

APPENDIX A

EMPLOYING DEPARTMENTS AND AGENCIES WITH CORRESPONDING LOCAL 526M CHAPTERS

As of October 1, 2011

DEPARTMENT OF CORRECTIONS

Correctional Facilities Administration

<u>Agency</u>	<u>Chapter</u>
Alger Correctional Facility	Alger
Baraga Correctional Facility	Baraga
Bellamy Creek Correctional Facility	Bellamy Creek
Earnest G. Brooks Correctional Facility	Brooks
Carson City.....	Carson City
Central Michigan Correctional Facility.....	Central Michigan
Chippewa Correctional Facility	Chippewa
Cooper Street Correctional Facility	Cooper Street
G. Robert Cotton Correctional Facility	Cotton
Charles E. Egeler Reception and Guidance Center.....	Egeler
Gus Harrison Correctional Facility.....	Adrian
Richard A. Handlon Correctional Facility	MTU
Ionia Correctional Facility	Ionia
Kinross Correctional Facility.....	Kinross
Lakeland Correctional Facility	Lakeland
Macomb Correctional Facility	Macomb
Marquette Branch Prison.....	Earl DeMarse
Michigan Reformatory	Michigan Reformatory
Mound Correctional Facility.....	Mound
Newberry Correctional Facility	Newberry
Oaks Correctional Facility	Oaks
Ojibway Correctional Facility	Ojibway
Parnall Correctional Facility.....	Parnall
Pugsley Correctional Facility	Pugsley
Ryan Correctional Facility	Ryan
Saginaw Correctional Facility	Saginaw
St. Louis Correctional Facility.....	St Louis
Thumb Correctional Facility.....	Thumb
West Shoreline Correctional Facility	West Shoreline
Woodland Center Correctional Facility.....	Woodland
Women's Huron Valley.....	Women's Huron Valley

Special Alternative Incarceration (SAI) Program

SAI, Chelsea	SAI
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APPENDIX C

**AFFIRMATIVE ACTION LAYOFF EXCEPTION
IMPASSE PANEL DECISION 12/16/80**

STATE OF MICHIGAN

CIVIL SERVICE COMMISSION
EMPLOYMENT RELATIONS BOARD

William G. Milliken, Governor

GEORGE E. CULLEN
AUBREY V. MCCUTCHEON, JR.
ROBERT O. BRENNER

**DEPARTMENT OF CIVIL SERVICE
LEWIS CASS BUILDING
320 S. Walnut Street, Box 30002
Lansing, Michigan 48909**

RICHARD A. ROSS, State Personnel Director

AN IMPASSE PANEL PROPOSAL FOR DECISION

STATE OF MICHIGAN, OFFICE OF THE STATE
EMPLOYER (OSE),
and
MICHIGAN CORRECTIONS ORGANIZATION,
LOCAL 526-M, S.E.I.U., AFL-CIO, (MCO).

MAILING DATE

December 16, 1980
IP 80-2

ISSUES

1. Layoff, Affirmative
Action Layoff
2. Compensation,
Security Unit
Premium

UNIT

Security (C-12) Unit
* * * * *

DECISION

- A. The affirmative action exception to seniority layoff proposed by the Employer shall be included in the contract, but instead of the OSE proposed provisions in the second and third paragraphs following Section D.3.d., the Board substitutes:

The affirmative action exception, Sub-section d. above, shall be used in accordance with MEEOC and Civil Service Commission guidelines for implementation of Civil Service Rule 1.2b.

APPENDIX D
ARTICLE 27
SECURITY UNIT SALARY SCHEDULE - October 1, 2011

Pay Ranges		Base Minimum	End of 6 Mths	End of 1 Year	End of 18 Mths	End of 2 Years	End of 30 Mths	End of 3 Years	End of 42 Mths	End of 4 Years	End of 54 Mths	End of 5 Years	End of 66 Mths	End of 6 Years
CO 8	Annual	\$33,073.92	\$34,076.16	\$35,036.64	\$39,504.96	\$40,110.48	\$41,488.56	\$42,198.48	\$43,388.64		\$46,040.40		\$48,546.00	
CMO 8	Biweekly	\$1,267.20	\$1,305.60	\$1,342.40	\$1,513.60	\$1,536.80	\$1,589.60	\$1,616.80	\$1,662.40		\$1,764.00		\$1,860.00	
FSA 8	Hourly	\$15.84	\$16.32	\$16.78	\$18.92	\$19.21	\$19.87	\$20.21	\$20.78		\$22.05		\$23.25	
CO E9	Annual	\$34,368.48	\$35,308.08	\$36,247.68	\$40,820.40	\$41,488.56	\$42,887.52	\$44,035.92	\$45,267.84		\$47,314.08		\$50,675.76	
CMO E9	Biweekly	\$1,316.80	\$1,352.80	\$1,388.80	\$1,564.00	\$1,589.60	\$1,643.20	\$1,687.20	\$1,734.40		\$1,812.80		\$1,941.60	
FSA 9	Hourly	\$16.46	\$16.91	\$17.36	\$19.55	\$19.87	\$20.54	\$21.09	\$21.68		\$22.66		\$24.27	
SAI OFF 9														
CMUO E10	Annual	\$35,600.40	\$36,560.88	\$37,542.24	\$42,198.48		\$44,390.88		\$46,395.36		\$49,548.24		\$53,766.00	
CTO E10	Biweekly	\$1,364.00	\$1,400.80	\$1,438.40	\$1,616.80		\$1,700.80		\$1,777.60		\$1,898.40		\$2,060.00	
FSA E10	Hourly	\$17.05	\$17.51	\$17.98	\$20.21		\$21.26		\$22.22		\$23.73		\$25.75	
RUO 10														
SAI OFF E10														
CRR E10	Annual	\$31,236.48		\$36,853.20		\$42,511.68		\$45,267.84		\$47,877.84		\$51,657.12		\$56,438.64
CSR E10	Biweekly	\$1,196.80		\$1,412.00		\$1,628.80		\$1,734.40		\$1,834.40		\$1,979.20		\$2,162.40
	Hourly	\$14.96		\$17.65		\$20.36		\$21.68		\$22.93		\$24.74		\$27.03

