



# Manistee County Board of Commissioners

Manistee County Courthouse • 415 Third Street • Manistee, Michigan 49660

CHAIRPERSON  
Jeffrey Dontz  
VICE-CHAIRPERSON  
Karen Goodman

Margaret Batzer  
Mark Bergstrom  
Pauline Jaquish  
Gene Lagerquist  
Richard Schmidt

CLERK  
Jill Nowak  
(231) 723-3331  
CONTROLLER/ADMINISTRATOR  
David A. Kieft, Jr.  
(231) 398-3504

## PERSONNEL COMMITTEE MEETING

Friday, August 14, 2020  
9:00 a.m.

Manistee County Courthouse & Government Center  
Board of Commissioners Meeting Room

### Minutes

Members Present: Jeff Dontz, Mark Bergstrom (remotely) and Karen Goodman, Chairperson

Members Absent: None

Others Present: Lisa Sagala, Interim County Administrator/Controller; Sheriff Ken Falk; Undersheriff Brian Gutowski; Susan Zielinski, Finance Officer; Julie Schmeling, Administrative Assistant, Honorable David Thompson, Chief Judge; Pat Heins, Circuit Court Administrator; Janice Newcomb and Jill M. Nowak, Manistee County Clerk.

The County Board and its Committees are operating remotely and electronically by Zoom under Executive Order #2020-154 issued by Governor Gretchen Whitmer due to the COVID-19 pandemic.

The meeting was called to order at 9:00 a.m.

**NOTE – Items requiring Board Action are indicated in BOLD**

### PUBLIC COMMENT

None.

### DISCUSSION REGARDING GEA/POAM NEGOTIATIONS

Lisa Sagala, Interim County Administrator/Controller, reminded all that the GEA/POAM negotiations will be held On Thursday, September 3, 2020 at 9 am. for Board members and at 10:00 a.m. with the GEA/POAM members. The meeting will be held in the County Board Room and on Zoom.

## SALARY INCREASE FOR CIRCUIT COURT

Honorable Judge Thompson appeared before the Committee to request a salary increase for the Circuit Court Administrator. (Appendix A) Judge Thompson recapped history as it pertained to the Circuit Court Administrator and the Chief Judge position. Judge Thompson was elected in 2014. Judge John Mead was then appointed Chief Judge for Manistee and Benzie Counties for a year. The current Court Administrator, Kris Randall was then released from County employment. Judge Thompson was appointed Chief Judge in 2015 and Pat Heins was appointed as the new Circuit Court Administrator. The outgoing Court Administrator, Ms. Randall was Chief Judge Batzer's Court Administrator who was in a higher step plus \$10,000. When she was terminated, Pat Heins was appointed at pay grade 10, step 4. Since Ms. Heins wasn't started at the minimum step, she has never been able to have step increases per an unwritten policy that has been used in the County. The Committee recognizes this and has been working on a revision wage classification structure quite some time. Progress has been made and a Wage Classification Study is budgeted for the FY 2020/21 budget. Judge Thompson explained that the skill set and workload from a Court Administrator to a Chief Judge Court Administrator is immense. That although Ms. Heins is not the Court Administrator over the District Court and Probate Courts, Ms. Heins has to administer changes that Judge Thompson receives from Lansing for all courts in both Manistee and Benzie Counties (six (6) courts). Commissioner Goodman stated that she agrees that Ms. Heins does a great job and she should be paid fairly but recommended that the job description be sent to Nottley for evaluation. Judge Thompson indicated that he could update the job description but knows that the salary will be more and then the County will have to pay for Nottley to do the evaluation and it will just cost more money. Ms. Heins wages are split 60%/40% with Benzie County and Judge Thompson noted there is money in the budget from an Intern position that hasn't been filled over the past few years. Ms. Sagala noted that the total increase for a two (2) step increase would be \$6,021 with benefits. Ms. Sagala mentioned that whether the updated job description is done now or in the future, all job descriptions will have to be updated before they are sent to Nottley for when the new Wage Classification Study is done.

**Moved by Bergstrom, seconded by Dontz to recommend the Circuit Court Administrators position be moved from Pay Grade 10, step 4 of \$56,635.21 to Pay Grade 10, Step 6 of \$60,451.99. No effective date was recommended. (please determine). Ayes: All. Motion Carried.**

## HEALTH INSURANCE RENEWALS

Lisa Sagala, Interim Administrator/Controller, has been in discussion with BCBS and Priority Health regarding insurance coverage and policies for Manistee County. Ms. Sagala noted that Priority Health is very interested in offering Manistee County insurance coverage. The rates at 11% employee contribution amounts and benefit summary were provided from BCBS and Priority Health. (Appendix C) Ms. Sagala stated that she was looking for insurance that would be the least impactful and least expensive to employees. Priority Health administers their own HRA for free. Currently, 44 North administers the self-insured portion for the County at a cost of approximately \$24,200. There are some savings with Priority Health i.e. office visits of \$25 v \$40, deductibles vary. The County has history with 44 North and BCBS, some employees may have to change providers, but

Priority Health does have a strong presence in Northern Michigan. There are pros and cons to both companies. The City of Manistee has changed to Priority and are happy. Commissioner Goodman said Centra Wellness changed to Priority and it didn't work for them. Another option would be to offer Blue Care Network along with BCBS. The figures in the distributed pamphlet are at 11% employee contribution and if this is accepted, the County Board will also need to opt out of PA 152. After discussion, the consensus was that for the difference in price, it would be in the best interest of the employees to retain BCBS, especially with all that is going on right now people don't need to worry about their insurance coverage and overall, employees seem to be happy with 44 North and BCBS. Ms. Sagala would like to see a Health Committee to review future options of health insurance.

