AGREEMENT BETWEEN

# Bloomfield Hills Schools Board of Education

AND

# Bloomfield Hills Association of Educational Interpreters and Interveners

December 17, 2021
through
June 30, 2024

Pat Watson, Superintendent
7273 Wing Lake Road, Bloomfield Hills, Michigan 48301

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## ARTICLE 1 - PREAMBLE

This Agreement is entered into on the 17th day of December, 2021 by and between the Board of Education, Bloomfield Hills Schools, County of Oakland, State of Michigan, the "Board or Employer," and the Bloomfield Hills Association of Educational Interpreters and Interveners **BHAEii** ("the Association").

## ARTICLE 2 - RECOGNITION

Pursuant to the applicable provisions of Act 379 of the Public Acts of 1965, as amended, the School Board recognizes the Association as the sole and exclusive representative for the purpose of collective bargaining with respect to wages, hours, and terms and conditions of employment for the term of this Agreement for staff members of the School Board included in the Bargaining Unit described below:

Interpreters and Interveners. The bargaining unit does not include supervisors, temporary substitute staff, special education center program staff, deaf and hard of hearing program staff, instructional assistants, and all other staff members.

## ARTICLE 3 - REPRESENTATION

A. Officer Notification

The Association will furnish the Employer with lists of its representatives who have dealings between the Employer and said Association, within five (5) working days after their appointment.

B. Association Representatives

Duly authorized local representatives of the Association shall be permitted to transact official Association business on school property provided that this shall not interfere with nor interrupt normal school operations.

C. Membership in the Association is not compulsory. Recognized employees have the right to join, not join, maintain, or terminate their membership in the Association as they see fit. Neither party shall coerce or discriminate against an employee in regards to membership in the Association.

D. The Association shall have the privilege to use school building facilities after student hours for meetings on the same basis as any civic organization in the School District, as established by Board Policy. Arrangements for such use must be made with the building administrator, or the facilities management system.

## ARTICLE 4 - MANAGEMENT RIGHTS

A. The Board of Education, on its own behalf and on behalf of the electors of the School District, hereby retains and reserves unto itself all powers, rights, authority, duties and responsibilities conferred upon and vested in it by the Constitution and laws of the State of Michigan, including, but without limiting the generality of the foregoing, the rights:

1. To the executive management and administrative control of the school system and its properties and facilities, and the activities of its staff members;

2. To hire all individuals and, subject to the provisions of law, to determine their qualifications and the condition for their continued employment, or for dismissal or demotion; and to promote and transfer all such individuals;

3. To determine the hours of employment and the duties, responsibilities, and assignment of staff members with respect thereto, and the terms and conditions of employment.

B. The exercise of the foregoing powers, rights, authority, duties and responsibilities by the Board, the adoption of policies, rules, and regulations and practices in furtherance thereof, and the use of judgment and discretion in connection therewith shall be limited only by the terms of this agreement, and then only to the extent such specific and express terms are in conformance with the Constitution and laws of the State of Michigan.

## ARTICLE 5 – EMPLOYEE RIGHTS

A. Legal Obligations
The Union and Employer agree to recognize those applicable laws governing individuals in the workplace.

B. Nondiscrimination
The provisions of this Agreement and the wages, hours, terms and conditions of employment shall be applied without discrimination based upon those classifications protected by applicable state and federal law.

C. Personnel File

1. Review of File
   Any employee will have the right, per existing law, to review the contents of their personnel and payroll file, excluding pre-employment information; and to have a Union representative present during such review. The file review will be conducted at a time mutually agreeable to the parties.

2. Response to Adverse Inclusions
   Information included in the file will be in compliance with current legal standards. In the event of adverse inclusions, the employee may submit a written response concerning such inclusion, which will also be included in the file. The employee signature on file contents will confirm only that such has been reviewed by the employee.

## ARTICLE 6 – UNION RIGHTS

A. Use of Facilities and Equipment

With the approval of the administration, the Union may have the right to use school facilities and equipment for meetings when such equipment and facilities are not otherwise in use. The Union shall pay for the cost of materials and supplies incidental to such use and shall be responsible for proper operation of all such equipment. The use of District equipment and facilities will be subject to prior approval of the administration and within Board policy.

B. Information

The Employer will provide information to enable the Union to develop appropriate negotiation proposals as required under the law. In response to reasonable requests, the District also agrees to furnish information that will assist the Association in developing programs on behalf of the employees and information which may be necessary for the Association to process any grievance. It is understood that the foregoing shall not be construed to require the board to compile information or statistics not already compiled or to furnish a copy of any document which has not become a matter of public record.

## ARTICLE 7 - COMPENSABLE LEAVE DAYS

A. Definition

Paid for leave time will be provided in order to protect the individual's income during periods of unavoidable absence. The Board's primary concern is for periods of personal illness; however, in appropriate circumstances compensable days for family illness, bereavement, emergencies and personal business constitute legitimate usage.

B. Accumulation

Each individual, who works 20 hours or more per week, shall be entitled to a current leave day earning at the rate of one day per month of employment service. These leave days for the current year shall be placed at the disposal of each individual on July 1st. Unused leave at the end of the school year shall be accumulated to a maximum of one hundred twenty (120) days for ten-month staff.

C. Use of Leave Days

Leave may be used in accordance with the following schedule and the Family and Medical Leave Act (FMLA) procedures as outlined in Appendix C. For all absences the individual is required to notify the school administration upon first knowledge of the necessity for the absence. It is agreed that the use of leave days will be confined to the legitimate purposes specified in the schedule which follows immediately.

1. Personal Illness: Bona Fide involuntary physical incapacity to report for and discharge duties. It is understood that a staff member may be required to provide a physician's statement on a District provided form in cases of illness.

2. Family Illness: Immediate family is defined as an employee's spouse, children or parents. Up to twelve (12) leave days per year may be used for this purpose. While on an approved Family Medical Leave, up to sixty (60) days per year may be used for illness in the immediate family. Any use of remaining leave days to care for a serious illness of a family member must receive prior approval from the Assistant Superintendent of Human Resources. See Appendix D for FMLA procedures.

3. Bereavement: Up to three (3) days will be approved for death in the immediate or secondary family. Additional paid days will be approved dependent on family relationships, circumstances, and/or travel involved as determined by the Human Resources Office, provided such additional leave days are available in the current or accumulated leave bank.

   An individual's immediate family shall include spouse, parents, children, or persons living in the individual's household. Secondary family is considered to include the individual's grandparents, brothers and sisters.

4. Personal Leave: Up to three (3) days per year from current leave days may be used for personal leave. Personal leave, in all cases except unforeseen emergency, requires at least two (2) days advance notice to the immediate supervisor. Personal leave cannot be utilized the day before or immediately following a holiday, vacation, recess or the beginning or ending of the school year unless approved by the Assistant Superintendent for Human Resources and Labor Relations.

5. Special leave for important and urgent matters that cannot be handled outside school hours or scheduled at any other time. Special leave days, however, will be at the discretion of the Assistant Superintendent for Human Resources and Labor Relations.

6. An individual may be provided three days from current leave days, with prior approval from the program supervisor, for the purpose of completing required State or National certification.

7. Religious Holidays: Up to two (2) days per year from current leave days may be used for religious holidays when the District does not have school.

D. Use of Accumulated Leave Bank

The individual's accumulated leave bank shall be available for use only for the reasons of personal illness or bereavement, and/or illness in the family as defined above, and in accordance with the Family and Medical Leave Act (FMLA). A copy of the procedures for using the FMLA are attached as Appendix C.

A staff member may use one personal leave day from the accumulated leave bank if the current leave is depleted and no days have been used for personal leave from the current leave bank.

E. Leave Day Provisions

Leave days shall not be used for personal pleasure or extended vacations. Abuse of temporary leave shall be subject to one or more warnings, suspension and/or dismissal. All salary and fringe benefits of the individual are subject to being waived during the abused leave.

In the event that the service of an individual is interrupted by reason of discharge, termination, suspension, or leave, and said individual has utilized more sick leave days than have been accumulated on the monthly basis, then the value of the excess paid-for leave days shall be deducted from last paycheck due the individual at the time of interruption.

F. Payout of Unused Leave Days Upon Severance

Upon severance of employment after five (5) years' service, for reasons of death, retirement, or quit with proper notice of not less than two weeks, but not an individual who quits without notice or is discharged, a severance payment for each unused leave day, up to 120 days, will be made by the Board of Education as defined in the schedule described below.

| | |
|---|---|
| 5 years through 10 years | 40% of employee's daily rate |
| 11 years through 20 years | 60% of employee's daily rate |
| 21 years or more | 70% of employee's daily rate |

G. Extended Leaves of Absence

1. The employee, upon learning of the need for an extended medical leave of absence, must notify the Human Resources Department (Benefits Coordinator). The required leave forms will then be forwarded to the employee. The employee and the physician must complete the forms verifying the estimated date the leave will commence, and the employee's ability to continue employment prior to the leave. Statements from the employee's physician will be provided by the employee to the Human Resources Department on a monthly basis, on the district's form, regarding the employee's ability to continue employment prior to the leave. An employee who desires to remain on the job must maintain a satisfactory attendance record and must provide verification from the physician of ability to perform the functions of the job. If the conditions are not met, administration will initiate the leave. The extended medical leave (or short term disability leave) shall begin as soon as the physician completes the appropriate forms certifying the employee is unable to perform the functions of the job. See Article 8(c)(12).

H. Jury Duty

Individuals who are summoned for jury duty examination and investigation must notify the Human Resources Office within twenty-four (24) hours of receipt of such notice. If such individual then reports for jury duty, that individual shall continue to receive the regular daily wage for each day on which the individual reports for or performs jury duty and on which the individual would otherwise have been scheduled to work. An employee who is released from jury duty and who has sixty (60) minutes or more remaining on their work day, is required to report to work. Such time spent on jury duty shall not be charged against leave days.

To be eligible for jury duty pay differential, the individual must furnish the Human Resources Office with a written statement from the appropriate public official listing amounts of pay received, the days on jury duty, and a check for the full amount of the jury fee paid, excluding any travel allowance paid to the individual by the court. This payment by the employee shall be made to the Human Resources Office no later than two (2) weeks after the return from jury duty. Any individual found abusing this privilege shall not be entitled to the pay differential.

I. Inclement Weather Days

On any day when school sessions are scheduled but that schedule is canceled by the Superintendent due to weather or other conditions, and this official closing is announced on radio and television stations or through a program established by the administration, staff will not be required to report to their job assignments and shall suffer no loss of pay. Staff will not be compensated for any closed days which exceed the number of allowable forgiven days as identified by the MDE Pupil Accounting Manual. Should the District be required to add days to the school calendar, staff will be compensated for additional days worked. “Other conditions” include, but are not limited to, loss of power, heat, water, or safety issues, etc.

1. In the event of inability to reach work due to inclement weather when school is not closed, the employee has the option of protecting income by charging that day against unused leave time should it be available. Should there be no leave days available, a docking of pay would be initiated for the time missed.

2. In the event a facility is closed (i.e., as a result of inclement weather, water main break, heating problem, etc.) after the start of the work day, the following may occur:

   (1) the employee may be released from work upon the supervisor's direction, with no loss of pay or leave day for that day, or
   (2) the employee may be reassigned to another facility.

   Should the employee be released from work and not reassigned, there will be no loss of pay nor any charge against the employee's leave day accumulation.

   If the facility is closed for additional days, the individual may be reassigned to another facility.