**APPENDIX E
ARTICLE 27
SECURITY UNIT SALARY SCHEDULE - October 1, 2012**

Pay Ranges / Job Codes		Base Minimum	End of 6 Mths	End of 1 Year	End of 18 Mths	End of 2 Years	End of 30 Mths	End of 3 Years	End of 42 Mths	End of 4 Years	End of 54 Mths	End of 5 Years	End of 66 Mths	End of 6 Years
CO 8	Annual	\$33,408.00	\$34,410.24	\$35,391.60	\$39,901.68	\$40,507.20	\$41,906.16	\$42,616.08	\$43,827.12		\$46,499.76		\$49,026.24	
CMO 8	Biweekly	\$1,280.00	\$1,318.40	\$1,356.00	\$1,528.80	\$1,552.00	\$1,605.60	\$1,632.80	\$1,679.20		\$1,781.60		\$1,878.40	
FSA 8	Hourly	\$16.00	\$16.48	\$16.95	\$19.11	\$19.40	\$20.07	\$20.41	\$20.99		\$22.27		\$23.48	
CO E9	Annual	\$34,702.56	\$35,663.04	\$36,602.64	\$41,238.00	\$41,906.16	\$43,326.00	\$44,474.40	\$45,727.20		\$47,794.32		\$51,176.88	
CMO E9	Biweekly	\$1,329.60	\$1,366.40	\$1,402.40	\$1,580.00	\$1,605.60	\$1,660.00	\$1,704.00	\$1,752.00		\$1,831.20		\$1,960.80	
FSA 9	Hourly	\$16.62	\$17.08	\$17.53	\$19.75	\$20.07	\$20.75	\$21.30	\$21.90		\$22.89		\$24.51	
SAI OFF 9														
CMUO E10	Annual	\$35,955.36	\$36,936.72	\$37,918.08	\$42,616.08		\$44,829.36		\$46,854.72		\$50,049.36		\$54,308.88	
CTO E10	Biweekly	\$1,377.60	\$1,415.20	\$1,452.80	\$1,632.80		\$1,717.60		\$1,795.20		\$1,917.60		\$2,080.80	
FSA E10	Hourly	\$17.22	\$17.69	\$18.16	\$20.41		\$21.47		\$22.44		\$23.97		\$26.01	
RUO 10														
SAI OFF E10														
CRR E10	Annual	\$31,549.68		\$37,229.04		\$42,929.28		\$45,727.20		\$48,358.08		\$52,179.12		\$57,002.40
CSR E10	Biweekly	\$1,208.80		\$1,426.40		\$1,644.80		\$1,752.00		\$1,852.80		\$1,999.20		\$2,184.00
	Hourly	\$15.11		\$17.83		\$20.56		\$21.90		\$23.16		\$24.99		\$27.30

APPENDIX F

ARTICLE 15, PART B DEPARTMENT OF CORRECTIONS BID ASSIGNMENTS

NOTE: The parties agree to initiate all bid assignments negotiated at the local level. If a dispute arises and cannot be settled at the local level, MCO and DOC will meet and attempt to resolve any differences. In addition, changes in bid assignments that may subsequently be negotiated at the local level will be forwarded to MCO and DOC.

Some bid positions may be identified as having specific qualifications or requirements per policy directive or local agreement, which the individual must possess when submitting a bid for the assignment and must maintain to continue holding the assignment.

