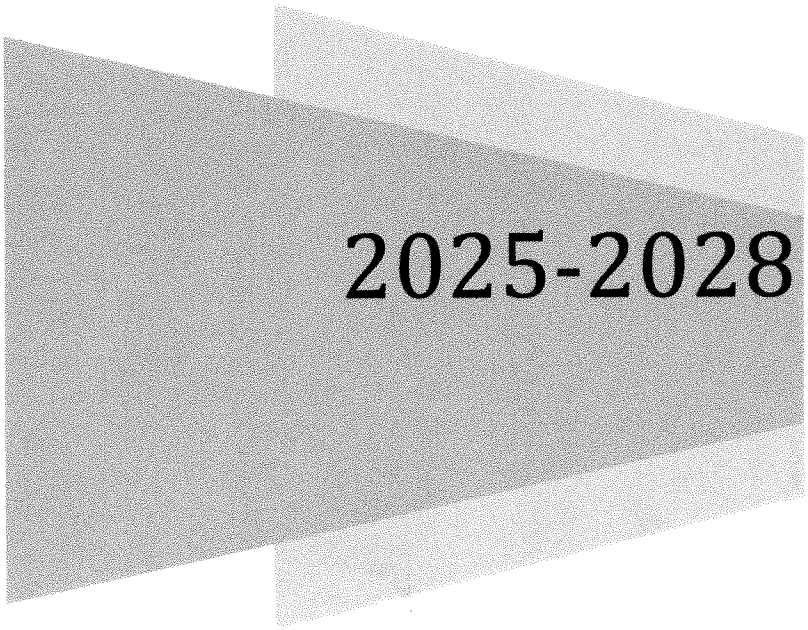
COLLECTIVE BARGAINING AGREEMENT

between the

LAINGSBURG COMMUNITY SCHOOLS BOARD OF EDUCATION

and the

LAINGSBURG EDUCATION ASSOCIATION, MEA/NEA



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AGREEMENT

This Agreement is entered into on December 13, 2024 and is effective until midnight on June 30, 2028 by and between the Board of Education of the Laingsburg Community Schools, Laingsburg, Michigan (the "Board") and the Laingsburg Education Association (the "Association").

In consideration of the following mutual covenants, the parties agree as follows:

ARTICLE 1: RECOGNITION

A. The term "teacher" refers to employees included in the bargaining unit as set forth below. The term "Board" refers to the Board of Education, superintendent, and other Central Office Administrators, Principals, Assistant Principals, and all other supervisory personnel within the meaning of the Public Employment Relations Act ("PERA").

B. The following teacher personnel who hold valid contracts with the District comprise this bargaining unit: Developmental kindergarten teachers, K-12 classroom teachers, teachers of music, art, library, and physical education, counselors, and teachers of all special education classes, but excluding all supervisory and executive personnel, office, secretarial, clerical, cafeteria, maintenance and operational personnel, and bus drivers, as well as any other non-certified and certified personnel employed by the Board.

C. Where the Board issues a temporary teacher contract, the temporary teacher will be part of the bargaining unit and the provisions of the temporary teacher's contract are subject to the terms and conditions of this Agreement.

   A temporary teacher employed under these conditions will have no expectation of continued employment beyond the termination date of his/her contract.

D. The Board will not negotiate with any teacher's organization other than the Association for the duration of this Agreement.

ARTICLE 2: ASSOCIATION AND TEACHER RIGHTS AND RESPONSIBILITIES

A. Every teacher shall have the right to organize together or to form, join, or assist the Association for the purpose of engaging in collective bargaining or negotiations and other lawful concerted activities for mutual aid and protection. The Board will not: directly or indirectly interfere with, restrain, or coerce teachers in the exercise of their rights guaranteed above; initiate, create, dominate, contribute to, or interfere with the formation or administration of the Association; discriminate as to wages, hours, and other terms and conditions of employment to encourage or discourage membership in the Association; discriminate against a teacher because he/she has given testimony or instituted proceedings under the PERA, or because of his/her participation in any lawful activities of the Association; or refuse to bargain collectively with representatives of the Association.

B. No teacher shall be prevented from wearing insignia pins or other identification of membership in the Association on school premises. Bulletin boards in the teachers' lounges shall be available to the Association and its members.

C. The Board will make available to the Association, in response to written requests, all available public information about the financial resources of the District, including, but not limited to: annual financial reports and audits, register of certificated personnel, tentative budgetary requirements and allocations (including county allocation, board budgets), agendas and minutes of all Board meetings, treasurer's reports, census and membership data, names: and addresses of all teachers, and such other public information as will assist the Association in collective bargaining, negotiating, and enforcement of this Agreement, together with public information which may be necessary for the Association to process any grievance or complaint. The Board reserves the right to determine what is germane to the matter so that confidential information on personnel does not become public.

D. The Board shall consult with the Association on any tax programs, construction programs, or major revisions of educational policy which are under consideration. The Association shall be given an opportunity to advise the Board as to said matters before their adoption. Recommendations of the Association shall be deemed advisory only.

E. The private and personal life of any teacher is not within the appropriate concern or attention of the Board, unless it disrupts the educational environment of the District.

F. This Agreement and the wages, hours, and other terms and conditions of employment shall be applied in a manner which is not arbitrary, capricious, or discriminatory, and without regard to race, religion, color, national origin, disability, age, height, weight, sex, or marital status.

G. At the beginning of each school year, the Association shall be credited with ten (10) days, with pay, to be used by teachers designated by the Association as officers or agents of the Association. Such uses will be at the discretion of the Association. The Association must notify the Principal no less than three (3) school business days in advance of taking such leave. The Association shall also reimburse the Board for the cost for substitute teachers needed for teachers using Association leave days. The Association shall reimburse the Board on a current basis those sums paid to the Office of Retirement Services for Association leave time. No teacher will engage in Association activities during the teacher's normal teaching hours.

H. All teachers shall notify the Board, as soon as possible of any intent to terminate employment and/or apply for a leave of absence within the District.

I. It is the duty of all teachers to report to school on time.

J. The Association may use school facilities and equipment, including computers and duplication equipment, at reasonable times when such equipment is not otherwise in use, providing that such equipment shall not be removed from school property. Use of equipment other than that listed below shall be with administrative approval. The Association recognizes that all equipment in a building is ultimately the responsibility of the Principal. Association use of school equipment will be permitted, provided that:

1. The request is made and use is arranged for in advance.

2. The use is strictly to service the legitimate business of the Association, such as records, notices, correspondence.

3. The purpose is for internal business use of the Association and not for public distribution.

4. Supplies, in connection with such equipment use, will be furnished or paid for by the Association.

K. Teachers shall remain on duty as long as needed for emergency situations unless excused by the Building Principal. Such situations include, but are not limited to, severe weather warnings, civil or student disturbances, or other situations which may threaten the health or safety of students.

L. It is the responsibility of each teacher to provide educational experience of the highest quality, including:

1. Careful daily preparation, including lesson plans

2. Attendance at staff meetings

3. Participation in activities of the school such as:

   a. Parent-teacher conferences conducted up to four (4) evenings annually to three (3) hours duration.

   b. Public performance of children in plays, concerts, athletic activities, or other extracurricular activities, to a maximum of four (4) per year.

   c. One scheduled Open House annually prior to the start of the school year at no more than three (3) hours in duration.

M. Principals have the right to assign teachers within their building to periodically check restrooms and other locations where smoking or loitering is suspected. Such assignment shall be rotated among all bargaining unit employees within each building, subject to their individual classroom locations.

N. Teachers shall be available, at reasonable times after regular school hours, for parent conferences and student help. Teachers shall arrange for conferences with parents when it appears that better understanding or more cooperative support from the home is required for the student's success in the program.