3. Closing Before Beginning of Work Day for “Other Conditions” If a facility is closed before the beginning of the work day for “other conditions” such as a water main break, heating problem, etc., the individual may be reassigned to another facility, and if not, the employee is not expected to report to work and has the option of protecting income by charging that day against unused leave time should it be available. Should there be no leave days available, a docking of pay would be initiated for the time missed.

**ARTICLE 8 - LEAVES OF ABSENCE (noncompensable)**

A. Family and Medical Leave Act

Basic Leave Entitlement: Bloomfield Hills Schools' Family and Medical Leave Policy allows eligible employees to take up to twelve (12) work weeks of unpaid leave per year for their own serious health condition, childbirth, or to provide care for the employee's newborn child, newly adopted child, newly placed foster child, or a child, parent or spouse with a serious health condition. Further, certain eligible employees may receive up to twelve (12) work weeks of unpaid leave for military exigencies, and up to a total of twenty-six (26) work weeks of unpaid leave to care for a covered military service member. Compensable absences and use of leave days are included in the twelve (12) work weeks on FMLA.

*Appendix C to the contract contains the regulation applicable to FMLA leave.*

B. Child Care Leave

1. Child care leave shall be considered a non-paid leave. A child care leave of absence will be granted for a maximum of one year (12 months) from the date the short term leave was effective. Family and Medical Leave Act (FMLA) (See Appendix C) for the birth of a child or for placement of adoption or foster care must conclude within 12 months of the birth or placement.

2. An employee desiring to return from leave shall notify the Human Resources Office (Human Resources Manager) in writing and provide the appropriate personnel *(Physician's Release to Return to Work*) form approving the return to work and indicating the employee's ability to resume his/her position. Such notice shall be provided no less than fifteen (15) calendar days prior to the desired return date.

3. Provided the leave does not extend beyond the number of weeks for which the employee is eligible under the FMLA, reinstatement shall be to the same or a comparable position and one for which the employee is qualified. If the leave exceeds the amount of leave an employee is eligible for under FMLA, the return to work is contingent upon a vacancy being available for which the employee is qualified. There shall be no layoff to provide a vacancy.

4. In accordance with this section, a 12-month unpaid leave of absence is available in cases of adoption.

C. Military Leave

Reinstatement from Military Leave

Any staff member who enters into active service of the Armed Forces of the United States and, upon honorable discharge shall be offered re-employment, provided the individual reports for work within ninety (90) days after discharge. Employment may be in the previous position held or a similar position of like status and pay, unless the circumstances have changed as to make

it impossible or totally unreasonable to do so. In this event, the individual will be offered employment in line with seniority as may be available, and which the individual is capable of doing.

An individual who enters the Armed Forces will have seniority equal to the time spent in the Armed Forces.

D. Leave for Association Business

A maximum of eight (8) days per year, not for consecutive use, may be used for the conduct of Association business. It is understood and agreed that the use of these noncompensable days will be considered only when the operation can be continued with no interruption, and is finally contingent on the approval of the immediate supervisor. These days will not be used in combination with other leave days or vacation.

E. Conditions for Return from Leave

1. The Board of Education reserves the right to have any individual returning from a leave of absence examined by a Board-appointed physician to verify their ability to return to work and perform the essential duties of the assigned position. Should no vacant position exist, the individual will be considered as unassigned staff.

2. An individual who is on a leave of absence, and does not return upon the expiration of the leave, will be considered to have voluntarily terminated their employment.

F. Absences without Pay
Absences without pay may be approved by the Assistant Superintendent of Human Resources upon request. Absences without pay will not be approved for the purpose of serving in another capacity, e.g., outside employment for any reason during the regularly scheduled work year.

**ARTICLE 9 - HOLIDAYS**

A. A maximum of nine (9) paid holidays per year will be granted to each staff member. To be eligible for holiday pay, the employee must work the scheduled hours on the working days immediately previous to and following the holiday, except where the individual has received permission from the Assistant Superintendent for Human Resources and Labor Relations, in advance, or is on a compensable leave as defined in Article 5 of this Agreement.

B. The following days will be celebrated as paid holidays:

| | |
|---|---|
| New Year's Day | Thanksgiving |
| Good Friday | Friday following Thanksgiving |
| Memorial Day | Christmas Eve |
| Labor Day | Christmas |
| | New Year's Eve |

When one of the enumerated holidays falls on a Saturday or Sunday, the individual will be provided an alternative paid leave day. The holiday work calendar will be determined by the employer.

For staff members who would not normally be scheduled to work on the day of the designated holiday, holiday pay will be equal to the regularly scheduled weekly hours divided by five (5).

C. Floating Holiday
Each employee shall receive one floating holiday per year in addition to the 9 paid holidays. Use of the day is subject to the following provisions:

1. The day may only be taken at a time when school is not in session.
2. If the day is not utilized by June 30, it will not be carried over to the next school year and will be forfeited.
3. New employees will be eligible for the floating holiday immediately following employment in the bargaining unit.
4. Requests to use the floating holiday shall be made i n advance on Temporary Leave Request forms. When completing the form, the employees should note that the day is the floating holiday.

## ARTICLE 10 – INSURANCE BENEFITS

A. Benefit Eligibility

1. Compliance with insurance company regulations
The Board will provide a cafeteria benefit plan (*Educated Choices*) that includes coverages and benefits defined in this Article for eligible employees. Employees must fully comply with insurance company regulations regarding qualification for benefits in order to receive benefits.

2. Commencement and duration of coverage
Commencement and duration of coverage, nature and amount of benefits, and all other aspects of coverage shall be as set forth in the group policy and the rules and regulations of the carrier. The Employer's only responsibility shall be payment of the premiums for the benefits specified in this Article.

   An individual shall be eligible for insurance benefits effective the first day of the month after the month in which employment was initiated.

3. Board reserves the right to change insurance carriers
The Board of Education reserves the right to change carriers and use alternative funding methods. Carrier selection, including self-insurance, shall remain the prerogative of the Board of Education and coverage provisions indicated in this section may vary, but will be comparable to the coverage below.

B. Duplication of Insurance

Duplication of Hospital/Medical Coverage Permitted While District is Self-Insured
Duplication of hospital/medical insurance is permitted as long as the District is self-insured. The employee must notify the Human Resources Department of any personal hospitalization coverage or coverage from spouse's hospital/medical insurance plan.

No Duplication of Medical/Hospitalization Insurance if District is Not Self-Insured
In the event the District is no longer self-insured, there shall be no duplication of medical/hospitalization insurance. The Human Resources Department will notify employees in writing, if the District is no longer self-insured. The staff member must notify the Benefits Coordinator of any personal medical/hospitalization coverage or coverage from a spouse's hospital/medical insurance plan. It is agreed that staff shall not knowingly cause the Board to provide hospital/medical insurance coverage that is a duplication of such coverage already held by the employee. The Association shall encourage staff to abide by this policy and shall assist the Board in its enforcement.

C. Cafeteria Benefits Plan – "Educated Choices" Group Coverage

1. Publicly Funded Health Contribution Act

   The Publicly Funded Health Contribution Act (Public Act 152 of 2011) provides that the District shall pay no more than the annual cost or illustrative rates for a medical benefit plan for employees (including any payments for reimbursement of co-pays, deductibles, or payments into health savings accounts, flexible spending accounts, or similar accounts used for health care costs ("the Additional Payments") than the "hard cap amounts" as defined by the Public Act 152. As provided in the "Act", the "hard cap" amounts will be adjusted annually by the State treasurer by October 1 of each year for the following plan year which begins January 1 based on the change in the medical care component of the U.S. Consumer Price Index for the following plan year which begins January 1. If the District payment for the annual cost or illustrative rates for medical benefit plans offered by the District to employees (including any Additional Payments) exceed the "hard cap" maximums established by the State treasurer, employees will be required to pay the amount over the hard cap by payroll deduction. The District will discuss such deduction with the Association prior to implementation. If the District payment for the annual cost or illustrative rates for medical benefit plans offered by the District to employees (including any Additional Payments) are less than the "hard cap" maximums, the District will contribute to the employees' Health Savings Account (HSA) or Flexible Savings Account (FSA). In no event shall this Section be interpreted to require the district to make a payment which would cause it to violate the Publicly Funded Health Insurance Contribution Act.

2. Coverage for Interpreters/Interveners Who Work 32.5 or More Hours Per Week

   The District will provide a Cafeteria Benefit plan which will encompass all fringe benefits and will include the following options for interpreters/interveners who

work 32.5 hours or more per week, and who make proper application to participate in the Bloomfield Hills Schools Flexible Benefits Plan.

The District will provide, either by self-insurance or a policy of insurance, group medical coverage to each eligible interpreter/intervener.

Health Savings Accounts
Employees who are enrolled in the group medical coverage described above and who are otherwise eligible to make and receive Health Savings Account (HSA) contributions may make contributions to a Health Savings Account (HSA) through the Bloomfield Hills Schools Flexible Benefits Plan. Such employees may also receive a district contribution to his/her Health Savings Account (HSA) through the Bloomfield Hills Schools Flexible Benefits Plan. However, no contribution will be made by the school district if the contribution would make the District out of compliance with Public Act 152 of 2011 – the Publicly Funded Health Contribution Act.

See Appendix B for an example of the application of the formula.

a). Other Factors

Contributions Cannot Exceed IRS Limits
The combined employee and District HSA contributions shall not exceed the annual calendar year limits established by the IRS for such contributions. See IRS Publication 969 for eligibility.

Mid-Plan Life Status Changes
Employees who have mid-plan year life status changes will have their HSA employer paid contribution prorated by 12 months, provided they are eligible to participate in the HSA plan.

Flexible Spending Account
Those employees who are not eligible to participate in an HSA due to IRS established age restrictions, currently age 65 and over, or employees who do not elect to participate in a HSA, will receive the employer contribution (if any) into a Flexible Spending Account.

b). Proration of District Contribution to Health Savings Account
An election by an Employee to receive medical/hospitalization coverage under the District's High Deductible Health Plan (HDHP) and to receive the District contribution to a Health Savings Account (HSA) associated with that coverage is irrevocable for the Plan Year for which the election is made. In the event that the employment of an Employee who has elected to receive a District HSA contribution ceases before the end of the Plan Year and he/she does not continue coverage under the District's HDHP for the remainder of the Plan Year, the District may deduct from any pay or other amounts owed to the employee, including the Employee's final paycheck, an amount equal to the District HSA

contribution associated with any period in which the Employee was not covered by the District's HDHP. Similarly, if an Employee otherwise ceases coverage under the District's HDHP before the end of the Plan Year, the District may deduct from the Employee's pay following the election to cease coverage, in one or more installments, an amount equal to the District HSA contribution associated with any period in which the Employee was not covered by the District's HDHP.

If an Employee, after the start of the Plan Year, modifies his/her election to receive medical/hospitalization coverage from two person or full family to single coverage, the District may deduct from the Employee's pay, following the coverage modification election, in one or more installments, an amount equal to the difference between District HSA contribution for single coverage associated with any period in which the Employee was covered by single coverage.

Employees who elect, after the start of the Plan Year, to receive medical/hospitalization coverage under the District's High Deductible Health Plan, and to receive the District Health Savings Account contribution, due to a mid-plan year change in family status, a mid-plan year court order, or a mid-plan year change in eligibility for Medicaid or Children's Health Insurance Program (CHIP), will receive a prorated District HSA contribution based on the ratio of the number of months of the Plan Year in which they participate in the District's HDHP, divided by 12 months, provided that they are otherwise eligible to receive HSA contributions.

