



**EASTPOINTE  
COMMUNITY SCHOOLS**

**ECSAA**

**Eastpointe Community Schools  
Administrators Association**

**CONTRACT**

**February 1, 2022 - January 31, 2025  
AGREEMENT**

between

**EASTPOINTE COMMUNITY SCHOOLS BOARD OF EDUCATION**

and the

**EASTPOINTE COMMUNITY SCHOOLS ADMINISTRATORS ASSOCIATION**

<b>I. Recognition Clause</b>	<b>2</b>
<b>II. Definitions</b>	<b>2</b>
<b>III. Administrative Contracts</b>	<b>3</b>
<b>IV. Seniority</b>	<b>3</b>
<b>V. Work Year</b>	<b>4</b>
<b>VI. Compensation and Additional Benefits</b>	<b>4</b>
<b>VII. Personal Leaves and Absences</b>	<b>8</b>
<b>VIII. Professional Development Opportunities</b>	<b>10</b>
<b>IX. Grievances</b>	<b>10</b>
<b>X. Collaborative Team</b>	<b>13</b>
<b>XI. Union Business Days</b>	<b>13</b>
<b>Exhibit A Salary Scale</b>	<b>14</b>

## ADMINISTRATIVE AGREEMENT

### I. Recognition Clause

The Eastpointe Community Schools Board of Education recognizes the Eastpointe Community Schools Administrators Association (ECSAA) the American Federation of School Administrators (AFSA), Local 89, AFL-CIO in accordance with the applicable provisions of Act 379, P.A. of 1965 as amended as the sole and exclusive representatives of all administrative personnel in the classifications of Principal and Assistant Principal.

### II. Definitions

- A. The term "Association" shall refer to the Eastpointe Community Schools Administrators Association (ECSAA).
- B. The term "Board" shall refer to the Eastpointe Community Schools Board of Education, or its representative.
- C. The term "Administrator" shall refer to those bargaining unit members represented by the Association.

### III. Administrative Contracts

#### **New administrators will be offered contracts on the following basis:**

- A. Two one-year probationary contracts shall be offered, with the District reserving the right to offer a third one-year probationary contract.
- B. Administrators shall not advance on the salary schedule unless the administrator has received a year-end overall performance rating of Effective or higher.
- C. Upon completion of probation, the administrator will be covered under this master agreement.

**Current administrators who have completed their probationary period** will be offered contracts on the following basis:

- A. All administrators will be evaluated annually by the Superintendent or his designee.
- B. If an administrator receives a less than effective evaluation; the administrator will be given a reasonable amount of time, not longer than one year to improve performance.
- C. An administrator may be terminated immediately for reasons that are not arbitrary and capricious.

D. This contract will supplant all individual agreements in place prior to July 1, 2015. 3

Effective January 1, 2021, the half-steps on the administrators' salary schedule shall be used for administrators who are hired after November 1st in a school year, in which case an administrator would only move one half step in the following school year (if rated overall Effective or higher on the administrator's year-end performance evaluation). Subsequently the administrator shall move one full step for each full year of service until the administrator reaches the top step (if rated overall Effective or higher on the administrator's year-end performance evaluation).

## IV. Seniority

- A. Administrative seniority shall be defined as the total years of administrative service to the Eastpointe Community Schools.
- B. In the event of administrators having the same number of years of service, the administrator with more district seniority will be placed higher on the seniority list.
- C. Categories for administrative personnel are as follows:
  - (a) High School Principal
  - (b) Middle School Principals
  - (c) Elementary Principals
  - (d) High School Assistant Principals
  - (e) Middle School Assistant Principals

## V. Work Year

**A. Instructional calendar** plus the number of days specified.

Elementary Principals 15 days

Middle School Principals 20 days

Middle School Assistant Principals 10 days

High School Principal 35 days

High School Assistant Principals 25 days

All administrators in the above categories are required to work the same number of days as the instructional staff (teachers) work year plus the additional specified days.

Such additional days and duties will be mutually agreed upon by the administrator and his/her immediate supervisor and/or Superintendent, to be served during the current fiscal year. No additional compensation will be granted for such services.

**B. An administrator** required by the Superintendent or Designee to be employed by the district

beyond the contracted work year will be compensated at the per diem rate.

## **VI. Compensation and Additional Benefits**

A. Longevity (Adjustments will be made annually at the beginning of the contract year. Longevity shall be paid to administrators as follows for the duration of the contract, provided that administrator has been rated Effective or higher on the administrator's most recent annual performance evaluation. Longevity will be paid for years of active service to Eastpointe Community School District both as a teacher and an administrator (excludes unpaid leave time).

5 years in the district \$953

10 years in the district \$1,906

15 years in the district \$2,858

The following longevity shall only be paid to administrators hired before September 1,

2021:

20 years in the district \$3,810

25 years in the district \$5,715

Administrators who have more than 15 years of active service as a teacher or administrator with Eastpointe Community Schools as of August 1, 2021, shall receive an off-schedule payment of \$2,500 to be paid in June, provided that the District's audited fund balance for the previous year is in excess of **11%**, and provided that the administrator has been rated effective or higher on the administrator's most recent annual performance evaluation.

In addition, an administrator who has been rated overall Effective or higher on the administrator's year-end performance evaluation shall be paid a performance bonus of \$500 in July.