O. Except for the lunch period, unassigned time of a teacher shall be devoted to his/her instructional duties and the care and concern of his/her students. A teacher should not plan to leave the building during unassigned time unless pre-arranged and approved by his/her Principal or designee.

P. Teacher's responsibilities include but are not limited to the following:

1. Obligation to Students

a. Shall not, without just cause, restrain the student from independent action in his/her pursuit of learning, and shall not, without just cause, deny the student access to varying points of view;

b. Shall not deliberately suppress or distort subject matter for which the teacher bears responsibility;

c. Shall make reasonable effort to protect the student from conditions harmful to learning or to health and safety;

d. Shall not, on the grounds of race, religion, color, national origin, sex, or disability exclude any student from participation in, or deny benefits under, any program, nor grant any discriminatory consideration or advantage;

e. Shall not use professional relationships with students for private advantage;

f. Shall keep in confidence information that has been obtained in the course of professional service, unless disclosure serves professional purposes or is required by law;

g. Shall not tutor for remuneration students assigned to the teacher's classes unless approved by the building administrator.

2. Obligation to the Public

a. Shall not misrepresent an institution or organization with which the teacher is affiliated and shall take precautions to distinguish between personal and institutional or organizational views;

b. Shall not knowingly distort or misrepresent the facts concerning educational matters in direct and indirect public expressions;

c. Shall not use institutional privileges for private gain or to promote political candidates or partisan political activities;

d. Shall accept no gratuities, gifts, or favors that might impair or appear to impair professional judgment, nor offer any favor, service, or thing of value to obtain special advantage.

3. Employment Practices

a. Shall adhere to the terms of a contract or appointment, unless these terms have been legally terminated, falsely represented, or substantially altered by unilateral action of the employing agency;

b. Shall not delegate assigned tasks to unqualified personnel;

c. Shall permit no commercial exploitation of the teacher's professional position;

d. Shall use time granted for the purpose for which it is intended.

Q. The duties of any teacher or the responsibilities of any position in the bargaining unit will not be substantially altered without prior communication with the individual and/or the Association.

ARTICLE 3: RIGHTS OF THE BOARD

A. The Board has the responsibility and authority to manage and direct, on behalf of the public, all the operations and activities of the District, its properties, and its facilities, to the full extent authorized by law, provided that such rights and responsibilities shall be exercised by the Board in conformity with this Agreement, including the right to:

1. Hire all employees, subject to provisions of the law to determine employee qualifications.

2. Discharge, demote, or otherwise discipline employees.

3. Establish courses of instruction, including special programs, and to provide for athletic, recreational, and social events for students as deemed necessary or advisable by the Board.

B. Nothing contained in this Agreement shall be considered to deny or restrict the Board of its rights, responsibilities, and authority under the Michigan General School laws or any other applicable laws.

ARTICLE 4: PAYROLL DEDUCTIONS

A. Upon appropriate written authorization from the teacher, the Board shall deduct from the salary of any such teacher and make appropriate remittance for annuities, credit union, savings bonds, or for any other plans or programs jointly approved by the Association and the Board. The District will arrange for direct deposit. Each teacher will be limited to two (2) transactions per check. Any problems associated with direct deposit will not be subject to the grievance procedure.

B. Teachers have the choice to elect the distribution of their wages in either 21 or 26 pays for the school year. To accommodate either pay schedule, there will be years in which 22 or 27 pays are necessary. The Superintendent or designee will notify the Association President by the last teacher workday of the preceding school year when this anomaly occurs for a particular school year.

ARTICLE 5: TEACHING HOURS AND CLASS LOAD

A. All teachers will be in their respective buildings ten (10) minutes before the start of the student school day and ten (10) minutes after the end of the student school day. All teachers are expected to fulfill professional responsibilities before leaving the school building at the end of each school day. This shall include conferences with students, the building administration, scheduled conferences with parents and assisting with student dismissal if needed.

B. If a teacher is unavailable to teach, he/she shall notify the Principal or designee as early as possible before the start of the school day. Every effort will be made to report the absence at least one (1) hour before the start of the teacher's school day.

C. The normal weekly teaching load in the high school and middle school buildings will be twenty-five (25) teaching periods and five (5) unassigned preparation periods. This teaching load will not exceed

five (5) hours and four (4) minutes of student contact per day. The normal daily teaching load in the elementary school building will not exceed five (5) hours and thirty-seven (37) minutes of student contact per day. Assignment to a supervised study period shall be considered a teaching period for the purposes of this Article. No additional student-teacher contact time will be added without mutual agreement.

D. If teaching assignments for part-time teachers are not scheduled in continuous blocks, the part-time teacher will be compensated for all unassigned periods scheduled within his/her teaching block. The rate of compensation for such periods will be the same as compensation for assigned periods.

E. All teachers shall be entitled to a duty-free lunch period, except that all teachers may be asked to share supervision of students in case of emergency or early release as determined by the Principal.

F. Elementary teachers shall be provided with two (2) relief periods per day; one (1) period will be forty-five (45) continuous minutes.

G. If a teacher is assigned to substitute teach during his/her planning hour by the building principal and teach more than the normal teaching load as set forth in this Article, he/she shall receive additional compensation at $35.00 per teaching period. Additionally, if the building principal assigns additional students to an elementary classroom for the day when no substitute teacher is available for the same grade level, he/she shall receive additional compensation at $40 per day or prorated for the time the additional students are placed in the classroom.

H. Services to be rendered by teachers include their participation, outside of regular teaching hours, in up to nine (9) hours of general teachers' meetings per semester. These meetings shall be scheduled two (2) school days in advance, except in emergency, and attendance at said meeting shall be for all staff members affected and shall take precedence over all other activities. When practicable, teachers will be notified of the cancellation of said meeting one (1) school day in advance. Any faculty meeting called during normal work hours shall count toward the nine (9) hour requirement.

ARTICLE 6: TEACHING CONDITIONS

A. Because the student-teacher ratio is an important aspect of an effective educational program, every effort will be made to bring class sizes to the following standards. Such effort may be dictated by the District's financial condition, the building facilities available, and the best interest of the students.

Program	Maximum
1. Developmental Kindergarten	20
Kindergarten	25
Grades 1 thru 5	26
2. Middle School (6-8)	27 (except for band and chorus)

Specialized classes will have maximums determined by available equipment/facilities, not to exceed 27.

ELA/writing courses	25

Physical Education	40

3. Secondary (9-12) 29 (except for band and chorus)

   Specialized classes will have maximums determined by available equipment/facilities, not to exceed 29.

ELA/Writing courses	25
Art	28
Physical Education	40

4. Special Programs

   Reasonable efforts will be made to procure special education teachers. If this is not possible, special attention will be given to reducing class size where special education students are placed in a regular classroom.

   When a class size of a teacher for any class period exceeds the above limits at any time after the Fall official count day, the teacher may petition for relief or assistance to a joint committee comprised of two (2) administrators appointed by the Board and two (2) teachers appointed by the Association, giving the particulars of the situation. Some classes may exceed the recommended limit without creating an unusual problem for the teacher. All petitions for relief or assistance should include rationale for the particular situation and all petitions will have to be weighed on their relative merits.

   If the committee cannot reach a decision, the matter shall be referred to the Board for decision at its next regularly scheduled meeting.

   All petitions which are filed in the months of September and October shall be answered within four (4) weeks by the committee or the Board. All petitions received in subsequent months shall be answered within two (2) weeks. The joint committee shall render a decision concerning the type of relief or assistance which it recommends, and the Principal shall be directed to implement the committee's decision. The relief or assistance may include, but not be limited to, the help of a teacher aide; removing the additional students from the classroom; hiring additional certified teachers; providing more materials and/or equipment as requested by the teacher; or reimburse elementary regular classroom teachers who are assigned a class which exceeds these maximum standards an additional $100.00 per student, per semester, based on the total daily class maximum enrollments stated above. Elementary specials teachers who are assigned a class which exceeds these maximum standards shall be reimbursed at a rate of $3.30 per student, per class period, per week, per semester. High School and Middle School teachers who are assigned a class which exceeds the maximum standards shall receive $40 per student, per semester.

