-\$20 copay
	Childbirth/delivery professional services	No charge	Not covered	None
	Childbirth/delivery facility services	No charge	Not covered	None
If you need help recovering or have other special health needs	Home health care	\$30 copay/visit	Not covered	Requires preauthorization. Custodial care not covered.
	Rehabilitation services	\$30 copay/visit	Not covered	Requires preauthorization/ One period of treatment for any combination of therapies within 60 consecutive days per medical episode. Subject to meaningful improvement within 60 days.
	Habilitation services	ABA - \$20 copay per visit. \$30 copay per visit for PT/OT/ST	Not covered	PT/OT/ST for autism spectrum disorder has unlimited visits. Requires preauthorization.
	Skilled nursing care	No charge	Not covered	Requires preauthorization/Limited to 730 days
	Durable medical equipment	No charge	Not covered	Requires preauthorization and must be obtained from a BCN supplier. Convenience and comfort items not covered. Diabetic supplies covered in full

BCN HMO Active Employees

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Hospice services	No charge	Not covered	Inpatient care requires <u>preauthorization</u> . Housekeeping and custodial care not covered.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Contact benefit administrator for coverage.
	Children's glasses	Not covered	Not covered	Contact benefit administrator for coverage.
	Children's dental check-up	Not covered	Not covered	Contact benefit administrator for coverage.

BCN HMO Active Employees

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Acupuncture (if prescribed for rehabilitation purposes)• Cosmetic surgery• Dental Care (Adult)• Elective Abortion	<ul style="list-style-type: none">• Long-term care• Non-emergency care when traveling outside the U.S.• Private-duty nursing	<ul style="list-style-type: none">• Routine eye care (Adult)• Routine foot care• Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care	<ul style="list-style-type: none">• Infertility treatment• Hearing Aid

Macomb County Blue Care Network Plans generally requires/allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Blue Care Network Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Macomb County at (586) 469-5280.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Care Network or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Macomb County HRLR Department at (586) 469-5280.

BCN HMO Active Employees

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact : Blue Care Network, Appeals and Grievance Unit, MC C248, P.O. Box 284, Southfield, MI 48086 or fax. 1-866-522-7345. For state of Michigan assistance contact the Department of Insurance and Financial Services, Office of General Counsel-Appeals Section, 530 W. Allegan Street, 7th Floor, P. O. Box 30220, Lansing, MI 48909-7720, <http://www.michigan.gov/difs>; call 1-877-999-6442 or fax: 517-284-8838.

For Department of Labor assistance contact the Employee Benefits Security Administration at 1-866-444- EBSA (3272) or www.dol.gov/ebsa/healthreform

Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP), Department of Insurance and Financial Services, P. O. Box 30220, Lansing, MI 48909-7720, <http://www.michigan.gov/difs> or difs-HICAP@michigan.gov

Does this Plan Provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this Plan Meet the Minimum Value Standard? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace. (IMPORTANT: Blue Care Network of Michigan is assuming that your coverage provides for all Essential Health Benefits (EHB) categories as defined by the State of Michigan. The minimum value of your plan may be affected if your plan does not cover certain EHB categories, such as prescription drugs, or if your plan provides coverage for specific EHB categories, for example, prescription drugs, through another carrier.)

Translation available

To get help reading in your language call the customer service number on the back of your ID card

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg's Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- The plan's overall deductible \$0
- Specialist copayment \$30
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$70
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$130

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist copayment \$30
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$860

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0
- Specialist copayment \$30
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic tests (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$200

ADDENDUM – LANGUAGE ACCESS SERVICES and NON-DISCRIMINATION

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تحتاجه مساعدة بلغة المساعدة، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغة دون أية تكلفة. للتحدث إلى مترجم لتسهيل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY: 711 إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

Se ti o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jehi ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 용역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনি, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কন করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działy obsługi Klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigen, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の方の回りで支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号（メンバーでない方は 877-469-2583, TTY: 711）までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Úkoliko, Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svoim jeziku. Da biste razgovarali sa prevodocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross-Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRCComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health Alliance Plan



Administered by Alliance Health and Life Insurance Company

**Health Alliance Plan of Michigan
Alliance Health and Life Insurance Company (Alliance)
Self-Funded Health Maintenance Organization (HMO) Plan**

Summary of Benefits

AS000096 / XR002356 / XW000712

2023 Summary Self-Funded HMO

AS000096 / XR002356 / XW000712

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	\$30 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	\$30 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			
Prenatal Office Visits	Covered	N/A	Covered under Preventive Services
Postnatal Office Visits	\$30 Copay	N/A	
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	Covered	N/A	Covered for approved equipment only.
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 attempt per lifetime.
Temporomandibular Joint Disorder	Covered	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers only)			
Preferred Generic Drugs	\$15 Copay 30 day supply, \$30 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	\$15 Copay 30 day supply, \$30 Copay 90 day supply		
Preferred Brand Drugs	\$30 Copay 30 day supply, \$60 Copay 90 day supply		
Non-Preferred Brand Drugs	\$50 Copay 30 day supply, \$100 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	\$50 Copay 30 day supply at specialty pharmacy only		
Non-Preferred Specialty Drugs	\$50 Copay 30 day supply at specialty pharmacy only		

Template Rev 01/2020

- In case of conflict between this summary and your Self-Funded HMO Benefit Guide, the terms and conditions of the Self-Funded HMO Benefit Guide will govern.
- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after an 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.
- Self-Funded HMO plans are administered by Alliance Health and Life Insurance Company, a wholly owned subsidiary of Health Alliance Plan.