B. Term Life Insurance shall be provided by the Board of Education. The face value shall be double current pay to a maximum of \$200,000. The policy shall include a double indemnity provision.

### **C. Long Term Disability**

The present coverage of long-term disability income protection, now in force, will be paid in full for administrators. This plan shall cover 66.67% of the individual's salary.

### **D. Health Benefits**

Subject to the mandatory employee health insurance benefit premium required to be paid by each employee under Michigan law and Board Policy, which is 20% of the monthly health insurance benefit premium cost, the Board shall pay 80% of the monthly premium for health

insurance benefits coverage for the administrator who is head of household and his/her family, or the administrator not covered by a comparable hospitalization plan through his/her spouse.

The Board shall not be required to provide hospitalization for an employee during extended periods except when the extended period is due to illness of the employee.

The Board of Education will provide a voluntary flexible benefit option to all employees.

The selection of the carrier shall be by the Board of Education.

**OPTION 1:** The Board agrees to provide the following CORE PLAN: Community Blue<sup>SM</sup> PPO Modified Plan 5 with a \$250/\$500 in-network deductible with \$10 office visits (no maximum). There will be a 50% co-pay for substance abuse treatment and private duty nursing. The policy includes a preventative health rider and 24 visits for chiropractic care. Out-of-network will incur \$500/\$ 1000 out-of-network deductible and 20% co-pay for general services, 50% co-pay for mental health care, substance abuse treatment and private duty nursing, maximum \$2,000 for one member and \$4,000 for two or more members per calendar year.

Benefits-at-a-Glance for Eastpointe Community Schools Community Blue SM PPO Modified Plan 5: See Exhibit B

**OPTION 2 (Opt Out):** Employee chooses to "Opt Out" of insurance coverage. A "Plan Year" cash rebate of \$2400 will be paid to the employee (prorated at \$200 per month). Available only to those employees choosing to "opt out" of medical coverage. This option is available to employees providing adequate proof of outside insurance.

OPTION 2 is not available to an employee and his/her spouse, both of whom are employed in the district.

Each benefit description is intended as an easy-to-read summary. It is not a contract. For complete details of benefit terms, conditions, limitations, and exclusions please see your benefits contract.

E. Optical Coverage: The Board shall provide each teacher with optical insurance equivalent to B Standard Plan with MD Rider and two OD locations of the Co/op Optical Service. This plan will include:

1. Complete eyeglass examination every 12 months by a Co/op optometrist, an affiliated ophthalmologist (subject to \$10 copay) or an affiliated optometrist (subject to \$10 copay). Note: Affiliate ophthalmologists perform diagnostic exams only, and do not give contact lens exams or dispense contact lenses or glasses)
  2. Medical referrals are subject to a \$10 copay and must be the result of an eligible eye exam from Co/op Optical Vision Designs for a previously undiagnosed condition, and must occur within 60 days of that examination.
  3. Once every 24 months based on eligibility, prescription lenses (in plastic) to include:
    - Single vision
    - Bifocal thru D35mm
    - Trifocal thru 7x28
- Prism, if required

- Tint: Plastic, any single color up to 30%

4. One frame with a \$58 retail value or a \$58 allowance towards any frame of choice OR

5. A \$125 allowance towards a contact examination, lenses, and professional follow-up care (in lieu of eyeglass services). \$55 will be applied toward exam and \$70 toward lenses

**F. Dental Insurance:** The Board shall provide dental insurance coverage with premiums not to exceed \$75 per employee per month as outlined. Coverages for Class I, II and HI benefits shall be at 80% of reasonable charges.

If a member chooses a "50% of reasonable charges option" or chooses to "opt out" of the dental coverage, a \$150 or \$350 payout respectively will be contributed by the employer toward the member's uninsured health care reimbursement account (UHCRA).

Each family member is entitled to an annual maximum benefit of \$1,500 every plan

year. **CLASS I**

Preventive includes regular examination, x-rays, treatment for pain relief, cleaning and fluoridation, and children's space maintainers.

**CLASS II**

Restorative includes fillings and crowns, root canals, treatment of gums and bones, surgical extractions, adjustments and relining of existing dentures and related general anesthesia.

**CLASS III**

Construction of dentures and bridges includes removal and replacement.

ECSAA will agree in principle to the recommendation of the District Insurance Research Committee "District Healthcare Committee"

G. **Upon the death** of an administrator during his/her contractual year, there will be no billing the administrator's family for repayment of salary, which was already received.

H. **While on long-term disability**, medical, dental and life insurance benefits will continue in full force. Such benefits will cease upon retirement.

I. **Upon retirement**, an administrator will receive \$925 for each year of district service to the EASTPOINTE School System and prorate on a monthly basis for any time less than one year.

Exception #1: If the administrator does not qualify for the Michigan Public School Employees Retirement Act and leaves the district, the administrator will receive

\$425 for each year of service as a teacher and \$925 for each year of service as an administrator after ten (10) years of district service.

Exception #2: All ECSAA administrators hired into the district after October 1, 2003, will not be eligible to receive the compensation described in this section. Those who have served as teachers in the district before becoming ECSAA administrators after October 1, 2003 will have the severance that they earned as teachers frozen and redeemable upon retirement.