   The committee's decision shall not be subject to the grievance procedure.

   The classroom teacher(s) involved may present his/her case to the committee and to the Board if the committee cannot reach a decision.

B. When any class size averages fifteen (15) students or less, the class will be reviewed by the administration to determine if the class will continue.

C. The Board will continue to make available, in each school, equipment to aid teachers in the preparation of instructional material.

D. The Board shall provide:

1. A separate desk for each teacher in the District;

2. Closet space for each teacher to store coat, overshoes, and personal articles, not to be reduced in size from present space;

3. White board space in every classroom, not to be reduced in size from present space;

4. Copies, exclusively for each teacher's use, of all texts used in each of the courses he/she is to teach;

5. An internet-ready device in every classroom for the teacher's sole use, ;

6. Storage space in each classroom for instructional materials, not to be reduced in size from present space;

7. Attendance books, paper, pencils, pens, chalk, erasers, and other such materials required in daily teaching responsibilities as approved by the Superintendent;

8. Gym and coaching uniforms for physical education teachers, smocks for art and human ecology teachers, laboratory coats for laboratory science teachers, and shop coats for vocational and industrial education teachers, all such items requiring prior approval of the Principal;

9. Lockable space for each teacher.

E. At the Board's discretion, teacher aides will be engaged for nonprofessional duties and responsibilities of teachers, provided funds are available.

F. The Board shall make available in each school restroom facilities exclusively for teacher use, and at least one furnished room which shall be reserved for use as a faculty lounge. Provision for such facilities will be made in all future buildings.

G. Off-street paved parking facilities will continue to be provided and maintained for school personnel.

H. Teachers shall not be required to work under unsafe or hazardous conditions, or to perform tasks which endanger their health, safety, or well-being, other than that considered normal for the type of position which they hold.

I. The District will have no less than the minimum number of hours of instruction to ensure the District receives all state aid for which it would otherwise be entitled. If instructional hours/days need to be made up, the Superintendent will consult with the Association leadership in an effort to reach a mutually

agreed upon schedule of added hours/days. If no mutual agreement is reached within ten (10) workdays from the date of the hours lost, the Board will determine how the hours/days will be made up. Under no circumstances, however, will hours/days be added on a Saturday or a Sunday, unless mutually agreed to by the Board and the Association. The official closing date of the school year will be confirmed through mutual agreement of the Association and the Board by April 15 each school year.

Staff In-Service: Additional half-days may be designated for in-service by mutual agreement of the Association and the Board.

Such rescheduling shall not affect or otherwise require an adjustment of salary, compensation, or other benefits provided within this Agreement.

J. Vending machines may be installed and maintained by the Association in the teacher's lounges. Proceeds from such machines shall be donated to a scholarship fund administered by the Association.

K. The Board and the Association encourage the involvement of parents and community members in the education of our youth. This involvement may include the visitation of our buildings and classrooms. A meeting will be held by the Principal and the teacher(s) to resolve issues that need to be addressed.

ARTICLE 7: DEPARTMENT CHAIRPERSON

A. Teachers in any department in the High School and the Principal shall annually select from among the teaching staff a department chairperson. The department chairperson shall exercise coordinating functions in inter- and intra- departmental relations, including serving as liaison between the teachers of the department and the school administration. Such chairpersons shall not be considered supervisory employees.

B. Department chairpersons shall be established in the High School for the following departments:

1. Language Arts
2. Social Science
3. Vocational Education
   a. Agriculture
   b. Technical Education
   c. Life Management
   d. Business
4. Fine Arts (includes Music and Art)
5. Physical Education
6. Math
7. Science

C. The department chairperson shall, at the request of the Administration, submit a brief written report of the findings, recommendations, activities, and accomplishments within the department. If requested, this written report shall be made to the office of the Principal no later than April 1st of each school year.

ARTICLE 8: QUALIFICATIONS

A. All teachers shall meet the qualification requirements established by the Michigan Department of Education.

ARTICLE 9: VACANCIES, ASSIGNMENTS, AND TRANSFERS

Vacancy shall be defined as a newly-created position, a position within the District presently unfilled due to a teacher leaving the system, or a position within the District presently unfilled due to a teacher taking another open position in the system.

A. When vacancies occur during the school year, it may be difficult to fill them from within the District without undue disruption to the existing instructional program. If the Superintendent in his/her reasonable judgment so determines, such vacancy may be filled on a temporary or tentative basis until the end of the semester or school year.

B. Interested teachers shall follow the procedure as set forth in Section D of this Article.

C. Requests by a teacher for assignment to a different class, building, or position shall be made in writing, one (1) copy of which shall be filed with the Superintendent and one (1) with the Association. The application shall set forth the reason(s) for requesting the assignment, the school, grade, or position sought, and the applicant's academic qualifications. Such requests shall be renewed once each year to assure active consideration by the Board.

D. The assignments of adult education, summer school, and driver's education courses, and those extra duties listed in Appendix B shall not be obligatory, but shall be with the consent of the teacher. Such vacancies shall be posted, thus providing an opportunity for bargaining unit employees to apply for said positions.

ARTICLE 10: PAID LEAVE DAYS

A. A total of eleven (11) leave days shall be granted to each teacher. Four (4) of those days may be used for personal business. The unused portion of these days is to be accumulative to an unlimited total. Personal business is defined as important business which may not be taken care of outside of school hours. A teacher planning to use a personal leave day shall notify the Principal, in writing, stating the date for personal leave, three (3) school business days in advance. Not more than four (4) teachers within the bargaining unit may take personal leave days at the same time. No personal leave days shall be taken on the day before or after a holiday or vacation period. Accumulated days shall be used only for sick days as defined below:

1. Personal illness or disability. The bargaining unit employee may use all or any portion of his/her leave to recover from his/her own illness or disability.

2. Illness in the teacher's family. Family is defined as parents, spouse, children, and parents-in-law.

3. "Bereavement Leave" shall not be considered as sick leave and shall be non-accumulative.

   a. Death of a relative. Relative is defined as parents, brothers, sisters, parents-in-law, brothers-in-law, sisters-in-law, grandparents, and grandchildren. The bargaining unit employee may use three (3) days for a death of person listed above not to be taken from sick days. Up to two (2) additional days may be taken from sick leave.

   b. Death of spouse or child. The bargaining unit employee may use up to five (5) days for a death of a spouse or child not to be taken from sick days. Additional days may be taken from the employee's sick days without limit.

4. Family and Medical Leave Act. A teacher may use his/her leave days during any period of time covered under the Family and Medical Leave Act per Section G below.

5. Leave for emergencies may be granted at the discretion of the Superintendent. Such absences are to be charged against sick leave.

6. Allowance for sick leave for staff employed less than one (1) year will be pro-rated on the basis of one (1) day earned per month worked.

7. Teachers using more than their accumulated number of sick days shall have the appropriate pro-rated amount deducted from the following pay.

8. Employees using less than one-half day shall have leave deducted to the nearest tenth as dictated by computer operation. (1-42 minutes = 0.1; 43-84 minutes = 0.2; 85-126 minutes = 0.3; 127-168 minutes = 0.4.) Each Principal has the discretion to determine whether a staff absence during common preparation periods is chargeable in accordance with this section.

   The Principal's discretion to approve non-chargeable absences during the common preparation periods will be exercised on an individual case basis. The Principal's decision will be based on the information provided by the teacher requesting the approval.

   A teacher excused for a non-chargeable absence will not have leave time deducted from their accumulated leave days unless such absence extends into the student instructional day. When leave time is deducted it will be for the full time period of the absence.