BID JOBS – ALGER MAXIMUM CORRECTIONAL FACILITY (LMF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Entry Control/PSV	Entry Control/PSV	Cedar Unit	None
PSV/Entry Control	PSV/Entry Control	Maple Unit	
ECO/Post 5	Electronic Control Officer	Pine Unit	
Post 5/ECO	Control Center Officer	Spruce Unit	
Yard One	Yard One	Yard Officer	
Rover One	Rover One		
School Officer	School Officer		
Information Desk Officer	Information Desk Officer		
Cedar Unit	Cedar Unit		
Maple Unit	Maple Unit		
Pine Unit	Pine Unit		
Spruce Unit	Spruce Unit		

BID JOBS – BARAGA CORRECTIONAL FACILITY (AMF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Yard (1)	PSV/Entry Control (1)	Unit 8 West (1)	School Officer (1)
Unit 5 (1)	Unit 5 (1)	Rover (2)	
Unit 6 (1)	Unit 6 (1)	Yard/PSV (1)	
Unit 7 (1)	Unit 7 (1)	PSV/Yard (1)	
Unit 8 (2)	Activity Rover (3)		
Activity Rover (3)	Yard (1)		
Information Desk (1)	Information Desk (1)		

BID JOBS – BELLAMY CREEK CORRECTIONAL FACILITY (IBC)

First Shift

1 RUO in Housing Unit 1
 1 RUO in Housing Unit 2
 1 RUO in Housing Unit 3
 1 RUO in Housing Unit 4
 1 RUO in Housing Unit 5
 1 RUO in Housing Unit 6
 1 RUO in Housing Unit 7
 1 RUO in Housing Unit 8
 1 CO in Housing Unit 3
 1 CO in Housing Unit 6
 1 CO in Housing Unit 7
 1 PSV Officer
 2 School Officers

Second Shift

1 RUO in Housing Unit 1
 1 RUO in Housing Unit 2
 1 RUO in Housing Unit 3
 1 RUO in Housing Unit 4
 1 RUO in Housing Unit 5
 1 RUO in Housing Unit 6
 1 RUO in Housing Unit 7
 1 RUO in Housing Unit 8
 1 CO in Housing Unit 3
 1 CO in Housing Unit 4
 1 CO in Housing Unit 5
 1 CO in Housing Unit 7
 1 PSV Officer
 1 School Officer

Third Shift

1 CO in Housing Unit 1
 1 CO in Housing Unit 2
 1 CO in Housing Unit 8
 1 Yard Officer
 1 Yard Rover
 1 PSV Officer/HU1
 (4 on and 4 off)

First Shift – Bid/Prime

RDO Positions
 Health Services *
 Maintenance*
 MSI*
 Property*
 Sallyport*
 Tower A*

Second Shift –Bid/Prime

RDO Positions
 Property

*These positions on the 6-2 shift will have work hours that fit the activity for the positions and include prime RDO's.

Current bid positions, on shifts where bid positions are in excess of 20% of the total assignments, will not be re-bid after being vacated until the bid positions fall below 20% of the total assignments for the shift. If the bid positions fall below 20%, Management will not be required to fill bid positions in excess of 20% of the total assignments for that shift.

BID JOBS – BROOKS CORRECTIONAL FACILITY (LRF)

First Shift

Food Service
 Fremont Unit
 Health Services
 MSI
 PSV
 Property Room
 Sallyport
 Yard
 Yard

Second Shift

Food Service
 Fremont Unit
 Front Desk
 Health Services
 PSV/Bubble
 School
 Yard
 Yard

Third Shift

Fremont Unit
 PSV/Bubble
 Yard
 Yard

BID JOBS – CARSON CITY CORRECTIONAL COMPLEX (DRF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Segregation (2)	Segregation (2)	Segregation
400 Unit	400 Unit	Yard Rover West
West Yard Rover	East Yard Rover	500 Unit (2)
Close Gate/Tower	East Food Service	1200 Unit
West Gym	West Gym	A Unit
Infirmery	ARV/Bubble	B Unit
School	Tower 2/Close Gate	400 Unit
Electronic Monitoring	East School	Yard 7/ARV West
Tower 1/Sallyport	500 Unit	Yard Rover East (3)
East A Unit	West Food Service	
East Yard	East Yard Rover	
West 400 Unit	West Yard Rover	
West Yard 7	West School	
MSI Rover	B Unit	
B Unit	A Unit (2)	
G Unit		
East School		

The above bid positions shall be continued for the duration of the MCO agreement running from 1/1/2012 thru 12/31/2013. Vacated bids will be lost for the DRF chapter until such time that the contractual 20% is reached.

BID JOBS – CENTRAL MICHIGAN CORRECTIONAL FACILITY (STF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Yard (4)	Yard (5)	Yard (4)
Gym	Gym	Yard/PSV
Food Service(2)	School (2)	J-Unit
K-Unit	K-Unit (2)	Q-Unit
Q-Unit	R-Unit	G-Unit
B-Unit	C-Unit	H-Unit
G-Unit	Food Service	
PSV		

BID JOBS – CHARLES EGELER CORRECTIONAL FACILITY (RGC)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
1 Block (4)	1 Block (1)	1 Block (2)	DWH/Clinic (1)
2 Block (2)	3 Block (3)	Allegiance Secure Unit (1)	
3 Block (1)	Control Center	2 Block South (1)	
	Count Officer (1)		
Control Center	Yard (3)		
Count Officer (1)			
DWH (6)	DWH (6)		
Allegiance Secure Unit (4)	Allegiance Secure Unit (2)		

Current bid positions, on shifts where bid positions are in excess of 20% of the total assignments, will not be re-bid after being vacated until the bid positions fall below 20% of the total assignments for that shift. If the bid positions fall below 20%, Management will not be required to fill bid positions in excess of 20% of the total assignments for that shift.