### **DISCUSSION REGARDING THE PLANNING DEPARTMENT**

Ms. Sagala explained on behalf of Rob Carson, County Planner, the changes that Mr. Carson would like to see take place in the Planning Department. One of the Planners resigned, and Mr. Carson has split that position into two (2) positions. He wants to hire a receptionist and a Code Enforcement Officer which would be budget neutral with the open Planner position. Mr. Carson has recently hired a receptionist who has GIS experience. Therefore, Mr. Carson is asking that the revised job description (Appendix B) be used to include GIS duties that may cost an additional \$20,000. It was noted that the Planning Department has grown and the revenue stream for the Planning Department is approximately \$140,000+. Mr. Carson's goal is to in house the GIS duties to include those duties from the Equalization Department. Therefore, the Equalization job description would have to be reviewed as well. This is another situation where job duties have changed and needs to be addressed. Commissioner Goodman suggested to have two (2) job descriptions and keep them separate. That way if this employee leaves then you would use the other job description for a receptionist. He would have two (2) half time jobs in two (2) classifications. Ms. Sagala noted that the person who was hired was displaced because of COVID but if the position remains as receptionist, the person hired most likely would not be retained.

**Moved by Dontz, seconded by Bergstrom to recommend a full-time position with two (2) separate job descriptions be allowed; and the job descriptions be sent to Nottley for review and classification. Ayes: All. Motion Carried.**

### **DISCUSSION REGARDING THE CONTROLLER/ADMINISTRATOR POSITION**

Chairman Dontz stated he received four (4) resumes (one was received after the deadline) by applicants for the Administrator/Controller position. Discussion as to continue with the process to validate the candidates and/or vet the applicants to see who is qualified. Interviews could be done via video or in person. After discussion, it was decided to continue with the process and the discussion can be continued at the afternoon session at the Budget Study Session to get the full sentiments of the County Board.

### **OTHER ITEMS FROM COMMITTEE MEMBERS**

None.

The meeting was adjourned at the Call of the Chair at 10:30 a.m.

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Karen Goodman, Chairperson

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Mark Bergstrom

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Jeff Dontz

DRAFT

# Appendix A

## THE CIRCUIT COURT



MANISTEE COUNTY COURTHOUSE  
415 THIRD STREET  
MANISTEE, MICHIGAN 49660  
231-723-6664  
231-723-1645 (FAX)

BENZIE COUNTY GOVERNMENT CENTER  
448 COURT PLACE  
BEULAH, MICHIGAN 49617  
231-882-9671  
1-800-315-3593  
231-882-5941 (FAX)

STATE OF MICHIGAN  
19TH JUDICIAL CIRCUIT  
MANISTEE AND BENZIE COUNTIES

HON. DAVID A. THOMPSON  
CHIEF JUDGE

July 15, 2020

Ms. Lisa Sagala  
Interim Controller/Administrator  
Manistee County Government Center/Courthouse  
415 Third St.  
Manistee, MI 49660

Dear Ms. Sagala,

Following a review of Patricia Heins's work performance and increased job responsibilities due to my appointment as Chief Judge, I am hereby requesting Ms. Heins be advanced to Grade 10, Step 6. Ms. Heins began in her position at Grade 10 Step 4 in 2015 after 7 years with the 19<sup>th</sup> Circuit Court. Ms. Heins has demonstrated a commitment and work product that has allowed the 19<sup>th</sup> Circuit Court to adopt the most current best practices and progressive methods of court management. Upon my 2016 appointment as Chief Judge for the 19<sup>th</sup> Circuit Court, 85<sup>th</sup> District-Manistee and Benzie Counties and the Manistee and Benzie Probate Courts, Ms. Heins's responsibilities increased dramatically with the coordination of the administration of each of those courts. In addition to those responsibilities, the demands caused by the COVID-19 pandemic have significantly modified how the courts will operate moving forward. This has resulted in developing new methods of court operations, technology usage, jury trial coordination, upgraded safety policies for employees and the public and required tracking and reporting to the State Court Administrator. It is anticipated that these changes will continue past the pandemic and require a continued level of management not reflected in her current wage classification.

Sincerely,

A handwritten signature in black ink, appearing to read "Hon. D. Thompson", written over a horizontal line.