Appendix C

Post November 1, 2013 Retiree Benefits

Blue Care Network
(Post November 1, 2013 Retirees)



CLSSLG

A nonprofit corporation and Independent Licensee of the Blue Cross and Blue Shield Association


Macomb Co Employees - Hard Cap-Retired

Coverage Period: Beginning on or after 1/1/2020

Coverage for: All Plan Types

Plan Type: TPA

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call 800-662-6667.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 800-662-6667 to request a copy.

Important Questions	Answers: Member/Family	Why This Matters
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there other <u>deductibles</u> for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$6,350/\$12,700	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance billed charges and health care this plan does not cover	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.bcbsm.com or call the phone number on the back of your ID card for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care or Online visit to treat an injury or illness	\$20 copay/visit	Not covered	\$20 copay for online visits.
	Specialist visit	\$30 copay/visit	Not covered	Requires referral. No charge for allergy injections, allergy office visit and testing /30 combined visits for spinal manipulations performed by a chiropractor or osteopathic physician
	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	May require preauthorization / No charge for lab services
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Requires preauthorization
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsm.com/customdruglist	Tier 1 - Mostly Generics	\$10 copay/30 days	Not covered	Preauthorization & step-therapy apply to select drugs.
	Tier 2 - Preferred Brand	\$25 copay/30 days	Not covered	50% coinsurance for sexual dysfunction drugs.
	Tier 3 - Non-Preferred Brand	\$50 copay/30 days	Not covered	Effective 1/1/2013 Tier 1 contraceptives are covered in full
	Specialty drugs	Tiered copays listed above apply	Not covered	90 day mail order and retail copays are 2x the standard retail copays. Limited to a 30 day supply
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	May require preauthorization/50% coinsurance for TMJ, orthognathic surgery, reduction mammoplasty, male mastectomy
	Physician/surgeon fees	No charge	Not covered	See "Outpatient surgery facility fee"

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$100 copay/visit	\$100 copay/visit	Copay waived if admitted
	Emergency medical transportation	No charge	No charge	Non-emergent transport is covered when preauthorized
	Urgent care	\$30 copay/visit	\$30 copay/visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Preauthorization is required. 50% coinsurance for TMJ, orthognathic surgery, reduction mammoplasty, male mastectomy
	Physician/surgeon fee	No charge	Not covered	See "Hospital Stay facility fee"
If you need mental health, behavioral health, or substance use disorder services	Outpatient services	No Charge	Not covered	Preauthorization is required
	Inpatient services	No Charge	Not covered	Preauthorization is required
If you are pregnant	Office visits	No charge	Not covered	Postnatal and non-routine prenatal office visits-\$20 copay
	Childbirth/delivery professional services	No charge	Not covered	None
	Childbirth/delivery facility services	No charge	Not covered	None
If you need help recovering or have other special health needs	Home health care	\$30 copay/visit	Not covered	Requires preauthorization. Custodial care not covered.
	Rehabilitation services	\$30 copay/visit	Not covered	Requires preauthorization/ One period of treatment for any combination of therapies within 60 consecutive days per medical episode. Subject to meaningful improvement within 60 days.
	Habilitation services	ABA - \$20 copay per visit. \$30 copay per visit for PT/OT/ST	Not covered	PT/OT/ST for autism spectrum disorder has unlimited visits. Requires preauthorization.
	Skilled nursing care	No charge	Not covered	Requires preauthorization/Limited to 730 days

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Durable medical equipment	No charge	Not covered	Requires <u>preauthorization</u> and must be obtained from a BCN supplier. Convenience and comfort items not covered. Diabetic supplies covered in full
	Hospice services	No charge	Not covered	Inpatient care requires <u>preauthorization</u> . Housekeeping and custodial care not covered.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Contact benefit administrator for coverage.
	Children's glasses	Not covered	Not covered	Contact benefit administrator for coverage.
	Children's dental check-up	Not covered	Not covered	Contact benefit administrator for coverage.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Acupuncture (if prescribed for rehabilitation purposes)• Cosmetic surgery• Dental Care (Adult)• Elective Abortion	<ul style="list-style-type: none">• Long-term care• Non-emergency care when traveling outside the U.S.• Private-duty nursing• Routine eye care (Adult)	<ul style="list-style-type: none">• Routine foot care• Weight loss programs• Hearing Aids
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care	<ul style="list-style-type: none">• Infertility treatment	

Macomb County Blue Care Network Plans generally requires/allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Blue Care Network designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Macomb County at (586) 469-5280.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Care Network Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Macomb County HRLR Department at (586) 469-5280.