BID JOBS – CHIPPEWA CORRECTIONAL FACILITY (URF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Steamboat (2)	Steamboat (2)	Steamboat (1)*	Sallyport (1)
Quarry (1)*	Quarry (1)*	Quarry (1)*	
Round (2)	Round (2)	Round (1)	
Yard 1	Yard 1	Pike (1)	
Yard 4	Yard 4	Yard (1)	
ARV	ARV	Rover 1	
School (2)	School (2)	Rover 2	
Information Desk (2)	Information Desk (2)	A-Unit (1)	
Food Service West	Food Service West	B-Unit (1)	
A Unit (1)	A Unit (1)		
G Unit (1)	G Unit (1)		
	Yard 3		

*May rotate employee from assignment up to two pay periods, twice a year on the same shift.

BID JOBS – COOPER STREET CORRECTIONAL FACILITY (JCS)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
A Unit (1)	A Unit (1)	B Unit (1)
B Unit (1)	B Unit (1)	D Unit (1)
C Unit (1)	C Unit (1)	E Unit (1)
D Unit (1)	D Unit (1)	G Unit (1)
E Unit (1)	E Unit (1)	I Unit (1)
F Unit (1)	F Unit (1)	J Unit (1)
G Unit (1)	G Unit (1)	Yard 20
H Unit (1)	H Unit (1)	Yard 21
I Unit (1)	I Unit (1)	Yard Rover 22
J Unit (1)	J Unit (1)	
K Unit (1)	K Unit (1)	
Sallyport (1)	School Officer (1)	
School Officer (1)	Yard 21	
Kitchen Officer (1)	Yard 20	
Yard 20	Kitchen Officer (1)	
Yard 21		
Dress Out		

BID JOBS – G. ROBERT COTTON CORRECTIONAL FACILITY (JCF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Temporary F Unit (1)	Temporary F Unit (1)	Temporary F Unit (1)
Cotton AB Unit (1)	Cotton AB Unit (1)	Cotton AB Unit (1)
Cotton CD Unit (1)	Cotton CD Unit (1)	Cotton CD Unit (1)
Cotton EF Unit (1)	Cotton EF Unit (1)	Cotton EF Unit (1)
Cotton GH Unit (1)	Cotton GH Unit (1)	Cotton GH Unit (1)
Cotton IJ Unit (2)	Cotton IJ Unit (2)	Cotton IJ Unit (1)
Yard (2)	Yard (2)	Yard (2)
L Unit (2)	G.P. Back Yard (1)	
School (1)		
Infirmary (1)		

BID JOBS – GUS HARRISON CORRECTIONAL FACILITY (ARF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Housing Unit 3	Housing Unit 3	Housing Unit 3	Property Room
Housing Unit 4	Housing Unit 4	Housing Unit 4	
Housing Unit 5	Housing Unit 5	Housing Unit 5	
Housing Unit 4 Yard	Housing Unit 4 Yard	North Yard Rover	
North Yard Rover	North Yard Rover	South Yard Control (2)	
South Yard (2)	South Yard (2)	North Yard Control	
North Infirmary	North Infirmary	ARV/North Yard	
South Infirmary	South Infirmary	North Yard/ARV	
North School	North School		
South School	South School		
South Food Service	South Food Service		
South Info Desk	South Info Desk		
Chapel	Chapel		
ARV	ARV		

BID JOBS – RICHARD A. HANDLON MICHIGAN TRAINING UNIT (MTU)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Bubble	Bubble	Bubble
Yard Rovers (2)	Yard Rovers (2)	Yard Rovers (2)
Roving Chase Vehicles	Roving Chase Vehicles	Roving Chase Vehicles
7 Post *	Voc/School	4 Hours to B Unit
A Unit (2)	Roving Officer*	4 Hours to Vehicle
B Unit (2)	Field House (1)	A Unit (2)
C Unit (1)	A Unit (2)	B Unit (1)
D Unit (1)	B Unit (1)	C Unit (1)
E Unit (1)	C Unit (1)	D Unit (1)
F Unit (1)	D Unit (1)	E Unit (1)
	E Unit (1)	F Unit (2)
	F Unit (2)	

*M-F assignment with weekends and holidays off.