- J. **Mileage** - Administrators may apply for school business mileage. Compensation will be at the current district mileage Board approved rate.
- K. In addition to whatever other conditions may be required for an Administrator to move a step on the salary schedule or receive additional pay for longevity, an Administrator shall be required to receive an overall rating of Effective or Highly Effective in order to make such step movement or receive additional pay for longevity, otherwise the Administrator shall be frozen at his/her current step and, if applicable, longevity level.
- L. Beginning with the 2022-23 school year, employees eligible for step movement on the salary schedule will not in fact move if the District projects that its fund balance is less than eleven percent (11%) for the previous school year as reflected in the District's June budget resolution. If such projection is confirmed in the District's audit completed and received by the District in November, then no step movement will in fact occur; if such audit shows that the District's fund balance is eleven percent (11%) or more, then step movement will in fact occur for that school year, retroactive to the beginning of that school year. 'Fund balance' is an undesignated and/or unassigned general fund balance, and it would not include general fund revenues generated by sale of capital and/or financial gifts given to the district. It is further understood and agreed that any cost associated with new programs or new initiatives should not increase the total year-over-year total budgetary expenditures by more than 3% unless such general fund expenditures are made to support or implement programs and initiatives required by federal and/or state mandates.

## VII. Personal Leaves and Absences

### A. Annual Sick Leave Allowance

Administrator earns pay in his/her position with a minimum of eleven (11) days. When leave is exhausted, the administrator will not accrue any more days unless working. An administrator's absence shall be chargeable to his/her accumulated sick leave allowance. Unused sick leave shall be allowed to accumulate.

### B. Accumulated Leave Allowance Bonus

Payment of sick leave shall be equal to the current daily rate of salary for the administrator. The



one-half day of the current day's rate or salary will be paid by June 30 of each year for days accumulated beyond 150 days not used.

#### C. Reduction of Accumulated Sick Leave Allowance

Upon proper notice to the Superintendent or designee, the administrator's absence due to the following causes may be charged against accumulated sick leave:

1. Personal injury or illness. The following incident of illness leave may require a statement, as noted, if requested by the Superintendent.
  - a. "If a medical absence is 3 days or longer the employer (district) has the option to require medical documentation certifying illness or injury.
  - b. If the illness is of a serious or contagious nature, a certificate from a physician certifying recovery is required.
  
2. Serious illness, serious injury or death of a member of the administrator's immediate family, for a period not to exceed five working days. If an absence is three (3) days or longer the employer (district) has the option to require documentation.

Spouse, child, parent, grandparent, brother, sister, father-in-law, mother-in-law and a relative living and making his home in the administrator's household shall be included in the immediate family. Upon request of an administrator, the Board of Education may grant leave allowance even though the person who is injured, ill or deceased is not within the administrator's immediate family. The Board will grant leave consistent with the Family Medical Leave Act.

#### D. Funeral Leave Not Charged to Sick Leave Bank

1. In each school year, funeral leave to administrators may require a statement, as noted, if requested by the Superintendent.

#### E. Depletion of Accumulated Sick Leave Allowance

1. If any administrator's accumulated sick leave allowance has been exhausted, the Board of Education may consider the merits of the employee's situation and may, on the basis of the administrator's employment and service record, advance sick leave allowance. Otherwise, absence in excess of the administrator's accumulated sick allowance or for reasons other than these herein before specified, will result in loss of pay.

#### F. Restrictions of Accumulated Sick Leave Allowance

1. Sick leave allowance shall not accrue, be used, or granted for additional service outside of the administrator's basic contract arrangement.
2. If an administrator's employment is terminated for any reason other than death, disability, incapacity, or retirement under the provisions of the Michigan laws relating to retirement systems for public school employees, all accumulated sick leave will be forfeited. In the event an administrator resumes his/her employment and his/her absence has been through approved leave of absence, accumulated sick leave will be restored.

3. Administrators authorized by the Superintendent to visit other schools, attend educational conferences and meetings shall be absent from duty without loss of pay and leave allowance, but may be required to submit an evaluation of such visits, conferences or meetings. In case of absence, the administrator shall notify his/her supervisor of his/her absence and return.

#### G. Special Leaves of Absence Without Pay

##### 1. Special Leave

- a. Upon written request to the Superintendent, supported by a statement from a physician certifying ill health, the administrator may be granted a leave of absence, without pay, for such time as may be requested but not to exceed one year.
- b. Upon written request to the Superintendent, an administrator may be granted an unpaid leave of absence for reasons other than illness. Conditions of leave (length and return to work) will be reviewed with the Association and put in writing prior to the granting of the leave

Extensions of leaves may be granted.

#### H. Special Leave-Maternity

1. A maternity leave of absence, without pay not to exceed one (1) year, shall be granted to an administrator upon request. Such administrator shall be allowed to continue employment until such time as agreed upon by the administrator and the physician.

#### I. Personal Business Leave

1. An administrative employee may use his/her annual leave allowance for personal business. Reasonable limitation may be placed upon a request in excess of three (3) consecutive days, taking into account the employee's employment and service record and previous personal leaves taken in excess of three (3) days.