Hon. David A. Thompson, Chief Judge

Cc: P. Heins  
file

Courts - Per Nottley 2005 Study

- (Plus 3.0% for 2005-06)
- (Plus 2.0% for 2006-07)
- (Plus 2.5% for 2007-08)
- (Plus 2.5% for 2008-09)
- (Plus 2.5% for 2009-10)
- (Plus 0.0% for 2010-11)
- (Plus 0.0% for 2011-12)
- (Plus 0.0% for 2012-13)
- (Plus 2.0% for 2013-14)
- (Plus 1.0% for 2014-15)
- (Plus 1.0% for 2015-16)
- (Plus 2.0% for 2016-17)
- (Plus 2.0% for 2017-18)
- (Plus 2.0% for 2018-19)

Plus 2.25% for 2019-20

GRADE	MINIMUM 0 - 3	STEP 2 4 - 6	STEP 3 7 - 9	STEP 4 10 - 12	STEP 5 13 - 15	STEP 6 16 - 18	STEP 7 19 - 21	STEP 8 22 - 24	1.0225 MAXIMUM 25+
HOURLY:									
1	\$15.44	\$16.02	\$16.60	\$17.18	\$17.76	\$18.33	\$18.92	\$19.49	\$20.06
2	\$16.20	\$16.82	\$17.42	\$18.03	\$18.65	\$19.25	\$19.87	\$20.46	\$21.08
3	\$17.42	\$18.06	\$18.73	\$19.39	\$20.04	\$20.69	\$21.34	\$21.99	\$22.66
4	\$20.47	\$21.24	\$22.01	\$22.77	\$23.55	\$24.32	\$25.08	\$25.86	\$26.62
5	\$20.98	\$21.78	\$22.56	\$23.36	\$24.15	\$24.93	\$25.71	\$26.50	\$27.29
6	\$21.52	\$22.31	\$23.12	\$23.93	\$24.73	\$25.55	\$26.36	\$27.16	\$27.96
7	\$22.05	\$22.88	\$23.71	\$24.54	\$25.36	\$26.19	\$27.02	\$27.83	\$28.65
8	\$22.59	\$23.45	\$24.29	\$25.15	\$25.99	\$26.83	\$27.69	\$28.53	\$29.37
9	\$24.85	\$25.80	\$26.72	\$27.66	\$28.58	\$29.52	\$30.46	\$31.40	\$32.31
10	\$26.10	\$27.08	\$28.05	\$29.05	\$30.02	\$31.00	\$31.98	\$32.94	\$33.95
11	\$28.05	\$29.10	\$30.18	\$31.20	\$32.28	\$33.33	\$34.36	\$35.43	\$36.49
12	\$37.89	\$39.30	\$40.73	\$42.15	\$43.55	\$45.00	\$46.40	\$47.82	\$49.24

SALARY:	1950								
1	\$30,107.46	\$31,245.38	\$32,359.60	\$33,497.52	\$34,635.44	\$35,749.65	\$36,887.57	\$38,001.78	\$39,115.99
2	\$31,600.98	\$32,810.01	\$33,971.64	\$35,156.98	\$36,366.02	\$37,527.65	\$38,736.69	\$39,898.30	\$41,107.35
3	\$33,971.64	\$35,228.10	\$36,531.96	\$37,812.12	\$39,068.58	\$40,348.73	\$41,605.19	\$42,885.35	\$44,189.21
4	\$39,922.01	\$41,415.53	\$42,932.76	\$44,402.57	\$45,919.80	\$47,413.32	\$48,906.84	\$50,424.06	\$51,917.58
5	\$40,917.70	\$42,458.63	\$43,975.86	\$45,540.49	\$47,081.42	\$48,598.65	\$50,115.88	\$51,656.81	\$53,197.75
6	\$41,960.79	\$43,501.72	\$45,090.07	\$46,678.41	\$48,243.05	\$49,807.69	\$51,396.04	\$52,960.68	\$54,525.31
7	\$43,003.88	\$44,615.94	\$46,227.99	\$47,863.75	\$49,452.09	\$51,064.15	\$52,676.20	\$54,264.54	\$55,876.60
8	\$44,046.97	\$45,730.15	\$47,365.91	\$49,049.08	\$50,684.84	\$52,320.60	\$54,003.77	\$55,639.53	\$57,275.29
9	\$48,456.42	\$50,305.54	\$52,107.24	\$53,932.65	\$55,734.36	\$57,559.77	\$59,385.18	\$61,210.60	\$63,012.31
10	\$50,898.20	\$52,818.44	\$54,714.97	\$56,635.21	\$58,531.75	\$60,451.99	\$62,372.23	\$64,245.06	\$66,188.99
11	\$54,714.97	\$56,753.75	\$58,839.93	\$60,855.00	\$62,941.18	\$64,979.96	\$67,018.73	\$69,081.21	\$71,143.69
12	\$73,869.96	\$76,619.92	\$79,417.31	\$82,191.00	\$84,940.96	\$87,738.35	\$90,488.32	\$93,262.00	\$96,035.69