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact : Blue Care Network, Appeals and Grievance Unit, MC C248, P.O. Box 284, Southfield, MI 48086 or fax. 1-866-522-7345. For state of Michigan assistance contact the Department of Insurance and Financial Services, Office of General Counsel-Appeals Section, 530 W. Allegan Street, 7th Floor, P. O. Box 30220, Lansing, MI 48909-7720, <http://www.michigan.gov/difs>; call 1-877-999-6442 or fax: 517-284-8838.

For Department of Labor assistance contact the Employee Benefits Security Administration at 1-866-444- EBSA (3272) or www.dol.gov/ebsa/healthreform

Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP), Department of Insurance and Financial Services, P. O. Box 30220, Lansing, MI 48909-7720, <http://www.michigan.gov/difs> or difs-HICAP@michigan.gov

Does this Plan Provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this Plan Meet the Minimum Value Standard? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace. (IMPORTANT: Blue Care Network of Michigan is assuming that your coverage provides for all Essential Health Benefits (EHB) categories as defined by the State of Michigan. The minimum value of your plan may be affected if your plan does not cover certain EHB categories, such as prescription drugs, or if your plan provides coverage for specific EHB categories, for example, prescription drugs, through another carrier.)

Translation available

To get help reading in your language call the customer service number on the back of your ID card

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

<input checked="" type="checkbox"/> The plan's overall deductible	\$0
<input checked="" type="checkbox"/> Specialist copayment	\$30
<input checked="" type="checkbox"/> Hospital (facility) coinsurance	0%
<input checked="" type="checkbox"/> Other coinsurance	0%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$70
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$130

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

<input checked="" type="checkbox"/> The plan's overall deductible	\$0
<input checked="" type="checkbox"/> Specialist copayment	\$30
<input checked="" type="checkbox"/> Hospital (facility) coinsurance	0%
<input checked="" type="checkbox"/> Other coinsurance	0%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$860

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

<input checked="" type="checkbox"/> The plan's overall deductible	\$0
<input checked="" type="checkbox"/> Specialist copayment	\$30
<input checked="" type="checkbox"/> Hospital (facility) coinsurance	0%
<input checked="" type="checkbox"/> Other coinsurance	0%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic tests (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0

What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$200

ADDENDUM – LANGUAGE ACCESS SERVICES and NON-DISCRIMINATION

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تحتاجه مساعدة بلغة المساعدة، فلهذا الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. لتحدث إلى مترجم لتصل برقم خدمة العملاء الموجود على ظهر بطاقتك أو برقم 877-469-2583 TTY:711 إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。致洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話：如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY:711

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보에 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও ভাষা পারস্পরিক অধিকার আপনার রয়েছে। কোনো একজন পেশাদারীর সাথে কথা বলতে, আপনার কার্ডের পিছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の方の回りの方で支那を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号(メンバーでない方は 877-469-2583, TTY: 711)までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang Isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRCComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Blue Cross Blue Shield
Community Blue PPO ASC
(Post November 1, 2013 Retirees)

As a self-funded group, you are solely responsible for compliance with the federal Summary of Benefit and Coverage (SBC) rules, including SBC creation and distribution. BCBSM does not assume any responsibility for SBC rule compliance relating to your group health plan, or for creation or disclosure of compliant SBCs. This SBC template document is being provided as an example that may contain useful information concerning your BCBSM administered coverage as you create your own group health plan's SBC. This SBC template document being provided is not fully compliant with the SBC federal rules. It is your responsibility to work with your legal counsel to ensure proper compliance with the federal SBC rules. This SBC template document does not constitute legal, tax, actuarial, accounting, benefit design, compliance or other advice. BCBSM disclaims any liability or responsibility for any non-compliance by your group health plan with SBC rules and regulations relating to creation, disclosure or other requirements. You should also note that there may be additional special circumstances which may be applicable to your specific group health plan situation which may affect SBC content, including but not limited to account type arrangements such as flexible spending accounts (FSA), health reimbursement arrangements (HRA), and health savings accounts, (HSA), or for example, wellness programs, reference based pricing or benefits, or coverage not administered by BCBSM, or whether the coverage provides minimum essential coverage. If you have an ASC Plan Modification, it may be defined here in only a limited way.

MACOMB COUNTY EMPLOYEES

Community Blue PPOSM ASC

Note to ASC groups: Before completing this template, please reference the disclaimer on the attached cover page.