#### J. Sick Bank

1. Participating administrator shall contribute one day of his/her sick leave. The Board of Education shall contribute an equal number of days to the ECSAA bank.
2. Withdrawal may be made immediately upon depleting of personal sick leave at the discretion of the Board of Directors of ECSAA.
3. An administrator withdrawing sick leave days from the bank shall not have to replace these days except as a regular contributing member of the bank.
4. Upon the death or retirement of an administrator, his/her accumulated sick days will be transferred to the ECSAA sick bank.
5. When depleting of the ECSAA sick bank has occurred, Item 1 will once again apply.

## **VIII. Professional Development Opportunities**

- A. The Board of Education will support, within budget limits, in-service training for the Management Team.
- B. All professional conferences will be paid in full under the guidelines of the district reimbursement policy when approved by the Superintendent or his designee.
- C. The Board of Education will select members of the Eastpointe Community School Administrators Association to be represented on management negotiation teams. The following stipends will be paid:

EFE \$800

Secretaries \$500

- D. The Board will pay one professional organization dues per year per administrator including the Michigan group and the national affiliate.

## **IX. Grievances**

The primary purpose of this procedure shall be to secure, at the lowest level possible, equitable solutions to the problems of the parties. Nothing contained herein shall be construed as limiting the

right of any administrator to discuss an alleged grievance with any appropriate member of the administration.

- A. A grievance is defined to be any difference that may arise between the parties as to:
  1. Any matter relative to pay, hours of employment and other conditions of employment.
  2. Any matter involving the interpretation or violation of any of the provisions of this agreement.
  3. Any unilateral change or addition in policy or practice by the Board, which may affect wages, hours or other conditions of employment.
- B. If a question arises as to whether or not a particular complaint is a "grievance" as defined in this Article, the question may be considered through the grievance procedure as herein provided.
- C. The Board retains and reserves all powers, rights, authority, duties and responsibilities vested in it by the Laws and Constitution of the State of Michigan and the federal government, limited only by specific and express terms of this agreement. The Board retains all rights not in conflict with this agreement.

D. The number of days indicated at each step should be considered as maximum and every effort should be made to expedite the process. Time limits may be extended only by mutual consent.

**Procedure: Step One**

If an administrator or the ECSAA has a complaint, it shall be discussed with the Superintendent or his Designee, together with the ECSAA representative, or through the ECSAA representative.

**Step Two**

If the administrator or the ECSAA is not satisfied with the results of such discussion, the complaint shall be reduced to writing within ten (10) days of the alleged grievance and submitted to the Superintendent.

The Superintendent shall meet and confer on the grievance with the grievant and the ECSAA President or his designee within six (6) days after receipt of the grievance. A written disposition shall be issued by the Superintendent or his designee within five (5) days after the conference.

**Step Three**

In the event the grievant is not satisfied with the disposition of Step Two, he/she may appeal to the Board of Education within seven (7) days after the receipt of the disposition. The Board shall hear the grievance within twenty-one (21) calendar days after receipt of the written appeal. The Board shall answer in writing, in duplicate to the grievant and the President of the ECSAA within seven (7) calendar days following the meeting.

**Step Four**

The ECSAA President or designee may request arbitration by written notice to the Board of Education if it is dissatisfied with the disposition of the grievance as determined in Step 3. Such appeal of the Step 3 grievance shall be in writing to the Board of Education no later than the ten

(10) calendar days after receipt of the Step 3 written response. The parties shall attempt to mutually agree to an arbitrator within thirty (30) calendar days after written notice has been given to the Board pursuant to this Section. If the parties fail to agree as to an arbitrator, an arbitrator shall be selected and the arbitration hearing shall be conducted pursuant to the rules and jurisdiction of the American Arbitration Association.

The decision of the arbitrator shall be final and binding on the parties and the arbitrator shall be requested to issue his decision within thirty (30) calendar days after the conclusion of the testimony and argument

Fees and expenses for the arbitrator only shall be borne by the party losing the grievance. However, each party shall be responsible for compensating its own representative and witnesses. Witnesses who are employees of the School District will be made available by the Board to testify at the arbitration hearing at the request of either party. If either party desires a verbatim record of the proceedings, it may cause such a record to be made; providing it pays for the record and makes copies available, at cost, to the other party. The Union President will be furnished a copy of all completed grievances.

In the event the provision relative to arbitration shall at any time be held to be contrary to law by a competent court of jurisdiction from whose final judgment or decree, no appeal has been taken within the time provided for doing so, then within ten (10) calendar days after receipt of the written reply of the Board, the Union may petition to the Michigan Employment Relations Commission to forthwith mediate the grievance pursuant to the power and authority conferred upon said Commission by the provisions of Michigan Public Act 336, 1947 as amended.