SALARY:	2080								
1	\$32,114.62	\$33,328.40	\$34,516.90	\$35,730.68	\$36,944.46	\$38,132.95	\$39,346.74	\$40,535.23	\$41,723.73
2	\$33,707.71	\$34,997.36	\$36,236.42	\$37,500.78	\$38,790.41	\$40,029.49	\$41,319.13	\$42,558.19	\$43,847.84
3	\$36,236.42	\$37,576.64	\$38,967.43	\$40,332.93	\$41,673.15	\$43,038.65	\$44,378.87	\$45,744.37	\$47,135.16
4	\$42,583.48	\$44,176.57	\$45,794.95	\$47,362.75	\$48,981.12	\$50,574.21	\$52,167.30	\$53,785.67	\$55,378.76
5	\$43,645.54	\$45,289.20	\$46,907.58	\$48,576.52	\$50,220.19	\$51,838.57	\$53,456.94	\$55,100.60	\$56,744.27
6	\$44,758.18	\$46,401.84	\$48,096.08	\$49,790.31	\$51,459.26	\$53,128.20	\$54,822.45	\$56,491.39	\$58,160.34
7	\$45,870.81	\$47,590.33	\$49,309.85	\$51,054.67	\$52,748.90	\$54,468.43	\$56,187.95	\$57,882.18	\$59,601.71
8	\$46,983.45	\$48,778.83	\$50,523.63	\$52,319.02	\$54,063.83	\$55,808.64	\$57,604.02	\$59,348.84	\$61,093.65
9	\$51,686.84	\$53,659.24	\$55,581.06	\$57,528.16	\$59,449.98	\$61,397.09	\$63,344.20	\$65,291.31	\$67,213.13
10	\$54,291.41	\$56,339.67	\$58,362.64	\$60,410.90	\$62,433.86	\$64,482.12	\$66,530.37	\$68,528.05	\$70,601.60
11	\$58,362.64	\$60,537.32	\$62,762.59	\$64,912.00	\$67,137.27	\$69,311.95	\$71,486.64	\$73,686.62	\$75,886.60
12	\$78,794.62	\$81,727.92	\$84,711.80	\$87,670.39	\$90,603.69	\$93,587.57	\$96,520.87	\$99,479.46	\$102,438.07

\* Current Salary \$56,416.45 - 2 steps increase \$6,021



**JOB DESCRIPTION**

**TITLE:** Receptionist/GIS Technician  
**DEPARTMENT:** Planning Department  
**REPORTS TO:** Planning Director  
**PAY GRADE:**

**SUMMARY**

Under the supervision of the Planning Director, with direction from Planning Department Staff as directed. Responsible for providing receptionist and clerical support to the Planning Department, direct lobby, primary phone line and general email contact, disseminates contacts to appropriate staff, answering of common questions, provides forms, documents and fee structures upon requests, manages mail, organizes complete applications, organizes filing (digital & hard copy), works directly under Assistant Planner/Office Admin. GIS Technician will full-fill duties of assigning addressing and digitizing of road centerlines, creation of shapefiles and queries of databases to obtain specific data.

**EMPLOYMENT QUALIFICATIONS**

**Required**

- Bachelor of Science in a field that displays competence with communications, planning, geographic information systems, administration
- Two years office experience in an office or closely related setting
- Must be able to type competently
- Familiarity with use of Microsoft Office (Word, Outlook)
- Familiarity of use of ARC GIS

**Preferred**

**SKILLS**

**B-2**

- Computer skills with experience in word processing, databases, and spreadsheets and the ability to demonstrate proficiency
- Entry Geographic Information System (GIS) Skills including
  - Software navigation
  - Shapefile Creation
  - Database entry
  - Simple data queries
- Good organizational and written communication skills
- Good verbal and interpersonal communication skills

#### **ABILITIES**

- Ability to maintain high confidentiality and the ability to independently manage multiple tasks in a professional manner
- Ability to work independently with minimal supervision and work cooperatively with all departments
- Ability to work with variety of individuals, at times in conflicting situations
- Ability to manage filing, scanning and organization of paperwork
- Ability to maintain a professional demeanor

#### **ESSENTIAL DUTIES AND RESPONSIBILITIES**

This list may not be inclusive of the total scope of job functions to be performed. Duties and responsibilities may be added, deleted, or modified at any time.

1. Direct lobby, phone line and general email contact for the Department
2. Disseminate contacts to appropriate staff
3. Answer common questions of the public
4. Provide forms/documents and fee structures as needed
5. Gathers, opens, organizes and delivers all department mail
6. Organizes complete land use, address and soil erosion applications with payment into process folders for appropriate staff
7. Creates maps for placement in address, soil erosion and land use permit files
8. Assigns addresses in GIS
9. Digitizes roadways and other necessary features in GIS
10. Obtains information through existing GIS data as needed for department staff
11. Performs mailing for the department
12. Makes xerox copies and scans materials for organization into digital files
13. Works directly under the Assistant Planner/Office Administration
14. Other responsibilities as necessary and time availability

#### **PHYSICAL REQUIREMENTS**

Must be able to communicate using written, verbal and computer methods. Must be able to operate computer equipment for extended periods of time. Must be able to walk, sit and/or stand for long periods of time. Must have the ability to independently lift up to 30 pounds occasionally and 5 pounds routinely.

**WORKING ENVIRONMENT**

Works in office conditions. Prolonged periods of sitting at a computer, with ability to move around as needed.

