

COLLECTIVE BARGAINING AGREEMENT
BETWEEN THE
CHARTER TOWNSHIP OF CLINTON
AND
LOCAL 1917.29 SUPERVISORY EMPLOYEES
MICHIGAN COUNCIL NO. 25, AMERICAN FEDERATION
OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO

APRIL 1, 2013 THROUGH MARCH 31, 2018

INDEX

COLLECTIVE BARGAINING AGREEMENT BETWEEN THE CHARTER
TOWNSHIP OF CLINTON, A MICHIGAN MUNICIPAL CORPORATION,
AND LOCAL 1917.29 SUPERVISORY EMPLOYEES MICHIGAN
COUNCIL NO. 25, AMERICAN FEDERATION OF STATE, COUNTY, AND
MUNICIPAL EMPLOYEES, AFL-CIO

	<u>PAGE</u>
ARTICLE I GENERAL PROVISIONS	1-3
Section 1 Purpose	1
Section 2 Definitions	2
Section 3 Recognition of Union	2
Section 4 Exclusive Collective Bargaining Agreement	2
Section 5 Scope of Agreement	3
Section 6 Management Rights	3
Section 7 Employee Conflict of Interest	3
Section 8 Discrimination	3
 ARTICLE II UNION SECURITY & CHECK OFF	 4-5
Section 1 Union Security	4
Section 2 P.E.O.P.L.E.	5
 ARTICLE III STEWARDS & ALTERNATIVE STEWARDS	 5
Section 1 Number of Stewards	5
Section 2 Steward Conducting Union Business	
 ARTICLE IV SPECIAL CONFERENCES & COLLECTIVE BARGAINING NEGOTIATIONS	 5-6
Section 1 Purpose & Intent	5
Section 2 Time, Place & General Provisions	6
Section 3 Collective Bargaining Negotiations	6
Section 4 Union Conventions	6
 ARTICLE V GRIEVANCE PROCEDURE	 6-10
Section 1 Purpose & Intent	6
Section 2 Exception from Grievance Procedure	7
Section 3 General Provisions	7
Section 4 Grievance Procedure	8

	<u>PAGE</u>
ARTICLE VI DISCHARGE & DISCIPLINE	10
Section 1 Notice to Union	10
Section 2 Appeal of Discharge or Discipline	10
ARTICLE VII SENIORITY	10-12
Section 1 Probationary Employees	10
Section 2 Seniority Lists	11
Section 3 Loss of Seniority	11
Section 4 Lay-Off Procedure	11
Section 5 Recall Procedure-Termination of Re-employment Rights	12
ARTICLE VIII PROMOTIONS	12
ARTICLE IX VETERAN’S PREFERENCE	12
ARTICLE X LEAVE OF ABSENCE	12-13
ARTICLE XI PAID TIME OFF	13-17
Section 1 Sick Leave	13
Section 2 Short-Term/Long-Term Disability	14
Section 3 Funeral Leave	15
Section 4 Personal Leave	15
Section 5 Jury Duty Leave	16
Section 6 Vacations	16
Section 7 Holidays	17
ARTICLE XII WORKING HOURS, DISCRETIONARY TIME	17-18
Section 1 Working Hours	17
Section 2 Discretionary Time	17
ARTICLE XIII EMPLOYEE COMPENSATION	18-25
Section 1 Salary	18
Section 2 Hospitalization, Medical & Surgical	18
Section 3 Life Insurance	19
Section 4 Dental Insurance	19
Section 5 Optical Benefits	19
Section 6 Workers’ Compensation	20
Section 7 Personal Automobile Expense	20
Section 8 School Expense	21
Section 9 Flexible Spending Accounts	22
Section 10 Retirement Benefits	22

	<u>PAGE</u>
ARTICLE XVI SEVERABILITY	25
ARTICLE XVII RATIFICATION	25
ARTICLE XVIII EFFECTIVE DATE & DURATION	26
ARTICLE XIX ADDRESSES FOR NOTICES	26
SIGNATURE PAGE	
APPENDIX "A" SALARY SCHEDULE	28
APPENDIX "B" PAY IN LIEU OF HEALTH INSURANCE	31
APPENDIX "C" WAIVER OF MEDICAL INSURANCE	33
APPENDICES BENEFIT SUMMARIES "D" – "G"	34

COLLECTIVE BARGAINING AGREEMENT

THIS AGREEMENT between the Charter Township of Clinton, Macomb County, Michigan, hereinafter referred to as the Employer and Local #1917.29 Supervisory Employees, Michigan Council No. 25, American Federation of State, County, and Municipal Employees, AFL-CIO, hereinafter referred to as the Union.

W I T N E S S E T H:

WHEREAS, the laws of the State of Michigan authorize public employees and public employers to enter into collective bargaining agreements in respect to rates of pay, wages, hours of employment or other conditions of employment, and

WHEREAS, the employees covered by this Collective Bargaining Agreement have heretofore selected the Union as their exclusive collective bargaining representative for the purposes of collective bargaining in respect to rates of pay, wages, hours of employment or other conditions of employment, and

WHEREAS, the Employer and the Union have arrived at certain understandings in collective bargaining negotiations conducted between their respective representatives which they now mutually desire to incorporate into this Collective Bargaining Agreement.

NOW THEREFORE, in consideration of the mutual covenants and benefits to be derived, the parties respectively agree:

ARTICLE I

GENERAL PROVISIONS

Section 1. PURPOSE

The parties hereby enter into this Agreement pursuant to the requirements of and authority granted by Act 379 of the Michigan Public Acts of 1965, as amended, to incorporate in this formal written Collective Bargaining Agreement all of the agreed terms and conditions of employment in respect to rates of pay, wages, hours of employment or other conditions of employment for the employees covered hereby.

Section 2. DEFINITIONS

- A. EMPLOYER shall mean the Charter Township of Clinton, County of Macomb, State of Michigan, and its duly elected or appointed representatives.
- B. UNION shall mean Clinton Township Supervisory Employees Chapter 1917.29, Supervisory Employees Michigan Council 25 of American Federation of State, County and Municipal Employees.
- C. EMPLOYEES shall mean all members of the bargaining unit as hereinafter defined in Section 3 of this Article.
- D. BOARD shall mean the Township Board for the Charter Township of Clinton, Macomb County, Michigan.
- E. In the construction of the words used in this Agreement, whenever the singular number is used, it shall include the plural and vice versa whenever the masculine gender is used, it shall include the feminine gender, and vice versa.

Section 3. RECOGNITION OF UNION

Pursuant to the agreement between the parties, the Employer hereby recognizes the Union as the sole and exclusive representative for the purpose of collective bargaining in respect to rates of pay, wages, hours of employment or other conditions of employment, for the term of this agreement of the Employees as herein defined. Employees are: Assessor, other than the Township Supervisor; Assistant Assessor; D.P.W. Superintendent; Assistant D.P.W. Superintendent; Building Superintendent; Assistant Building Superintendent; Water Department Superintendent; Assistant Water Department Superintendent; Director of Parks and Recreation; Assistant Director of Parks and Recreation; Director of Senior Center; Assistant Director of Senior Center; Cable TV Director; Assistant Cable TV Director; Planning Director; Assistant Planning Director; Finance Director; Assistant finance Director; Township Engineer; and Information Technology Director.

Section 4. EXCLUSIVE COLLECTIVE BARGAINING AGREEMENT

The Employer shall not enter into any collective bargaining agreement with any employee or with any other collective bargaining organization on behalf of employees for any purpose whatsoever during the term of this Agreement. The Employer shall not aid, promote or finance any labor group or organization with respect to employees during the duration of this Contract.

Section 5. SCOPE OF THIS AGREEMENT

The parties hereto mutually acknowledge that this Agreement covers each of the terms, conditions of employment and any and all other matters upon which the parties are permitted under law and desire to incorporate into a collective bargaining agreement during the term hereof. They respectively acknowledge that many matters were considered in negotiation which are not incorporated herein. Each of those matters as well as any other matters which were not considered in negotiation, shall not be incorporated in this collective bargaining agreement during the term hereof. Provided, however, collective bargaining on any and all matters relating to wages, rates of pay, hours of employment, or other conditions of employment may be reopened for negotiation by mutual consent of the parties hereto during the term of this Agreement. If either party desires to engage in such further collective bargaining, he shall furnish the other party with written notice thereof setting forth specifically the matters upon which negotiations are required.

Section 6. MANAGEMENT RIGHTS

It is mutually agreed that there is reserved exclusively to the Employer all responsibilities, powers, rights and authority vested in it or heretofore otherwise properly exercised by it under the laws and constitutions of the State of Michigan and the United States, excepting such matters or things as may be expressly and in specific terms limited by the provisions of this Agreement.