Coverage for: Individual/Family | Plan Type: PPO



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Important Questions	Answers		Why this Matters:
	In-Network	Out-of-Network	
What is the overall <u>deductible</u> ?	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual/ \$6,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> .		This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.		You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this plan? (May include a <u>coinsurance</u> maximum)	\$6,350 Individual/ \$12,700 Family	\$12,700 Individual/ \$25,400 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, <u>balance-billing</u> charges, any <u>pharmacy</u> penalty and health care this <u>plan</u> doesn't cover.		Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.bcbsm.com or call the number on the back of your BCBSM ID card for a list of <u>network providers</u> .		This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.		You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 <u>copay</u> /office visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No Charge; <u>deductible</u> does not apply	Not covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	May require <u>preauthorization</u>
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsm.com/druglists	Generic or select prescribed over-the-counter drugs	\$7 <u>copay</u> /prescription for retail 30-day supply; \$14 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% of the approved amount; <u>deductible</u> does not apply	Preauthorization, step therapy and quantity limits may apply to select drugs. <u>Preventive</u> drugs covered in full. 90-day supply not covered out of network. Select diabetic supplies and devices may be covered under the prescription drug program.
	Preferred brand-name drugs	\$35 <u>copay</u> /prescription for retail 30-day supply; \$70 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% of the approved amount; <u>deductible</u> does not apply	
	Nonpreferred brand-name drugs	\$70 <u>copay</u> /prescription for retail 30-day supply; \$140 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% of the approved amount; <u>deductible</u> does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$250 <u>copay/visit</u> ; <u>deductible</u> does not apply	\$250 <u>copay/visit</u> ; <u>deductible</u> does not apply	<u>Copay</u> waived if admitted or for an accidental injury.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Mileage limits apply
	Urgent care	\$40 <u>copay/visit</u> ; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need behavioral health services (mental health and substance use disorder)	Outpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u> for mental health; 40% <u>coinsurance</u> for substance use disorder	Your cost share may be different for services performed in an office setting
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required.
If you are pregnant	Office visits	Prenatal: No Charge; <u>deductible</u> does not apply Postnatal: No Charge; <u>deductible</u> does not apply	Prenatal: 40% <u>coinsurance</u> Postnatal: 40% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound) and depending on the type of services <u>cost share</u> may apply. <u>Cost sharing</u> does not apply for preventive services.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need help recovering or have other special health needs	Home health care	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Physician certification required.
	Rehabilitation services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Physical, Speech and Occupational Therapy is limited to a combined maximum of 60 visits per member, per calendar year.
	Habilitation services	Not covered for Applied Behavior Analysis; Not covered for Physical, Speech and Occupational Therapy	Not covered for Applied Behavior Analysis; Not covered for Physical, Speech and Occupational Therapy	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Skilled nursing care	20% coinsurance	20% coinsurance	Preauthorization is required. Limited to 120 days per member per calendar year
	Durable medical equipment	20% coinsurance	20% coinsurance	Excludes bath, exercise and deluxe equipment and comfort and convenience items. Prescription required.
	Hospice services	No Charge; deductible does not apply	No Charge; deductible does not apply	Physician certification required. Visit limits apply.
If your child needs dental or eye care For more information on pediatric vision or dental, contact your plan administrator	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-------------------------|-------------------------|----------------------------|
| • Acupuncture treatment | • Hearing aids | • Routine eye care (Adult) |
| • Cosmetic surgery | • Infertility treatment | • Routine foot care |
| • Dental care (Adult) | • Long term care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---------------------|---|------------------------|
| • Bariatric surgery | • Coverage provided outside the United States.
See http://provider.bcbs.com | • Private-duty nursing |
| • Chiropractic care | • Non-emergency care when traveling outside the U.S | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services, Center for Consumer Information and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov or by calling the number on the back of your BCBSM ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross® and Blue Shield® of Michigan by calling the number on the back of your BCBSM ID card.

Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) Department of Insurance and Financial Services, P. O. Box 30220, Lansing, MI 48909-7720 or <http://www.michigan.gov/difs> or difs-HICAP@michigan.gov

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace. (IMPORTANT: Blue Cross Blue Shield of Michigan is assuming that your coverage provides for all Essential Health Benefit (EHB) categories as defined by the State of Michigan. The minimum value of your plan may be affected if your plan does not cover certain EHB categories, such as prescription drugs, or if your plan provides coverage of specific EHB categories, for example prescription drugs, through another carrier.)

Language Access Services: See Addendum

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* _____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$40
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
Deductibles	\$1,500
Copayments	\$10
Coinsurance	\$1,700
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,270

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$40
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
Deductibles	\$900
Copayments	\$800
Coinsurance	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,720

Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$40
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic tests (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
Deductibles	\$1,500
Copayments	\$90
Coinsurance	\$70
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,660

If you are also covered by an account-type plan such as an integrated health flexible spending arrangement (FSA), health reimbursement arrangement (HRA), and/or a health savings account (HSA), then you may have access to additional funds to help cover certain out-of-pocket expenses – like the deductible, copayments, or coinsurance, or benefits not otherwise covered.

Health Alliance Plan
(Post November 1, 2013 Retirees)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: As of 01/01/2020



Administered by Alliance Health and Life Insurance Company

Coverage for: Individual+Family | Plan Type: ASOHMO

! The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-766-4709 or visit www.hap.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-866-766-4709 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services your plan covers.
What is the out-of-pocket limit for this plan?	\$6,600 person / \$13,200 family	The out of pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out of pocket limit until the overall family out of pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, Balance billing Charges, and Health Care this plan does not cover.	Even though you pay these expenses, they don't count toward the out of pocket limit.
Will you pay less if you use a network provider?	Yes. See www.hap.org or call 1-866-766-4709 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out of network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out of network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	Written referrals are not required for specialist visits within the member's assigned network for selected services. Referrals or oral approvals are required in other instances. Further information on the referral process can be found at www.hap.org