BID JOBS – HURON VALLEY COMPLEX – WOMENS (WHV)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Calhoun Acute Housing (2)	Calhoun Acute Housing (2)	Calhoun Acute (1)	Vehicular Sallyport
RTP Emmet A (1)	RTP Emmet A (1)	Emmet RTP (1)	
Kent Infirmary (1)	Kent Infirmary (1)	Infirmary (1)	
Gate West (1)	Gate West (1)	Yard East (1)	
Yard Control West (1)	Yard Control West (1)	Yard West (1)	
Yard Control East (1)	Yard Control East (1)	Arsenal (1) ½ Shift-ARV (1) ½ shift	
Arsenal (1)	Arsenal (1)	Housing Unit 1, C Wing (1)	
Housing Unit 1, C Wing (2)	Housing Unit 1, C Wing (2)	Housing Unit 1, B Wing (1)	
Housing Unit 1, B Wing (1)	Housing Unit 1, B Wing (1)	Housing Unit 6 (1)	
Housing Unit 6 (1)	Housing Unit 6 (1)	Housing Unit 9 (1)	
Housing Unit 9 (2)	Housing Unit 9 (2)		
ARV (1)	ARV (1)		
Food Service (1)	Food Service (1)		
Field House (1)	Field House (1)		

BID JOBS – IONIA MAXIMUM CORRECTIONAL FACILITY (ICF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Alert Response (1)	Alert Response (1)	Alert Response (1)	Infirmary (1)
Yard 25 (1)	Rover 22 (1)	Yard 25 (1)	Medical Bubble (1)
Yard 28 (1)	Yard 25 (1)	Yard 26 (1)	
Yard 49 (1)	Yard 28 (1)	Yard 28 (1)	
1 Post (1)	1 Post (1)	1 Post (1)	
4 Post (1)	4 Post (1)	Unit 4 (1)	
Unit 3 (1)	Unit 3 (1)		
Unit 4 (1)	Unit 4 (2)		
Unit 5 (1)	Unit 5 (1)		
Unit 6 (1)	Unit 6 (1)		
Unit 7 (1)	Unit 7 (1)		

BID JOBS – KINROSS CORRECTIONAL FACILITY (KCF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Segregation (2)	Segregation (2)	Segregation (2)
A Unit (3)	A-2	A-2
C-1	A-3	A-3
Kitchen	A-Unit 2/3 Rover	B-1
Annex	C-1	C-1
Rover 5	Kitchen	D-2
Sallyport	Annex	Rover 2
MSI	Rover 1	Rover 8
Health Services	Gym Rover	
Property	MSI	
Vocational School		

BID JOBS – LAKELAND CORRECTIONAL FACILITY (LCF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Bldg A 1/4	Bldg A 1/4	Bldg A 1/4
Bldg A 2/3	Bldg A 2/3	Bldg A 2/3
Bldg B1	Bldg B1	Bldg B1
ARV/East Yard (1)	Yard Unit #14 (1)	East Yard/ARV (1)
East Yard/ARV (1)	Yard Unit #16 (1)	Yard Unit #19 (1)
Control Center	Control Center	Control Center
Segregation	Segregation	Segregation
G Bldg School (M-F)	G Bldg School (M-F)	
D Bldg School (M-F)		
Property Room (M-F)		
Sallyport (M-F)		

BID JOBS – MACOMB CORRECTIONAL FACILITY (MRF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Information Desk	Information Desk	PSV (1)	Tower 61
PSV (1)	PSV (1)	Yard (2)	Public Works (1)
Yard (2)	Yard (2)	Housing Unit 6 (2)	
Food Service (1)	Food Service (1)		
School (1)	School (1)		
Gym (1)	Gym (1)		
Housing Unit 6 (2)	Housing Unit 6 (2)		

BID JOBS – MARQUETTE BRANCH PRISON (MBP)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Trusty Division (8)	Trusty Division (8)	Trusty Division (8)	Check Station (1)
Brooks Center (1)	Brooks Center (1)	Brooks Center (1)	Big Gate (1)
Quarantine (1)	Quarantine (1)	B Block (1)	MSI (1)
Front Door (1)	Front Door (1)	G Block (1)	
Yard (2)	Yard (2)	Central Tower/E Block (switch at half)	
TD Rover (1)	TD Rover (1)	Post 5/Front Door (switch at half)	

BID JOBS – MICHIGAN REFORMATORY (RMI)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Infirmery Officer	Infirmery Officer	G Block Officer	Sallyport Officer
Control Center Clerk	Control Center Clerk	I-1 Officer	
Kitchen Officer	Kitchen Officer	J-5 Officer	
Yard Officer 1	Yard Officer 1	Yard Officer	
Yard Officer 2	Yard Officer 2	Rover Officer	
A Ward	I-5 Inside Officer	I Rover Officer	
Rover Officer 1	Rover Officer 1		
Annex Officer	J Rover Officer		
Temp Seg Officer	G Block Officer		
J-5 Officer (6-2 shift)	Property Officer		
Front Desk	Front Desk		

BID JOBS – NEWBERRY CORRECTIONAL FACILITY (NCF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
PSV 35	PSV 35	PSV 35/Bubble
Yard 15	Yard 15	Bubble/PSV 35
Activity Rover 19	Q-Unit Officer	Yard 15
Activity Rover 20	Activity Rover 20	Yard 16
Food Service	Food Service	Food Service
Information Desk	Information Desk	Housing Unit 2
Health Services	Health Services	Housing Unit 6
School	School	