Section 7. EMPLOYEE CONFLICT OF INTEREST

In recognition that a conflict of interest may arise, it is mutually agreed that an employee covered by this Agreement shall not engage, directly or indirectly, in any work as an employee or independent contractor for any other contractor for any other person when such work is related to any matter pertaining to Employer.

Section 8. DISCRIMINATION

The parties recognize that the Employer is legally and morally obligated to guarantee to all citizens a fair and equal opportunity for employment; and to these ends, agree that no person shall be denied employment or membership to the Union, nor in any way be discriminated against because of sex, age, race, color, creed, national origin, political or religious beliefs, marital status, or handicap, except where based on a bona fide occupational qualification.

ARTICLE II

UNION SECURITY, CHECK-OFF DUES & INITIATION FEES

Section 1. UNION SECURITY – AGENCY SHOP

As a condition of continued employment, each member of the bargaining unit who has completed his/her probationary period shall establish and maintain a membership in the Union, or shall tender to the Union a service fee equivalent to the periodic Union Dues. Service fees shall not include initiation fees or special assessments. Newly hired, transferred or rehired employees shall, as a condition of employment, join the Union or pay the service fee.

The member, or the employee paying the service fee, shall be obligated to pay the appropriate assessment, dues, and/or fees the day following the cessation of probation. The dues and/or fees/assessments shall be payable in advance for each month when a payment is due.

All employees shall execute an authorization for the deduction of Union dues or service fees. Employees shall be deemed to be members of the Union in good standing, within the meaning of this Article, if they are not in arrears in payment of initiation fees, dues and/or assessments.

The employee who fails to maintain himself/herself in good standing in the Union by the non-payment of the appropriate dues, fees, and/or assessments shall be terminated within thirty (30) days following receipt by the Employer or notice from the Union that a member of the bargaining unit is in violation of this Article.

The Union agrees to indemnify, protect and save harmless the Employer from any and all claims, demands, suits and other forms of liability, resulting from the action taken by the Employer in conformity with this Article.

The amount of said deductions shall be deducted, if possible, from the last pay period of each month thereafter.

Deductions for any calendar month shall be remitted to the designated Treasurer of the Local Union with a list for whom dues or service fees have been deducted as soon as possible.

Section 2. P.E.O.P.L.E.

The Employer agrees to deduct from the wages of any employee who is a member of the Union a P.E.O.P.L.E. deduction as provided for by a written authorization. Such authorization must be executed by the employee and may be revoked by the employee at any time by giving a written notice to both the employer and the Union. The employer agrees to remit any deductions made pursuant to this provision promptly to the international Union together with an itemized statement showing the name of each employee whose pay such deductions have been made and the amount deducted during the period covered by the remittance.

ARTICLE III

STEWARDS & ALTERNATE STEWARDS

Section 1. NUMBER OF STEWARDS

The employees may be represented by one Steward. In the absence of the Steward, an Alternate Steward may represent the Union.

Section 2. STEWARD CONDUCTING UNION BUSINESS
DURING WORKING HOURS

The Steward may engage in Union business relating to grievances during working hours without loss of pay or time for a period not exceeding one-half (1/2) hour for a maximum time of two (2) hours in any calendar week. However, the Steward shall notify the Supervisors Office of the nature and starting time and completion time of the grievance work.

ARTICLE IV

SPECIAL CONFERENCES & COLLECTIVE BARGAINING NEGOTIATIONS

Section 1. PURPOSE & INTENT

In mutual recognition that important matters may arise during the term of this Agreement which necessitate conferences between the Union and the Employer, the parties hereby agree to meet as necessary for such purpose.

Section 2. TIME, PLACE, GENERAL PROVISIONS
CONCERNING SPECIAL CONFERENCES

- A. Special Conferences shall be held during working hours. The Employer shall not be obligated to pay more than two (2) representatives of the Union to attend any such conference.
- B. The Union and the Employer shall be represented at such conference by at least two (2) representatives each and the Union may include in its representation a member of the International Union and/or Council.
- C. The Union and the Employer shall each present to each other an agenda of any matter which they respectively desire to discuss at the conferences at least seven (7) calendar days prior to the scheduled date of conference. The conference shall be confined to those matters included in said agenda.
- D. The place of conference shall be the premises of the Employer and the Union Representatives may meet on such premises for a period not exceeding one-half (1/2) hour immediately preceding the scheduled time of the conference.

Section 3. COLLECTIVE BARGAINING NEGOTIATIONS

The Union shall be limited to three paid employees for collective bargaining purposes for negotiations scheduled during working hours.

Section 4. UNION CONVENTIONS

The Chapter Chairperson or his representative, upon application, shall be allowed a total of five (5) days per calendar year time off without loss of time or pay to attend functions such as educational conferences or conventions of Local 1917, Michigan Council 25, or the International Union.

ARTICLE V

GRIEVANCE PROCEDURES

Section 1. DEFINITION

Grievance shall mean a complaint by an employee, group of employees, or the Union, that there has been a violation, misinterpretation, or misapplication of any provision of this Agreement or any other matter relating to rates of pay, wages, hours of employment or other conditions of employment.

Section 2. EXCEPTION FROM GRIEVANCE PROCEDURE

The Employer shall have sole discretion in matters of discipline and discharge of a probationary employee, which shall not be subject to the grievance procedure.

Section 3. GENERAL PROVISIONS AFFECTING GRIEVANCE PROCEDURES

The following provisions shall apply in the processing of any grievance under the procedure established hereinafter in Section 4 of this Article:

- A. Any employee who believes he may have a grievance shall first discuss the matter with his steward.
- B. The Union shall be entitled to have a representative present at each step of the grievance procedure and such representative may process the grievance if the employee consents thereto.
- C. After step one, any appeal to a higher step in the grievance procedure shall be in written form setting forth specifically the incident, occurrence or condition and the grounds upon which the grievance and appeal is based.
- D. Failure to appeal a decision at any step of the grievance procedure within the specified time limit shall be deemed a withdrawal of the grievance.
- E. Time limits specified in the grievance procedure may be extended in any specific instance by mutual agreement in writing.
- F. After Step One of the grievance procedure, any hearings under the succeeding steps shall be conducted before or after working hours except when mutually agreed to the contrary. Any hearings held under this grievance procedure shall be conducted at a time and place which will afford a fair and reasonable opportunity for the attendance of all persons, including witnesses, entitled to be present.

When any such hearing is held during working hours, all employees who are required to be present at the hearings shall be excused with pay from their regular duties for that purpose. Provided, further, however, the Employer shall not be obligated to excuse and/or pay more than one (1) Union representative for any such hearings.

Section 4. GRIEVANCE PROCEDURE

- A. STEP ONE: At any time within five (5) working days of the date of the occurrence out of which the grievance arises, if the employee feels he has a grievance and has reviewed it with his or her steward, it shall then be submitted to the Human Resources Director who has been given the authority to settle grievances in place of the Township Board. The Human Resources Director, or his/her designee, shall hold a informal conference within five (5) working days of submittal. The Human Resources Director, or his/her designee, shall give a reply within fifteen (15) days of said conference. It may be assumed by all parties to this Agreement that the Human Resources Director shall maintain such authority until it is revoked by the Township Board and the Local Chapter receives notification thereof. If the matter is not settled to the satisfaction of the employee, it may be appealed in accordance with the procedure which follows.
- B. STEP TWO: If the grieving party is not satisfied with the decision in Step One, or has not received a reply within fifteen (15) working days, he/she may file a written appeal to the Township Supervisor who has been given the authority to settle grievances in place of the Township Board. The Supervisor shall schedule a hearing within thirty (30) days of receipt of the grievance and after the hearing furnish a written decision to the Steward and the President.
- C. STEP THREE: Alternate Option.
- In lieu of Step Two above, if the grieving party is not satisfied with the decision in Step One, or has not received a reply within fifteen (15) working days, he/she may file a written appeal to the Township Board. The Board shall furnish a written decision within twenty-five (25) days following the closed session. Failure of the Township Board to answer shall constitute a denial.
- D. STEP FOUR: Final and Binding Arbitration.
1. If the grievance is not resolved at Step Two (2) or Three (3), the Union has thirty (30) working days from the receipt of the Step Two (2) or Step Three answer to file a Notice of Intent to Arbitrate, by sending a letter to the Human Resources Director. If the Union fails to request arbitration within this time limit, the grievance shall be deemed not eligible to go to arbitration.
 2. Upon written request by either party, after the notice of Intent to Arbitrate, the parties shall meet in order to attempt to resolve the grievance. Such meeting is not intended to be automatic for all grievances so as to defeat the purpose of Step Two (2) or Step Three (3). The meeting shall be composed of two (2) representatives of the

Union and two (2) representatives of the Employer. The union members shall be the Chapter Chairperson and the Council 25 Representative, or their designee.

3. If the parties agree to resolve the grievance, its disposition shall be reduced to writing and signed by both the Union representatives and Employer representatives.