- E. The parties may mutually agree that a particular grievance has applicability beyond the immediate situation and upon such agreement it may be presented at the appropriate step in the grievance procedures.
- F. Failure of the Board at any step of the grievance procedure to render a disposition on a grievance within the specified time limit(s) shall move the grievance to the next step in the grievance procedure.
- G. Failure of the grievant to process his claim within the time limit(s) specified shall be deemed to be satisfaction on the part of the grievant with the disposition of the grievance by the Board at any previous step.
- H. The following matters shall not be the basis of any grievance:
  - 1. The decision by the Board of Education to employ or promote any Administrator, providing the procedures established by the provisions of the Contract are followed.
  - 2. The decision by the Board of Education to non-renew the individual contract of any administrator. The provisions of the State law shall govern such decisions (380.1229 Revised School Code).
  - 3. The decision of the Board of Education to extend, or not extend, the contract of any non-probationary administrator, provided timely notice is given, pursuant to the provisions of this contract,
- I. The grievant and the Board or its designated representative(s) shall have the following rights:
  - 1. To be present at the hearing;
  - 2. To hear testimony given;
  - 3. To give testimony in his/her own behalf
- J. An administrator may be disciplined and terminated for reasons that are not arbitrary or capricious.

## **X. Collaborative Team**

A collaborative team of district administrators will be formed and meet upon request of Central Office or ECSAA to discuss and resolve issues of mutual concern. The team will consist of the Superintendent, two (2) Central Office representatives, the ECSAA President and two (2) ECSAA representatives.

## XI. Union Business Days

The ECSAA will be granted four (4) working days per year to be used at the discretion of the ECSAA President for the transaction of union business. These may be used in half- day or full-day increments.

### Exhibit A Salary Scale

Exhibit A 2022-2025 Salary Scale							
STEP	1	2	3	4	5	6	7
<b>High School Principal (HS-P)</b>	\$98,581	\$101,211	\$103,838	\$106,469	\$109,096.13	\$111,778.62	\$114,107.13
<b>Middle School Principal (MS-P)</b>	\$92,010	\$94,639	\$97,269	\$99,897	\$102,526.33	\$104,958.44	\$107,565.33
<b>Elementary Principal (E-P)</b>	\$85,400	\$87,542	\$89,642	\$91,747	\$93,849.70	\$95,979	\$97,827.70
<b>High School Asst. Principal (HS-AP)</b>	\$88,856	\$91,484	\$94,114	\$96,741	\$99,371.97	\$102,007.38	\$104,301.97
<b>Middle school Asst. Principal (MS-AP)</b>	\$82,811	\$84,780	\$86,752	\$88,723	\$90,694.27	\$92,767.93	\$94,567.27
<b>Early learning Center Supervisor</b>	\$65,131	\$67,096	\$69,059	\$71,026	\$72,991	\$74,981	\$76,969

ECSAA will receive a 5% end of year bonus FY 2022 off schedule funds  
 ECSAA will receive a 5% end of year bonus FY 2023 off schedule funds  
 ECSAA will receive a 5% end of year bonus FY 2024 off schedule funds

## EXHIBIT B



Blue Cross  
Blue Shield  
of Michigan

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

### EASTPOINTE COMMUNITY SCHOOLS 0070065730003 - 06RG8 Effective Date: 01/01/2020

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 certificate and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

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

**Note:** A list of services that require approval **before** they are provided is available online at [bcbsm.com/importantinfo](http://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.

ADMPLANYR JAR;ASCM00 7408 BRG;CB ASC;CB-ECM-IN \$1K A;CB-ECM-ON \$3K A;CB-ET \$250 ASC;CB-MTC \$20 ASC;CB-OPMH \$350 A;CB-OV \$20 ASC;CBC 20% IN ASC;CBC 40% ON ASC;CBD \$250 IN ASC;CBD \$500 ON ASC;CBOLV 20 ASC;CBOPMOH 12.7K A;MOPD ASC;PDRX ASC;PDTTC \$3000 A;PRX MM ASC;RX-50 ASC;RXP ASC

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

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





## EXHIBIT B

Eligibility Information		
Members	Eligibility Criteria	
Dependents	<ul style="list-style-type: none"> <li>Subscriber's legal spouse</li> <li><b>Dependent children:</b> related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26</li> </ul>	

  

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)		
Benefits	In-network	Out-of-network
Deductible	\$250 for one member, \$500 for the family (when two or more members are covered under your contract) each calendar year  <b>Note:</b> Deductible may be waived for covered services performed in an in-network physician's office and for covered mental health and substance use disorder services that are equivalent to an office visit and performed in an in-network physician's office.	\$500 for one member, \$1,000 for the family (when two or more members are covered under your contract) each calendar year  <b>Note:</b> Out-of-network deductible amounts also count toward the in-network deductible.
Flat-dollar copays	<ul style="list-style-type: none"> <li>\$20 copay for office visits and office consultations</li> <li>\$20 copay for medical online visits</li> <li>\$20 copay for chiropractic and osteopathic manipulative therapy</li> <li>\$250 copay for emergency room visits</li> <li>\$20 copay for urgent care visits</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay for emergency room visits</li> </ul>
Coinsurance amounts (percent copays)	<ul style="list-style-type: none"> <li>50% of approved amount for private duty nursing care</li> <li>20% of approved amount for mental health care and substance use disorder treatment</li> <li>20% of approved amount for most other covered services (coinsurance waived for covered services performed in an in-network physician's office)</li> </ul>	<ul style="list-style-type: none"> <li>50% of approved amount for private duty nursing care</li> <li>40% of approved amount for mental health care and substance use disorder treatment</li> <li>40% of approved amount for most other covered services</li> </ul>
Annual coinsurance maximums - applies to coinsurance amounts for all covered services - but <u>does not</u> apply to deductibles, flat-dollar copays, private duty nursing care coinsurance amounts and prescription drug cost-sharing amounts	\$1,000 for one member, \$2,000 for the family (when two or more members are covered under your contract) each calendar year	\$3,000 for one member, \$6,000 for the family (when two or more members are covered under your contract) each calendar year  <b>Note:</b> Out-of-network coinsurance amounts also count toward the in-network coinsurance maximum.