BID JOBS – OAKS CORRECTIONAL FACILITY (ECF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>8-4 Shift-Prime RDO's M-F</u>
Housing Unit 1	Housing Unit 1	Housing Unit 1	B-Tower
Housing Unit 2	Housing Unit 2	Housing Unit 2	Property Room
Housing Unit 6	Rover 11	Housing Unit 3	
Housing Unit 7	Rover 12/A Tower	Housing Unit 4	
Rover 11	Rover 13/ ARV (2)	Housing Unit 5	
Rover 12 (Sallyport)	Rover 14/ C-Tower (2)	Rover 15	
Rover 14/C-Tower (1)	Rover 15		
Food Service	300 Building		
300 Building	Health Care (M-F)		
ARV/Rover (1)			
Health Care (M-F)			

BID JOBS – OJIBWAY CORRECTIONAL FACILITY (OCF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Gym/Rover	Gym/Rover	PSV/Yard 1
Yard 1	PSV/Gate	Yard 2
Yard 2	Yard 1	B Unit
Rover/PSV	Rover 1	C Unit
School	School	
Rover 3	Visiting Room/Rover	

BID JOBS – PARNELL CORRECTIONAL FACILITY (SMT)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
9 Block (2)	9 Block (2)	9 Block (1)
10 Block (2)	10 Block (2)	10 Block (1)
16 Block (2)	16 Block (2)	16 Block (1)
Control Center (1)	Control Center (1)	Yard (1)
Yard (1)	Yard (1)	

This list reflects a reduction of bid positions from the previous contract. Any filled positions not on the current list will not be filled upon being vacated.

BID JOBS – PUGSLEY CORRECTIONAL FACILITY (MPF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Yard 13	Yard 11	Yard 12/Bubble 56	Work Crew (7)
Yard 15	Yard 13	Housing 1 A/B Unit 27	
Programs 17	Food Service 16	Housing 3 A/B Unit 35	
Yard 19/PSV 18	Programs 17	Housing 4 C/D Unit 39	
Housing 1 A/B Unit 27	Yard 19/PSV 18		
Housing 4 C/D Unit 39	Housing 4 C/D Unit 39		

BID JOBS – RYAN CORRECTIONAL FACILITY (RRF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Health Care (1)	Health Care (1)	200 Bldg. (1)	Property Room (1)
Info Desk (1)	Info Desk (1)	500 Bldg. (3)	Sallyport (1)
500 Bldg. (2)	500 Bldg. (2)	800 Bldg. (2)	Tower 3 (1)
Food Service (1)	Food Service (1)	Food Service (1)	MSI Factory (1)
Yard (1)	Yard (2)	Yard (2)	
Tower 4 (1)	Tower 4 (1)		
School (1)	School (1)		
800 Bldg/Seg (3)	Visiting Room (1)		
	800 Bldg/Seg (3)		

Nine (9) bid assignments will be relinquished based upon attrition. As staff vacates the position, the bid assignment will be relinquished until the facility reaches the authorized 28 assignments.

BID JOBS – SAGINAW CORRECTIONAL FACILITY (SRF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Unit 400 (1)	Unit 400 (1)	Unit 400 (1)
Unit 500 (1)	Unit 700 (1)	Unit 1200 (1)
Unit 1200 (1)	Unit 1200 (1)	PSV/Bubble
Segregation (1)	Yard 32	Bubble/PSV
School (1)	PSV/Yard 36	Yard 33
Yard 32	Yard 36/PSV	Yard 34
Yard 36/PSV	Segregation (1)	
PSV/Yard 36	Food Service (1)	
Yard 38	School (1)	
Sallyport	Infirmery/Tower #2	

BID JOBS – ST. LOUIS CORRECTIONAL FACILITY (SLF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Housing Unit 1	Housing Unit 5	Housing Unit 6
Housing Unit 4	Programs Officer – 35	Housing Unit 7
Housing Unit 5	Gym Officer – 26	Yard – 29
Housing Unit 7 – Bubble	A-Rover	Yard – 38
Programs Officer – 35	C-Post	Yard – 39
A-Rover	Information Desk – 28	
C-Post	Yard Rover – 29	
Yard Rover – 29	Yard Rover – 30	
Yard Rover – 30	Yard Rover – 34	
Yard Rover – 33	Yard – 38	
Yard Rover – 34	Yard – 39	
Yard – 40		

BID JOBS – THUMB CORRECTIONAL FACILITY (TCF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Food Service	Food Service	Food Service
Control Center	Control Center	Control Center
Bubble	Bubble	
School	School	
Gym	Gym	
Information Desk	Information Desk	
Health Care		
Sallyport		
Property Room (1)		

BID JOBS – WEST SHORELINE CORRECTIONAL FACILITY (MTF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Yard (2)	Yard (1)	Yard (2)
School	Bubble	Bubble (2 halves)
Apple Unit	School	
	Information Desk	

BID JOBS – WOODLAND CORRECTIONAL FACILITY (WCC)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Yard 30	Yard 30	Yard 30	Medical officer
Front Desk	Front Desk	Rover 41	
Pod 1 Base	Pod 1 Base	Pod 3 B-wing	
Pod 2 Base	Pod 2 Base	Pod 7 B-wing	
Pod 3 Base	Pod 3 Base	Pod 8 B-wing	
Pod 7 B-Wing	Pod 7 Base	Pod 9 B-wing	
Pod 8 B-Wing	Pod 8 Base		
Rover 70	Rover 70		

APPENDIX G

Article 15, Part B DEPARTMENT OF COMMUNITY HEALTH BID ASSIGNMENTS

Bid Jobs - Center for Forensic Psychiatry (CFP)

Transporter*
Security Console
Property Room*

* The hours of work for these positions shall be determined by the Employer.