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay per visit	Not Covered	Visits are face-to-face, telephonic, or through secure electronic portal
	Specialist visit	\$30 copay per visit	Not Covered	None
	Other practitioner office visit	\$20 PCP Other Practitioner copay per visit/ \$30 Specialist Other Practitioner copay per visit	Not Covered	Chiropractic Care and Acupuncture Not Covered
	Preventive care/ screening/immunization	No Charge	Not Covered	Coverage information available at www.hap.org . You may have to pay for services that aren't preventive services. Ask your provider if the services needed are preventive services. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Some services require preauthorization.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Services require preauthorization.
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.hap.org .	Generic drugs	Preferred \$15 copay/prescription (retail) Non-Preferred \$15 copay/prescription (retail)	Not Covered	Retail: 30 day supply for non-maintenance drugs at 1 copay; 90 day supply for eligible maintenance drugs at 2 copays; Mail Order: 90 day supply for both eligible maintenance and non-maintenance drugs at 2 copays.
	Preferred brand drugs	\$30 copay/prescription (retail)	Not Covered	
	Non-preferred brand drugs	\$50 copay/prescription (retail)	Not Covered	
	Specialty drugs	Preferred \$50 copay/prescription (retail) Non-Preferred \$50 copay/prescription (retail)	Not Covered	Specialty drugs not available at 90 day or mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Some services require preauthorization.
	Physician/surgeon fees	No Charge	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention.	Emergency room care	\$150 copay per visit	\$150 copay per visit	Copay will be waived if admitted
	Emergency medical transportation	No Charge	No Charge	Emergency medical transportation Only
	Urgent care	\$30 copay per visit	\$30 copay per visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	Some services require <u>preauthorization</u> .
	Physician/surgeon fees	No Charge	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 copay per visit	Not Covered	* Services can be accessed by calling 1-800-444-5755
	Inpatient services	No Charge	Not Covered	** Services can be accessed by calling 1-800-444-5755
If you are pregnant	Office visits	\$30 copay per visit	Not Covered	No Charge for Prenatal care
	Childbirth/delivery professional services	No Charge	Not Covered	None
	Childbirth/delivery facility services	No Charge	Not Covered	**Some services require <u>preauthorization</u> .
	Home health care	No Charge	Not Covered	None
	Rehabilitation services	No Charge	Not Covered	Up to 60 combined visits per benefit period - May be rendered at home
If you need help recovering or have other special health needs	Habilitation services	No Charge	Not Covered	Limited to Applied Behavior Analysis (ABA) and Physical, Speech and Occupational Therapy services associated with the treatment of Autism Spectrum Disorders through age 18. Services require <u>preauthorization</u> . *See outpatient Mental Health for ABA <u>cost sharing</u> amount.
	Skilled nursing care	No Charge	Not Covered	Covered for authorized services- Up to 730 days, renewable after 60 days
	Durable medical equipment	No Charge	Not Covered	Coverage provided for approved equipment based on HAP's guidelines. Some services require <u>preauthorization</u> .
	Hospice services	No Charge	Not Covered	Up to 210 days per lifetime

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eyecare	Children's eye exam	\$30 copay per visit	Not Covered	No Charge for one routine eye exam
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

Acupuncture	Hearing Aids	Private-Duty Nursing
Chiropractic Care	Long-Term Care	Routine Foot Care (Only when meets plan guidelines)
Cosmetic Surgery	Non-Emergency Care When Traveling Outside the U.S.	Vision Hardware (Unless additional rider purchased)
Dental Care (Adult)		

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Bariatric Surgery	Routine Eye Care (Adult)	Weight Loss Programs
Infertility Treatment (Only when meets plan guidelines)		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue coverage after it ends. For more information on your rights to continue coverage, contact the plan at 1-866-766-4709; you may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.Healthcare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice or assistance, contact the plan at 1-800-422-4641; you may also contact the Department of Insurance and Financial Services, Healthcare Appeals Section, Office of General Counsel, 611 Ottawa, 3rd Floor, P.O. Box 30220, Lansing, MI 48909-7720, <http://michigan.gov/difs>; call 1-877-999-6442 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact Michigan Health Insurance Consumer Assistance Program (HICAP), Michigan Department of Financial and Insurance Regulation, P.O. Box 30220, Lansing, MI 48909, phone 1-877-999-6442, website: <http://michigan.gov/difs> or e-mail difs-HICAP@michigan.gov.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum essential coverage for a month, you'll have to pay when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum value standards, you may be eligible for premium tax credits to help you pay for a plan through the Marketplace.

Language Access Services:

Please see a full list of Language Access Services following the Coverage Examples at the end of the Summary of Benefits of Coverage.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