ADM PLANYR JAN;ASCMOD 7436 DRG;CB ASC;CB-ECM-IN \$1K A;CB-ECM-ON \$3K A;CB-ET \$250 ASC;CB-MTC \$20 ASC;CB-OPMN 6350 A;CB-OV \$20 ASC;CBC 20%-IN ASC;CBC 40%-ON ASC;CBD \$250-IN ASC;CBD \$500-ON ASC;CBOLY 20 ASC;CBOPMN 12.7K A;MOPD ASC;PDRX ASC;POTTC 530/60 A;PRX-MM ASC;RX-98 ASC;RXP ASC

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## EXHIBIT B

Benefits	In-network	Out-of-network
Annual out-of-pocket maximums - applies to deductibles, flat dollar copays and coinsurance amounts for all covered services - including cost-sharing amounts for prescription drugs, if applicable	\$6,350 for one member, \$12,700 for the family (when two or more members are covered under your contract) each calendar year	\$12,700 for one member, \$25,400 for the family (when two or more members are covered under your contract) each calendar year  Note: Out-of-network cost-sharing amounts also count toward the in-network out-of-pocket maximum.
Lifetime dollar maximum	None	

Preventive care services		
Benefits	In-network	Out-of-network
Health maintenance exam - includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year  Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Gynecological exam	100% (no deductible or copay/coinsurance), one per member per calendar year  Note: Additional well-women visits may be allowed based on medical necessity.	Not covered
Pap smear screening - laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilization for females	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Prescription contraceptive devices - includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	100% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Well-baby and child care visits	100% (no deductible or copay/coinsurance) <ul style="list-style-type: none"> <li>• 8 visits, birth through 12 months</li> <li>• 6 visits, 13 months through 23 months</li> <li>• 8 visits, 24 months through 35 months</li> <li>• 2 visits, 36 months through 47 months</li> <li>• Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit</li> </ul>	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

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## EXHIBIT B

Benefits	In-network	Out-of-network
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)  <b>Note:</b> Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance, if applicable.  One per member per calendar year	60% after out-of-network deductible  <b>Note:</b> Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance) for the first billed colonoscopy  <b>Note:</b> Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance, if applicable.  One per member per calendar year	60% after out-of-network deductible

### Physician office services

Benefits	In-network	Out-of-network
Office visits - must be medically necessary	\$20 copay per office visit	60% after out-of-network deductible
Online visits - by physician or <b>BCBSM</b> selected vendor must be medically necessary	\$20 copay per online visit	60% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	60% after in-network deductible	60% after out-of-network deductible
Office consultations - must be medically necessary	\$20 copay per office consultation	60% after out-of-network deductible
Urgent care visits - must be medically necessary	\$20 copay per urgent care visit	60% after out-of-network deductible

### Emergency medical care

Benefits	In-network	Out-of-network
Hospital emergency room	\$250 copay per visit (copay waived if admitted or for an accidental injury)	\$250 copay per visit (copay waived if admitted or for an accidental injury)
Ambulance services - must be medically necessary	60% after in-network deductible	60% after in-network deductible

### Diagnostic services

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

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## EXHIBIT B

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

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

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

### Hospital care

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

### Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care - must be in a participating skilled nursing facility	80% after in-network deductible	60% after in-network deductible
Limited to a maximum of 120 days per member per calendar year		
Hospice care	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)		
Home health care: <ul style="list-style-type: none"> <li>• must be medically necessary</li> <li>• must be provided by a participating home health care agency</li> </ul>	80% after in-network deductible	60% after in-network deductible
Infusion therapy: <ul style="list-style-type: none"> <li>• must be medically necessary</li> <li>• must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC)</li> <li>• may use drugs that require preauthorization - consult with your doctor</li> </ul>	80% after in-network deductible	60% after in-network deductible

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## EXHIBIT B

### Surgical services

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

### Human organ transplants

Benefits	In-network	Out-of-network
Specified human organ transplants - must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance) - in designated facilities only
Bone marrow transplants - must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	60% after out-of-network deductible
Specified oncology clinical trials	80% after in-network deductible	60% after out-of-network deductible
<b>Note:</b> BCBSM covers clinical trials in compliance with PPACA.		
Kidney, cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

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

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

Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	80% after in-network deductible	60% after out-of-network deductible
		Unlimited days
Residential psychiatric treatment facility: <ul style="list-style-type: none"> <li>• covered mental health services must be performed in a residential psychiatric treatment facility</li> <li>• treatment must be preauthorized</li> <li>• subject to medical criteria</li> </ul>	80% after in-network deductible	60% after out-of-network deductible
Outpatient mental health care: <ul style="list-style-type: none"> <li>• Facility and clinic</li> </ul>	80% after in-network deductible	60% after in-network deductible in participating facilities only
<ul style="list-style-type: none"> <li>• Online visits - by physician or BCBSM selected vendor must be medically necessary</li> </ul>	\$20 copay per online visit	60% after out-of-network deductible
<ul style="list-style-type: none"> <li>• Physician's office</li> </ul>	80% after in-network deductible	60% after out-of-network deductible
Outpatient substance use disorder treatment - in approved facilities only	80% after in-network deductible	60% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