Job Description Approved: _____
Job Description Revised: _____

**BCBS**

	Health Insurance Premium Including Taxes	DF HRA Cost	Premium to Calculate Employee Contribution	Prem. Less 11%	BCBS Dental	44 North Fees	Budget Premium w/o Dental	Budget Premium	Participants
Single	451.52	52.45	503.97	448.53	18.41	39.50	488.03	\$506.44	34
2P	1083.64	101.46	1185.10	1054.74	36.82	39.50	1094.24	\$1,131.06	21
Family	1354.55	122.46	1477.01	1314.54	64.44	39.50	1354.04	\$1,418.48	50

11% Employee Contribution			Per Pay Amount
	Monthly	Annually	Amount
Single	55.44	665.24	25.59
2P	130.36	1564.33	60.17
Family	162.47	1949.65	74.99

**PRIORITY**

	Health Insurance Premium Including Taxes	DF HRA Cost	Premium to Calculate Employee Contribution	Prem. Less 11%	BCBS Dental	44 North Fees	Budget Premium w/o Dental	Budget Premium	Participants
Single	420.05	75.81	495.86	441.32	18.41	22.05	463.37	\$481.78	34
2P	1008.12	181.95	1190.07	1059.16	36.82	22.05	1081.21	\$1,118.03	21
Family	1260.15	227.44	1487.59	1323.96	64.44	22.05	1346.01	\$1,410.45	50

11% Employee Contribution			Per Pay Amount
	Monthly	Annually	Amount
Single	54.54	654.54	25.17
2P	130.91	1570.89	60.42
Family	163.63	1963.62	75.52

\$10,064.50 - S
\$3,282.73 - 2P
\$4,820.28 Family
\$18,167.51
-1777.23 OPT OUT
<u>\$16,390.28 Additional Savings</u>

# Benefits summary:

## POS HRA \$5000



Coverage period: 10.01.2020 to 09.30.2021

Offering the most coverage available before deductible

County of Manistee

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

Benefits described in this benefit summary, including any coverage attachments, are based on a calendar year Benefit Year (January 1 through December 31) rather than a Contract Year. This means any of the following are administered on a "per calendar year" basis instead of per contract year:

- Deductibles
- Coinsurance maximums
- Out-of-pocket limits
- Any other maximum dollar, day or visit limitations

Member cost-sharing	Preferred benefits	Alternate benefits
<b>Deductible</b> <i>The amount you pay before we begin to pay.</i>	\$5,000 individual/\$10,000 family Deductible costs don't apply towards your coinsurance maximum	\$10,000 individual/\$20,000 family Deductible costs don't apply towards your coinsurance maximum
<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	20% coinsurance for services after deductible is met, except where noted.	40% coinsurance for services after deductible is met, except where noted.
<b>Coinsurance maximum</b> <i>The most coinsurance cost share you'll pay for covered services in a calendar year. Your coinsurance cost share counts toward your out-of-pocket limit.</i>	\$1,500 individual/\$3,000 family	\$3,000 individual/\$6,000 family
<b>Out-of-pocket limit</b> <i>The most you'll pay in a calendar year for covered services before we begin to pay 100% of the costs.</i>	\$6,350 individual/\$12,700 family	\$12,700 individual/\$25,400 family
Office visits	Preferred benefits	Alternate benefits
<b>Primary care provider (PCP)</b>	\$25 copayment, deductible doesn't apply	40% coinsurance after deductible
<b>Specialists</b>	\$40 copayment, deductible doesn't apply	40% coinsurance after deductible
<b>Urgent care</b>	\$55 copayment, deductible doesn't apply	40% coinsurance after deductible
<b>Virtual visits</b> <i>24/7 care for non-emergency medical conditions</i>	Covered in full	Not covered
<b>Allergy testing, serum and injections</b>	Covered in full	40% coinsurance after deductible
<b>Retail health clinic</b> <i>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</i>	\$55 copayment, deductible doesn't apply	\$55 copayment after deductible
Mental and behavioral health	Preferred benefits	Alternate benefits
<b>Inpatient hospital</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient office visits</b>	\$25 copayment, deductible doesn't apply	40% coinsurance after deductible