3. The following terms and features also apply to the group medical coverage provided by the District:

    a) Employee Contribution Toward Health Care
    Each employee electing health insurance coverage shall make the following annual pre-tax contribution toward the cost of health care. The amount will be prorated if the employee does not work a full plan year:

| | |
|---|---|
| Single | $500 |
| Two-Person | $1000 |
| Full Family | $1000 |

    b) Health Risk Assessment/Rebate

        1. Health Risk Assessment: Employees (and their spouses, if applicable) are expected to participate in an annual health risk assessment with his/her health care provider.

        The Health Risk Assessment form is available on the Bloomfield Hills Schools/Human Resources Department intranet and will be available in the Human Resources Department upon request.

        2. Rebate of Pre-tax Contribution: Employees and their spouses (if applicable) who participate in the annual health risk assessment

(HRA) are eligible to receive a rebate of the full amount of the employee pre-tax contribution provided in subparagraph C(3)(a) above. Eligibility for the rebate is based upon receipt by the Benefits Coordinator, in the Human Resources Department of the completed health risk assessment form by September 15 of each year, unless that date falls on a weekend or holiday in which the district is closed. In such case, the Health Risk Assessment form will be due by the close of business on the following Monday.

Forms received after the due date will not qualify the employee for the rebate. *There will be no exceptions.* In the event of two person or full family coverage, where only one adult participates in the annual health risk assessment, the rebate will be reduced by 50%. Single member households with dependent children will be rebated at 100%.

c) Cash Payment in Lieu of Medical/Hospitalization Insurance
The District will provide a Cash in Lieu of Health coverage option under the Bloomfield Hills Schools Flexible Benefits Plan for each full plan year for those employees who are eligible for but do not elect the employer-provided medical/hospitalization coverage. The co-payment will be prorated if the employee does not work a full plan year. Staff who do not have medical/hospitalization coverage from another source are not eligible for this benefit.

| | |
|---|---|
| Single Opt Out | $600 |
| Two-Person Opt Out | $800 |
| Full Family Opt Out | $1,000 |

4. Dental Care
Classes I, II, and III which includes preventive basic care and prosthetics, a dental plan of Class I - 100%, Class II - 100%, and Class III - 70%, with a maximum per person per year of $1,250. Class IV will be covered at 60% with a $1,000 per person lifetime maximum. The percentage of reimbursement for dental care will be in accordance with the coverage and schedule provided by the carrier outlined in the *Educated Choices* workbook.

5. Vision
The vision program with a $150 allowance on frames or contact lenses and exam, premised on a co-pay program with established reasonable and customary fee limitations.

6. Benefits for Employees who Work 25 Hours or More Per Week
For each individual who works 25 hours or more per week, the Employer will self-insure or pay the premium for the following: single subscriber hospital/medical, life insurance, temporary disability and salary continuation, and long term disability insurance, as provided for and according to the same terms, as

employees working 32.5 hours per week or more. This includes the employee contribution toward health care, eligibility for rebate of contribution for participation in the annual health risk assessment, eligibility for a district contribution to a HSA (or FSA), proration of any over payment into a HSA, all as provided in Article 8(c)(2)(3)(a),(b),(c) and(7)-(14).

7. Life Insurance
   The Employer shall pay the premium for a life insurance and, accident and dismemberment policy for each individual. The life insurance policy shall pay the employee's designated beneficiary the sum of $45,000 upon death with a provision for double indemnity in the event of accidental death.

8. Additional Life Insurance
   Each staff member will have the option to purchase additional life insurance with pre-tax dollars, to a maximum of $300,000 (if permitted by the insurance company) at the beginning of each Flex Election period. Any amount in excess of $50,000 will be considered as additional imputed income in compliance with current IRS regulations. Evidence of insurability will be required after the initial enrollment period.

9. Dependent Life Insurance
   Each staff member will have the option to purchase life insurance for their spouse and/or dependents with after-tax dollars at the beginning of each Flex Election period. The coverage shall be offered in the amount of $5,000 and $10,000. Evidence of insurability will be required after the initial enrollment period.

10. Health Care Reimbursement Account
    Each staff member will have the option to participate in a pre-tax Health Care Reimbursement Account as defined by the Internal Revenue Service and as outlined in the *Educated Choices* Workbook.

11. Dependent Care Reimbursement Account
    Each staff member will have the option to participate in a pre-tax Dependent Care Reimbursement Account as defined by the Internal Revenue Service and as outlined in the *Educated Choices* Workbook.

12. Temporary Disability and Salary Continuation (Short Term Disability)
    For each eligible staff member, the following disability and salary continuation coverage shall be provided:

    (1) For off-the-job sickness and accident, after all leave days have been used or ten (10) work days, whichever is later, the individual will be paid:

        (a) Up to thirty (30) work days at 75% of the individual's current wages;

        (b) Up to an additional 210 work days at 60% of the individual's current wages.

(2) Any staff member who is absent for five consecutive days will contact the Human Resources Manager and complete the necessary forms provided by the Human Resources Office.

(3) Those individuals who have more than ten (10) leave days may elect to use a minimum of ten (10) days or all available in current and leave bank prior to temporary disability coverage being initiated. Individuals who elect to maintain those days in excess of ten (10) will have access to unused leave days upon the return from leave.

13. Long-Term Disability

(1) Benefit
Such disability insurance shall provide benefit of 66 2/3% of the monthly earnings up to a maximum payment of $1,500.00 per month to the individual who is unable to work due to extended sickness or injury. The benefits of this plan shall commence after twelve (12) months of such sickness or injury and shall be payable until the individual returns to work, reaches age 65, or is deceased, whichever comes first. For the purposes of the long-term disability coverage, monthly earnings shall be the individual's regular salary divided by 12.

(2) Offset
The amount received from the insurance company will be reduced by any primary remuneration received from the Michigan Public School Employees' Retirement Fund, the Federal Social Security Act (both primary and dependent), the Railroad Retirement Act, Veteran's Benefits or other such pensions.

(3) Separation from Employment
On the date an employee commences long-term disability leave, the employee’s position will no longer be held open for the employee. However, if the employee is medically able to return to work within 6 months of the date of the commencement of the long-term disability leave, the employee will be given consideration for placement in a vacant interpreter/intervener position for which the employee is qualified. The Assistant Superintendent for Human Resources and Labor Relations will determine whether an employee is qualified for a vacant position. The employee must supply a physician’s authorization permitting the employee to return to work and may be required to have a return-to-work examination by a physician or medical facility designated by the District. If the employee’s physician and the District’s physician or medical facility do not agree that the employee is medically able to return to work, an independent physician or medical facility, paid by the District, may examine the employee, and this decision will be final. This paragraph does not apply to an employee who retires.

If the employee does not return to work within 6 months from the commencement of the leave, the employee will be separated from employment with Bloomfield Hills Schools.

14. Workers' Compensation (provided for all employees)

**Benefit**

In the event an individual is absent from work due to a job-related accident, the employee will be paid, for a period not to exceed 120 days from the date of the accident, the difference between the individual's full salary and such monies as may be received from Workers' Compensation benefits (loss-of-time benefits.)

**No Leave days charged for 120 days**

It is understood that no leave days shall be charged for absences related to a compensable job-related accident during the 120-day period defined above.

**No Eligibility for Short Term Disability**

Should the individual continue to be off work beyond a period of 120 days, the employee shall not then be eligible for short-term disability benefits under Article 8. After the 120-day period, current and bank days may be used, per Article 5. No District supplement will be made after 120 days, as defined above.

**Doctor Visits**

Any staff member required to go to the doctor as a result of an on-the-job accident will be paid for such work day without such time being charged against leave days, unless such injury was caused by horseplay or negligence of the involved individual. It is understood that visits other than the initial one at the time of the accident will be scheduled at times other than when the individual is scheduled to work, unless approved by the immediate supervisor.

**Benefits Beyond One Year**

Any benefits beyond one year shall be payable only under the terms of Workers' Disability Compensation Act and Long-Term Disability Insurance Coverage of the District, provided under Article 8. No other employer provided benefits will be paid for the individual if the individual continues to be off work after one (calendar) year.

**Separation from Employment**

If an employee on Workers' Disability Compensation leave does not return to work upon the conclusion of one calendar year from the date of the commencement of the leave, the employee's position will not be held open for the employee. However, if the employee is medically able to return within 18 months of the date of the commencement of the workers' compensation leave, the employee will be given consideration for

placement in a vacant interpreter/intervener position for which the employee is qualified. The Assistant Superintendent for Human Resources and Labor Relations will determine whether the employee is qualified for a vacant position. The employee must supply a physician's authorization permitting the employee to return to work and may be required to have a return-to-work examination by a physician or medical facility designated by the District. If the employee's physician and the district's physician do not agree that the employee is medically able to return to work, an independent physical or medical facility, paid by the District, may examine the employee, and this decision will be final. If the employee retires during this time period, this paragraph does not apply.

If the employee does not return to work within 18 months of the date of the commencement of the leave, the employee will be separated for employment with Bloomfield Hills Schools.

## ARTICLE 11 - HEALTH

To provide continuing health and safety protection for students and school personnel, staff shall provide health certificates and submit to physical examinations as follows:

1. At the time of hiring, each employee shall attest that they are able to fulfill the assigned duties and, if required by the Board, that they are free from active tuberculosis and other communicable diseases.

2. If required by the Board, as a condition of continued employment, each employee shall be required to file the results of a chest x-ray examination or the tuberculin skin test showing negative results. The results of the test must be filed with the Human Resources Department.

3. The employer may require that an individual have medical or psychological examinations by a physician of its choice. In the event that an examination is required, the expense of the examination will be paid by the Board of Education.

## ARTICLE 12 - MILEAGE

A. Staff members required to use their personal vehicles as a necessary part of the job shall be paid the current IRS rate. To qualify for mileage payment, the individual must submit a mileage sheet in accordance with the established district procedures.

B. Mileage is submitted on a monthly basis.

C. Mileage is payable as follows:

1. Mileage will not be paid for travel to the employee's assigned building.

2. Employees will be paid for required travel between buildings during the school day.

3. Mileage will be paid for out-of-district assignments from the school to the assignment

and return to school. However, if the employee returns to a location other than school (such as home) then the mileage will be paid to whatever destination has less mileage.

4. When an employee leaves from school to interpret at an in-district supplemental assignment, no mileage is paid.

5. Employees cannot be paid for “supplemental time” and mileage at the same time. (See Article 11(D) – Extended Day Provisions).

6. If the employee is able to ride the bus or take district provided transportation, the employee will not be paid mileage. Exception: If the employee is not required to remain at the event for the purpose of providing interpreting/intervener services, the employee may elect to provide their own transportation and will receive mileage. If there is a dispute about the necessity of remaining at the event, the Supervisor of the Deaf and Hard of Hearing program will make the determination.

D. Mileage on non-school days in and out of district assignments:

1. The round trip daily commute mileage from home to work must be subtracted from daily round trip miles driven for that day excluding personal mileage. *

2. A MapQuest map from the employee’s home to the building site and a MapQuest map for the round trip mileage to the assignment site may also be required.

3. A Mileage Log must also be submitted (available in Shared Forms Folder)

   For example: Round trip mileage from the employee’s home to work is 30 miles. Round trip mileage for the day, less any personal miles, is 35 miles. The reimbursable mileage is 5 miles.