Note: These bid assignments are effective January 2012, and will remain in effect unless altered through secondary negotiations or by mutual agreement of the parties.

**APPENDIX H
ARTICLE 30
STATE HEALTH PLAN PPO – BENEFIT CHART**

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

State Health Plan (PPO)

In-Network

Out-of-Network

Preventive Services – Limited to \$1500 per calendar year per person

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

Preventive Services – Not Subject To Maximum Limit

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

Physician Office Services

Office Visits Effective October 1, 2008	Covered - \$10 co-pay Covered - \$15 co-pay	Covered - 90% after deductible, must be medically necessary
Outpatient and Home Visits	Covered - 100% after deductible	Covered - 90% after deductible, must be medically necessary
Office Consultations Effective October 1, 2008	Covered - \$10 co-pay Covered - \$15 co-pay	Covered - 90% after deductible, must be medically necessary

In-Network**Out-of-Network****Emergency Medical Care**

Hospital Emergency Room-approved diagnosis, prudent person rule Effective October 1, 2008	Covered 100% for emergency medical illness or accidental injury Covered – 100%, after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury	Covered 100% for emergency medical illness or accidental injury Covered – 100%, after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury
Ambulance Services - medically necessary for illness and injury	Covered 100% after deductible	Covered 100% after deductible

Diagnostic Services

Laboratory and Pathology Tests	Covered - 100% after deductible	Covered - 90% after deductible
Diagnostic Tests and X-rays	Covered - 100% after deductible	Covered - 90% after deductible
Radiation Therapy	Covered - 100% after deductible	Covered - 90% after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes care provided by a Certified Nurse Midwife	
Delivery and Nursery Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes delivery provided by a Certified Nurse Midwife	

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies, and Blood Storage	Covered – 100% after deductible Unlimited Days	Covered – 90% after deductible Unlimited Days
Inpatient Consultations	Covered – 100% after deductible	Covered – 90% after deductible
Chemotherapy	Covered – 100% after deductible	Covered – 90% after deductible

Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100% after in-network deductible
	120 days per confinement
Hospice Care	Covered – 100%
	Limited to the lifetime dollar max. that is adjusted annually by the state
Home Health Care	Covered – 100% after in-network deductible
	Unlimited visits

Surgical Services

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

In-Network**Out-of-Network****Human Organ Transplants**

Specified Organ Transplants - in designated facilities only - when coordinated through the TPA	Covered – 100% after deductible in designated facilities only	Covered – 100% after deductible in designated facilities only
	Up to \$1 million maximum per transplant type	
Bone Marrow - when coordinated through the TPA - specific criteria applies	Covered – 100% after deductible	Covered – 90% after deductible
Kidney, Cornea and Skin	Covered – 100% after deductible	Covered – 90% after deductible

Mental Health Care and Substance Abuse – Covered under non-BCBSM contract

Inpatient Mental Health	100% up to 365 days per year. Partial Day Hospitalization at 2:1 ratio	50%, up to 365 days per year
Outpatient Mental Health Care	90% of network rates	50% of network rates
Inpatient Alcohol & Chemical Abuse Care	100% up to two 28-day admissions per calendar year, with 60-day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100%	50% up to two 28-day admissions per calendar year, with 60-day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 50%
Outpatient Alcohol & Chemical Abuse	90% of network rates; Limit \$3,500/year chemical dependency only	50% of network rates; Limit \$3,500/year chemical dependency only

Other Services

Allergy Testing and Therapy	Covered – 100% after deductible	Covered – 90% after deductible
Rabies treatment after initial emergency room treatment	Covered – 90% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation Effective October 1, 2008	Covered - \$10 co-pay Covered - \$15 co-pay	Covered – 90% after deductible
	Up to 24 visits per calendar year	
Outpatient Physical, Speech and Occupational Therapy		
Facility and Clinic	Covered – 100% after deductible	Covered – 100% after deductible
Physician's Office - excludes speech and occupational therapy	Covered – 100% after deductible	Covered – 90% after deductible
	Up to a combined maximum of 90 visits per calendar year	
Durable Medical Equipment	Covered –100% of approved charges	Covered 80% of approved charges
Prosthetic and Orthotic Appliances	Covered –100% of approved charges	Covered –80% of approved charges
Private Duty Nursing	Covered – 90% after in-network deductible	
Prescription Drugs	Covered under non-BCBSM contract	Covered under non-BCBSM contract

Other Services (cont.)	In-Network	Out-of-Network
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Hearing Care Program Effective October 1, 2008	\$10 office visits; more frequent than 36 months if standards met \$15 office visits; more frequent than 36 months if standards met	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after in-network deductible (up to 20 visits annually)	
Weight Loss Benefit	Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction.	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300 (Additional wigs covered for children due to growth)	