4. Selection of the Arbitrator

a. Within ninety (90) days of the receipt of the written demand for arbitration, the union shall notify one of the arbitrators from the permanent roster of arbitrators listed below.

Mark Glazer
Barry Goldman
Joseph Girolamo
Benjamin W. Wolkinson
Kathryn A. Van Dagens

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

b. The parties recognize that an arbitrator may not be available for an extended period of time to hear a case (extended period of time shall mean three (3) months or longer). The parties may then move to the next arbitrator on the list.

c. An arbitrator may be removed from the list by written notice of either party during the life of the Agreement. Upon such removal no further cases will be assigned to that arbitrator but the arbitrator will hear and decide any cases already assigned to him/her. Within thirty (30) days after such removal, the parties shall meet and mutually agree upon another arbitrator to replace the arbitrator removed. The newly selected arbitrator will be placed on the list in the numbered position of the arbitrator he/she replaces. An arbitrator may remove himself/herself from the list at any time.

- d. If the parties agree, in a particular case, not to use the list of arbitrators, they may agree in writing to use the American Arbitration Association selection procedure.

5. The fees and expenses of arbitration shall be equally shared by the Employer and the Union. The arbitrator's decision shall be final and binding on both parties.

ARTICLE VI

DISCHARGE & DISCIPLINE

Section 1. NOTICE TO UNION

The Employer agrees to furnish the employee with at least two (2) copies of a written notice of discharge or discipline.

Section 2. APPEAL OF DISCHARGE OR DISCIPLINE

If the employee desires to appeal his discharge or discipline, the grievance procedure in Article V shall be followed.

ARTICLE VII

SENIORITY

Section 1. PROBATIONARY EMPLOYEES

The probationary period for each classification shall be for a six (6) month period for promotions made from within the department and for one year if made from outside the department. After the probationary period, the employee shall be entered on the seniority list using the date of his employment. There shall be no seniority among probationary employees. The Union shall be the exclusive collective bargaining representative of all probationary employees in respect to rates of pay, wages, hours of employment and other conditions of employment, provided, however, the Employer shall have the sole discretion in matters of discharge or discipline of such employees shall not be subject to the grievance procedure.

Section 2. SENIORITY LISTS

The seniority of an employee shall not be affected by his/her race, sex, marital status or number of dependents. The Employer shall maintain an up-to-date seniority list containing the names and job titles of all employees of the bargaining unit entitled to seniority and a copy of such list shall be furnished to the Union upon execution of this Agreement. The Employer shall notify the Union of any changes within a reasonable time after such changes occur.

Section 3. LOSS OF SENIORITY

An employee shall forfeit his/her seniority only for the following reasons:

- A. The employee voluntarily quits or retires under normal retirement criteria.
- B. The employee is discharged and the discharge is not reversed by the Township Board or through the grievance procedure as outlined in Article V of this Agreement.
- C. The employee is absent from work without notice to the Employer for three (3) consecutive working days.
- D. The employee fails to return to work when recalled after lay-off as set forth in the recall procedure of this Agreement.
- E. The employee fails to return to work after having been on sick leave of absence in which event such failure shall be subject to and handled in the same manner as specified in Subparagraph "C".

Section 4. LAY-OFF PROCEDURE

- A. Lay-off shall mean a reduction in the working force due to a decrease in work, the financial ability of the Employer to pay for the services of the employees or any other matter beyond the control of the Employer.
- B. If an employee must be laid off for an indefinite period of time, the Employer shall give written notice of such lay-off at least seven (7) calendar days prior to the effective date of lay-off, and a list of the names of such employees shall be furnished to the Union's secretary on the same date the notice is given to the employees.

- C. If a position is eliminated, the incumbent employee may bump a lower classified bargaining unit member if the incumbent has greater seniority and meets the minimum qualifications for the position. However, as this unit is made up of executive personnel, the Employer shall not be required to lay off members of the same Department, regardless of seniority.

Section 5. RECALL PROCEDURE-TERMINATION OF RE-EMPLOYMENT RIGHTS

After a lay-off, employees shall be recalled inversely to the order in which they were laid off. The Employer shall give the employee written notice of recall by certified mail, telegram or personal delivery to the employee's last known address. If the employee fails to report for work within seven (7) calendar days after mailing, wiring or delivery, as the case may be, of the recall notice, the Employer may consider the employee as having terminated his employment. If an employee is laid off under the lay-off procedure and has not been recalled for employment for a period of two (2) years, then all of said employee's rights of re-employment automatically terminate.

ARTICLE VIII

PROMOTIONS

Promotions within the bargaining unit shall be within the discretion of the Township Board.

ARTICLE IX

VETERAN'S PREFERENCE

An employee who enters into active Military Service in the Armed Forces of the United States shall be entitled to re-employment and any other veteran's preferences or rights in accordance with and as required by applicable Federal and Michigan State laws and regulations.

ARTICLE X

LEAVE OF ABSENCE

The Employer may grant a leave of absence for a period not exceeding one (1) year without loss of seniority for any purpose which the Employer deems to constitute reasonable cause. Once an employee's leave of absence commences, the Township shall not maintain or provide the employee hospital, medical, life, dental or optical insurance

for the leave period and the employee ceases to accrue pension service credit, vacation, personal or sick leave. A temporary full-time employee may be hired to fill the vacancy created by the leave of absence for the duration of the leave.

ARTICLE XI

PAID TIME OFF

Section 1. SICK LEAVE

Employees will accrue seven (7) sick days per year. Any sick days in excess of fourteen (14) sick days shall be paid on the first pay following the end of the contract year in which said days exceed fourteen (14) at the base pay for such days. The last day of the contract year in which the excess was accumulated will determine the price of the base pay per day.

For employees hired by the Township or promoted into the bargaining unit on or after April 1, 2010, sick days in excess of fourteen (14) sick days shall be paid in the first pay following the end of the contract year at the rate of one half (1/2) of all days in which said days exceed fourteen (14). The last day of the contract year in which the excess was accumulated will determine the price of the base pay per day.

When an employee's services are terminated, he/she or their legal representative shall be paid of all accumulated and unused sick leave days at the rate of the base pay which the employee was receiving at the date of termination of services, provided he/she had completed at least five (5) years of service. For employees hired or promoted into the bargaining unit on or after April 1, 2010, when the employee's services are terminated, he/she or their legal representative shall be paid for one-half (1/2) of all accumulated and unused sick leave days at the rate of the base pay which the employee was receiving at the date of termination of services, provided he/she had completed at least five (5) years of service.

When an employee is on sick leave, such period shall be considered as continued employment for all matters covered by this Agreement. Sick leave usage will be charged to the nearest one-quarter (1/4) of an eight (8) hour day in cases of absence for less than a full day.

Employees hired between contract years (April 1 to April 1) will earn sick leave pro rated basis for each month worked, or a major portion thereof, until the next April 1.

Section 2. SHORT TERM-LONG TERM DISABILITY

The Township will provide the employees with short-term and long-term disability benefits in accord with the benefits of the Insurance Policy and Summary Plan Description in the Human Resources Office except as modified by this collective bargaining agreement. The short-term disability waiting period shall be five work days, except when an employee is hospitalized or when the employee is disabled from work due to outpatient surgery. In these instances the benefit shall begin on the first day of disability. The short-term disability benefit is 66 2/3% of base pay for a period of up to twenty-six weeks from time of qualifying event. If the employee is still disabled after twenty-six weeks, he/she shall be eligible for long-term disability benefits. Said benefit shall be 60% of base pay and shall be paid for a period not to exceed the date that the employee would otherwise be able to retire. The rules regarding these benefits are spelled out in the summary plan descriptions for these two plans and subject to the determinations and rules of the insuring companies. An employee must be employed by the Township for ninety (90) calendar days to be eligible for short-term disability and long-term disability benefits.

If an employee becomes disabled and entitled to the benefits of the disability plan, he/she shall have the option of first using current sick days, then bank sick days, then personal days, and then vacation days before applying for the benefits under the disability plan. Once the employee applies for the disability plan benefits, the employee shall not have the right to draw on sick days, personal days, or vacation days for any injury or illness arising out of the same cause for which the disability originated.

Once an employee is receiving disability benefits for a period of twelve (12) months, then that employee shall no longer be entitled to employment benefits with the Employer regardless of the fact that there are sick days, personal days and vacation days not used. This provision does not prevent the employee from requesting a Leave of Absence from the township. Upon termination, the employee will be reimbursed for each bank sick day, and the vacation days will be paid at the rate of pay in effect at the time the disability was applied for. The parties agree that once the employee goes on disability and a new employee is hired, that new employee will be notified by the Township that the employment will be subject to the return of the disabled employee.