continued		
Prescription drug coverage - Deductible Does Not Apply		
Visit <a href="http://priorityhealth.com">priorityhealth.com</a> and search <i>Optimized</i> or <i>Traditional</i> in the <i>Approved Drug</i> list to see coverage and pricing information.		
Formulary	Traditional	
Generic	\$10 copayment	
Brand	\$40 Preferred Brand copayment, \$80 Non-preferred Brand copayment	
Mail Order	90 day supply via mail-order for Generic, Preferred Brand and Non-Preferred Brand are 2x copayment	
Specialty	\$40 Preferred Specialty copayment, \$80 Non-preferred Specialty copayment	
Preventive care	Preferred benefits	Alternate benefits
Preventive care, immunizations	Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at <a href="http://PriorityHealth.com">PriorityHealth.com</a>	40% coinsurance after deductible
Laboratory and X-ray	Preferred benefits	Alternate benefits
Radiology	20% coinsurance after deductible	40% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	\$150 copayment, deductible doesn't apply	40% coinsurance after deductible
Laboratory	20% coinsurance after deductible	40% coinsurance after deductible
Emergency services	Preferred benefits	Alternate benefits
Emergency room	\$250 copayment, deductible doesn't apply	\$250 copayment, deductible doesn't apply
Emergency transportation/ ambulance services	\$150 copayment, deductible doesn't apply	\$150 copayment, deductible doesn't apply
Hospital care	Preferred benefits	Alternate benefits
Inpatient hospital physician services	20% coinsurance after deductible	40% coinsurance after deductible
Surgery and/or facility fee	20% coinsurance after deductible; exceptions apply	40% coinsurance after deductible; exceptions apply
Bariatric surgery	20% coinsurance after deductible, covered once per lifetime	40% coinsurance after deductible; covered once per lifetime
Outpatient care	Preferred benefits	Alternate benefits
Skilled nursing services and residential treatment	20% coinsurance after deductible; Up to 120 days covered per member each calendar year	40% coinsurance after deductible; Up to 45 days covered per member each calendar year
Outpatient surgery	20% coinsurance after deductible	40% coinsurance after deductible
In-home and hospice care	Covered in full after deductible	40% coinsurance after deductible
Rehabilitation services and devices	Preferred benefits	Alternate benefits
Physical and occupational therapy	\$25 copayment, deductible doesn't apply Maximum 60 visits per member per calendar year, combined Preferred and Alternate	50% coinsurance after deductible Maximum 60 visits per member per calendar year, combined Preferred and Alternate
Chiropractic care	\$25 copayment, deductible doesn't apply Maximum 24 visits per member per calendar year	50% coinsurance after deductible Maximum 24 visits per member per calendar year
Speech therapy	\$25 copayment, deductible doesn't apply; Combined maximum 60 visits per member per calendar year	50% coinsurance after deductible Combined maximum 60 visits per member per calendar year
Prosthetic and orthotic support	20% coinsurance after deductible	50% coinsurance after deductible
Durable medical equipment (DME)	20% coinsurance after deductible	50% coinsurance after deductible

continued		
Family planning and maternity care	Preferred benefits	Alternate benefits
Family planning	50% coinsurance after deductible	Not covered
Routine prenatal and postpartum care	Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services after deductible	40% coinsurance after deductible
Maternity delivery and nursery care	20% coinsurance after deductible	40% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery	40% coinsurance after deductible
Vasectomy	Covered in full when performed in physician's office or in connection with other surgery	Not covered

Riders	
Oral and non-oral treatments for sexual dysfunction, 50% copay	Must be filled by participating pharmacy. These must be authorized. Coverage is limited to: oral tablets, injectable, and intra-urethral.
Durable medical equipment	80% coverage
Prosthetics and orthotics	80% coverage
Elective Termination of Pregnancy	May use any participating provider during the first trimester of the pregnancy, no referral required, limited one procedure during any one period of 24 consecutive months.
Rehabilitative medicine	See above
Chiropractic visits	See above
Diabetes Supplies	100% coverage when filled using a participating Durable Medical Equipment provider.
Skilled Nursing Facility	See above
PSA test rider	Covers the PSA (prostate-specific antigen) test which is a blood test used primarily to screen for prostate cancer. The test measures the amount of PSA in the blood
Early retiree	Covers early retirees who are not yet eligible for Medicare

## Additional benefits:

**Cost estimator:** Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.

**Travel assistance:** If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.

**Member perks:** Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.

**Covered Diabetic Services Include:** Diabetes educational classes to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition.

### Covered Diabetic Supplies:

- (a) Blood glucose monitors
- (b) Syringes and lancets
- (c) Syringes, needles, lancets and blood glucose test strips
- (d) Insulin pumps
- (e) Shoe inserts for members with peripheral neuropathy, including diabetic neuropathy.
- (f) Special shoes prescribed for a person with diabetes when Medically/Clinically Necessary according to the criteria set from in our medical policies.



**MANISTEE COUNTY**  
**Community Blue PPO w/ 44North HRA**  
**Effective Date: October 2019**  
**Benefits-at-a-glance**

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

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

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

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

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

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

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

Benefits		In-network	Out-of-network
Deductibles	Same deductibles	\$5,000 for one member, \$10,000 for the family (when two or more members are covered under your contract) each calendar year HRA to \$500 single/\$1,000 family	\$10,000 for one member, \$20,000 for the family (when two or more members are covered under your contract) each calendar year
		Note: Deductible may be waived for covered services performed in an in-network physician's office and for covered mental health and substance use disorder services that are equivalent to an office visit and performed in an in-network physician's office.	Note: Out-of-network deductible amounts also count toward the in-network deductible
Flat-dollar copays	\$25 copay PCP Virtual Visits covered in full \$25 copay chiropractic	<ul style="list-style-type: none"> <li>\$40 copay for office visits and office consultations</li> <li>\$40 copay for online visits</li> <li>\$40 copay for chiropractic and osteopathic manipulative therapy</li> <li>\$250 copay for emergency room visits</li> <li>\$40 copay for urgent care visits</li> </ul>	\$250 copay for emergency room visits
Coinsurance amounts (percent copays)		<ul style="list-style-type: none"> <li>50% of approved amount for private duty nursing care</li> <li>20% of approved amount for mental health care and substance use disorder treatment</li> <li>20% of approved amount for most other covered services (coinsurance waived for covered services performed in an in-network physician's office) HRA 20% coinsurance to a Max of \$1,500 single/\$3,000 family</li> </ul>	<ul style="list-style-type: none"> <li>50% of approved amount for private duty nursing care</li> <li>40% of approved amount for mental health care and substance use disorder treatment</li> <li>40% of approved amount for most other covered services</li> </ul>
Note: Coinsurance amounts apply once the deductible has been met.			
HRA funds pay 100% of cost after employee deductible met until HRA funds are gone			
Annual out-of-pocket maximums - applies to deductibles, flat-dollar copays and coinsurance amounts for all covered services - including cost-sharing amounts for prescription drugs, if applicable	Same	\$6,350 for one member, \$12,700 for the family (when two or more members are covered under your contract) each calendar year	\$12,700 for one member, \$25,400 for the family (when two or more members are covered under your contract) each calendar year
			Note: Out-of-network cost-sharing amounts also count toward the in-network out-of-pocket maximum.
Lifetime dollar maximum		None	