Macomb County Health Alliance Plans generally requires/allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Health Alliance Plan may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Macomb County at (586) 469-5280.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Health Alliance Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Macomb County HRLR Department at (586) 469-5280.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg's Having a Baby (9 months of in-network prenatal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
<input checked="" type="checkbox"/> The plan's overall deductible	\$0	<input checked="" type="checkbox"/> The plan's overall deductible	\$0	<input checked="" type="checkbox"/> The plan's overall deductible	\$0
<input checked="" type="checkbox"/> Specialist copayment	\$30	<input checked="" type="checkbox"/> Specialist copayment	\$30	<input checked="" type="checkbox"/> Specialist copayment	\$30
<input checked="" type="checkbox"/> Hospital (facility) copayment	\$0	<input checked="" type="checkbox"/> Hospital (facility) copayment	\$0	<input checked="" type="checkbox"/> Hospital (facility) copayment	\$0
<input checked="" type="checkbox"/> Other coinsurance	0%	<input checked="" type="checkbox"/> Other coinsurance	0%	<input checked="" type="checkbox"/> Other coinsurance	0%
This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)		This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)		This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)	
Total Example Cost	\$12,800	Total Example Cost	\$7,400	Total Example Cost	\$1,900
In this example, Peg would pay: Cost Sharing		In this example, Joe would pay: Cost Sharing		In this example, Mia would pay: Cost Sharing	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$610	Copayments	\$1,075	Copayments	\$90
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered		What isn't covered	
Limits or exclusions	\$60	Limits or exclusions	\$55	Limits or exclusions	\$0
The total Peg would pay is	\$670	The total Joe would pay is	\$1,130	The total Mia would pay is	\$90

The plan would be responsible for the other costs of these EXAMPLE covered services.

Appendix D

Active Employees Dental Benefits

Delta Dental

Delta Dental of Michigan
Dental Benefit Highlights for
Macomb County Active and Retiree Dental Plan



Delta Dental PPO (Point-of-Service)	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non- participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	75%	75%
Endodontic Services - root canals	80%	75%	75%
Periodontic Services - to treat gum disease	80%	75%	75%
Oral Surgery Services - extractions and dental surgery	80%	75%	75%
Major Restorative Services - crowns	80%	75%	75%
Other Basic Services - misc. services	80%	75%	75%
Relines and Repairs - to bridges, implants, and dentures	80%	75%	75%
Major Services			
Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment – \$1,000 per person total per Benefit Year on all services.

Deductible – None.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

Welcome to Michigan's largest dental benefits family!

As a member of Delta Dental of Michigan, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Certified Center of Excellence call center, as awarded by Benchmark Portal.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 (TTY users call 711) or look online at www.DeltaDentalMI.com.

Golden Dental

GOLDEN DENTAL PLANS, INC.
EXCLUSIONS, LIMITATIONS, AND EXCEPTIONS

I. General Exclusions, Limitations, and Exceptions

NOTE: No benefits will be paid under this Policy for the following treatments, services and care, unless otherwise indicated.

1	Dental services not appearing on the Schedule of Benefits.
2	Dental treatment for cosmetic purposes, unless specifically indicated on a specific plan.
3	Dental treatment performed in a hospital and/or any related hospital-fee.
4	Treatment of cleft palate, anodontia and mandibular prognathism.
5	Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained.
6	The cost of services secured from physicians, Dentists or Dental Surgeons, other than authorized GDP Providers, will not be paid for unless expressly authorized in writing by the Primary Care Dentist as cited under Emergency Coverage and Out-of-Area Emergency Coverage provisions.
7	Treatment for any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication or settlement under any Workmen's Compensation or Occupational Disease Law, even though You or Your Covered Dependent fails to claim the right of such benefits, provided that this exclusion will only apply to the extent that such benefits are payable through other plans.
8	Treatment for any disease, condition or injuries sustained, as a result of war, declared or undeclared, or any illness or injury occurring after the effective date of the Policy and caused by atomic explosion or exposure, whether or not the result of war.
9	Care of treatment obtained from or for which payment is made by any Federal, State, or County Municipal, or other governmental agency, including any foreign government.
10	Dental implants or transplants.
11	No Covered Person will be denied dental coverage due to trauma. However, dental care coverage under this Policy may not cover the Covered Person for certain traumatic events that may occur if those procedures are specifically excluded in this Policy. A Covered Person who requires dental care due to a serious trauma will not be covered for dental care in those areas that are specifically described as excluded.
12	A nominal administrative fee (i.e., sterilization, office visit, etc.) charged by selected dental offices.
13	Services or appliances started before a Covered Person became eligible under this Policy (i.e., teeth prepared for crowns or root canals in progress).
14	Prescription drugs.
15	Nitrous oxide analgesia.
16	Preventative control programs, including home care items.
17	Services started after termination of coverage.
18	Charges for failure to keep a scheduled visits with the Dentist.
19	Lost, missing, or stolen appliances (i.e., retainers, Occlusal guards, partial or complete dentures, or flippers).