B. Absence due to injury or illness incurred on the premises or during a directed activity related to school functions shall not be charged against the teacher's sick leave. The Board shall pay to such a teacher the difference between his/her salary and benefits received under the Worker's Compensation Act for the remainder of such absence, not to exceed one (1) year from the date of the work-related incident giving rise to Worker's Compensation coverage.

C. A teacher absent from work because of his/her contracting a contagious disease which has infected more than 25% of the school's student population at one time (as verified by District attendance records) shall suffer no loss of compensation and shall not be charged with sick leave.

D. A teacher called for jury duty shall be fully compensated for lost time. The Board retains the right to

ask the judicial authority to excuse a teacher from jury duty if it would create a hardship on the District. Any pay received for jury duty will be turned in to the District to qualify the individual for full pay.

E. Leaves of absence with pay, not chargeable against leave days, shall be granted in connection with an appearance before a court or an administrative agency when the teacher is subpoenaed as a witness. Leave with pay shall not be granted if the teacher is found guilty of a felony or misdemeanor, or if the teacher is a plaintiff in a suit against the Board or if the teacher is connected with any MERC hearing involving the Board and the Association, unless the teacher is subpoenaed by the Board. A teacher may use personal business leave when subpoenaed for a reason not covered above.

   Leave days with pay shall not be granted if the teacher is a plaintiff in a suit against the Board, or if the teacher is connected with an unfair labor practice hearing involving the Board and the Association.

F. The Board may grant a sabbatical leave of one (1) year, upon application, in accordance with Section 1235 of the Revised School Code. If a sabbatical leave is granted, the Board will provide one-half (1/2) of the current annual salary for one (1) teacher, provided said teacher returns to the District for a period of not less than one (1) full year after completing the sabbatical leave. The one-half (1/2) of the salary earned during the sabbatical leave shall be added to the teacher's regular salary and prorated over the regular pay period of the following year, either 21 or 26 payments. The teacher shall continue to receive fringe benefits as provided by the Board while on sabbatical leave. The application shall state the reasons for requesting, and the use that is to be made of, a sabbatical leave and shall be presented to the Board by March 1st of the year before which the leave is requested.

G. FAMILY AND MEDICAL LEAVE (FMLA)

   1. Upon request, the employer shall grant a leave of absence to any bargaining unit employee, pursuant to the Family and Medical Leave Act (FMLA) and the eligibility requirements as contained therein, for any of the following purposes:

      a. The serious health condition of the employee; or

      b. The serious health condition of a family employee (including spouse, child, or parent); or

      c. The birth of a child; or

      d. The placement of a child for adoption or foster care.

      Child includes any individual under 18 for whom the employee serves in loco parentis; a child over 18 who is incapable of self-care because of physical or mental disability; or a biological, adopted, or foster child.

      The maximum accumulated leave time granted pursuant to this Section shall be limited to twelve (12) full weeks (60 work days) during the District's normal fiscal year (July 1 - June 30).

   2. Upon return from the leave, the employee shall be returned to a position equivalent in pay, benefits, hours, and other terms and conditions of employment.

3. The employee must first use 50% of his/her accumulated paid leave for FMLA leave. The remainder of the employee's FMLA leave will be unpaid. The employee may, but is not required to, use his/her remaining accumulated paid leave for FMLA leave. The 50% calculation is based on the employee's accumulated paid leave days at the beginning of the school year in which the leave is being taken.

4. Health, Dental, and Vision benefits will be continued during the leave under the same conditions and at the same level as if the employee were still at work.

5. Seniority shall continue to accrue during the leave.

6. The employee shall have the right to take the leave on a reduced or intermittent schedule pursuant to the restrictions as contained in the Act.

7. The Employer may recoup the cost of the premiums paid on behalf of the employee during the leave if the employee fails to return to work.

8. Whenever practicable, the employee will provide the employer at least thirty (30) calendar day's written notice of the request for the leave. The written notice shall include the reason for the request; the expected beginning date; the expected ending date; and whether or not the employee intends to use paid leave for any part of the leave. For planned medical treatment, an employee must make a reasonable effort to schedule the treatment so as not to unduly disrupt the operations of the Employer.

9. The Employer may extend or require that additional leave be taken by an instructional employee in certain circumstances as governed by the FMLA.

10. Except as provided in Section G.3., leaves requested pursuant to sections A through G above and those in Article 11 shall not be charged against the FMLA limits.

ARTICLE 11: UNPAID LEAVES OF ABSENCE

A. Educational Leave

1. A leave of absence of up to one (1) year may be granted to any tenure teacher, upon application, for the purpose of engaging in study, reasonably related to his/her professional responsibilities, at an accredited college or university.

2. A teacher will be granted full seniority credit for the time on educational leave. Upon return from such a leave, a teacher shall be placed at the same position on the salary schedule as he/she would have been had he/she taught in the District during the leave.

B. Uniformed Services Leave

1. A uniformed services leave of absence from the District shall be granted to any teacher, upon application, who is inducted in or enlists for duty in any uniformed services of the United States.

2. A teacher will be granted full seniority credit for the time on uniformed services leave. Upon return

from such leave, a teacher shall be placed at the same position on the salary schedule as he/she would have been had he/she taught in the District during the leave, up to a maximum of three (3) years.

C. Public Office Leave

1. A leave of absence shall be granted to any teacher, upon application, for the purpose of campaigning for, or serving in, a public office.

2. Upon return from such leave, a teacher shall be placed on the salary schedule at the same step from which he/she went on leave. A teacher will be granted full seniority credit for the time on public office leave.

D. Parental Leave

1. A parental leave of absence without pay shall be granted, upon request, to teachers who become parents of a newborn(s). Such leave must be requested in writing before the six (6) week post-natal examination, but not less than thirty (30) days before the date the leave is to become effective. Such leave shall be granted until the end of the semester in which the leave was requested or until the beginning of the next school year. Upon request of the teacher, the Board shall approve the extension of the leave for one (1) additional school year.

2. A teacher will be granted full seniority credit for the time on parental leave. Upon return from such a leave, a teacher shall be placed on the salary schedule at the same step from which the teacher went on leave.

E. Maternity Leave

1. If a teacher desires a leave of absence, she must file a written request with the Superintendent at least thirty (30) days before the anticipated date of such leave.

2. Any leave of absence shall be for the duration of the pregnancy and extended no longer than through the post-natal examination period, usually six (6) weeks after termination of the pregnancy.

3. After the termination of the pregnancy, the teacher shall be permitted to return from leave at any time. However, unless parental leave has been granted, such return shall be no later than following the post-natal examination period, usually six (6) weeks after termination of the pregnancy.

4. Section I of this Article (Notification Requirements) does not apply.

5. A teacher will be granted full seniority credit for the time on maternity leave. Upon return from such leave, a teacher shall be placed on the salary schedule at the same step from which the teacher went on leave.

F. Adoptive Leave

1. Any teacher may apply for an adoptive leave without pay. When first notified of acceptance as an

adoptive parent by the adoption agency, the teacher shall apply to the Superintendent for an adoptive leave. Such leave shall commence when the teacher assumes custody of the child and continue until the beginning of the next school year. Upon request of the teacher, the Board shall approve the extension of the leave for one (1) additional school year.

2. A teacher will be granted full seniority credit for the time on adoptive leave. Upon return from such leave, a teacher shall be placed on the salary schedule at the same step from which the teacher went on leave.

G. Health Leave

1. Any teacher whose personal illness extends beyond the period compensable under Article 10.A. (Paid Leave Days) and is not covered under Article 19.A. (Plans A and B, Long Term Disability) shall be granted a leave of absence without pay for reasons of health which, in accordance with general school laws, may not exceed one year from the date granted by the Board. Extensions of such leave may be granted by the Board upon written request of the teacher.