Once the employee qualifies for disability benefits, the Township shall maintain and provide the employee's hospital, medical, life and dental and optical insurance for the period they are an employee. The employee shall not accrue vacation, sick leave or personal business days while on disability leave. These benefits should not extend beyond twelve (12) months from the date of application for disability, which constitutes the employment period.

Section 3. FUNERAL LEAVE

In the event of death in the immediate family of an employee, the employee shall be entitled when so required, leave time up to three (3) work days with regular pay to arrange for and attend the funeral and burial. Immediate family shall be deemed to be husband, wife, child, mother, father, sister, brother, grandparent, mother-in-law, father-in-law, step- father, stepmother, stepchild, and grandchild. The employee shall be entitled to one (1) day with pay when so required to arrange and attend the funeral and burial in the event of death of an aunt, uncle, niece, nephew, brother-in-law, and sister-in-law.

If the funeral of an immediate family member is held more than two hundred and fifty (250) miles from the Township Civic Center Offices, an employee will be granted one additional funeral leave day with pay to attend the funeral.

Section 4. PERSONAL LEAVE

Each employee may take off three (3) days with pay per calendar year as defined hereafter, for personal leave days, upon receiving prior approval from his/her immediate supervisor. Calendar year shall be from January 1 through December 31 of each year. There shall be no accumulation of personal leave days from calendar year to calendar year.

Both parties to this Agreement agree that if the employee has personal leave days left at the end of the calendar year, then those personal days shall be voided and the employee shall be paid for seventy-five percent (75%) of the value of those days based upon the employee's base wage.

In their year of hire or departure, employees shall receive one (1) personal day for each of the following periods during which they worked the majority of work days within the period.

January – April
May – August
September – December

Section 5. JURY DUTY LEAVE

An employee who serves on jury duty will be paid the difference between his/her regular pay and the amount actually received for such jury duty. Proof of payment must be submitted to the Accounting Department as documentation for deduction from the employee's regular pay.

All days served in jury duty are to be considered regular working days and not deducted from accumulated sick leave or vacation days, provided the jury does not exceed sixty (60) actual jury duty days within a contract year.

In the event that attendance in jury duty exceeds more than sixty (60) days in actual attendance, then and in that event, all benefits shall cease and be frozen until the jury duty is terminated unless the Township Board grants an extension. However, benefits shall not cease and be frozen if the jury duty was in fact a Grand Jury.

If the employee is released from jury duty before 2:00 p.m. of any day, the employee, if an Assistant Department Head, shall check with the Superintendent or Department Head to see whether or not he/she should return to work, and in the event the juror is a Superintendent of a Department or Department Head, then he/she shall check with the Supervisor to determine whether or not he/she should return to work.

Section 6. VACATIONS

Each employee hired by the Township prior to March 31, 1991 shall accumulate vacation days, after his probationary period, with pay in accordance with the following schedule which may be accumulated to a maximum of forty (40) days.

One through five years	One day per month
Six through twelve years	One & one-half days per month
Thirteen through eighteen	Two days per month
Beginning nineteenth year	Two & one-half days per month

Employees hired by the Township after April 1, 1991 shall accumulate vacation days, after his/her probation period, with pay in accordance with the following schedule which may be accumulated to a maximum of forty (40) days.

One through five years	One day per month
Six through eleven years	One & one-half days per month
Beginning twelve years	Two days per month

Section 7. HOLIDAYS

The following 13 days shall be paid holidays:

New Year's Eve Day	Memorial Day	Columbus Day
New Year's Day	July 4th	Thanksgiving Day
Washington's Birthday	Labor Day	Day after Thanksgiving
Good Friday	Veteran's Day	Christmas Eve Day
		Christmas Day

The following additional provisions shall apply to holidays: If any of the foregoing holidays fall upon a Saturday, the preceding Friday shall be observed as the holiday. If the holiday is on Sunday, the following Monday shall be observed as the holiday. An employee required to work on a holiday shall be paid double time for all hours worked that day plus his/her regular holiday pay. The holiday pay for each employee shall be his/her current rate for an eight (8) hour work day. Friday & Saturday or Sunday & Monday holidays will permit the Township to designate another work day for the weekend holiday provided thirty (30) days notice is given.

Anything to the contrary herein notwithstanding, in order to obtain holiday pay as recited above, the employee must work the last scheduled work day before the holiday and the first scheduled work day after the holiday unless excused by his/her supervisor. An Assistant Department Head may obtain the excuse from the Department Head and the Department Head supervisor shall be the Supervisor of the Township for the purposes recited in this paragraph.

ARTICLE XII

WORKING HOURS AND COMPENSATORY TIME

Section 1. WORKING HOURS

The regular full work day shall consist of eight (8) hours per day, including sixty (60) minutes for lunch. The regular work day shall commence at 8:30 a.m. and end at 4:30 p.m. Monday through Friday.

Section 2. DISCRETIONARY TIME

Hours worked by Department Heads and/or Assistants in excess of forty (40) hours per week will be discretionary time. Discretionary time may be taken as time away from the job, on a straight time, or hour for hour basis when the Department is properly manned. This time must be used within ninety (90) days unless the time limit is extended by the Township Supervisor.

When an employee is called into work due to an emergency declared by the Emergency Management Section, they will receive compensatory time at the rate of 1 1/2x for all hours worked.

Employees shall receive minimum call in time of two hour discretionary time at straight time.

ARTICLE XIII

EMPLOYEE COMPENSATION

Section 1. SALARY

Employees shall continue to be paid in accordance with the salary schedule attached hereto as "Appendix A".

All members of the bargaining unit shall participate in direct deposit for all Township pays.

Section 2. HOSPITALIZATION, MEDICAL & SURGICAL INSURANCE

Employees shall be provided the following health insurance choices, including spouse and dependent children coverage as defined by the carrier, during the Township's annual open enrollment period:

- A. Blue Cross/Blue Shield Community Blue Option 11 Base (Plan #0049), \$15/\$30/\$60 RX with 1-X MOPD (Appendix D)
- B. Blue Cross/Blue Shield Community Blue Option 11 Enhanced (Plan #0048), \$15/\$30/\$60 RX with 1-X MOPD(Appendix E)
- C. Blue Cross/Blue Shield Community Blue Option 10 (Plan #0050), \$7/\$35/\$70 RX with RXCM (Appendix F)

Employees who select a health plan from above shall pay the difference between the Township's PA 152 contribution cap and the premium or illustrative rate of the selected option, if any.

The members agree to participate in the Preferred Pharmacy Plan offered by Blue Cross-Blue Shield.

Employees who are covered by another hospital/medical insurance plan may elect to receive one hundred dollars (\$100) per pay period in lieu of participation in the Clinton Township hospital/medical insurance plan. Employees electing this benefit must meet the requirements and agree to the stipulations as described in Appendix B attached to this agreement and complete the form "Waiver of Medical Insurance" attached to this contract as Appendix C.

The Union will continue to have on-going discussions with the Township throughout the term of the contract regarding healthcare issues affecting the bargaining unit.

Section 3. LIFE INSURANCE

The Township shall provide term group life insurance of \$50,000 with double indemnity for accidental death. Premiums for this coverage shall be paid by the Township as long as available at no added cost.

Section 4. DENTAL INSURANCE

The Township shall provide and pay for a dental plan in the nature of “Delta” or equivalent for the employee and his/her dependents. Coverage is as follows: Class I Preventative benefits = 100% coverage in PPO network and 65% coverage for Premier and Non-Participating dentists, Class II, Class III and Class IV benefits = 60% coverage. The maximum contract benefits for Class I, Class II and Class III benefits shall be \$1,500.00 per person per year. There shall not be a deductible provision for dental insurance. The ‘Summary of Dental Plan Benefits’ from Delta Dental is incorporated herein as Appendix “G”.

Section 5. OPTICAL BENEFITS

The Township shall provide an optical insurance plan which covers bi-annual eye examinations and the bi-annual purchase and/or replacement of single and multi-corrective lenses (bi and tri focals), frames, safety glasses and contact lenses. The total cost of such insurance shall be paid by the Township for the employees, their spouse and minor dependent children.

Benefits provided are eye examinations, glasses, and contact lenses. Employees and their spouses may purchase such benefits up to a total maximum value of \$450 once every twenty-four consecutive months. Benefits for minor dependent children are eye examinations, glasses, and contact lenses. However, minor dependent children may avail themselves of such benefits once every twelve consecutive months up to a maximum value of \$300.

The Township will provide, to those employees of the bargaining unit who require them, prescription lens safety glasses. A new pair of such glasses will be provided once every two years. They will be made available as part of the Township’s Eye Care program. There will be no charge to the employee and this benefit is provided in addition to the Township’s Optometric Program described above. Employees will be required to wear the prescription safety glasses, when appropriate, at work. If an employee breaks his/her safety glasses in the course of performing his/her duties the Township will pay for the repair or replacement of the glasses. However, if the employee loses his/her prescription safety glasses, the Township will not replace them until the two year period has expired. Furthermore, an employee who damages or loses a pair of non-safety glasses at work will not be reimbursed for the damage and/or loss.