4. If the mileage to the assignment site from home is less than the daily commute, no reimbursement will be issued for mileage.

   For example: Round trip mileage from the employee’s home to work is 30 miles. Round trip mileage for the day, less any personal miles, is 25 miles. No reimbursement will be issued.

*Personal mileage includes running errands, going out for lunch, etc.

## ARTICLE 13 - WAGES

**Interpreter Wage Schedule**

| 2021-2022 | | 2022-2023 | | 2023-2024 | |
|---|---|---|---|---|---|
| **STEPS** | **EIPA BASE** | **STEPS** | **EIPA BASE** | **STEPS** | **EIPA BASE** |
| | $24.50 | | $24.75 | | $25.00 |
| | $25.35 | | $25.60 | | $25.85 |
| 1 | $26.25 | | $26.35 | | $26.60 |
| 2 | $27.10 | 1 | $27.25 | | $27.45 |
| 3 | $27.95 | 2 | $28.10 | 1 | $28.25 |
| 4 | $28.80 | 3 | $28.95 | 2 | $29.10 |
| 5 | $29.65 | 4 | $29.80 | 3 | $29.95 |
| 6 | $30.50 | 5 | $30.65 | 4 | $30.80 |
| 7 | $31.20 | 6 | $31.50 | 5 | $31.65 |
| 8 | $31.90 | 7 | $32.20 | 6 | $32.50 |
| 9 | $32.60 | 8 | $32.90 | 7 | $33.20 |
| 10 | $33.30 | 9 | $33.60 | 8 | $33.90 |
| 11 | $34.00 | 10 | $34.30 | 9 | $34.60 |
| 12 | $34.50 | 11 | $35.00 | 10 | $35.30 |
| 13 | $35.00 | 12 | $35.50 | 11 | $36.00 |
| 14 | $35.50 | 13 | $36.00 | 12 | $36.50 |
| 15 | $36.00 | 14 | $36.50 | 13 | $37.00 |
| 16 | $36.50 | 15 | $37.00 | 14 | $37.50 |
| | | 16 | $37.50 | 15 | $38.00 |
| | | | | 16 | $38.50 |

***RID/BEI/NAD which is registered on the Michigan Online Interpreters System.**

2. Intervener Wage Schedules 2021-2024

An intervener is eligible for placement on the National Certification base wage schedule if they have such certification. An intervener without said certification shall be placed on the Non-Certified wage schedule If the National Certification is obtained and documentation of such is provided to the district, the intervener shall move to the appropriate National Certification salary schedule that matches the non-certified placement. The difference in the two scales is **1.70/hr.**

**Noncertified Interveners**

| 2021-2022 | | 2022-2023 | | 2023-2024 | |
|---|---|---|---|---|---|
| STEPS | BASE | STEPS | BASE | STEPS | BASE |
| 1 | $17.70 | | | | |
| 2 | $18.55 | | | | |
| 3 | $19.40 | 1 | $19.55 | | |
| 4 | $20.25 | 2 | $20.40 | 1 | $20.55 |
| 5 | $21.10 | 3 | $21.25 | 2 | $21.40 |
| 6 | $21.95 | 4 | $22.10 | 3 | $22.25 |
| 7 | $22.80 | 5 | $22.95 | 4 | $23.10 |
| 8 | $23.50 | 6 | $23.80 | 5 | $23.95 |
| 9 | $24.20 | 7 | $24.50 | 6 | $24.80 |
| 10 | $24.90 | 8 | $25.20 | 7 | $25.50 |
| 11 | $25.60 | 9 | $25.90 | 8 | $26.20 |
| 12 | $26.30 | 10 | $26.60 | 9 | $26.90 |
| 13 | $26.80 | 11 | $27.30 | 10 | $27.60 |
| 14 | $27.30 | 12 | $27.80 | 11 | $28.30 |
| 15 | $27.80 | 13 | $28.30 | 12 | $28.80 |
| 16 | $28.30 | 14 | $28.80 | 13 | $29.30 |
| 17 | $28.80 | 15 | $29.30 | 14 | $29.80 |
| 18 | $29.30 | 16 | $29.80 | 15 | $30.30 |
| 19 | $29.80 | 17 | $30.30 | 16 | $30.80 |

**Certified Interveners**

| 2021-2022 | | 2022-2023 | | 2023-2024 | |
|---|---|---|---|---|---|
| **STEPS** | **BASE** | **STEPS** | **BASE** | **STEPS** | **BASE** |
| **1** | $19.40 | | | | |
| **2** | $20.25 | | | | |
| **3** | $21.10 | **1** | $21.25 | | |
| **4** | $21.95 | **2** | $22.10 | **1** | $22.25 |
| **5** | $22.80 | **3** | $22.95 | **2** | $23.10 |
| **6** | $23.65 | **4** | $23.80 | **3** | $23.95 |
| **7** | $24.50 | **5** | $24.65 | **4** | $24.80 |
| **8** | $25.20 | **6** | $25.50 | **5** | $25.65 |
| **9** | $25.90 | **7** | $26.20 | **6** | $26.50 |
| **10** | $26.60 | **8** | $26.90 | **7** | $27.20 |
| **11** | $27.30 | **9** | $27.60 | **8** | $27.90 |
| **12** | $28.00 | **10** | $28.30 | **9** | $28.60 |
| **13** | $28.50 | **11** | $29.00 | **10** | **$29.30** |
| **14** | $29.00 | **12** | $29.50 | **11** | $30.00 |
| **15** | $29.50 | **13** | $30.00 | **12** | $30.50 |
| **16** | $30.00 | **14** | $30.50 | **13** | $31.00 |
| **17** | $30.50 | **15** | $31.00 | **14** | $31.50 |
| **18** | $31.00 | **16** | $31.50 | **15** | $32.00 |
| **19** | $31.50 | **17** | $32.00 | **16** | $32.50 |

B. Increments and Experience Credit

1. Any applicable step increase in pay will be given on July 1. Employees hired on or after February 1 are not eligible for a step increase until the following July of the next calendar year. For example, if hired in February of 2021, step increase would occur July 1, 2022.

2. Credit may be granted for outside work and/or district experience.

3. Additional Certification Pay:
   Upon appropriate documentation, interpreters may receive one or more of the following additional certification pay increments as reflected in the chart below:

**a) Interpreters**

Additional Certifications / State Level Requirements will be compensated hourly and added to the above base wage. Employees earning an additional certification or state or national level requirement after the start of the school year will be eligible for the additional increase in pay upon receipt of documentation indicating successful completion of said certification or requirement.

| | |
|---|---|
| **EIPA 2 (Above 4.0)** | $3.30 |
| **SL 1 / BEI 1** | $0.60 |
| **SL 2 / BEI 2** | $1.10 |

1. The interpreter is eligible for additional pay as indicated if they obtain their second EIPA certification (either elementary or secondary).
2. The interpreter is eligible for additional pay as indicated if they obtain their Standard Level 1 or BEI 1 which permits them to interpret for deaf adults, informational ASL and other informational meetings.
3. The interpreter is eligible for additional pay as indicated if they obtain their Standard Level 2 or BEI 2 which permits them to interpret in educational settings for students and in IEPs.
4. Interpreters obtaining a Standard Level 2 or NIC (National Endorsement) also meet the certification requirements for Standard Level 1 and therefore are eligible for both levels of additional pay.
5. Interpreters who do not have at least one EIPA with a score of 4.0 or above, will receive $3.30 less than the EIPA base rate.
6. An additional stipend of $500.00 will be paid for those interpreters who hold a legal and/or a medical endorsement with the understanding that any persons receiving this stipend are “on call” and may be pulled with little notice to serve in the required capacity on a district wide basis.
7. An additional stipend of ($300.00) will be paid to any interpreter assigned to serve as a mentor on an as needed basis to be determined by the supervisor. This stipend will be paid at the end of the year. The stipend will only be granted after the mentor and mentee submit a summary of growth provided by the mentor. The summary shall be submitted to the Supervisor of the DHH Program by June 1 of each year. A committee of Interpreters & Interveners and the District shall draft a “Summary of Growth” document for review and approval by both parties. The Mentor Stipend shall be prorated if the mentee does not finish the school year. The Mentor’s Summary of Growth shall be turned in documenting the duration of employment of the Mentee in order to receive the prorated stipend.

**b) Interveners (only) Additional Certifications**

An Intervener is eligible to be placed on the National Intervener Credential wage schedule if he/she has current National Intervener

Certification and provides appropriate documentation to the Human Resources Department.

In order to receive additional certification pay, an interpreter/intervener shall submit his/her request in writing to the Assistant Superintendent for Human Resources along with documentation (satisfactory to the Assistant Superintendent for Human Resources that the EIPA/State/National certification (Interpreters) or National Intervener Credential (Interveners) has been completed.

**c)** **Pay Differential for Interpreter Coordinator and Lead Interpreter:** A differential of $1.50 per hour will be paid to the individual designated as interpreter coordinator and a differential of fifty cents ($0.50) per hour will be paid to the building lead interpreter.

These positions will be subject to appointment as determined by the supervisor of the Deaf and Hard of Hearing program. A posting announcing a vacancy in the above positions will be provided to each interpreter.

**d)** The Senior All Night Party will be paid at double time.

C. Supplemental Activities

Interpreters and Interveners will be paid at their current hourly rate of time and one-half for time worked in excess of 8 hours per day. The purpose of this provision is to provide compensation to interpreters and interveners who return to Bloomfield Hills Schools for after-school activities.

D. Work Schedule

Length of Work Year: Employees will be scheduled to work when students are in session. In-service or other professional activities will be scheduled by the District for employees on non-student/teacher workdays, with the exception of after school professional development, teacher record days, the October 31 On Your Own (OYO), and the last day of school for K-12 students once students are dismissed. The district will make every effort to provide CEUs (Continuing Educational Units).

Professional Development: In the event the District has scheduled half-days where Interpreters and Interveners would otherwise not work, the District shall schedule up to four (4) half-days for professional development. At the discretion of the Deaf & Hard of Hearing Supervisor, professional development may be done through modules or face-to-face. In the event the module option is utilized, the Interpreter/Intervener must complete and submit the PD Reflection Form by the end of the next scheduled work day in order to receive pay.

Working Hours: The daily schedule shall include an unpaid duty-free, one-half hour lunch period. Any modification in the daily schedule must have the approval of the appropriate administrator. Every effort will be made to provide forty-five (45) consecutive minutes of preparation time per full school day with students. If that time is not provided because additional job responsibilities are required by his/her supervisor, the employee shall be provided with an equivalent amount of comp time to be used within the current school year. The following conditions shall apply:

1. Members will only be provided comp time proportional to the amount of prep time missed. Thus, if a staff member was required to miss only 10 minutes of his/her 45-minute prep time, then the member would earn only 10 minutes of comp time.
2. If the staff member receives 45 minutes of nonconsecutive preparation time during a school day, comp time will not be provided.
3. Comp time does not need to be provided in consecutive 45-minute blocks.
4. Passing time is not included in preparation time.
5. Any unused accumulated comp time does not carry over to the subsequent school year.

Extended Day Provisions: Staff members who are required to return or make a separate trip in order to provide services to a student, will be guaranteed pay for two (2) hours, or the actual hours worked if greater than two hours. If the supplemental starts within fifty-nine (59) minutes after the end of the regular work day, the staff member will be paid from the end of the regular work day through the end of the supplemental. If the supplemental starts one hour or more after the end of the regular work day, then the supplemental is subject to the two-hour minimum payment requirement.