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## EXHIBIT B

### 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	Not covered	Not covered
<b>Note:</b> Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment.		
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	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)	<ul style="list-style-type: none"> <li>80% after in-network deductible for diabetes medical supplies</li> <li>100% (no deductible or copay/coinsurance) for diabetes self-management training</li> </ul>	80% after out-of-network deductible
<b>Note:</b> 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.		
<b>Note:</b> When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.		
Allergy testing and therapy	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	\$20 copay per visit	60% 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	80% after in-network deductible	60% after out-of-network deductible
		<b>Note:</b> 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	80% after in-network deductible	80% after in-network deductible
<b>Note:</b> DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.		
Prosthetic and orthotic appliances	80% after in-network deductible	80% after in-network deductible
Private duty nursing care	50% after in-network deductible	50% after in-network deductible

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## EXHIBIT B

### BCBSM Preferred RX Program

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

**Specialty Pharmaceutical Drugs** - The mail order pharmacy for specialty drugs is AllianceRx Walgreens Prime, an independent company. Specialty prescription drugs (such as Enbrel® and Humira®) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. AllianceRx Walgreens Prime will handle mail order prescriptions only for specialty drugs while many in-network retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Express Scripts. (Express Scripts 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](http://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](http://bcbsm.com/pharmacy).

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

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

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

**Note:** If your prescription is filled by any type of in-network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber HSA not indicated "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic plus the applicable copay/coinsurance.

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	You pay \$7 copay	You pay \$7 copay	You pay \$7 copay	You pay \$7 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$7 copay	No coverage	No coverage
	84 to 90-day period	You pay \$7 copay	You pay \$7 copay	No coverage	No coverage
Tier 2 - Preferred brand-name drugs	1 to 30-day period	You pay \$35 copay	You pay \$35 copay	You pay \$35 copay	You pay \$35 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$35 copay	No coverage	No coverage
	84 to 90-day period	You pay \$35 copay	You pay \$35 copay	No coverage	No coverage
Tier 3 - Nonpreferred brand-name drugs	1 to 30-day period	You pay \$70 copay	You pay \$70 copay	You pay \$70 copay	You pay \$70 copay plus an additional 25% of BCBSM approved amount for the drug

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## EXHIBIT B

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 63-day period	No coverage	You pay \$70 copay	No coverage	No coverage
64 to 90-day period	You pay \$70 copay	You pay \$70 copay	No coverage	No coverage

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

### Covered services

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

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## EXHIBIT B

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	75% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug
<b>Note:</b> Needles and syringes have no copay/coinsurance.				
Over the counter (OTC) non-sedating antihistamine drugs	100% of approved amount	100% of approved amount	100% of approved amount	Not covered

\* 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	<p>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.</p> <ul style="list-style-type: none"> <li>• <b>Tier 1 (generic)</b> - 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.</li> <li>• <b>Tier 2 (preferred brand)</b> - 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.</li> <li>• <b>Tier 3 (nonpreferred brand)</b> - 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.</li> </ul>
Mandatory preauthorization	<p>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. <b>Step Therapy</b>, 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 <a href="http://bcbsm.com/pharmacy">bcbsm.com/pharmacy</a>.</p>
Drug interchange and generic copay/coinsurance waiver	<p>BCBSM's drug interchange and generic copay/coinsurance waiver programs encourage physicians to prescribe a less-costly generic equivalent.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay/coinsurance. In select cases BCBSM may waive the initial copay/coinsurance after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
Mandatory maximum allowable cost drugs	<p>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 <b>MUST</b> pay the <b>difference</b> in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug <b>plus</b> your applicable copay regardless of whether you or your physician requests the brand name drug. <b>Exception:</b> 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. <b>Note:</b> This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.</p>
Quantity limits	<p>To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.</p>

ADM PLAN1R JAN;ABCMOD 7436 DRG;CB ABC;CB-ECM-IN \$1K A;CB-ECM-ON \$3K A;CB-ET \$250 ABC;CB-MTC \$20 ABC;CB-OPMN 6359 A;CB-OV \$20 ABC;CBC 20%-IN ABC;CBC 40%-ON ABC;CBD \$250-IN ABC;CBD \$500-ON ABC;CBOLV 20 ABC;CBOPMN 12.7K A;MOPD ABC;PDRX ASC;POTTC 530/60 A;PRX-MM ABC;RX-98 ABC;RXP ASC

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



EXHIBIT B



Eastpointe Community Schools

**Fashion Vision Plan**

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

**Paid-in-full eye examinations and eyeglasses!**

*Frame Collection:* Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>1</sup>

**One-year eyeglass breakage warranty included on plan eyewear at no additional cost!**

**How to locate a Network Provider...**

Just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider" to locate a provider near you including:



**Contact your Human Resources department today to enroll.**

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call **1.800.282.8951** and enter Client Code **3047**.