Section 6. WORKER'S COMPENSATION

Provisions of the worker's compensation laws of the State of Michigan shall apply in all injuries, accidents or illness to employees arising from the performance of their duties. Any employee who is unable to work as a result of such injury, accident, or illness shall be paid by the Township the difference between 80% of his/her regular rate of pay and the amount received from workers' compensation for the duration of the recovery not to exceed six (6) months.

For the six (6) months period recited above commencing the date of injury, accident or illness, the employee shall be entitled to accrue benefits, seniority, vacation days and the like as though he/she were working ever day. At the termination of said six (6) months period, if the employee cannot return to work then he/she shall be granted an additional six (6) months extension if the person notifies the Township Board that the additional period is requested. The additional extension shall not be with salary, paid supplement, or benefits unless approved by the Township Board. At a period of six (6) months from the end of the second extension if the person cannot return to work in the same capacity, the person shall be terminated unless the Township Board grants a further extension.

Normal payroll tax deductions will be made on the supplemental check issued by the Township. However, total authorized deductions for credit union, union dues, and pension contributions shall be deducted at the full annualized bi-weekly rate. Employees may be required to submit copies of all workers' compensation checks which they have received to the Accounting Department.

Section 7. PERSONAL AUTOMOBILE EXPENSE

If an employee is required by the Employer to use his/her own automobile in the course of his/her employment, the Employer shall pay him/her the mileage rate allowed by I.R.S. for such usage. Claims for mileage shall be submitted on the expense claim form provided by the Employer to his/her immediate superior. If the Employer desires, a car may be furnished for use of the employee. In this instance, the employee shall not be paid mileage.

Section 8. SCHOOL EXPENSE

An employee who on his/her day off attends an accredited college, university or trade school in a course or program related to his/her work in the Township, with approval of his/her immediate supervisor, shall be reimbursed by the Township for tuition, purchase of books, and other necessary materials not to exceed \$750.00 per year. Employees shall be reimbursed by the Township within thirty (30) days upon submission of proper documentation that he/she is enrolled in the course.

Effective retroactive to April 1, 2013, the tuition reimbursement maximum amount for classes leading to a degree beyond an Associates Degree is increased to \$3,000 per calendar year.

Any employee who withdraws from, or fails to complete a course after receiving reimbursement from the Township or who fails to obtain a passing grade of "C" or better, shall have thirty (30) days from the date of withdrawal or the date he/she receives less than a "C" grade to repay the Township such monies. If such amount is not repaid to the Township, upon advance notice to the employee, such amount may be withheld from his/her pay. Advance notice shall not be necessary if the employee is terminating employment.

All books paid for by the Township will be listed and cataloged upon completion of the course. Said books will be made available to all members of the Department, although the books may be temporarily housed in various offices.

If the employee does not work for the Employer for at least one (1) year after receiving his/her school expenses, then and in that event, the employee shall refund or have deleted from his/her separation pay the pro-rata amount for that portion of a year, as measured by months, that remains after terminating employment. The proration of months shall be determined by counting any months where the employee has employment status for at least sixteen (16) days during the calendar month and disregarding any month where the employee does not have sixteen (16) calendar days. This paragraph shall not apply if employment ceases because of retirement with normal age and service time. Normal age and service time shall be that retirement now recognized by MERS, excluding the sixty years of age and ten years of service retirement. Normal age and service time as stated here does not include early or disability retirement.

Any classes or programs that are required by the Employer, State or Federal body, as well as, any other agency recognized to have the authority to require this education shall be excluded from the requirements of the above paragraph.

An employee shall be allowed time off without loss of pay to attend all educational seminars/conferences required by the Township as stated above.

Section 9. FLEXIBLE SPENDING ACCOUNTS

The Township shall establish Flexible Spending Accounts (FSAs) as governed by IRS Code 125 regulations. The FSA program year shall be from April 1st through March 31st. Maximum contributions per employee are \$2,500 for medical accounts and \$5,000 for dependent care accounts. Upon completion of the program year, all funds remaining in either the medical or dependent care accounts shall revert to the Township to cover program costs as specified under IRS regulations.

Section 10. RETIREMENT BENEFITS

a. Pension

The parties mutually recognize that bargaining unit members hired by the Township prior to April 1, 2010 are entitled to and shall receive retirement benefits in accordance with Public Employees Retirement under Act 427 of the Michigan Public Acts of 1984, as amended. Employees retiring after April 1, 2006 and hired by the Township prior to April 1, 2010 shall be provided the following MERS Pension Plan benefits:

B-4
F55-25
FAC-3
V-8

The employee contribution rate shall be six and three quarters (6.75%) percent of payroll.

Bargaining unit members hired by the Township on or after April 1, 2010 shall be provided the following MERS Pension Plan benefits:

B-2
F55-25
FAC-3
V-8

The employee contribution rate shall be six and three quarters (6.75%) percent of payroll.

Employees hired by the Township prior to April 1, 2010 and promoted into the bargaining unit shall remain in the same MERS division as before said promotion.

b. Life Insurance

An employee who is at least fifty-five (55) years of age and has at least twenty-five (25) years of service with the Employer or is at least sixty (60) years of age and has at least eight (8) years of service with the Employer shall, upon retirement, be provided with a \$10,000.00 term life insurance policy, without double indemnity, which shall be maintained by the Employer.

c. Dental Insurance

Employees who retire on or after April 1, 2002, their spouses, and dependent minor children will be covered by the Delta Dental Plan for Class I benefits.

d. Optical Insurance

Employees who retire on or after April 1, 2002, their spouses, and dependent minor children will be covered by the Optical plan.

e. Health Care

The Employer shall provide each employee with health care coverage similar or equal to Community Blue 10 (suffix 681/0020) to all retirees who were hired by the Township prior to April 1, 2010 and retire after the execution of this Agreement, hereafter referred to as the Defined Benefit Plan (DBP). The DBP benefits shall be conditioned as follows:

1. The retiree must meet the minimum age and service requirements for regular retirement.
2. An employee who retires, meeting the above requirements but having service time of less than twenty-five (25) years, may elect to receive this coverage with the premiums to be funded as follows:

Percentage of Monthly Premium

<u>Years of Service</u>	<u>Paid by Employer</u>	<u>Paid by Retiree</u>
10 – 14 years	25%	75%
15 – 19 years	50%	50%
20 – 24 years	75%	25%
25 – more years	100%	0%

Payment must be made to the Township twenty (20) days in advance of the month of applicable coverage. This coverage must be elected by the employee prior to the time of retirement and its continuation is voluntary by the retiree. Coverage must be maintained on a continuous basis except as provided in #5 below. A retiree who fails to make the necessary premium payments timely may be disqualified for future coverage hereunder by the Township Board of Trustees.

3. Employees who retire under a deferred vested pension or disability retirement, for other than a work related injury (recognized Worker's Compensation case), will not be eligible for this benefit. Employees who are approved and remain on a job related disability by MERS will receive all benefits of this agreement but do not need to meet the age requirement for regular retirement as outlined in #1 above.
4. This coverage will provide for the retiree and his/her spouse, if the spouse does not have hospital and medical coverage provided elsewhere. To be eligible for this benefit, the surviving spouse must have been the spouse of record at the time that the employee retired on a regular retirement and began receiving retirement benefits. If the spouse is covered elsewhere, but such other coverage terminates, without option to the spouse, the Township will add the spouse to the retiree's policy attempting to provide continuous coverage.
5. Retirees and spouses participating in the DBP, upon reaching Medicare eligibility, must enroll in Medicare Parts A and B in order to be eligible for this benefit. The Township shall provide each eligible employee with a Medicare supplemental policy with like or similar benefits to the policy provided in retirement prior to Medicare eligibility. Retiree health insurance benefits will be provided to a retiree's spouse after the retiree's death. To be eligible for this benefit, the surviving spouse must have been the spouse of record at the time that the employee retired on a regular retirement and began receiving retirement benefits.
6. Beginning April 1, 2011, employees participating in the DBP shall be required to contribute \$15 per pay in the Township's Retiree Health Care Fund.
7. Effective with the signing of this agreement, participants in the DBP are not eligible for retiree health insurance under any terms and conditions other than those contained herein.

8. Effective with the signing of this agreement, retirees in the DBP may elect to receive a \$50 per week cash payment in lieu of retiree health care to be paid in lump sum annually. Before receiving this benefit, the retiree must complete the form shown in Appendix C of this agreement.
9. Bargaining unit members hired on or after April 1, 2010 are not eligible for the DBP. Effective with the signing of this Agreement or as soon thereafter as possible, the Township will establish a Post Employment Health Plan (PEHP) allowing employees hired by the Township on or after April 1, 2010 to accumulate assets on a tax-free basis to pay for medical expenses in retirement. For eligible employees, the Township will contribute six percent (6%) of base wage on an annual basis to the Plan and the employee shall contribute four percent (4%).