E. Longevity

Upon completion of the following consecutive years of service, employees will receive the additional pay which will be added to the hourly rate.
25 years of service: $0.50

## ARTICLE 14 - SENIORITY

A. Seniority Date

The seniority of all individuals on the seniority list shall commence with the most recent date of hire by the Board.

B. Loss of Seniority

Employees shall lose seniority and be terminated from employment if any of the following occurs:

1. The employee quits.

2. The employee is discharged.

3. The employee is absent without notice or approval for three (3) consecutive working days.

4. The employee fails to respond to a recall letter within 10 working days from the date of mailing the letter to the employee's last known address in the employee's personnel file.

5. The employee is laid off for a period of time exceeding one year.

6. The employee does not return to work after a medical leave or workers' compensation leave within the time frame provided in Article 8(C)(13) (long-term disability) and Article 8(C)(14) (workers' compensation).

7. The employee fails to maintain current State required qualifications.

C. Seniority (Leaves of Absence)

Staff, while on approved short term disability (Article 8(C)(12)) or child care (Article (6)(B)) leaves of absences, shall accumulate seniority.

**ARTICLE 15 - REDUCTION/RECALL**

A. In the event there is a reduction in staff, administration will consider the following in determining which staff will be laid off:

1. Qualifications of the staff for existing or remaining positions (as determined by administration);
2. Job performance of the staff (as determined by administration);
3. Attendance (as determined by administration); and
4. Seniority

The administrative decision about which staff to lay off is final and is not subject to review under ARTICLE 17 – GRIEVANCE PROCEDURE. The Board reserves unto itself all management rights provided under Article 4 to determine the conditions under which employees will be laid off and recalled.

B. Staff to be laid off for an indefinite period of time will be given at least 30 calendar days notice of layoff. For purposes of recall, administration will consider the factors outlined in (13)(A) above to determine the order of staff recall. Notice of recall shall be sent to the employee at the last known address as provided by the employee and as shown on the employer's record, by registered or certified mail. If an employee fails to report for work within ten (10) days from the date of mailing of notice of recall the employee shall be terminated.

C. Each employee is responsible for keeping the Employer advised in writing of any changes of address and will not be excused for failure to report for work or recall if the employee fails to receive recall notice because of their own failure to advise the Employer in writing of change of address.

## ARTICLE 16 - TUITION REIMBURSEMENT

Reimbursement for college tuition and State or National Certification such as RID/BEI/EIPA or National Intervener Credential will be provided for those individuals required or approved to attend school, providing course work is completed with a grade of "B" or better, or certification is acquired. Reimbursement is subject to the course work being directly related to the individual's assignment, and having written approval prior to enrollment from the Assistant Superintendent for Human Resources and Labor Relations. Approved workshop and conference tuition or conference registration may be reimbursed on the same basis. The total annual reimbursement for the entire bargaining unit will not exceed four thousand ($4000).

Application and supporting information for tuition or RID/BEI (or Test for English Proficiency)/EIPA/National Intervener Credential Certification or approved workshops/conferences reimbursement shall be filed with the Human Resources Office by June 30 of each year. Contingent on the total reimbursement request, there may be a proration.

## ARTICLE 17 – GRIEVANCE PROCEDURE

A. Purpose

The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to the problems which may from time to time arise affecting the welfare or working conditions of members.

B. Definitions

1. A "Grievance" is a claim based upon the Association's belief that there has been a violation, misinterpretation or misapplication of any provision in this Agreement.
2. The "Grievance" procedure shall not apply to any matter which is prescribed by law or to the termination of a probationary member.
3. An "aggrieved person" is the person or persons making the claim.
4. A "party in interest" is the person or persons making the claim and any person who might be required to take action in a claim, or against whom action might be taken in order to resolve the claim.
5. Who May File A Grievance: A grievance may be filed by an individual or by the Association whenever the grievance applies to more than one building and/or a group of people with a common complaint has requested such action of the Association.
6.

C. Processing Grievances

Any complaint by an employee concerning the application, meaning, interpretation or alleged violation of this agreement, or concerning any disciplinary action, shall constitute a grievance and shall be processed as follows.

Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each step shall be considered as maximum. If either party finds it impossible to

meet the maximum number of days indicated at any of the steps, then that party shall give the other party written notice that a five (5) school day extension is necessary to prepare the case for the next hearing.

Failure to respond within the maximum number of days indicated at any level (plus the five (5) school day "grace" period extension) shall result in the delinquent party losing the grievance. The time limits set forth in Level 1 and 2 may be extended by mutual consent of the parties. Further, any step in the procedure may be omitted upon mutual consent of the parties

In the event a grievance is filed on or after June 1, which, if left unresolved until the beginning of the following school year, could result in irreparable harm to a party in interest, the time limits set forth herein shall be reduced so that the grievance procedure may be exhausted prior to the end of the school term, or as soon thereafter as is practicable.

1. LEVEL ONE

**a. Discussion with Immediate Supervisor or Principal:** A member with a grievance shall first discuss it with his/her immediate supervisor or principal. The meeting will be held within ten (10)school days from the time of the incident over which the member is aggrieved or has reasonable ability to have knowledge of the incident. At his/her option, the member may invite an Association representative to be present while the grievance is discussed. Every effort shall be made to resolve the grievance informally. Other Employer representatives may also participate**.**

If the decision is not satisfactory to the employee or the Union, the grievance shall be reduced to writing and presented to the immediate supervisor within five (5) working days of the Level One meeting. The immediate supervisor shall answer in writing within five (5) working days of receipt of the grievance.

Where the object of a grievance is an ongoing (continuing) violation, misinterpretation or misapplication of any provision in this Agreement, then the above time limits shall not apply**.**

**b. Initiating Grievance at Level Two:** Upon mutual agreement between the Association and the Board, a grievance may be initiated at Level Two bypassing Level One procedures. The grievant must notify the immediate supervisor that such a request will be made prior to making the request.

2. LEVEL TWO

a. **Written Grievance**: If the aggrieved person is not satisfied with the disposition of the grievance at Level One, or if no decision has been rendered within five (5) school days after presentation of the grievance, the grievance may be filed in writing with the Association or its representative within five (5) school days after the decision at Level One.

b. **Referral to Assistant Superintendent for Human Resources and Labor Relations**: If the Association decides either that the grievance lacks merit or that the decision at Level One is in the best interests of the educational system, it shall so notify the member and the Assistant

Superintendent for Human Resources and Labor Relations in writing within five (5) school days, and the matter, insofar as the Association is concerned, is terminated. If the Association decides that, in its opinion, the grievance has merit, it shall refer such grievance in writing to the Assistant Superintendent for Human Resources and Labor Relations within five (5) school days.

c. **Meeting Within Ten School Days**: Within ten (10) school days after the Assistant Superintendent for Human Resources and Labor Relations receives a grievance, the Assistant Superintendent for Human Resources and Labor Relations and/or the appropriate instructional administrator shall meet with the aggrieved member and a representative or representatives (maximum five) of the Association in an effort to resolve the grievance. The decision on the grievance shall be rendered in writing within five (5) school days after such hearing.

3. PRE-ARBITRATION

Within ten (10) working days after the Step Two answer, the Union or Employer may request a pre-arbitration hearing. This meeting must be held within ten (10) working days of the request for pre-arbitration.

4. LEVEL THREE (ARBITRATION)

a. **Referral to Arbitration**

If the alleged grievance is unresolved after Level Two, the matter may be referred to arbitration. The Union may refer the matter to arbitration provided that notice to refer the matter is given to the other party within ten (10) working days from the date of the written decision at Step Two or after pre-arbitration is conducted.

Within five (5) working days after the date of the written request for arbitration, designated representatives or the Employer and the Union shall make every reasonable effort to agree upon a mutually acceptable arbitrator.

b. **If Parties Unable to Agree On Arbitrator**

If the parties are unable to agree on an arbitrator within the time period set forth herein, the party seeking arbitration shall file a request with the American Arbitration Association to submit a list of qualified arbitrators. The arbitrator shall then be selected according to the rules of the American Arbitration Association.

c. **Arbitrator to Render Decision Within 30 Days From Close Of Hearing**

The Arbitrator shall hear the grievance in dispute and shall render a decision in writing within thirty (30) calendar days from the close of the hearing. The Arbitrator's decision shall be final and binding upon the Employer, the Union, and the employee(s) involved.

d. **Authority of Arbitrator**

The Arbitrator shall have no authority except to pass upon alleged violations of the expressed provisions of this Agreement and to determine disputes involving the application or interpretation of such expressed provisions. The Arbitrator shall have no power or authority to add to, subtract from, or modify any of the terms of this agreement and shall not substitute his judgment for that of the Employer

where the Employer is given discretion by the terms of this Agreement or by the nature of the area in which the Employer was acting. The Arbitrator shall not render any decision which would require or permit any action in violation of the Michigan School Laws.

e. **Fees and Expenses**

1. The Arbitrator's fees and expenses shall be shared by the Employer and the Union equally. The expenses and compensation for attendance of any employee, witness, or participant in the arbitration shall be paid by the party calling such employee, witness, or requesting such participant.

2. Unless otherwise agreed by the parties, if a scheduled arbitration is cancelled at the request of one party, the party requesting cancellation shall pay any of the arbitrator's fees and expenses associated with the cancellation.

### D. General Provisions

1. Management Rights: The filing of a grievance shall in no way interfere with the right of the District to proceed in carrying out its management responsibilities, subject to the final decision of the grievance procedure.
2. **No Reprisals for Participating in Grievance Process:** There shall be no reprisals by administrative personnel against any party, the Association Representative, or any other participant in the grievance procedure for participating in the grievance process. The Association agrees there shall be no coercion or reprisals against any member of the Board or Administrative personnel.
3. Grievance Documents Filed Separately: All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel file of the participant.
4. Handling Grievances on Non-work Time: It is assumed that grievance problems will be handled at times other than when the member is at work, and that members of the Association and the District will be present to process grievances promptly. Investigation and processing of grievances by the Executive Director of the Association or his/her designee shall be allowed during working hours as long as it does not interfere with or interrupt the performance of the duties of any employee covered by this Agreement.
5. Preservation of Association Right to Be Present at Grievance Steps: If a member pursues the grievance without Association support as prescribed in Level Two, the right of the Association to be present and to present a view at hearings in Levels Two and Three is preserved. The Association is also to receive copies of written decisions at all Levels. The District shall send the Association advance written notice of all such hearings.
6. Association Commencement of Grievance at Level Two: If more than one member has a similar complaint which has been individually discussed as provided in Level One, the Association may file a grievance to be commenced at Level Two, in lieu of individual grievances.
7. Presence of Grievant: If the employee elects to be represented, the grievant may still be present at any level of the grievance procedure where the grievance is to be discussed.

The grievant will not suffer a loss of pay as a result. The aggrieved need not be present where it is mutually agreed to that no facts are in dispute, and that the sole question is the interpretation of this Agreement.

8. Grievance is Binding: Any written agreement reached between the Board and the Union is binding on all employees affected and cannot be changed by any employee or the Board.
9. Monetary Awards: If a grievance is sustained, the aggrieved party shall be paid for financial loss, as determined in the final disposition. No claim for back wages shall exceed the amount of wages the employee would otherwise have earned at the regular rate and any wage settlement will be reduced by income earned from other sources.