GOLDEN DENTAL PLANS, INC.
EXCLUSIONS, LIMITATIONS, AND EXCEPTIONS

I. General Exclusions, Limitations, and Exceptions, *continued*

20	Duplicate full or partial dentures.
21	Inlays, unless listed as a Covered Service in the Schedule of Benefits.
22	Porcelain, porcelain substrate, and cast restorations on primary (baby) teeth.
23	Cysts and malignancies.
24	Removal of impacted teeth that exhibit no symptoms or pathology.
25	Consultations or examinations/evaluations for non-covered services.
26	Services or appliances performed by a Dentist whose practice is limited to prosthodontics
27	Behavior management fees for covered persons requiring additional or unusual efforts to complete a dental procedure.
28	Soft tissue management (i.e., irrigation, infusion, or special toothbrush).
29	Restorative work caused by orthodontic treatment.
30	Composite resin restorations on occlusal surfaces of bicuspid and molars.
31	Biopsy or Brush Biopsy to detect cancer.
32	Claims submitted due to auto accident, which should be submitted to automobile insurance carrier.
33	Claims reported as accident on school grounds, which should be submitted to school's primary insurance.
34	General anesthesia and the services of a special anesthesiologist unless authorized by employer group.
35	Treatment of fractures and dislocations.
36	Any service that is not specifically listed.
37	Congenital malformation.
38	Dispensing of drugs not normally supplied in a dental office.
39	Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
40	Prophylactic removal of impactions (asymptomatic nonpathological).
41	Specialist consultations for noncovered benefits.
42	Dental expenses incurred with any dental procedure started prior to the enrollee's eligibility.
43	Services rendered by a dentist beyond the scope of his/her license.
44	Services rendered by a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
45	Charges for duplication of radiographs.
46	Charges for temporary appliances.
47	Charges for experimental or investigational services or supplies.

GOLDEN DENTAL PLANS, INC.
EXCLUSIONS, LIMITATIONS, AND EXCEPTIONS

48	Services that the dentist feels, in his or her professional judgement, should not be provided.
49	Instructions in dental hygiene, dietary planning or plaque control.

50	Missed appointments or completion of claim forms. Infection control, including sterilization of supplies and equipment.
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II. Orthodontic Exclusions, Limitations, and Exceptions

1	Retreatment of prior Orthodontic problems, unless provided under this policy or any extension or renewal of this Policy
2	Patients with severe disabilities that may prevent satisfactory Orthodontic results
3	Any charge made by the Orthodontist for the cost of replacement and/or repair of an appliance furnished to the patient, which is lost or broken through no fault of the Orthodontist
4	Interceptive Orthodontic Treatment is not a covered benefit
5	Surgical procedures incidental to orthodontic treatment
6	Myofunctional therapy
7	Supplemental appliances not routinely used in typical orthodontic cases (i.e., Invisalign)
8	Active treatment extending more than 24 months from the point of banding due to lack of patient cooperation. For cases extending past 24 months, the Covered Person will be charged a monthly fee that is prorated at the Orthodontist's Submitted Fees.
9	Treatment started before the Covered Person became eligible under this policy
10	Transfer to another Dentist after banding has been initiated
11	Composite bands and lingual adaptation of orthodontic bands are considered optional treatment and are subject to additional charges.
12	Orthodontic Benefit is once in a lifetime benefit per member.

Appendix E

Active Employees Vision Benefits



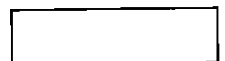
Golden Dental Plans

Certificate of Coverage

Macomb County

<u>OFFICE VISIT CO-PAY</u>	\$5.00
<u>CLASS I</u>	
Diagnostic and Preventive: Exams, Radiographs, Prophylaxis, Fluoride Treatment (up to age 19), Sealants (1 st and 2 nd Molars only – once in lifetime up to age 18), Space Maintainers (Primary Teeth only up to age 19)	100%
<u>CLASS II</u>	
Restorative: Fillings, Root Canals and Routine Extractions performed by General Provider	90%
<u>CLASS III</u>	
Prosthetic: Crowns, Bridges, Partial and Complete Dentures	75%
<u>CLASS IV</u>	
Specialty Care: Oral Surgery (including General Anesthesia) Endodontics Periodontics Pedodontics	75%
<u>ORTHODONTICS:</u>	
Dependents up to age 19 (Lifetime Maximum)	\$2,200
Member & Spouse (Lifetime Maximum)	\$1,800
Annual Maximum (per member per year):	Unlimited
Annual Renewal:	01/01
Membership Card Reads:	MACOMB

Dependents are covered up to the age of 26 for CLASS I – IV only.



As a self-funded group, you are solely responsible for compliance with the federal Summary of Benefit and Coverage (SBC) rules, including SBC creation and distribution. BCBSM does not assume any responsibility for SBC rule compliance relating to your group health plan, or for creation or disclosure of compliant SBCs. This SBC template document is being provided as an example that may contain useful information concerning your BCBSM administered coverage as you create your own group health plan's SBC. This SBC template document being provided is not fully compliant with the SBC federal rules. It is your responsibility to work with your legal counsel to ensure proper compliance with the federal SBC rules. This SBC template document does not constitute legal, tax, actuarial, accounting, benefit design, compliance or other advice. BCBSM disclaims any liability or responsibility for any non-compliance by your group health plan with SBC rules and regulations relating to creation, disclosure or other requirements. You should also note that there may be additional special circumstances which may be applicable to your specific group health plan situation which may affect SBC content, including but not limited to account type arrangements such as flexible spending accounts (FSA), health reimbursement arrangements (HRA), and health savings accounts, (HSA), or for example, wellness programs, reference based pricing or benefits, or coverage not administered by BCBSM, or whether the coverage provides minimum essential coverage. If you have an ASC Plan Modification, it may be defined here in only a limited way.

BCBSM Vision Benefits



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

MACOMB COUNTY EMPLOYEES 0070004480075 - 08BG2 Effective Date: 01/01/2023

Vision Coverage

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.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP Web site at vsp.com.