ARTICLE XVII

SEVERABILITY

This Agreement and each of the terms and conditions hereof is subject to the laws of the State of Michigan in all respects and in the event that any provision hereof is at any time held to be invalid by a court of competent jurisdiction, such determination shall govern and be binding upon the parties, but shall not invalidate the remaining provisions of this Agreement and the parties hereto agree that insofar as possible, each of the terms and provisions hereof are severable.

ARTICLE XVIII

RATIFICATION

The Union acknowledges that it has heretofore submitted the terms of this Agreement to the employees of the bargaining unit for ratification by them and were ratified by the employees of the Local Union.

ARTICLE XIX

EFFECTIVE DATE & DURATION

This Agreement shall be effective at 12:01 a.m. on the day following execution and continue for a term to expire at Midnight on March 31, 2018 provided, the wages set forth under Appendix A of this Agreement shall be for a term of five (5) years commencing April 1, 2013 and extending through March 31, 2018. The parties mutually agree to undertake negotiations upon written notification for that purpose given by the Union to the Employer not less than sixty (60) days prior to expiration of the terms of this Agreement.

ARTICLE XX


ADDRESSES FOR NOTICES

Any notices required under this Agreement between the parties hereto shall be sufficient if sent certified mail addressed as follows:

EMPLOYER:	Human Resources Department Charter Township of Clinton 40700 Romeo Plank Road Clinton Twp., MI 48038-2900
UNION:	Michigan AFSCME Council 25 American Federation of State, County, and Municipal Employees, A-CIO 28000 Van Dyke, Ste. 102 Warren, Michigan 48093-8007

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives for the contract period April 1, 2013 through March 31, 2018 at the Charter Township of Clinton, Macomb County, Michigan.


CHARTER TOWNSHIP OF CLINTON
MACOMB COUNTY, MICHIGAN

By: 
ROBERT J. CANNON
Township Supervisor

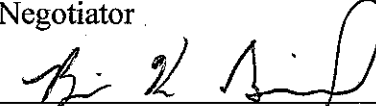
By: 
K. MELTZER
Township Clerk


By: 
WILLIAM S. SMITH
Human Resources Director

LOCAL 1917.29 OF AMERICAN
FEDERATION OF STATE, COUNTY
AND MUNICIPAL EMPLOYEES
AFFILITATED WITH AFL-CIO

By: 
GARY SHIMER
Negotiator

By: 
CARLO SANTIA
Negotiator

By: 
BRIAN GIRARD
Negotiator

By: 
FRANK PIZZO
Negotiator

APPENDIX "A"
SALARY SCHEDULE

Bargaining Unit Members Hired Prior to April 1, 2010		START	1 st Year	2 nd Year	3 rd Year
Supt. of Public Works,	4/1/2013	\$86,641	\$91,719	\$96,986	
Superintendent of Water,	4/1/2014	\$87,074	\$92,178	\$97,471	
Superintendent of Building,	4/1/2015	\$87,945	\$93,099	\$98,446	
Dir. of Parks and Recreation.	4/1/2016	\$88,824	\$94,030	\$99,430	
	4/1/2017	\$90,157	\$95,441	\$100,922	
Asst. Supt. of Public Works,	4/1/2013	\$73,498	\$76,041	\$79,100	\$82,617
Asst. Supt. of Water,	4/1/2014	\$73,865	\$76,421	\$79,496	\$83,030
Asst. Supt. of Building,	4/1/2015	\$74,604	\$77,185	\$80,290	\$83,860
Asst. Dir. of Parks and Rec.	4/1/2016	\$75,350	\$77,957	\$81,093	\$84,699
	4/1/2017	\$76,480	\$79,127	\$82,310	\$85,969
Director of Cable,	4/1/2013	\$79,464	\$84,136	\$88,940	
Director of Senior Citizens.	4/1/2014	\$79,861	\$84,557	\$89,385	
	4/1/2015	\$80,660	\$85,402	\$90,279	
	4/1/2016	\$81,467	\$86,256	\$91,181	
	4/1/2017	\$82,689	\$87,550	\$92,549	
Asst. Director of Cable,	4/1/2013	\$67,499	\$69,716	\$72,522	\$75,779
Asst. Dir. of Senior Citizens.	4/1/2014	\$67,836	\$70,065	\$72,885	\$76,158
	4/1/2015	\$68,515	\$70,765	\$73,613	\$76,919
	4/1/2016	\$69,200	\$71,473	\$74,350	\$77,689
	4/1/2017	\$70,238	\$72,545	\$75,465	\$78,854
Assessor	4/1/2013	\$91,602	\$96,282	\$100,434	
	4/1/2014	\$92,060	\$96,763	\$100,936	
	4/1/2015	\$92,981	\$97,731	\$101,946	
	4/1/2016	\$93,910	\$98,708	\$102,965	
	4/1/2017	\$95,319	\$100,189	\$104,509	
Assistant Assessor	4/1/2013	\$73,908	\$74,593	\$77,594	\$85,548
	4/1/2014	\$74,278	\$74,966	\$77,982	\$85,976
	4/1/2015	\$75,020	\$75,716	\$78,762	\$86,835
	4/1/2016	\$75,771	\$76,473	\$79,549	\$87,704
	4/1/2017	\$76,907	\$77,620	\$80,743	\$89,019
Planning Director,	4/1/2013	\$89,304	\$93,687	\$99,111	
Township Engineer.	4/1/2014	\$89,751	\$94,155	\$99,607	
	4/1/2015	\$90,648	\$95,097	\$100,603	
	4/1/2016	\$91,555	\$96,048	\$101,609	
	4/1/2017	\$92,928	\$97,489	\$103,133	

		START	1 st Year	2 nd Year	3 rd Year
Assistant Planning Director	4/1/2013	\$72,497	\$78,069	\$84,224	
	4/1/2014	\$72,859	\$78,459	\$84,645	
	4/1/2015	\$73,588	\$79,244	\$85,492	
	4/1/2016	\$74,324	\$80,036	\$86,346	
	4/1/2017	\$75,439	\$81,237	\$87,642	
Finance Director	4/1/2013	\$94,234	\$99,165	\$104,037	
	4/1/2014	\$94,705	\$99,661	\$104,557	
	4/1/2015	\$95,652	\$100,657	\$105,603	
	4/1/2016	\$96,609	\$101,664	\$106,659	
	4/1/2017	\$98,058	\$103,189	\$108,259	
Assistant Finance Director	4/1/2013	\$75,814	\$81,287	\$88,073	
	4/1/2014	\$76,193	\$81,693	\$88,513	
	4/1/2015	\$76,955	\$82,510	\$89,398	
	4/1/2016	\$77,725	\$83,335	\$90,292	
	4/1/2017	\$78,890	\$84,586	\$91,647	
Information Technology Dir.	4/1/2013	\$78,675	\$82,729	\$86,641	
	4/1/2014	\$79,068	\$83,143	\$87,074	
	4/1/2015	\$79,859	\$83,974	\$87,945	
	4/1/2016	\$80,658	\$84,814	\$88,824	
	4/1/2017	\$81,868	\$86,086	\$90,157	

SALARY SCHEDULE

Employees Hired or Promoted Into the Bargaining Unit on or after April 1, 2010

		START	1 st Year	2 nd Year	3 rd Year
Supt. of Public Works, Superintendent of Water, Superintendent of Building, Dir. of Parks and Recreation, Information Technology Dir.	4/1/2013	\$84,042	\$88,967	\$94,076	
	4/1/2014	\$84,462	\$89,412	\$94,546	
	4/1/2015	\$85,307	\$90,306	\$95,492	
	4/1/2016	\$86,160	\$91,209	\$96,447	
	4/1/2017	\$87,452	\$92,577	\$97,893	
Asst. Supt. of Public Works, Asst. Supt. of Water, Asst. Supt. of Building, Asst. Dir. of Parks and Rec.	4/1/2013	\$71,293	\$73,760	\$76,727	\$80,138
	4/1/2014	\$71,649	\$74,129	\$77,111	\$80,539
	4/1/2015	\$72,366	\$74,870	\$77,882	\$81,344
	4/1/2016	\$73,090	\$75,619	\$78,661	\$82,158
	4/1/2017	\$74,186	\$76,753	\$79,840	\$83,390
Director of Cable, Director of Senior Citizens.	4/1/2013	\$77,080	\$81,612	\$86,272	
	4/1/2014	\$77,465	\$82,020	\$86,703	
	4/1/2015	\$78,240	\$82,840	\$87,570	
	4/1/2016	\$79,022	\$83,669	\$88,446	
	4/1/2017	\$80,208	\$84,924	\$89,773	