<sup>1</sup> The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.  
<sup>2</sup> For dependent children, nonocular patients and patients with prescriptions of 0.00 diopters or greater.  
<sup>3</sup> Transitions® is a registered trademark of Transitions Optical Inc.  
 Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

IN-NETWORK BENEFITS		
<b>Eye Examination</b>	Every 12 months, <b>Covered in full</b>	
<b>Eyeglasses</b>		
<b>Spectacle Lenses</b>	Every 24 months, <b>Covered in full</b> For standard single-vision, lined bifocal, or trifocal lenses	
<b>Frames</b>	Every 24 months, <b>Covered in full</b> Any Fashion frame from Davis Vision's Collection <sup>1</sup> (value up to \$100)  OR \$68 retail allowance toward any frame from provider.	
<b>Contact Lenses</b>		
<b>Contact Lenses (in lieu of eyeglasses)</b>	Every 24 months,  \$150 retail allowance toward provider supplied contact lenses.	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
<b>MOST POPULAR OPTIONS</b> <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 <sup>2</sup> -\$35
Standard Anti-Reflective (AR) Coating	\$83	\$40
Standard Progressives (no-line bifocal)	\$198	\$65
Photochromic Lenses (i.e. Transitions <sup>®</sup> , etc.) <sup>3</sup>	\$110	\$70

**Lower costs and more benefits! See the savings!**

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$0
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions <sup>®/3</sup>	\$110	\$70
Frame	\$160	\$0
<b>Total</b>	<b>\$514</b>	<b>\$70</b>

Savings up to: **\$444**



# Davis Vision plans offer...

## Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

## Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

## Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

## Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call **1.800.282.8951** and enter Client Code **3047**.

## EXHIBIT B

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
<b>FRAMES</b>		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$15
Premier Frame (from the Davis Vision Collection)	\$195	\$40
<b>LENSES</b>		
All Ranges of Prescriptions and Sizes	<b>\$90</b>	<b>\$0</b>
Plastic Lenses	<b>\$78</b>	<b>\$0</b>
Oversized Lenses	<b>\$20</b>	<b>\$0</b>
Tinting of Plastic Lenses	<b>\$25</b>	<b>\$0</b>
Scratch-Resistant Coating	<b>\$25</b>	<b>\$0</b>
Polycarbonate Lenses	\$66	\$0 <sup>1</sup> or \$35
Ultraviolet Coating	\$25	\$15
Standard Anti-Reflective (AR) Coating	\$83	\$40
Premium AR Coating	\$104	\$55
Ultra AR Coating	\$121	\$69
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$198	\$65
Premium Progressives Addition Lenses	\$247	\$105
High-Index Lenses	\$120	\$60
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>2</sup>	\$110	\$70
Scratch Protection Plan (Single vision   Multifocal lenses)		\$20   \$40

<sup>1</sup> Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

<sup>2</sup> Transitions® is a registered trademark of Transitions Optical, Inc.





**EXHIBIT B**

PO Box 610  
 Southfield, MI 48037  
 248-901-3705

**Eastpointe Community Schools Dental Benefits Plan  
 Administrators Union Affiliate**

**Group #9554**

<b>The Plan-at-a-Glance</b>	<b>PPO Networks: ADN Dental Network, DenteMax</b>
<b>Maximum Benefits</b>	<b>Plan year Jan 1 through Dec 31</b>

Annual Maximum \$1,500 per eligible individual for covered class I, II and III services.

**Class I Preventive Services – 80%**

Oral Examinations	Twice per plan year
Bitewing X-Rays	Once per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 19
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 19

**Class II Restorative Services – 80%**

Periodontal Maintenance	Twice per plan year
Composite and Amalgam fillings**	Once per tooth surface per 12 months
Root Canal Therapy	
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 80%**

Inlays, Onlays, Crowns**	Once per permanent tooth in 60 months
Complete and Partial Removable Dentures**	Once per arch per 60 months
Fixed Partial Dentures (Bridges)**	Once per arch per 60 months
Addition of Teeth to Partial Dentures	

**Not Covered**

Sealants      Orthodontics      Implants and Restorations over implants      TMJ/TMD Treatment  
 Occlusal Guards

Deductible - \$25 Indiv \$50 Family  
 Missing Tooth Clause – None  
 12 Month Billing Limitation  
 Waiting Periods – None      \*\*Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies  
 COB – Standard      \*\*Prosthetics are considered on seat/delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

**EASTPOINTE COMMUNITY SCHOOLS, MACOMB COUNTY, MICHIGAN BY:**

Jon Gruenberg, President  
Randy Wilson, Vice President  
Julie DeVita, Secretary  
Chineva Early, Treasurer  
Keith Ward, Trustee  
Ed Williams, Trustee  
Robert Roscoe, Trustee

**EASTPOINTE SCHOOL ADMINISTRATORS ASSOCIATION BY:**

Sue Miller, Member  
Laurie Hillebrand, Member  
Stephanie Fleming, Member

\_\_\_\_\_  
Jon Gruenberg, President Date

\_\_\_\_\_  
Julie DeVita, Secretary Date

\_\_\_\_\_  
Stephanie Fleming, Union President Date

\_\_\_\_\_  
Ryan McLeod, Superintendent Date

\_\_\_\_\_  
Christina Gibson, Assistant Superintendent Date