   Upon return from a leave of absence for personal illness or reasons of health, the teacher shall, at the teacher's request, be returned to the same position held before the leave, provided that the leave does not exceed sixty (60) school days or the date of return does not fall within the last thirty (30) school days of the school year. In such instances, the teacher shall be returned to a comparable position for the balance of the school year.

2. Before return from a leave of absence for reasons of health, the Board may require the teacher to provide a certificate of good physical and/or mental health. The Board reserves the right to have teachers returning from such a leave promptly examined by a doctor of its choice at Board expense.

3. A teacher will be granted full seniority credit for the time on health leave. Upon return from such a leave, a teacher shall be placed on the salary schedule at the same step from which the teacher went on leave.

H. Leaves for Other Purposes

1. An unpaid leave of absence of up to one (1) year may be granted to any teacher, upon application, at the discretion of the Board. Upon return from such leave, a teacher shall be placed on the salary schedule at the same step from which he/she went on leave. A teacher will be granted full seniority credit for the time on this approved leave.

I. Notification Requirements

1. Whenever possible, leave requests shall be made at least thirty (30) days before the time a decision is necessary.

2. Teachers on leave of absence shall be contacted by certified letter sixty (60) days before the expiration of their leave to apprise them of their obligation to return to work. A teacher who fails to respond within thirty (30) days before the expiration of his/her leave shall lose seniority.

J. A teacher granted a leave of absence under this Article shall be entitled to return from such leave, provided that he/she is certified and qualified for a position.

ARTICLE 12: MEDICAL EXAMINATION

A. The Board may require a teacher to obtain and submit to the District, at Board expense, a health certificate from the District's qualified physician, or the teacher's personal qualified physician, at a rate not to exceed that charged by the District's physician.

B. For illness resulting in more than one (1) work week of absences, a qualified physician's written statement of clearance to return to employment must be presented to the Principal.

ARTICLE 13: ACADEMIC FREEDOM

A. No special limitations shall be placed upon study, investigation, presentation, and interpretation of facts and ideas, except that:

1. The teacher must be acting within his/her certified area in accordance with accepted courses of study.

2. The teacher must submit an outline to his/her Principal of any "controversial" areas, so that the Board is aware of and has the opportunity to discuss the areas with the teacher. The teacher must have written permission from the Principal when an outside resource person is being brought in.

3. The teacher must exercise responsibility and prudence and must carefully consider the maturity level of the student and the special circumstances that surround the teacher/learner relationship.

ARTICLE 14: PERSONNEL FILE

A. Each teacher shall have the right, upon request, to review the contents of his/her own personnel file. A representative of the Association may, at the teacher's request, accompany the teacher in this review.

ARTICLE 15: PROFESSIONAL BEHAVIOR

A. Teachers shall comply with rules, regulations, and directions adopted by the Board which are not inconsistent with this Agreement. A teacher may reasonably refuse to carry out an order which threatens physical safety or health.

B. Any complaints by a parent or guardian of a student directed toward a teacher shall be promptly called to the teacher's attention, unless such notice, in the sole judgment of the involved administrator, would compromise an investigation of alleged misconduct.

C. Any administrative action and remedy shall be in writing unless such notice, in the sole judgment of the involved administrator, would compromise an investigation of alleged misconduct. The teacher may submit a written reply regarding any material, including complaints, and the same shall be attached to

the file copy of the material in question.

When a criminal investigation is in progress, all materials relating to that investigation shall be kept in a separate file until a determination of the investigation has been made. If a charge is unsubstantiated, all materials relating to the incident shall be destroyed unless retention is required by law. This procedure does not apply to investigative materials which may be related to employee discipline.

ARTICLE 16: PROFESSIONAL IMPROVEMENT

A. The Board, Administration, and the Association acknowledge the desirability of professional growth through conferences, workshops, or seminars oriented to improve the teacher's professional competency.

B. Upon approval, travel, meals, lodging, and registration fees shall be deemed appropriate expenses of the Board, as well as the cost of the substitute teacher.

C. A teacher shall make a written request to attend a conference, workshop, or seminar with his/her Principal. Such request shall be given serious consideration by the administration. A written determination will be made on the basis of Board goals, the teacher's assignment, and the availability of budgetary funds.

D. Monies will be budgeted exclusively for teacher-selected conferences. Each building staff will determine a process for the distribution and use of those monies.

E. Teachers may be required to attend in-service programs that may be scheduled the week before school begins in August or the week after school closes in June. Teachers shall be paid the substitute daily rate for attendance at these programs (if these days fall outside the District calendar). Teachers shall be notified at least six (6) months in advance of their required attendance. Attendance requirement exceptions may be made by the superintendent at his/her discretion.

F. Beginning teachers shall be reimbursed for graduate credits taken at an accredited university towards continuing certification. Reimbursement will be at the rate of one hundred dollars ($100) per credit with a maximum of three hundred ($300) dollars in any one (1) year (July 1 - June 30). This provision shall be for beginning teachers during their first five (5) years of professional service.

Payment will be made upon documentation of payment for credits and successful completion of the class.

ARTICLE 17: PROFESSIONAL COMPENSATION

A. The basic salaries of teachers covered by this Agreement are set forth in the salary schedule, which is attached to and incorporated in this Agreement as Appendix A. Such salary schedule shall remain in effect during the terms of this Agreement.

B. Before August 1, 2012, all teachers newly employed shall be given full credit on the salary schedule for up to seven (7) years of outside teaching experience in any school district. For Association bargaining unit employees hired on or after August 1, 2012, salary credit for teaching experience outside the District may be granted up to and including ten (10) years. For Association bargaining unit

employees hired on or after July 1, 2021, salary credit for teaching experience outside the District may be granted up to and including fifteen (15) years.

C. All fully-certified teachers, excluding special certification, shall receive additional compensation as set forth in Appendix A for hours beyond the Bachelor's degree, including qualified SCECHs. To receive the full amount, in full, credits or qualified SCECHs must be earned before the beginning of the school year. One-half (1/2) of the difference in credit levels will be paid for credits or qualified SCECHs earned during the first semester of the school year, September 1st to January 31st.

D. Teachers involved in extra-duty assignments set forth in the schedule which is attached to and incorporated in this Agreement as Appendix B shall be compensated in accordance with its provisions.

E. Teachers, required in the course of their work to drive personal vehicles from one school building to another, shall receive a vehicle allowance based on the current Internal Revenue Service rate. The same allowance shall be given for use of personal vehicles for field trips or District business. The Board shall provide liability insurance protection for teachers when their personal vehicles are used, as provided in this section.

F. Each teacher employed by the Board shall be issued teaching and extra pay contracts for extra duties by the date they assume such duties. Said contracts shall be in duplicate, one copy to be retained by the teacher and the other by the Board or its designee.

G. Longevity payments will be made according to the following schedule:

1. After completion of fifteen (15) years of teaching experience in the District, a teacher shall receive an annual lump sum payment of one thousand five hundred dollars ($1,500) payable in the first check in June.

2. After completion of twenty (20) years of teaching experience in the District, a teacher shall receive an annual lump sum payment of two thousand dollars ($2,000) payable in the first check in June.

3. After completion of twenty-five (25) years of teaching experience in the District, a teacher shall receive an annual lump sum payment of two thousand five hundred dollars ($2,500) payable in the first check in June.

4. After completion of thirty (30) years of teaching experience in the District, a teacher shall receive an annual lump sum payment of three thousand dollars ($3,000) payable in the first check in June.

H. Upon voluntary retirement from the District at the conclusion of the then-current school year, a teacher shall receive One Thousand Dollars ($1,000), if written resignation for purposes of retirement effective no later than June 30 of the current school year, is provided to the Superintendent no later than 4:00 p.m. on the second Monday in April. A teacher who qualifies for this payment also shall receive $25.00 for each accumulated sick day to a maximum of 100 days if the teacher has a minimum of ten (10) years of experience earned in the District.