		START	1 st Year	2 nd Year	3 rd Year
Asst. Director of Cable,	4/1/2013	\$65,474	\$67,625	\$70,346	\$73,506
Asst. Dir. of Senior Citizens.	4/1/2014	\$65,801	\$67,963	\$70,698	\$73,874
	4/1/2015	\$66,459	\$68,643	\$71,405	\$74,612
	4/1/2016	\$67,124	\$69,329	\$72,119	\$75,358
	4/1/2017	\$68,131	\$70,369	\$73,201	\$76,489
Assessor	4/1/2013	\$88,854	\$93,397	\$97,421	
	4/1/2014	\$89,298	\$93,861	\$97,908	
	4/1/2015	\$90,191	\$94,800	\$98,887	
	4/1/2016	\$91,093	\$95,748	\$99,876	
	4/1/2017	\$92,460	\$97,184	\$101,374	
Assistant Assessor	4/1/2013	\$71,691	\$72,355	\$75,266	\$82,982
	4/1/2014	\$72,049	\$72,717	\$75,642	\$83,397
	4/1/2015	\$72,770	\$73,444	\$76,399	\$84,231
	4/1/2016	\$73,498	\$74,178	\$77,163	\$85,073
	4/1/2017	\$74,600	\$75,291	\$78,320	\$86,349
Planning Director, Township Engineer.	4/1/2013	\$86,625	\$90,876	\$96,138	
	4/1/2014	\$87,058	\$91,330	\$96,619	
	4/1/2015	\$87,929	\$92,244	\$97,585	
	4/1/2016	\$88,808	\$93,166	\$98,561	
	4/1/2017	\$90,140	\$94,564	\$100,039	
Assistant Planning Director	4/1/2013	\$70,322	\$75,727	\$81,697	
	4/1/2014	\$70,674	\$76,106	\$82,105	
	4/1/2015	\$71,380	\$76,867	\$82,927	
	4/1/2016	\$72,094	\$77,635	\$83,756	
	4/1/2017	\$73,176	\$78,800	\$85,012	
Finance Director	4/1/2013	\$91,407	\$96,190	\$100,916	
	4/1/2014	\$91,864	\$96,671	\$101,421	
	4/1/2015	\$92,783	\$97,638	\$102,435	
	4/1/2016	\$93,711	\$98,614	\$103,459	
	4/1/2017	\$95,116	\$100,093	\$105,011	
Assistant Finance Director	4/1/2013	\$73,540	\$78,848	\$85,431	
	4/1/2014	\$73,908	\$79,242	\$85,858	
	4/1/2015	\$74,647	\$80,035	\$86,717	
	4/1/2016	\$75,393	\$80,835	\$87,584	
	4/1/2017	\$76,524	\$82,048	\$88,898	

APPENDIX "B"

PAY IN LIEU OF HEALTH INSURANCE COVERAGE

The UNION and the EMPLOYER recognize that in some instances employees have duplicate health insurance coverage. In these cases the Township and another employer are both paying insurance premiums and the employee is receiving little or no additional benefits. In an effort to avoid this wasteful duplication, the parties have agreed upon the following program which allow employees to decline the Township provided hospital/medical insurance program and receive instead a contribution to their deferred compensation account.

A. ELIGIBILITY

All employees who are covered or eligible for coverage by the Employer's hospital/medical insurance programs are eligible for this option. They may take advantage of this option by:

- 1.) Providing written proof that they have current coverage under another health insurance plan and;
- 2.) Submitting the "Waiver of Medical Insurance" form which appears as Appendix B to this agreement.

B. AMOUNT OF BENEFIT

The Employer will compensate the employee in the amount of \$100 per pay period in addition to his/her normal pay.

C. STIPULATIONS

The parties agree to the following stipulations:

1. Employees may elect this option at open enrollment.
2. The supplemental pay will begin with the first pay date in the month that insurance coverage ceases. There will be no retroactive payments.
3. Employees may elect to reinstate their health insurance coverage and drop the supplemental pay plan at the annual health insurance open enrollment. If an employee wishes to reinstate their health insurance coverage at any other time, they may do so only if the reinstatement is due to loss of coverage as a result of the death of, divorce from, or loss of coverage due to the unemployment of the individual covering the employee under another plan.

4. Those persons who are eligible for hospital/medical insurance at the inception of this agreement but who have elected not to be insured by the Township plan because they are covered by another plan, will be eligible for this option.
5. In those cases where both a husband and wife work for the Township, one person may carry his/her spouse and dependents on the health insurance policy and the other person may elect the supplemental pay plan.
6. When an employee elects to drop his/her insurance coverage, he/she must drop it for him/her self and all dependents. (e.g. A parent cannot drop insurance for him/her self and retain coverage for his/her children).
7. The Provisions of this plan which pertain to adding or dropping insurance coverage are subject to the administrative rules of the insurance carriers for the Township and Section 125 of the Internal Revenue Code.

APPENDIX "C"

WAIVER OF MEDICAL INSURANCE
AND
ELECTION OF SUPPLEMENTAL PAY
IN LIEU OF PARTICIPATION IN GROUP MEDICAL INSURANCE

I hereby authorize the Charter Township of Clinton to cancel my group medical plan if I currently have group coverage and provide supplemental pay to me of \$100 per pay in lieu of participation in any Township group medical plan. I affirm that I am covered by the health plan coverage offered through:

_____*
(Name of Company or Carrier)

I understand that by exercising the election to receive these payments, I will receive no benefits or payments as primary subscriber from any Township group medical plan.

I understand that except in the case of death, divorce from, or loss of coverage due to the unemployment of the individual covering me under another plan, I will not be eligible for enrollment in any of Clinton Township's group medical plans until the next open enrollment period.

I understand that if I wish to enroll in any of Clinton Township's group medical plans at a later date, I will be subject to that plan's enrollment rules.

NAME (PLEASE PRINT)

SIGNATURE

DATE

DEPARTMENT NAME

SOCIAL SECURITY NUMBER

*If covered elsewhere, you must provide written proof of other coverage.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling Human Resources at 1-586-723-8072

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$1,000 person / \$2,000 family Doesn't apply to preventive care	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	There are deductibles for services received by out-of-network providers. \$2,000 person / \$4,000 family	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$3,000 person / \$6,000 family for services received by in-network providers.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. Higher out-of-pocket limits exist for services received by out-of-network providers.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See www.bcbsm.com for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	40% coinsurance	
	Specialist visit	\$30 copay/visit	40% coinsurance	
	Other practitioner office visit	\$30 copay/visit	40% coinsurance	
	Preventive care/screening/immunization	No charge	Not covered	Not covered for non-BCBSM
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsm.com	Generic drugs	\$15 copay	\$15 copay + 25%	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay
	Preferred brand drugs	\$30 copay	\$30 copay + 25%	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay
	Non-preferred brand drugs	\$60 copay	\$60 copay + 25%	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay
	Specialty drugs	\$60 copay	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Blue Cross Blue Shield Michigan: Division 0049

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

Coverage Period: 04/01/2013 – 03/31/2014

Coverage for: Covered Individuals | Plan Type: PPO

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Physician/surgeon fees	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need immediate medical attention	Emergency room services	\$150 copay/visit	\$150 copay/visit	Waived if admitted to hospital
	Emergency medical transportation	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Urgent care	\$30 copay/visit	40% coinsurance	Payment increases for non-BCBSM
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Physician/surgeon fee	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Substance use disorder outpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you are pregnant	Prenatal and postnatal care	100% covered	40% coinsurance	Payment increases for non-BCBSM
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need help recovering or have other special health needs	Home health care	20% coinsurance	20% coinsurance	Payment increases for non-BCBSM
	Rehabilitation services	20% coinsurance	40% coinsurance	60 visits per calendar year
	Habilitation services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Skilled nursing care	20% coinsurance	20% coinsurance	120 days per calendar year
	Durable medical equipment	20% coinsurance	20% coinsurance	
	Hospice service	100% covered	100% covered	Four 90-day periods
If your child needs dental or eye care	Eye exam	Not covered	Not Covered	
	Glasses	Not covered	Not Covered	
	Dental check-up	Not covered	Not Covered	

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Long-term care
- Routine eye care (Adult)
- Certain Experimental Medicine
- Non-emergency care when traveling outside the U.S.
- Elective procedures that are not medically necessary

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Organ transplants
- Chiropractic care
- Voluntary sterilization

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Your Rights to Continue Coverage:

** Individual health insurance sample –

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at [contact number]. You may also contact your state insurance department at [insert applicable State Department of Insurance contact information].

** Group health coverage sample –

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

OR

For more information on your rights to continue coverage, contact the plan at [contact number]. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: [insert applicable contact information from instructions].