## ARTICLE 18 – DISCHARGE AND DISCIPLINE

A. Notice of Complaint, Discipline, Discharge or Suspension

If an employee is disciplined, discharged or suspended, the Board will promptly notify the local president or designee of such action. Disciplinary actions will be for just cause.

Employees will be notified of formal complaints against them if placed in their personnel file. The employee shall have the opportunity to provide a written rebuttal attached to the complaint or discipline.

B. Discussion of Discipline, Discharge or Suspension

Upon request, The Board or its designated representative, will discuss the discharge or suspension with the individual and the Association. The Board, likewise, will discuss written reprimands with the individual and the Association upon request. An individual shall be entitled to have present a representative of the Association during meetings concerning disciplinary action. When a request for such representation is made, no meeting will be conducted with respect to the individual until such representative of the Association is present. The Association representative and the Board or its designated representative shall arrange a meeting date and/or time at the earliest possible convenience for both parties. In no way shall this language be interpreted as to limit the Board's process of investigation.

C. Appeal of Discipline, Discharge or Suspension

Should the disciplined, discharged or suspended employee or Union consider the discharge or suspension to be improper, a complaint shall be presented in writing. The matter shall be referred to Step Two of the grievance procedure.

**ARTICLE 19 - VACATION**

A. Vacation Earnings

Employees will earn vacation in one year for use in the following year.

Regular full time employees (32.5 hours per week) will earn up to ten (10) paid vacation days per year.

Earned vacation may be used during the winter, mid-winter or spring recess, or other non-student (unpaid) days for eligible staff. Vacation request forms must be completed and are available from the Human Resources Department.

Those individuals who have not completed a full year will have paid vacation days prorated based on the portion of the year actually worked. Upon termination, with timely notice of at least one week, unused vacation earned to date will be paid.

B. Additional vacation days for perfect attendance

As an incentive for perfect attendance, employees who are present every day during one or both of the following time periods will earn an additional vacation day for each time period he/she has perfect attendance. The time periods are the first reporting day in August to December 31 and January 1 to the end of school year in June. Days taken for funeral leave, snow days, if the building is closed, District approved religious holidays, for approved days taken without pay or for approved days for job required testing in accordance with Article 5(C)(6) will not be counted against the employee for determining eligibility for the additional days.

A maximum of two (2) days will be added to the vacation day payment at the close of the school year. An employee must have worked the full six-month period to be eligible for the additional vacation day incentive.

**ARTICLE 20 - EFFECT OF AGREEMENT**

A. Addendum to Contract

The School Board and the Association mutually agree that the terms and conditions set forth in this Agreement represent the full and complete understanding and commitment between the parties hereto which may be altered, changed, added to, deleted from, or modified only through the voluntary, mutual consent of the School Board and the Association in an amendment hereto which shall be ratified and signed by both parties.

B. Conformity to Law

This Agreement is subject in all respects to the laws of the state of Michigan with respect to the powers, rights, duties and obligations of the Employer, the Association and the staff members in the bargaining unit, and in the event that any provision of this Agreement shall at any time be held to be contrary to law by a court of competent jurisdiction from whose final judgment or

decree no appeal has been taken with the time provided for doing so, such provision shall be void and inoperative; however, all other provisions of this Agreement shall continue in effect.

C. Emergency Manager Legislation

An emergency manager appointed under the local government and school district fiscal accountability act may reject, modify or terminate the collective bargaining agreement as provided within the local government and school district fiscal accountability act.

## ARTICLE 21 – CONTRACT REOPENER

Either party may reopen the contract, for the purpose of revising contractual provisions to comply with current law (e.g. the Patient Protection & Affordable Care Act) by serving written notice of such intent upon the other party.

## ARTICLE 22 - DURATION OF AGREEMENT

This Agreement shall be effective December 17, 2021 and shall continue in full force and effect, as amended, until June 30, 2024. The Agreement shall not be extended orally and it is expressly understood that it shall expire on the date set forth above unless mutually agreed to, in writing, by both parties. The parties shall commence negotiations for a successor agreement at least sixty (60) days prior to expiration of this Agreement.

| Education Association<br>Date of Ratification: | | Board of Education<br>Date of Ratification: |
|---|---|---|
| Tammy Mistrzak (signature) | | Jennifer Matlow (signature) |
| Tammy Mistrzak, President | | Jennifer Matlow, President |
| Scott Warrow (signature) | | (signature) |
| Scott Warrow, MEA ExecutiveDirector | | John VanGemert, Secretary |
| | | Pat Watson (signature) |
| | | Pat Watson, Superintendent |
| | | K McDonald (signature) |
| | | Keith McDonald, Assistant Superintendent of Human Resources and Title IX Coordinator |

**Appendix**

| | | |
|---|---|---|
| **APPENDIX A** | | Benefits-at-a Glance/Riders |
| **APPENDIX B** | | Example of District Contribution to Health Savings Account |
| **APPENDIX C** | | Family and Medical Leave Act Procedures |
| **APPENDIX D** | | Guidelines for Posting Vacancies & Transfer Requests/ Interpreter Transfer Request |

# BLOOMFIELD HILLS BD OF ED
## A1FPG9 007002956 (0010, 0023, 0012, 0016, 0017, 0019, 0021) - Teachers, Technicians, Interpreters/Interveners, Clerical, Instr. Assist., Para Educ, Aux, and Unaf Z
## Dental Coverage
## Effective Date: On or after January 2022
## Benefits-at-a-glance

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

**Coverage determination:** Claims are subject to dental necessity verification and availability of dental benefits when they are processed, as well as the terms and conditions of the applicable BCBSM certificates and riders.

**Network access information**
With Blue Dental PPO, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.

**Blue Dental PPO network**- Blue Dental members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 535,000 dentist locations* nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit **mibluedentist.com** or call **1-888-826-8152.**

**A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices is two dentist locations.*

**Blue Par Select℠ arrangement**- Most non-PPO(out-of-network) dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services, and members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit **mibluedentist.com.**

**Note:** Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

| Member's responsibility (deductible, coinsurance and dollar maximums) | |
|---|---|
| **Benefits** | **Coverage** |
| **Deductible** | None |
| **Coinsurance (percentage of BCBSM's approved amount for covered services)**<br>• Class I services | None (covered at 100%) |
| • Class II services | None (covered at 100%) |
| • Class III services | 30% |
| • Class IV services | 40% |
| **Dollar maximums**<br>• Annual maximum for Class I, II and III services | $1,250 per member |
| • Lifetime maximum for Class IV services | $1,000 per member |

ADM DC26MEVIS;ADM PLANYR JAN;ASCMOD 8818 VIS;BLUE DENTAL;BLUE VISION;BVC-$7.50;BVFLE;BVPP CHOICE NET;CDC-DC 26-ME;DO-PPO;PK015

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

## Class I services

| Benefits | Coverage |
|---|---|
| Oral exams | 100% of approved amount<br>**Note:** Twice per calendar year |
| A set (up to 4 films) of bitewing x-rays | 100% of approved amount<br>**Note:** Twice per calendar year |
| Panoramic or full-mouth x-rays | 100% of approved amount<br>**Note:** Once every 60 months |
| Prophylaxis (cleaning) | 100% of approved amount<br>**Note:** Twice per calendar year |
| Sealants - for members age 19 and younger | 100% of approved amount<br>**Note:** Once per tooth in any 36 consecutive months when applied to the first and second permanent molars |
| Emergency palliative treatment | 100% of approved amount |
| Fluoride treatments | 100% of approved amount<br>**Note:** Two per calendar year |
| Space maintainers - missing posterior (back) primary teeth - for members 18 and younger | 100% of approved amount<br>**Note:** Once per quadrant per lifetime |

## Class II services

| Benefits | Coverage |
|---|---|
| Fillings - permanent (adult) teeth | 100% of approved amount<br>**Note:** Replacement fillings covered after 24 months or more after initial filling |
| Fillings - primary (child) teeth | 100% of approved amount<br>**Note:** Replacement fillings covered after 12 months or more after initial filling |
| Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older | 100% of approved amount<br>**Note:** Once every 60 months per tooth |
| Recementation of crowns, veneers, inlays, onlays and bridges | 100% of approved amount<br>**Note:** Three times per tooth per calendar year after six months from original restoration |
| Oral surgery | 100% of approved amount |
| Root canal treatment | 100% of approved amount<br>**Note:** Once per tooth per lifetime; retreatment of previous root canal therapy (after 12 months from the date of the original therapy) once per tooth per lifetime. |
| Scaling and root planing | 100% of approved amount<br>**Note:** Once every 24 months per quadrant |
| Limited occlusal adjustments | 100% of approved amount<br>**Note: Limited** occlusal adjustments covered up to five times in any 60 consecutive months |
| Occlusal biteguards | 100% of approved amount<br>**Note:** Once every 12 months |
| General anesthesia or IV sedation | 100% of approved amount<br>**Note:** When medically necessary and performed with oral surgery |
| Repairs and adjustments of a partial or complete denture | 100% of approved amount<br>**Note:** Six months or more after denture is delivered |
| Relining or rebasing of a partial or complete denture | 100% of approved amount<br>**Note:** Once per arch in any 36 consecutive months |
| Tissue conditioning | 100% of approved amount<br>**Note:** Once per arch in any 36 consecutive months |



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## Class III services

| Benefits | Coverage |
| --- | --- |
| Removable dentures (complete and partial) | 70% of approved amount<br>**Note:** Once every 60 months |
| Bridges (fixed partial dentures) - for members age 16 and older | 70% of approved amount<br>**Note:** Once every 60 months |
| Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement | 70% of approved amount<br>**Note:** Once per tooth per lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31 |

## Class IV services - Orthodontic services for dependents under age 19

| Benefits | Coverage |
| --- | --- |
| Minor treatment for tooth guidance appliances | 60% of approved amount |
| Minor treatment to control harmful habits | 60% of approved amount |
| Interceptive and comprehensive orthodontic treatment | 60% of approved amount |
| Post-treatment stabilization | 60% of approved amount |
| Cephalometric film (skull) and diagnostic photos | 60% of approved amount |

**Note:** For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination ***before*** treatment begins.



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# BLOOMFIELD HILLS BD OF ED

**A1FPA6 00700295600- Teachers, Technicians, Interpreters/Interveners, Administration, Clerical, Instructional Assist., Para Ed, Auxiliary Services, Unaf Z**

## Vision Coverage
## Effective Date: On or after January 2022
## Benefits-at-a-glance

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

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

### Member's responsibility (copays)

| Benefits | VSP network doctor | Non-VSP provider |
|---|---|---|
| Eye exam | $5.00 copay | $5.00 copay applies to charge |
| Prescription glasses (lenses and/or frames) | **Combined** $7.50 copay | Member responsible for difference between approved amount and provider's charge, after $7.50 copay |
| Medically necessary contact lenses<br><br>**Note:** No copay is required for prescribed contact lenses that are not medically necessary. | $7.50 copay | Member responsible for difference between approved amount and provider's charge, after $7.50 copay |

### 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. | $5.00 copay | Reimbursement up to $45 less $5.00 copay (member responsible for any difference) |
| | One eye exam in any period of 12 **consecutive** months | |

**ADM DC26MEVIS;ADM PLANYR JAN;BLUE DENTAL;BLUE VISION;BV-FLA $150;BVFL;BVPP CHOICE NET;CDC-DC 26-ME;DO-PPO;PK015**

## 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. | $7.50 copay (one copay applies to **both** lenses and frames) | Reimbursement up to approved amount based on lens type less $7.50 copay (member responsible for any difference) |
| | One pair of lenses, with or without frames, in any period of 12 **consecutive** months | |
| Standard frames<br><br>**Note:** All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance. | $150 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less $7.50 copay (one copay applies to **both** frames and lenses) | Reimbursement up to $70 less $7.50 copay (member responsible for any difference) |
| | One frame in any period of 12 **consecutive** months | |