**Preventive care services**

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

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Benefits	In-network	Out-of-network
Pap smear screening - laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilizations for females	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Prescription contraceptive devices - includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	100% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Well-baby and child care visits	100% (no deductible or copay/coinsurance) <ul style="list-style-type: none"> <li>• 8 visits, birth through 12 months</li> <li>• 6 visits, 13 months through 23 months</li> <li>• 6 visits, 24 months through 35 months</li> <li>• 2 visits, 36 months through 47 months</li> <li>• Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit</li> </ul>	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by Carrier that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
	<p><b>Note:</b> Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance</p> <p>One per member per calendar year</p>	<p><b>Note:</b> Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.</p>
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance), for the first billed colonoscopy	60% after out-of-network deductible
	<p><b>Note:</b> Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance.</p> <p>One per member per calendar year</p>	

**Physician office services**

Benefits	In-network	Out-of-network
Office visits - must be medically necessary	\$25 copay \$40 copay per office visit	60% after out-of-network deductible

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Benefits		In-network	Out-of-network
Online visits - must be medically necessary	Covered in full	\$40 copay per online visit	60% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary		80% after in-network deductible	60% after out-of-network deductible
Office consultations - must be medically necessary	\$25 copay	\$40 copay per office consultation	60% after out-of-network deductible
Urgent care visits - must be medically necessary		\$40 copay per urgent care visit	60% after out-of-network deductible

**Emergency medical care**

Benefits		In-network	Out-of-network
Hospital emergency room		\$250 copay per visit (copay waived if admitted or for an accidental injury)	\$250 copay per visit (copay waived if admitted or for an accidental injury)
Ambulance services - must be medically necessary	\$150 copay, deductible doesn't apply	80% after in-network deductible	80% after in-network deductible

**Diagnostic services**

Benefits		In-network	Out-of-network
Laboratory and pathology services		80% after in-network deductible	60% after out-of-network deductible
Diagnostic tests and x-rays		80% after in-network deductible	60% after out-of-network deductible
Therapeutic radiology		80% after in-network deductible	60% after out-of-network deductible

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

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

**Hospital care**

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

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**Alternatives to hospital care**

Benefits	In-network	Out-of-network
Skilled nursing care - must be in a participating skilled nursing facility	80% after in-network deductible Limited to a maximum of 120 days per member per calendar year	80% after in-network deductible
Hospice care	100% (no deductible or copay/coinsurance) Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	100% (no deductible or copay/coinsurance)
Home health care: • must be medically necessary • must be provided by a participating home health care agency	80% after in-network deductible	80% after in-network deductible
Infusion therapy: • must be medically necessary • must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) • may use drugs that require preauthorization - consult with your doctor	80% after in-network deductible	80% after in-network deductible

**Surgical services**

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

**Human organ transplants**

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

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## Mental health care and substance use disorder treatment

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

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

## Autism spectrum disorders: diagnoses and treatment

Benefits	In-network	Out-of-network
Applied behavioral analysis (ABA) treatment - when rendered by an approved board-certified behavioral analyst - is covered through age 18, subject to preauthorization	80% after in-network deductible	80% after in-network deductible
<b>Note:</b> Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a Carrier approved autism evaluation center (AAEC) prior to seeking ABA treatment.		
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible
		Physical, speech and occupational therapy with an autism diagnosis is unlimited
Other covered services, including mental health services, for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible

## Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP)	<ul style="list-style-type: none"> <li>80% after in-network deductible for diabetes medical supplies;</li> <li>100% (no deductible or copay/coinsurance) for diabetes self-management training</li> </ul>	60% after out-of-network deductible
<b>Note:</b> Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider.		
<b>Note:</b> When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.		
Allergy testing and therapy	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible

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Benefits	In-network	Out-of-network
Chiropractic spinal manipulation and osteopathic manipulative therapy \$25 copay	\$40 copay per visit  Limited to a <b>combined</b> 24-visit maximum per member per calendar year	60% after out-of-network deductible
Outpatient physical, speech and occupational therapy - when provided for rehabilitation  \$25 copay, deductible doesn't apply	80% after in-network deductible  Limited to a <b>combined</b> 60-visit maximum per member per calendar year	60% after out-of-network deductible <b>Note:</b> Services at nonparticipating outpatient physical therapy facilities are not covered.
Durable medical equipment Diabetic supplies via DME 100%-see below	80% after in-network deductible	80% after in-network deductible
<b>Note:</b> DME items required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of covered DME items required under PPACA, call Carrier.		
Prosthetic and orthotic appliances	80% after in-network deductible	80% after in-network deductible
Private duty nursing care	50% after in-network deductible	50% after in-network deductible

#### Priority Health Added Riders

**Diabetic Supplies:** 100% coverage when filled using a participating Durable Medical Equipment provider

Covered Diabetic Services include: Diabetes educational classes to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition.