Deductible, Co-pays and Dollar Maximums

Deductible Effective January 1, 2009	\$200 per member; \$400 per family \$300 per member; \$600 per family	\$500 per member; \$1,000 per family \$600 per member, \$1200 per family
Co-pays		
Fixed Dollar Co-pays - Do not apply toward deductible Effective October 1, 2008	\$10 for office visits/consultations, Chiropractic \$15 for office visits/consultations, Chiropractic	
Percent Co-pays - MH/SA co-pays do not apply toward deductible - Services without a network are covered at the in-network level	10% for MH/SA outpatient, chiropractic, and private duty nursing	10% for most services; MH/SA at 50%
Annual Dollar Maximums		
Fixed Dollar Co-pays - Do not apply toward out-of-pocket maximum	N/A	None
Percent Co-pays - MH/SA and private duty nursing co-pays do not apply toward out-of-pocket maximum	\$1,000 per member; \$2,000 per family	\$2,000 per member; \$4,000 per family
Dollar Maximums	\$5 million lifetime per member for all covered services and as noted above for individual services	

APPENDIX H-1

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

Preventive Services

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100% after \$20 office visit co-payment
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Well-baby and child care	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	Covered 100% after \$20 office visit co-payment
Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹	Covered 100%	Covered 80% after deductible	Check with HMO
Colonoscopy ¹	Covered 100%	Covered 80% after deductible	Covered 100% after \$20 office visit co-payment

¹ American Cancer Society guidelines apply

Physician Office Services

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

Emergency Medical Care

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

Diagnostic Services

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

Maternity Services

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

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

Hospital Care

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

Alternatives to Hospital Care

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

Surgical Services

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

Human Organ Transplants

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

Organ and Tissue Transplants

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

Other Services

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

Other Services continued...

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

Mental Health/Substance Abuse

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

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

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

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

Prescription Drugs

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

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

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

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

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

Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

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

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

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Deductible	\$400 per member \$800 per family	\$800 per member \$1,600 per family	None
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted

Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHPSA at 50%	None
Annual out-of-pocket dollar maximums ⁵	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	None

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

Premium Sharing

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

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

SECURITY UNIT

Appendix I (Article 30)

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

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

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

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

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

RULES FOR NETWORK USE

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

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

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

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

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

Out-of-pocket maximum	\$1,000/individual \$2,000/family	\$2,000/individual \$4,000/family
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NSHP PPO Member Costs Associated within In-Network or Out-of-Network Use (for eligible employees hired on or after April 1, 2010 and covered by the NSHP PPO).

	In-Network	Out-of-Network
Deductible	\$400/individual \$800/family	\$800/individual \$1,600/family
Copayments	Office Visits \$20 Services 0% or 10% Emergency \$200 co-pay if not admitted	Most services 20%
Preventive Services	Covered at 100%	Not covered
Out-of-Pocket Maximum	\$1,500/individual \$3,000/family	\$3,000/individual \$6,000/family

1. If a member has access to the network, the member receives benefits at the in-network level when a network provider is used. The member is responsible for the in-network deductible (if any) and co-payment (if any). If a network provider refers the member to an out-of-network SCP the member continues to pay in-network expenses.
2. If a member has access to the network, the member receives benefits at the out-of-network level when a non-network provider is used. The member is responsible for the out-of-network deductible (if any), and co-payment (if any).
 - If the non-network provider is a Blues' participating provider, the provider will accept the Blues' payment as payment in full. The member is responsible for the out-of-network deductible and co-payment. The member will not, however, be balance billed.
 - If the non-network provider is not a Blues' participating provider, the provider does not accept Blues' payment as payment in full. The member is responsible for the out-of-network deductible and co-payment. The member may also be balance billed by the provider for all amounts in excess of the Blues' approved payment amount.

When a member has access to the network and chooses to use an out-of-network provider, amounts paid toward the out-of-network deductible, co-

payment or out-of-pocket maximum cannot be used to satisfy the in-network deductible, co-payments or out-of-pocket maximum.

3. If a member does not have access to the network as provided above, the member will be treated as in-network for all benefits. The member will be responsible for the in-network deductible (if any) and co-payment (if any).
4. If a member does not have access to the network but then additional providers join the network so that the member would now be considered in-network, the member will be notified and given a reasonable amount of time in which to seek care from an in-network provider. Care received from a non-network provider after that grace period will be considered out-of-network and the out-of-network deductibles, co-payments and out-of-pocket maximums will apply. If a member is undergoing a course of treatment at the time he becomes in-network, the in-network rules will continue for that course of treatment only pursuant to the PPO standard transition policy. Once the course of treatment has been finished, the member must use an in-network provider or be governed by the out-of-network rules.

If a member is under a course of treatment on January 1, 2003 when the new State Health Plan is implemented, the member will be treated as in-network until the course of treatment is concluded pursuant to the PPO standard transition policy. After that, the level of benefits will be governed by the in/out-of-network rules of the new State Health Plan.