## Contact Lenses

| Benefits | VSP network doctor | Non-VSP provider |
|---|---|---|
| Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary) | $7.50 copay | Reimbursement up to $210 less $7.50copay(member responsible for any difference) |
| | Contact lenses up to the allowance in any period of 12 **consecutive** months | |
| Elective contact lenses that **improve** vision (prescribed, but do not meet criteria of medically necessary) | $150 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) |
| | Contact lenses up to the allowance in any period of 12 **consecutive** months | |



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

# BLOOMFIELD HILLS BD OF ED
# 0070029560026 - 08098
# Effective Date: 01/01/2022

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

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

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

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

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

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

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

**ADM PLANYR JAN;ASCMOD 8527 MED;CDH-HSA;DC 26-ME ASC;DHSAD2KIN4KON A;HEQ;HSAOPM3KIN6KONA;PDTTC52550RXCMA;SBD HSA ASC;SBD HSA OLV ASC;SBDHSAC0IN20ONA;SBDHSAOCSM24ASC;SD ASC**

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

## Eligibility Information

| Member | Eligibility Criteria |
|---|---|
| **Dependents** | • Subscriber's legal spouse<br>• **Dependent children:** related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage through the last day of the month the dependent turns age 26 |
| **Sponsored dependents** | • Dependents of the subscriber related by blood, marriage or legal adoption, over age 19 and not eligible as a dependent under the provisions of the subscriber's contract, provided the dependent meets all eligibility requirements. The subscriber is responsible for paying the cost of this coverage. |

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

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

| Benefits | In-network | Out-of-network |
|---|---|---|
| **Deductibles**<br><br>**Note:** Your deductible **combines** deductible amounts paid under your Simply Blue HSA medical coverage **and** your Simply Blue prescription drug coverage.<br><br>**Note:** The full family deductible **must** be met under a two-person or family contract before benefits are paid for any person on the contract. | $2,000 for a one-person contract<br>$4,000 for a family contract (2 or more members) each calendar year<br>**(no 4th quarter carry-over)** | $4,000 for a one-person contract<br>$8,000 for a family contract (2 or more members) each calendar year<br>**(no 4th quarter carry-over)** |
| **Flat-dollar copays** | See "Prescription Drugs" section | See "Prescription Drugs" section |
| **Coinsurance amounts (percent copays)**<br><br>**Note:** Coinsurance amounts apply once the deductible has been met. | None | 20% of approved amount for most covered services |
| **Annual out-of-pocket maximums**-applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts | $3,000 for a one-person contract<br>$6,000 for a family contract (2 or more members) each calendar year | $6,000 for a one-person contract<br>$12,000 for a family contract (2 or more members) each calendar year |
| **Lifetime dollar maximum** | None | |

## Preventive care services

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



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

## Physician office services

| Benefits | In-network | Out-of-network |
| --- | --- | --- |
| Office visits - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Online visits - by physician or **BCBSM** selected vendor must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Outpatient and home medical care visits - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Office consultations - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Urgent care visits - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |

## Emergency medical care

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

## Diagnostic services

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

## Maternity services provided by a physician or certified nurse midwife

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

## Hospital care

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



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

## Alternatives to hospital care

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

## Surgical services

| Benefits | In-network | Out-of-network |
|---|---|---|
| Surgery-includes related surgical services and medically necessary facility services by a **participating** ambulatory surgery facility | 100% after in-network deductible | 80% after out-of-network deductible |
| Presurgical consultations | 100% after in-network deductible | 80% after out-of-network deductible |
| Voluntary sterilization for males<br><br>**Note:** For voluntary sterilizations for females, see **"Preventive care services."** | 100% after in-network deductible | 80% after out-of-network deductible |
| Voluntary abortions | 100% after in-network deductible | 80% after out-of-network deductible |

## Human organ transplants

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

| Benefits | In-network | Out-of-network |
| --- | --- | --- |
| Kidney, cornea and skin transplants | 100% after in-network deductible | 80% after out-of-network deductible |

## Behavioral Health Services (Mental Health and Substance Use Disorder)

| Benefits | In-network | Out-of-network |
| --- | --- | --- |
| **Inpatient** mental health care and **inpatient** substance treatment | 100% after in-network deductible | 80% after out-of-network deductible |
| | Unlimited days | |
| Residential psychiatric treatment facility:<br>• covered mental health services **must** be performed in a residential psychiatric treatment facility<br>• Treatment must be preauthorized<br>• subject to medical criteria | 100% after in-network deductible | 80% after out-of-network deductible |
| Outpatient mental health care:<br>• Facility and clinic | 100% after in-network deductible | 100% after in-network deductible in participating facilities **only** |
| • Online visits - by physician or **BCBSM** selected vendor | 100% after in-network deductible | 80% after out-of-network deductible |
| • Physician's office | 100% after in-network deductible | 80% after out-of-network deductible |
| Outpatient substance use disorder treatment-in approved facilities **only** | 100% after in-network deductible | 80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network) |

## Autism spectrum disorders, diagnoses and treatment

| Benefits | In-network | Out-of-network |
| --- | --- | --- |
| Applied behavioral analysis (ABA) treatment-when rendered by an approved board-certified behavioral analyst-is covered through age 18, subject to preauthorization<br><br>**Note**: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment. | Not covered | Not covered |
| Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder | Not covered | Not covered |
| Other covered services, including mental health services, for autism spectrum disorder | Not covered | Not covered |

## Other covered services

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

## Simply Blue HSA with Prescription Drugs

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

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

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

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

## Member's responsibility (copays and coinsurance amounts)

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

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

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

| Benefits | | 90-day retail network pharmacy | * In-network mail order provider | In-network pharmacy (not part of the 90-day retail network) | Out-of-network pharmacy |
|---|---|---|---|---|---|
| Tier 1 - Generic or select prescribed over-the-counter drugs | 1 to 30-day period | After deductible is met, you pay $5 copay | After deductible is met, you pay $5 copay | After deductible is met, you pay $5 copay | After deductible is met, you pay $5 copay plus an additional 20% of the BCBSM approved amount |
| | 31 to 83-day period | No coverage | After deductible is met, you pay $10 copay | No coverage | No coverage |
| | 84 to 90-day period | After deductible is met, you pay $10 copay | After deductible is met, you pay $10 copay | No coverage | No coverage |
| Tier 2 - Preferred brand-name drugs | 1 to 30-day period | After deductible is met, you pay $25 copay | After deductible is met, you pay $25 copay | After deductible is met, you pay $25 copay | After deductible is met, you pay $25 copay plus an additional 20% of the BCBSM approved amount |
| | 31 to 83-day period | No coverage | After deductible is met, you pay $50 copay | No coverage | No coverage |
| | 84 to 90-day period | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay | No coverage | No coverage |
| Tier 3 - Nonpreferred brand-name drugs | 1 to 30-day period | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay plus an additional 20% of the BCBSM approved amount |

| Benefits | | 90-day retail network pharmacy | * In-network mail order provider | In-network pharmacy (not part of the 90-day retail network) | Out-of-network pharmacy |
|---|---|---|---|---|---|
| | 31 to 83-day period | No coverage | After deductible is met, you pay $100 copay | No coverage | No coverage |
| | 84 to 90-day period | After deductible is met, you pay $100 copay | After deductible is met, you pay $100 copay | No coverage | No coverage |

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

## Covered services

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



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

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

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

## Features of your prescription drug plan

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

| Features of your prescription drug plan | |
|---|---|
| Quantity limits | To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits. |



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# BLOOMFIELD HILLS BD OF ED
# 0070029560009 - 08091
# Effective Date: 01/01/2022

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

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

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

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

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

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

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

**14/28K-28/56KAS;ADM PLANYR JAN;ASCMOD 6684;CDH-HSA;DC 26-ME ASC;HEQ;PDTTC52550RXCMA;SBD HSA ASC;SBD HSA OLV ASC;SBDHSAC0IN20ONA;SBDHSAOCSM24ASC;SD ASC**

## Eligibility Information

| Member | Eligibility Criteria |
|---|---|
| **Dependents** | • Subscriber's legal spouse<br>• **Dependent children:** related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage through the last day of the month the dependent turns age 26 |
| **Sponsored dependents** | • Dependents of the subscriber related by blood, marriage or legal adoption, over age 19 and not eligible as a dependent under the provisions of the subscriber's contract, provided the dependent meets all eligibility requirements. The subscriber is responsible for paying the cost of this coverage. |

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

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

| Benefits | In-network | Out-of-network |
|---|---|---|
| **Deductibles**<br><br>**Note:** Your deductible **combines** deductible amounts paid under your Simply Blue HSA medical coverage **and** your Simply Blue prescription drug coverage.<br><br>**Note:** The full family deductible **must** be met under a two-person or family contract before benefits are paid for any person on the contract. | $1,400 for a one-person contract<br>$2,800 for a family contract (2 or more members) each calendar year<br>**(no 4th quarter carry-over)** | $2,800 for a one-person contract<br>$5,600 for a family contract (2 or more members) each calendar year<br>**(no 4th quarter carry-over)** |
| | Deductibles are based on amounts defined annually by the federal government for Simply Blue HSA-related health plans. Deductibles may increase annually. Please call your customer service center for an annual update. | |
| **Flat-dollar copays** | See "Prescription Drugs" section | See "Prescription Drugs" section |
| **Coinsurance amounts (percent copays)**<br><br>**Note:** Coinsurance amounts apply once the deductible has been met. | None | 20% of approved amount for most covered services |
| **Annual out-of-pocket maximums**-applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts | $2,250 for a one-person contract<br>$4,500 for a family contract (2 or more members) each calendar year | $4,500 for a one-person contract<br>$9,000 for a family contract (2 or more members) each calendar year |
| **Lifetime dollar maximum** | None | |

## Preventive care services

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

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

## Physician office services

| Benefits | In-network | Out-of-network |
| --- | --- | --- |
| Office visits - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Online visits - by physician or **BCBSM** selected vendor must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Outpatient and home medical care visits - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Office consultations - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |
| Urgent care visits - must be medically necessary | 100% after in-network deductible | 80% after out-of-network deductible |

## Emergency medical care

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

## Diagnostic services

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

## Maternity services provided by a physician or certified nurse midwife

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

## Hospital care

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

**14/28K-28/56KAS;ADM PLANYR JAN;ASCMOD 6684;CDH-HSA;DC 26-ME ASC;HEQ;PDTTC52550RXCMA;SBD HSA ASC;SBD HSA OLV ASC;SBDHSAC0IN20ONA;SBDHSAOCSM24ASC;SD ASC**

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

## Alternatives to hospital care

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

## Surgical services

| Benefits | In-network | Out-of-network |
|---|---|---|
| Surgery-includes related surgical services and medically necessary facility services by a **participating** ambulatory surgery facility | 100% after in-network deductible | 80% after out-of-network deductible |
| Presurgical consultations | 100% after in-network deductible | 80% after out-of-network deductible |
| Voluntary sterilization for males<br><br>**Note:** For voluntary sterilizations for females, see **"Preventive care services."** | 100% after in-network deductible | 80% after out-of-network deductible |
| Voluntary abortions | 100% after in-network deductible | 80% after out-of-network deductible |