Covered Diabetic Supplies:

- (a) Blood glucose monitors
- (b) Syringes and lancets
- (c) Syringes, needles, lancets and blood glucose test strips
- (d) Insulin pumps
- (e) Shoe inserts for members with peripheral neuropathy, including diabetic neuropathy.
- (f) Special shoes prescribed for a person with diabetes when Medically/Clinically Necessary according to the criteria set from in our medical policies.

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



**MANISTEE COUNTY**  
**Preferred RX Program**  
**Effective Date: October 2019**  
**Benefits-at-a-glance**

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

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

**Select Controlled Substance Drugs** - Carrier will limit the initial fill of select controlled substances to a 15-day supply. The member will be responsible for only one-half of their cost-sharing requirement typically imposed on a 30-day fill. Subsequent fills of the same medication will be eligible to be filled as prescribed, subject to the applicable cost-sharing requirement. Select controlled substances affected by this prescription drug requirement are available online at [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

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

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

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Tier 1 - Generic or select prescribed over-the-counter drugs	1 to 30-day period	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay plus an additional 25% of Carrier approved amount for the drug
	31 to 83-day period	No coverage	You pay \$20 copay	No coverage	No coverage

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Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Tier 2 - Preferred brand-name drugs	84 to 90-day period	You pay \$20 copay	You pay \$20 copay	No coverage	No coverage
	1 to 30-day period	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay plus an additional 25% of Carrier approved amount for the drug
	31 to 83-day period	No coverage	You pay \$80 copay	No coverage	No coverage
Tier 3 - Nonpreferred brand-name drugs	84 to 90-day period	You pay \$80 copay	You pay \$80 copay	No coverage	No coverage
	1 to 30-day period	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay plus an additional 25% of Carrier approved amount for the drug
	31 to 83-day period	No coverage	You pay \$160 copay	No coverage	No coverage
	84 to 90-day period	You pay \$160 copay	You pay \$160 copay	No coverage	No coverage

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

### Covered services

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Prescribed over-the-counter drugs - when covered by Carrier	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
State-controlled drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by Carrier that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	Not covered	100% of approved amount	75% of approved amount

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Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved generic and select brand name prescription contraceptive medication (non-self-administered drugs are Not covered)	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand name prescription contraceptive medication (non-self-administered drugs are Not covered)	100% of approved amount less plan copay/ coinsurance	100% of approved amount less plan copay/ coinsurance	100% of approved amount less plan copay/ coinsurance	75% of approved amount less plan copay/ coinsurance
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	75% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug

Note: Needles and syringes have no copay/ coinsurance.

\* Carrier will not pay for drugs obtained from out-of-network mail order providers, including internet providers.

### Features of your prescription drug plan

Custom Drug List	<p>A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the Carrier Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost.</p> <ul style="list-style-type: none"> <li>• <b>Tier 1 (generic)</b> - Tier 1 includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment.</li> <li>• <b>Tier 2 (preferred brand)</b> - Tier 2 includes brand-name drugs from the Custom Drug List. Preferred brand name drugs are also safe and effective, but require a higher copay/coinsurance.</li> <li>• <b>Tier 3 (nonpreferred brand)</b> - Tier 3 contains brand-name drugs not included in Tier 2. These drugs may not have a proven record for safety or as high of a clinical value as Tier 1 or Tier 2 drugs. Members pay the highest copay/coinsurance for these drugs.</li> </ul>
Prior authorization/step therapy	<p>A process that requires a physician to obtain approval from Carrier <b>before</b> select prescription drugs (drugs identified by Carrier as requiring preauthorization) will be covered. <b>Step Therapy</b>, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at <a href="http://bcbsm.com/pharmacy">bcbsm.com/pharmacy</a>.</p>
Drug interchange and generic copay/ coinsurance waiver	<p>Carrier's drug interchange and generic copay/ coinsurance waiver programs encourage physicians to prescribe a less-costly generic equivalent.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay/ coinsurance. In select cases Carrier may waive the initial copay/ coinsurance after your prescription has been rewritten. Carrier will notify you if you are eligible for a waiver.</p>
Mandatory maximum allowable cost drugs	<p>If your prescription is filled by any type of network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you <b>MUST</b> pay the <b>difference</b> in cost between the Carrier approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug <b>plus</b> your applicable copay regardless of whether you or your physician requests the brand name drug. <b>Exception:</b> If your physician requests and receives authorization for a nonformulary brand-name drug with a generic equivalent from Carrier and writes "Dispense as Written" or "DAW" on the prescription order, You pay only your applicable copay. <b>Note:</b> This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.</p>
Quantity limits	<p>To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.</p>

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