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

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,935
- Patient pays \$2,605

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$1,900
Copays	\$45
Coinsurance	\$660
Limits or exclusions	\$0
Total	\$2,605

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,545
- Patient pays \$1,855

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$1,000
Copays	\$775
Coinsurance	\$80
Limits or exclusions	\$0
Total	\$1,855

Note: These numbers assume the patient is filling scripts at a participating pharmacy.

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your

providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling Human Resources at 1-586-723-8072

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	There are deductibles for services received by out-of-network providers. \$1,000 person / \$2,000 family	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$2,000 person / \$4,000 family for services received by in-network providers.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. Higher out-of-pocket limits exist for services received by out-of-network providers.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See www.bcbsm.com for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	40% coinsurance	
	Specialist visit	\$20 copay/visit	40% coinsurance	
	Other practitioner office visit	\$20 copay/visit	40% coinsurance	
	Preventive care/screening/immunization	No charge	Not covered	Not covered for non-BCBSM
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsm.com	Generic drugs	\$15 copay	\$15 copay + 25%	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay
	Preferred brand drugs	\$30 copay	\$30 copay + 25%	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay
	Non-preferred brand drugs	\$60 copay	\$60 copay + 25%	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay
	Specialty drugs	\$60 copay	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription) 2x copay

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Blue Cross Blue Shield Michigan: Division 0048

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

Coverage Period: 04/01/2013 – 03/31/2014

Coverage for: Covered Individuals | Plan Type: PPO

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Physician/surgeon fees	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need immediate medical attention	Emergency room services	\$100 copay/visit	\$100 copay/visit	Waived if admitted to hospital
	Emergency medical transportation	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Urgent care	\$20 copay/visit	40% coinsurance	Payment increases for non-BCBSM
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Physician/surgeon fee	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Substance use disorder outpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you are pregnant	Prenatal and postnatal care	100% covered	40% coinsurance	Payment increases for non-BCBSM
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need help recovering or have other special health needs	Home health care	20% coinsurance	20% coinsurance	Payment increases for non-BCBSM
	Rehabilitation services	20% coinsurance	40% coinsurance	60 visits per calendar year
	Habilitation services	20% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Skilled nursing care	20% coinsurance	20% coinsurance	120 days per calendar year
	Durable medical equipment	20% coinsurance	20% coinsurance	
	Hospice service	100% covered	100% covered	Four 90-day periods
If your child needs dental or eye care	Eye exam	Not covered	Not Covered	
	Glasses	Not covered	Not Covered	
	Dental check-up	Not covered	Not Covered	

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Long-term care
- Routine eye care (Adult)
- Certain Experimental Medicine
- Non-emergency care when traveling outside the U.S.
- Elective procedures that are not medically necessary

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Organ transplants
- Chiropractic care
- Voluntary sterilization

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Your Rights to Continue Coverage:

** Individual health insurance sample –

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at [contact number]. You may also contact your state insurance department at [insert applicable State Department of Insurance contact information].

** Group health coverage sample –

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

OR

For more information on your rights to continue coverage, contact the plan at [contact number]. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: [insert applicable contact information from instructions].

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

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,550
- Patient pays \$1,845

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$1,000
Copays	\$45
Coinsurance	\$800
Limits or exclusions	\$0
Total	\$1,845

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,945
- Patient pays \$1,455

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$500
Copays	\$775
Coinsurance	\$180
Limits or exclusions	\$0
Total	\$1,455

Note: These numbers assume the patient is filling scripts at a participating pharmacy.

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your

providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling Human Resources at 1-586-723-8072

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$250 person / \$500 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	There are deductibles for services received by out-of-network providers. \$500 person / \$1,000 family	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. \$750 person / \$1,500 family for services received by in-network providers.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. Higher out-of-pocket limits exist for services received by out-of-network providers.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers ?	Yes. See www.bcbsm.com for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services .

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	40% coinsurance	
	Specialist visit	\$20 copay/visit	40% coinsurance	
	Other practitioner office visit	\$20 copay/visit	40% coinsurance	
	Preventive care/screening/immunization	No charge	Not covered	Not covered for non-BCBSM
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Imaging (CT/PET scans, MRIs)	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsm.com	Generic drugs	\$7 copay	\$7 copay + 25%	Covers up to a 30-day supply (retail prescription); 2x copay for 31-90 day supply (mail order prescription)
	Preferred brand drugs	\$35 copay	\$35 copay + 25%	Covers up to a 30-day supply (retail prescription); 2x copay for 31-90 day supply (mail order prescription)
	Non-preferred brand drugs	\$70 copay	\$70 copay + 25%	Covers up to a 30-day supply (retail prescription); 2x copay for 31-90 day supply (mail order prescription)
	Specialty drugs	\$70 copay	Not covered	Covers up to a 30-day supply (retail prescription); 2x copay for 31-90 day supply (mail order prescription)

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Blue Cross Blue Shield Michigan: Division 0050

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

Coverage Period: 04/01/2013 – 03/31/2014

Coverage for: Covered Individuals | Plan Type: PPO

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Physician/surgeon fees	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need immediate medical attention	Emergency room services	\$50 copay/visit	\$50 copay/visit	Waived if admitted to hospital
	Emergency medical transportation	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Urgent care	\$10 copay/visit	40% coinsurance	Payment increases for non-BCBSM
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Physician/surgeon fee	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Mental/Behavioral health inpatient services	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Substance use disorder outpatient services	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Substance use disorder inpatient services	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you are pregnant	Prenatal and postnatal care	100% covered	40% coinsurance	Payment increases for non-BCBSM
	Delivery and all inpatient services	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
If you need help recovering or have other special health needs	Home health care	10% coinsurance	10% coinsurance	Payment increases for non-BCBSM
	Rehabilitation services	10% coinsurance	40% coinsurance	60 visits per calendar year
	Habilitation services	10% coinsurance	40% coinsurance	Payment increases for non-BCBSM
	Skilled nursing care	10% coinsurance	10% coinsurance	120 days per calendar year
	Durable medical equipment	10% coinsurance	10% coinsurance	
	Hospice service	100% covered	100% covered	Four 90-day periods
If your child needs dental or eye care	Eye exam	Not covered	Not Covered	
	Glasses	Not covered	Not Covered	
	Dental check-up	Not covered	Not Covered	

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Long-term care
- Routine eye care (Adult)
- Certain Experimental Medicine
- Non-emergency care when traveling outside the U.S.
- Elective procedures that are not medically necessary

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Organ transplants
- Chiropractic care
- Voluntary sterilization

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Your Rights to Continue Coverage:

** Individual health insurance sample –

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at [contact number]. You may also contact your state insurance department at [insert applicable State Department of Insurance contact information].

** Group health coverage sample –

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

OR

For more information on your rights to continue coverage, contact the plan at [contact number]. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: [insert applicable contact information from instructions].

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

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,374
- Patient pays \$1,166

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$500
Copays	\$21
Coinsurance	\$645
Limits or exclusions	\$0
Total	\$1,166

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,300
- Patient pays \$1,100

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$250
Copays	\$735
Coinsurance	\$115
Limits or exclusions	\$0
Total	\$1,100

Note: These numbers assume the patient is filling scripts at a participating pharmacy.

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your

providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-586-723-8072

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can call 1-586-723-8072 to request a copy.



**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 7280-0016
Township of Clinton**

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. The percentages below will be applied to the lesser of the dentist's submitted fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment or Deductible.

Control Plan – Delta Dental of Michigan

Benefit Year – April 1 through March 31

Covered Services -

	PPO Dentist	Premier Dentist	Non- participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	65%	65%
Emergency Palliative Treatment - to temporarily relieve pain	100%	65%	65%
Brush Biopsy - to detect oral cancer	100%	65%	65%
Radiographs - X-rays	100%	65%	65%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	65%	65%
Endodontic Services - root canals	80%	65%	65%
Periodontic Services - to treat gum disease	80%	65%	65%
Oral Surgery Services - extractions and dental surgery	80%	65%	65%
Other Basic Services - misc. services	80%	65%	65%
Relines and Repairs - to bridges and dentures	80%	65%	65%
Major Restorative Services - crowns	75%	60%	60%
Major Services			
Prosthodontic Services - includes bridges, implants, and dentures	60%	60%	60%
Orthodontic Services			
Orthodontic Services - includes braces	60%	60%	60%
Orthodontic Age Limit -	Up to age 19	Up to age 19	Up to age 19

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

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.

Appendix "G"

- Porcelain crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per person total per benefit year on all services except orthodontics. \$1,500 per person total per lifetime on orthodontic services.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered on the first of the month following the date of hire.

Eligible People – All Mid-Management and UAW Technical Office Professionals, DPW employees, Professional Water Workers, Supervisory Personnel and Non-Union employees, Property Appraisers, Building Inspectors and Dispatchers of the Contractor and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor pays the full cost of this plan.

Also eligible are your legal spouse and your children under age 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.