## Human organ transplants

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

| Benefits | In-network | Out-of-network |
|---|---|---|
| Kidney, cornea and skin transplants | 100% after in-network deductible | 80% after out-of-network deductible |

## Behavioral Health Services (Mental Health and Substance Use Disorder)

| Benefits | In-network | Out-of-network |
|---|---|---|
| **Inpatient** mental health care and **inpatient** substance treatment | 100% after in-network deductible | 80% after out-of-network deductible |
| | Unlimited days | |
| Residential psychiatric treatment facility:<br>• covered mental health services **must** be performed in a residential psychiatric treatment facility<br>• Treatment must be preauthorized<br>• subject to medical criteria | 100% after in-network deductible | 80% after out-of-network deductible |
| Outpatient mental health care:<br>• Facility and clinic | 100% after in-network deductible | 100% after in-network deductible in participating facilities **only** |
| • Online visits - by physician or **BCBSM** selected vendor | 100% after in-network deductible | 80% after out-of-network deductible |
| • Physician's office | 100% after in-network deductible | 80% after out-of-network deductible |
| Outpatient substance use disorder treatment-in approved facilities **only** | 100% after in-network deductible | 80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network) |

## Autism spectrum disorders, diagnoses and treatment

| Benefits | In-network | Out-of-network |
|---|---|---|
| Applied behavioral analysis (ABA) treatment-when rendered by an approved board-certified behavioral analyst-is covered through age 18, subject to preauthorization<br><br>**Note**: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment. | Not covered | Not covered |
| Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder | Not covered | Not covered |
| Other covered services, including mental health services, for autism spectrum disorder | Not covered | Not covered |

## Other covered services

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



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

## Simply Blue HSA with Prescription Drugs

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

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

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

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

## Member's responsibility (copays and coinsurance amounts)

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

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

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

| Benefits | | 90-day retail network pharmacy | * In-network mail order provider | In-network pharmacy (not part of the 90-day retail network) | Out-of-network pharmacy |
|---|---|---|---|---|---|
| Tier 1 - Generic or select prescribed over-the-counter drugs | 1 to 30-day period | After deductible is met, you pay $5 copay | After deductible is met, you pay $5 copay | After deductible is met, you pay $5 copay | After deductible is met, you pay $5 copay plus an additional 20% of the BCBSM approved amount |
| | 31 to 83-day period | No coverage | After deductible is met, you pay $10 copay | No coverage | No coverage |
| | 84 to 90-day period | After deductible is met, you pay $10 copay | After deductible is met, you pay $10 copay | No coverage | No coverage |
| Tier 2 - Preferred brand-name drugs | 1 to 30-day period | After deductible is met, you pay $25 copay | After deductible is met, you pay $25 copay | After deductible is met, you pay $25 copay | After deductible is met, you pay $25 copay plus an additional 20% of the BCBSM approved amount |
| | 31 to 83-day period | No coverage | After deductible is met, you pay $50 copay | No coverage | No coverage |
| | 84 to 90-day period | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay | No coverage | No coverage |
| Tier 3 - Nonpreferred brand-name drugs | 1 to 30-day period | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay | After deductible is met, you pay $50 copay plus an additional 20% of the BCBSM approved amount |

| Benefits | | 90-day retail network pharmacy | * In-network mail order provider | In-network pharmacy (not part of the 90-day retail network) | Out-of-network pharmacy |
|---|---|---|---|---|---|
| | 31 to 83-day period | No coverage | After deductible is met, you pay $100 copay | No coverage | No coverage |
| | 84 to 90-day period | After deductible is met, you pay $100 copay | After deductible is met, you pay $100 copay | No coverage | No coverage |

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

## Covered services

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

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

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

## Features of your prescription drug plan

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

| Features of your prescription drug plan | |
| --- | --- |
| Quantity limits | To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits. |



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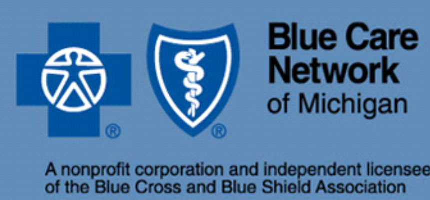


# Benefits-at-a-Glance
# BCN High Deductible Health Plan - Self-funded Large Groups

## 00112357-SF01 Bloomfield Hills Bd of Ed

## Effective Date: 01/01/2022

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This group is self-funded. Blue Care Network provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

**Services must be provided or arranged by the member's primary care physician or health plan.**

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

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

| Deductible, Copays and Dollar Maximums | |
|---|---|
| Deductible - Combined for both medical and drug coverage. | $1,400 for a one-person contract/$2,800 for a family contract (2 or more members) each calendar year (no 4th quarter carry-over) |
| | Deductible - The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract |
| Fixed Dollar Copays | None |
| Coinsurance | 50% for select services as noted below |
| Out of Pocket Maximum | $2,350 for a one-person contract. $4,700 for a family contract (2 or more members) each calendar year |
| | Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drug copays. |

Benefits Selected - HDHPLG : VACR50,1400HD,2350OM,1400HD,2350OM,P136HD,90D3X,BCN2SF,BCNSF,BCN2SF

## Preventive Services

| | |
|---|---|
| Health Maintenance Exam | 100% |
| Annual Gynecological Exam | 100% |
| Pap Smear Screening | 100% |
| Well-Baby and Child Care | 100% |
| Immunizations | 100% |
| Prostate Specific Antigen (PSA) Screening | 100% |
| Routine Colonoscopy | 100% |
| Mammography Screening | 100% |
| Voluntary Female Sterilization | 100% |
| Breast Pumps (DME guidelines apply.) | 100% |
| Maternity Pre-Natal care | 100% |

## Physician Office Services

| | |
|---|---|
| PCP Office Visits | 100% after deductible. Deductible does not apply to preventive services and routine maternity care |
| Medical Online Visits | 100% after deductible. Deductible does not apply to preventive services and routine maternity care |
| Consulting Specialist Care | 100% after deductible. Deductible does not apply to preventive services and routine maternity care |

## Emergency Medical Care

| | |
|---|---|
| Hospital Emergency Room | 100% after deductible |
| Urgent Care Center | 100% after deductible |
| Retail Health Clinic | 100% after deductible |
| Ambulance Services | 100% after deductible |

## Diagnostic Services

| | |
|---|---|
| Laboratory and Pathology Services | 100% after deductible |
| Diagnostic Tests and X-rays | 100% after deductible |
| High Technology Radiology Imaging (MRI, MRA, CAT, PET) | 100% after deductible |
| Radiation Therapy | 100% after deductible |

## Maternity Services Provided by a Physician

| | |
|---|---|
| Post-Natal and Non-routine Pre-Natal Care (See Preventive Services section for routine Pre-Natal Care) | 100% (Deductible applies for non-routine maternity care) |
| Delivery and Nursery Care | 100% after deductible |

## Hospital Care

| | |
|---|---|
| General Nursing Care, Hospital Services and Supplies | 100% after deductible |
| Outpatient Surgery | 100% after deductible |

## Alternatives to Hospital Care

| | |
|---|---|
| Skilled Nursing Care | 100% after deductible |
| | Up to 45 days per calendar year |
| Hospice Care | 100% after deductible |
| Home Health Care | 100% after deductible |

Benefits Selected - HDHPLG : VACR50,1400HD,2350OM,1400HD,2350OM,P136HD,90D3X,BCN2SF,BCNSF,BCN2SF

## Surgical Services

| | |
|---|---|
| Surgery - includes all related surgical services and anesthesia - see member certificate for specific surgical copays. | 100% after deductible |
| Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization | Male - 50% after deductible |
| Elective Abortion (One procedure per two year period of membership) | 50% after deductible |
| Human Organ Transplants | 100% after deductible |
| Reduction Mammoplasty | 50% after deductible |
| Male Mastectomy | 50% after deductible |
| Temporomandibular Joint Syndrome | 50% after deductible |
| Orthognathic Surgery | 50% after deductible |
| Weight Reduction Procedures | 50% after deductible |

## Behavioral Health Services (Mental Health and Substance Use Disorder Treatment)

| | |
|---|---|
| Inpatient Mental Health Care | 100% after deductible |
| Residential Substance Use Disorder | 100% after deductible |
| Outpatient Mental Health Care includes online visits Note: For diagnostic and therapeutic services, see the Diagnostic Services section above for applicable cost sharing. | 100% after deductible |
| Outpatient Substance Use Disorder | 100% after deductible |

## Autism Spectrum Disorders, Diagnoses and Treatment

| | |
|---|---|
| Applied Behavioral analysys (ABA) treatment | 100% after deductible |
| Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder through age 18. Unlimited visits for PT/OT/ST with autism spectrum disorder diagnosis. | 100% after deductible |
| Other covered services, including mental health services, for Autism Spectrum Disorder | See your outpatient mental health, medical office visit and preventive benefit. |

## Other Services

| | |
|---|---|
| Allergy Testing and Therapy | 100% after deductible |
| Allergy Injections | 100% after deductible |
| Chiropractic Spinal Manipulation - when referred | 100% after deductible |
| | (up to 30 visits per calendar year) |
| Outpatient Physical, Speech and Occupational Therapy | 100% after deductible |
| | 60 visits per calendar year for any combination of outpatient rehabilitation therapies. |
| Infertility Counseling and Treatment | 50% after deductible (Excludes In-vitro fertilization) |
| Durable Medical Equipment | 50% after deductible |
| Prosthetic and Orthotic Appliances | 50% after deductible |
| Diabetic Supplies | 100% after deductible |
| Hearing Aid | Not covered |
| | Note: This Group is self-funded. Blue Care Network provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims |

Benefits Selected - HDHPLG : VACR50,1400HD,2350OM,1400HD,2350OM,P136HD,90D3X,BCN2SF,BCNSF,BCN2SF

## Prescription Drugs

| | |
|---|---|
| Prescription Drugs - (Eff. 1/1/21 Certain diabetic supplies are covered through the pharmacy benefit if you have BCN pharmacy coverage. Applicable pharmacy cost-sharing will apply.) | Tier 1A - $10 after ded, Tier 1B - $30 copay after ded, Tier 2 - $60 copay after ded, Tier 3 - $80 copay after ded, Tier 4 - 20% coinsurance after ded (Max $200), Tier 5 - 20% coinsurance after ded (Max $300) |

| | |
|---|---|
| | Sexual Dysfunction drugs - 50% coinsurance after deductible |
| | Contraceptives – T1A- 100% (deductible does not apply), Tier 1B - $30 after deductible, T2 - $60 after deductible, T3-$80 after deductible; 30 day supply |
| Mail Order Prescription Drugs | 30 day supply or less - applicable tiered copay/coinsurance, 31-90 day supply - 3x's the 30 day copay/coinsurance minus $10 after deductible |
| Prescription Drug Deductible | Prescription drug deductible integrated with the medical deductible |
| | Effective 1/1/20 -Specialty drugs are covered only when purchased through the BCN Exclusive Pharmacy Network for Specialty Drugs |

For Internal Use Only

| | | | |
|---|---|---|---|
| Medical | 0000H423 | 4ZG5 | MED |
| Pharmacy | 0000G903 | 4ZX3 | |

Benefits Selected - HDHPLG : VACR50,1400HD,2350OM,1400HD,2350OM,P136HD,90D3X,BCN2SF,BCNSF,BCN2SF