ARTICLE 18: STUDENT DISCIPLINE AND TEACHER PROTECTION

A. Each teacher bears the primary responsibility for maintaining proper control and discipline in the classroom. Disciplinary actions and methods invoked by teachers shall be reasonable, just, and in accordance with established Board policy. It shall be the teacher's responsibility to report to his/her Principal the name of any student who, in the teacher's opinion, needs particular assistance from skilled personnel. The teacher shall be advised by the Principal of the disposition of the teacher's report that a particular student needs such assistance.

B. A teacher may use such reasonable physical force as permitted by Section 1312 of the Revised School Code.

C. A teacher may exclude a student from one (1) class session when the grossness of the offense, the persistence of the misbehavior, or the disruptive effect of the violation makes the continued presence of the student in the classroom intolerable. In such cases, the teacher will furnish the Principal, at the end of that session, full particulars of the incident.

D. Any physical assault or threat of bodily harm upon a teacher shall be promptly reported to the Board or its designee. In response to the teacher's written request, the Board shall provide legal counsel to advise the teacher of his/her rights and obligations as to such physical assault or threat of bodily harm and shall render all reasonable assistance to the teacher in connection with handling of the incident by law enforcement and judicial authorities. Time lost by a teacher for consultation or court appearances in connection with any incident mentioned in Sections D. shall not be charged against the teacher's paid leave days.

E. If any teacher is complained against or sued as a result of any reasonable action as defined by a court of law, and taken by the teacher while in the scope of his/her employment with the District, the Board shall provide legal counsel and render all reasonable assistance to the teacher in his/her defense, when requested in writing by the teacher. If a final decision issued by a court or administrative agency indicates the teacher's liability for this action, all costs of assistance rendered to the teacher pursuant to this section and not covered by the District's insurance carrier, shall be reimbursed by the teacher.

F. The Board will reimburse teachers for any loss, damage, or destruction of clothing or personal property, excluding vehicles, while the teacher is on duty for the District and the damage results from the teacher's involvement in maintaining discipline, on or off school premises.

ARTICLE 19: INSURANCE PROTECTION

A. The Board will provide, upon application, hospital-medical care insurance protection for each full-time teacher and his/her immediate family for the year beginning September 1 and ending August 31. The carrier shall be approved by the Board.

The District's contribution to the medical benefit plan for bargaining unit employees shall not exceed the statutory health insurance premium "hard cap" established by the Department of Treasury pursuant to the Publicly Funded Health Insurance Contribution Act, MCL 15.561 et seq. A bargaining unit employee shall pay any cost that exceeds this amount, which payment shall be made through payroll deduction and deducted on a pro-rata basis for each payroll for twelve (12) months. The District shall pay all other non-medical benefits described below.

As required by law, the Board will solicit from different insurance carriers four (4) or more bids when renewing or continuing a medical benefit plan. MCL 124.75 After obtaining such bids the Board will share the bid information with the Association and bargain Article 19 insurance coverage for the 2025-2026, 2026-2027 and 2027-2028 school years. The Association President shall notify the Superintendent, no later than May 1 each year of this contract of the Association's intent to seek an insurance reopener with a January 1, start date.

PLAN A

Bargaining unit employees electing health insurance shall receive Plan A to include the following benefits:

Health Plan BCBSM SB PPO HSA with four options related to deductibles, co-pays and prescription drugs as described in the document entitled "Benefits-at-a-glance" attached to Appendix D (Medical Plan).

MEDICAL BENEFIT DETERMINATION PERIOD: January 1 through December 31

DENTAL (See Appendix E)

VISION

• Complete Vision Examination Maximum	$25.00 Copay
• Single Vision Prescription Maximum per Pair of Lenses	$100.00**
• Bifocal Prescription Maximum per Pair of Lenses	$125.00**
• Trifocal Prescription Maximum per Pair of Lenses	$150.00**
• Lenticular Prescription Maximum per Pair of Lenses	$225.00**
• Contact Lens Prescription Maximum per Pair of Lenses	$225.00**
• Standard-type Frames maximum	$150.00

** $110.00 allowance each for tint, photochromic, scratch coat, anti-reflective, transitional, polarization, UV coating, polycarbonate, high index lenses, trivex lenses, contact lens fitting fee

DENTAL & VISION BENEFIT DETERMINATION PERIOD: July 1 through June 30

SERVICE FREQUENCY:

- Vision Examination: Once every 12 months
- Lenses: Once every 12 months
- Frames: Once every 12 months

EXTERNAL COORDINATION OF BENEFITS ONLY: Not Included (Any spouse or child who is eligible for benefits as an Employee, or who is entitled to benefits under any extension of such eligibility of benefits, is not a dependent.)

LIFE INSURANCE: $30,000 Life with AD&D (accidental death & dismemberment)

LONG-TERM DISABILITY: 66⅔%, $5,000 monthly maximum; 90-day modified fill 2-year limit on

own occupation social security offsets primary and family minimum payout 5%, freeze on offsets, a/d, and m/n same as any other illness, standard maternity coverage standard rehabilitation benefits pre-existing condition waiver.

PLAN B

Bargaining unit employees not electing health insurance shall receive Plan B to include the following benefits:

HEALTH PLAN: None – In lieu of health insurance, the employee shall receive $300 per month on the condition that: (1) the employee voluntarily and in writing opts out of the health benefits coverage available under Plan A; and (2) provides documentation to the Board that the employee has other health coverage that meets the minimum value and coverage requirements of the Affordable Care Act.

DENTAL	Same as Plan A
VISION	Same as Plan A
LIFE	Same as Plan A
LONG-TERM DISABILITY	Same as Plan A

B. The insurance carrier shall provide a policy to each subscribing teacher defining the coverage, limitations, and options, within thirty (30) days from the close of the open enrollment period.

C. Teachers with a District hire date before June 5, 1996 teaching 50 percent or more each day shall be eligible for full insurance benefits. Teachers hired after June 6, 1996 will receive benefits pro-rated based upon the percent of the teachers' contractual day.

D. The District will maintain and implement a valid I.R.S. Section 125 Plan. Teachers not wishing to participate in the Health Insurance plan provided (i.e., those electing Plan B), may, upon written request by September 15, receive $300 per month as per the District's I.R.S. Section 125 Plan.

The District shall implement and make available to teachers a Flexible Spending Account for dependent care and medical care reimbursement. These accounts shall be funded by voluntary salary reductions from the participating teachers.

E. Teachers may elect voluntary written salary reduction for the purchase of a tax-deferred annuity of their choice from the available companies jointly approved by the Association and the Board.

1. Upon employment, or a request for a change in insurance status, the Administration will provide the employee with a written copy of all necessary information about Board-sponsored annuity programs, including a list of annuity representatives.

2. The employee will have forty-five (45) calendar days in which to notify the Administration, in writing, of his/her decision about the choice of an annuity program.

3. If a new employee notifies the Administration of his/her decision within the forty-five (45) day time period, the annuity payments will be retroactive to the initial date of employment.

4. For a continuing employee who requests a change in insurance status, or a new employee who exceeds the forty-five (45) day notification period by failing to provide the District with the necessary written authorization for payroll adjustments, annuity payments will begin the month the employee provides notification to the Administration of his/her decision to participate in a Board sponsored annuity program.

F. An employee's fringe benefits (Plans A and B) shall continue during the period delineated in Article 19.A. of this Agreement.

G. Insurance premium payments will cease the last day of the month in which termination of employment occurs, if such termination is before the end of the regular school year.

H. If a teacher dies, the Board will continue payments of applicable premiums for the teacher's dependents through August 31st, providing the policy permits continued dependent coverage.