Note: Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both

Note: Discounts up to 20% for additional prescription glasses and any amount over the allowance *plus* savings on non-covered lens extras (up to 25%) when obtained from a VSP provider

Members responsibility (copays)

Benefits	VSP network doctor	Non-VSP provider
Eye exam	None	None
Prescription glasses (lenses and/or frames)	None	None (member responsible for difference between approved amount and provider's charge)
Medically necessary contact lenses	None	None (member responsible for difference between approved amount and provider's charge)
Contact lens suitability examination (fitting and evaluation)	Up to \$60 copay	

Note: No copay is required for prescribed contact lenses that are not medically necessary.

Eye exam

Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	100% of approved amount	Reimbursement up to \$58 less \$5 copay (member responsible for any difference)
	One eye exam in any period of 12 consecutive months	

Lenses and frames

Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	100% of approved amount	Reimbursement up to approved amount based on lens type (member responsible for any difference)
<ul style="list-style-type: none"> Standard Progressive Lenses - Covered when rendered by a VSP network doctor 	One pair of lenses, with or without frames, in any period of 12 consecutive months	

ADM PLANJR JAN;ASCMOD 9778.VIS;BLUE VISION;BV SPL;BV-CLSE;BVC;BVFL;BVPP CHOICE NET

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

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Benefits

Standard frames

VSP network doctor

\$100 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less

Non-VSP provider

Reimbursement up to \$65 less \$10 copay (member responsible for any difference)

One frame in any period of 12 consecutive months

Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.

Contact Lenses

Benefits

Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)

VSP network doctor

100% of approved amount

Non-VSP provider

Reimbursement up to \$210 (member responsible for any difference)

Contact lenses up to the allowance in any period of 12 consecutive months

Contact lens suitability examination (fitting and evaluation)

\$120 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)

Contact lenses up to the allowance in any period of 12 consecutive months

HAP

Please refer to the HAP Medical Benefits Summary

LETTER OF AGREEMENT

between

COUNTY OF MACOMB

and

ROAD TECHNICIANS ASSOCIATION (ROADTECH)


RE: GREEN DAYS

Request for Paid Time Off (PTO) must be submitted to the Service Center supervisor at least forty-eight (48) hours in advance.

Employees will be limited to four (4) "green days" per year, which allows employees to use Paid Time Off (PTO) without a forty-eight (48) hours advance notice.

FOR THE UNION:


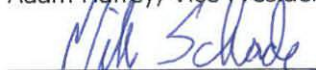
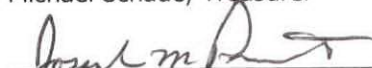
FOR THE EMPLOYER:



Ronald Kurkowski, President



Karlyn Semlow, Director
Human Resources and Labor Relations


James Andary, Legal Counsel for RoadTech
Doug Shafer, Recording Secretary
Adam Haffey, Vice President
Michael Schade, Treasurer
Joseph Prevost, Steward


Dated: March 31, 23

LETTER OF UNDERSTANDING
between
ROAD TECHNICIANS ASSOCIATION
and
COUNTY OF MACOMB
RE: PANEL OF ARBITRATORS

The Parties agree that the following arbitrators shall serve on the panel of grievance arbitrators as per Article 8, Grievance Procedure:

1. David Kotzian
2. Pat McDonald
3. Tom Gravelle

FOR THE UNION:



Ronald Kurkowski, President



James Andary, Legal Counsel for RoadTech



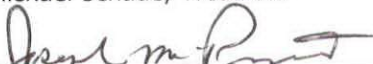
Doug Shafer, Recording Secretary



Adam Haffey, Vice President



Michael Schade, Treasurer



Joseph Prevost, Steward

FOR THE EMPLOYER:



Karlyn Semlow, Director
Human Resources and Labor Relations

Dated: March 31, 23

MEMORANDUM OF UNDERSTANDING

REGARDING

CERTAIN HEALTH BENEFITS

WHEREAS, the County of Macomb currently offers health insurance coverage to covered females that includes an elective abortion benefit and excludes prescription drug coverage for contraceptives and excludes coverage for voluntary sterilization; and,

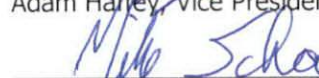
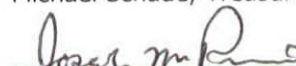
WHEREAS, the Macomb County Board of Commissioners has, by resolution, forbidden the use of public funds for elective abortion;

NOW BE IT RESOLVED THAT, the County of Macomb and the Road Technicians Association hereby agree to remove elective abortion coverage from the health insurance offered through their collective bargaining agreement and substitute prescription drug coverage for contraceptives and coverage for voluntary sterilization. Provided, however, nothing in this Memorandum of Understanding shall deny medically necessary care to a covered female, or apply in cases where pregnancy is the result of criminal sexual assault.

FOR THE UNION:



Ronald Kurkowski, President


James Andary, Legal Counsel for Road Tech
Doug Shafer, Recording Secretary
Adam Haffey, Vice President
Michael Schade, Treasurer
Joseph Prevost, Steward

FOR THE EMPLOYER:



Karlyn Semlow, Director
Human Resources and Labor Relations

Dated: March 31, 23