I. Teachers on unpaid leaves of absence may continue their fringe benefit programs at their own expense. However, such continuation is subject to the requirements imposed by the respective carrier.

ARTICLE 20: GRIEVANCE PROCEDURE

A. Definitions

1. A grievance or complaint is defined as an alleged violation, misinterpretation, or misapplication of the express terms of this Agreement.

2. The term "signed" shall mean a written or stamped name of the grievant(s) affixed to the presented grievance.

B. A written grievance, as required herein, shall adhere to the following conditions and shall:

1. Be presented within thirty (30) school days of the alleged violation(s).

2. Be signed by the grievant(s).

3. Be specific.

4. Contain a synopsis of the facts giving rise to the alleged violation.

5. Cite the section or subsections of this Agreement alleged to have been violated.

6. Contain the date of the alleged violation.

7. Specify the relief requested.

C. All preparation, filing, presentation, or consideration of a grievance shall be held at times other than when a teacher or participating Association representative are to be at their assigned teaching stations

unless mutually agreed otherwise.

D. Grievance Procedures. The grievant(s) may have an Association representative present at any level.

Level 1: If a teacher believes there is a basis for a grievance, he/she shall present in writing the alleged grievance to his/her Principal within thirty (30) school days of the alleged violation. The Principal shall indicate his/her disposition of the grievance in writing within ten (10) school days after receiving the alleged grievance.

Level 2: If the teacher is not satisfied with the resolution at Level One, or if no disposition has been made within ten (10) school days of the Level One presentation, the teacher shall transmit the written grievance to the Superintendent within ten (10) school days.

Level 3: Within ten (10) school days of receipt of the written grievance, the Superintendent or designee shall meet with the teacher concerning the grievance, indicate his/her disposition of the grievance in writing within ten (10) school days of such meeting, and furnish a copy thereof to the teacher.

Level 4: If the teacher is not satisfied with the disposition of the grievance by the Superintendent or designee, or if no disposition has been made within ten (10) school days of such meeting, a written copy thereof shall be filed within ten (10) school days thereafter with the Board. A Board committee of three (3) members shall meet with the teacher concerning the grievance within thirty (30) school days. The Board committee shall provide a written disposition of the grievance no later than ten (10) school days thereafter. A copy of such disposition shall be furnished to the teacher.

Level 5: If the Board committee and the aggrieved teacher are unable to resolve any grievance, it may, within ten (10) days after the decision of the Board, be appealed to mediation with the Michigan Employment Relations Commission.

Level 6: If, after mediation, the Association is not satisfied with the disposition of the grievance, or if no disposition has been made, the grievance may be submitted to arbitration within thirty (30) school days by providing the Board written notice that arbitration will be pursued. If the parties cannot agree to the arbitrator within ten (10) school days from the notification date that arbitration will be pursued, the arbitrator shall be selected by the American Arbitration Association in accord with its rules, which shall likewise govern the arbitration proceeding.

The Board and the Association shall not be permitted to assert in such arbitration proceeding any new grounds, or to rely on any evidence not previously disclosed to the other party.

E. The time limits provided in this Article shall be strictly observed but may be extended by written agreement of the parties. If a grievance is filed after May 15th of any year, and strict adherence to the time limits may result in hardship to any party, the Board shall use its best efforts to process such grievance before the end of the school term, or as soon thereafter as possible.

F. Notwithstanding the expiration of this Agreement, any claim or grievance arising thereunder may be processed through the grievance procedure until resolution.

G. A person having filed a complaint may withdraw said complaint at any time at his/her option, and this complaint cannot be processed further.

H. Failure to appeal a decision at any level within the specified time limits shall be deemed as acceptance of the decision at that level.

I. Any claim or complaint for which there is another remedial procedure or forum established by law or by regulation having the force of law, including any matter subject to the procedures specified in the Teachers' Tenure Act, shall not be the basis of any grievance filed under the procedure outlined in this Article.

J. Except as limited below the arbitrator is empowered, after due investigation, to make a decision in cases of alleged violation of the specific articles and sections of this Agreement. The Arbitrator's actions and decision shall be consistent with the Michigan Uniform Arbitration Act, MCL 691.1681 et seq.

1. He/she shall have no power to add to, subtract from, disregard, alter, or modify any of the terms of this Agreement.

2. He/she shall have no power to establish salary structures.

3. He/she shall have no power to rule on any claim or complaint for which there is another remedial procedure or forum established by law or by regulation having the force of law, including any matter subject to the procedures specified in the Michigan Teachers' Tenure Act..

4. He/she shall have no power to change any practice, policy, or rule of the Board, or to substitute his/her judgment for that of the Board as to the reasonableness of any such practice, policy, rule, or any action taken by the Board, except as it affects this Agreement. His/her powers shall be limited to deciding whether the Board has violated the express articles or sections of this Agreement, and he/she shall not imply obligations and conditions binding upon the Board from this Agreement, it being understood that any matter not specifically set forth in this Agreement remains within the reserved rights of the Board.

5. He/she shall have no power to decide any question which, under this Agreement in his/her opinion, is the responsibility of management, and shall so construe the Agreement that there will be no interference with such responsibilities, except as they may be specifically conditioned by this Agreement.

6. The Arbitrator shall have no authority to issue a decision on the merits of a prohibited or illegal bargaining subject. If the arbitrator decides that he/she has no power to rule, the grievance shall be referred back to the parties, without decision or recommendation, on its merits.

7. There shall be no appeal of an arbitrator's decision if such decision is within the scope of the arbitrator's authority as set forth above. The arbitrator's decision shall be final and binding on the Association, bargaining unit employees, the employee or employees involved, and the Board.

8. The fees and expenses of the arbitrator shall be shared equally by the Board and the Association. All other expenses shall be borne by the party incurring them, and neither party shall be responsible for the expense of witnesses called by the other.

K. Claims for Back Pay.

1. The Board shall not be required to pay back wages for more than the fiscal year in which the written grievance is filed.

2. All claims for back wages shall be limited to the amount of wages that the employee would otherwise have earned, less any unemployment or other compensation that he/she may have received from any source during the period of the back pay.

3. No decision in any one grievance shall require a retroactive wage adjustment in any other grievance.

L. Any grievance occurring during the period between the termination date of this Agreement and the effective date of a new agreement shall not be processed under the conditions of this Agreement.

ARTICLE 21: NEGOTIATION PROCEDURES

A. Representatives of the Board and the Association's bargaining committee may meet on the last working Tuesday of each month to review the administration of the Agreement and to resolve problems that may arise. These meetings are not intended to bypass the grievance procedure. Each party will submit to the other, on or before the Friday before the meeting, an agenda covering what they wish to discuss.

All meetings between the parties will regularly be scheduled to take place as promptly as possible at times when the teachers involved are free from assigned responsibilities, unless otherwise mutually agreed. Should such a meeting result in a mutually acceptable amendment of the Agreement, the amendment shall be subject to ratification by the Board and the Association, provided that the bargaining committee shall be empowered to effect temporary accommodations to resolve special problems.

B. Before April 15th of the year in which the Agreement terminates, the parties shall initiate negotiations.

C. Neither party in any negotiations shall have any control over the selection of the negotiating or bargaining representatives of the other party. The parties' representatives will be vested with all necessary power and authority to make proposals, consider proposals, and make concessions in the course of negotiations. Both parties will submit the final Agreement for ratification to their appropriate governing bodies on the same calendar date. After ratification by both parties, their representatives shall attach their signature to the ratified Agreement within 24 hours of ratification.

There shall be three (3) signed copies of the ratified Agreement for purposes of record: one retained by the Board, one by the Association, and one by the Superintendent.

D. If the parties fail to reach a successor Agreement in any such negotiations, either party may invoke the mediation machinery of the State Labor Mediation Board or take any other lawful measure it may deem appropriate.

E. This Agreement shall constitute the full and complete commitment between both parties and may be altered, changed, added to, deleted from, or modified as set forth in Article 21.

F. Any individual contract between the Board and an individual teacher shall be subject to and consistent with this Agreement. Any individual contract shall be expressly made subject to and consistent with the terms of this or subsequent Agreements to be executed by the parties. This Agreement, during its duration, shall be controlling, if an individual contract contains any language inconsistent with this Agreement.

G. This Agreement shall supersede all previous agreements, verbal or written, or based on alleged past practices of the Board or the Association, which shall be contrary to or inconsistent with its terms.

H. If any provision of this Agreement or any application of the Agreement to any employee or group of employees is found contrary to law, such provision or application shall not be deemed valid and subsisting, except to the extent permitted by law, but all other provisions or applications shall continue in full force and effect.

ARTICLE 22: REDUCTION IN FORCE

It is within the sole discretion of the Laingsburg Board of Education to reduce educational programs, curriculum, and staff.

ARTICLE 23: SCHOOL IMPROVEMENT

A. This Article shall apply to all School Improvement Plans (SIP), their processes, and/or components.

B. District and/or building level committees will be responsible for the development and implementation of the SIP. Such committees will determine their own decision making process.

C. Any participation in a SIP committee, whether in full or in part, shall be voluntary.

D. If any provision(s) of a SIP or application thereof violates, contradicts, or is inconsistent with this Agreement, this Agreement shall prevail unless mutually agreed in writing by the Board and the Association.

E. To the extent any proposed element of the SIP conflicts with this Agreement, the identified provisions will be subject to re-negotiations at the request of either party.

ARTICLE 24: LEAST RESTRICTIVE ENVIRONMENT (LRE)/INCLUSIVE EDUCATION

A. The following conditions shall apply to the placement of children assigned to regular education classrooms who are identified in ways such as OHI (Otherwise Health Impairment), SXI, CI, autism

spectrum disorder, visual or hearing impaired:

1. Any bargaining unit employee who will be providing instructional or other services to a special needs student in a regular education classroom setting shall be invited to participate in the IEP Team meeting(s) which may initially place or continue placement of, a student in a regular education classroom.

   When it is not possible to identify, in advance of IEP Team meetings, general education teachers who ultimately will have special needs students assigned to their classrooms, meetings will be convened with such general education teachers as soon as possible following the beginning of the school year.

2. If any bargaining unit employee advises the employer, in writing, of a reasonable basis to believe problems exist in the implementation of a special needs student's current IEP, which are negatively impacting the student's educational progress, and/or impeding the learning progress of non-special needs students in the same placement, the bargaining unit employee shall have the right to call for a meeting with the appropriate administrator to discuss the problem and possible resolutions.

3. In-service training for the instruction and/or behavior of special needs students in the regular education classroom setting will be provided as agreed to by the teacher and the building administrator.

4. The current class size teaching load of a teacher shall be taken into consideration before the placement of a special needs student in his/her classroom.

5. No bargaining unit employee shall be required to provide school health services (defined as an act or function constituting the "Practice of Medicine" within the meaning of the Public Health Code (MCL 333.17001)), except in life-threatening circumstances. Bargaining unit employees will be advised of the steps to be taken if an emergency arises related to the student's medical condition.

ARTICLE 25: MASTER/MENTOR TEACHER PROGRAM

A. Master/Mentor teacher is an experienced educator and, as part of his/her assignment, has agreed to accept the role of providing professional support, instruction, and guidance to a beginning teacher/mentee, in the same or similar field of practice or certification.

B. The mentor – mentee assignment shall adhere to the following conditions:

1. Participation as a mentor shall be voluntary on a case by case basis.

2. Probationary teacher/mentor assignments shall be made by the administration.

3. Reasonable efforts will be made to establish probationary teacher/mentor matches in the same building and in the same or similar specialty of area of certification.

4. The mentor teacher assignment shall be for one (1) year subject to review by the mentor and mentee after six (6) months, at which time either party may request termination of the relationship. The

appointment may be renewed in succeeding years.

C. The mentor shall receive mentor training and participate in experiences which prepare him/her for his/her role and responsibilities. Such training will be at District expense.

D. In addition to the probationary teacher's responsibilities under the school calendar (Appendix C) the probationary teacher is responsible to attend at least fifteen (15) days of professional development during the first three (3) years of their probationary period.

E. Released time will be granted with the approval of the Principal.

F. Mentor Teacher Guidelines

1. Performance Responsibilities of Mentor Teachers

   A Mentor Teacher will:

   a. Share information with new/beginning teachers related to school or District procedures, guidelines, and expectations.

   b. Link new/beginning teachers to appropriate resources, both human and material.

2. Qualifications for a Mentor Teacher

   a. An experienced practicing classroom teacher.

   b. Excellent classroom teaching abilities.

   c. Commitment to education as a profession.

   d. Willingness to expand his/her teaching responsibilities.

   e. Willingness to enhance or build upon his/her mentoring skills.

   f. Reflective and analytical practices about his/her teaching abilities.

   g. Good problem-solving abilities.

   h. Wise and caring attitude.

   i. Appreciation for differences in style and background of students and colleagues.

   j. Sensitivity and responsiveness to ideas of others.

   k. Skills in leadership, communication, planning, organizing, and managing work.

   l. Knowledge of organizational structures, social norms, policies, and procedures.

m. High level of integrity, sense of humor, and ability to serve as a catalyst for change.

3. Selection and Procedural Issues

   a. A master list will be created in each building listing qualified teachers interested in becoming a Mentor teacher.

   b. A checklist must be completed, dated, and initialed by the Mentor and Mentee when each item is completed. All items must be completed before mentoring pay will be authorized.

   c. A meeting date to pair the Mentor and Mentee will be established no later than two (2) full weeks after the Mentee's date of hire. The pairing of the Mentor and Mentee will be established no later than the end of the first full week of school.

   d. Every attempt will be made to pair only one (1) Mentee per Mentor, however it may make more sense to pair multiple Mentee's with a single Mentor. It must be a mutual decision between the Mentor and the Principal for a Mentor to support more than one (1) Mentee at a time during the school year.

   e. Mentors will be chosen after the Principal convenes and documents a meeting with at least three (3) employees present, who are not current Mentor candidates for the specific Mentee, for input into choosing a suitable Mentor/Mentee pairing. The final decision of the Mentor/Mentee pairing will be made by the Principal.

ARTICLE 26: DURATION OF AGREEMENT

This Agreement shall be effective as of June 24, 2025 and shall continue in effect until midnight on June 30, 2028. This Agreement shall not be extended orally, and it is expressly understood that it shall expire on the date indicated.

An emergency manager appointed under the Local Financial Stability and Choice Act has the authority to reject, modify, or terminate this Agreement as provided in that Act.

LAINGSBURG BOARD OF EDUCATION

By: _____
Jason Michels
Its: President

By: _____
Renee Gutzman
Its: Secretary

LAINGSBURG EDUCATION ASSOCIATION

By _____
Allison Chamberlin
Its: President

By: _____
Katie Robinson
Its: Secretary

APPENDIX A:
2025-2026 SALARY SCHEDULE

Step	BA	BA+20	MA	MA+20
1	41,500	44,250	47,000	49,750
2	42,750	45,500	48,250	51,000
3	44,000	46,750	49,500	52,250
4	45,250	48,000	50,750	53,500
5	46,500	49,250	52,000	54,750
6	47,750	50,500	53,250	56,000
7	49,000	51,750	54,500	57,250
8	50,250	53,000	55,750	58,500
9		54,250	57,000	59,750
10		56,750	59,500	62,250
11		59,250	62,000	64,750
12		61,750	64,500	67,250
13		64,250	67,000	69,750
14		66,750	69,500	72,250
15		69,250	72,000	74,750

This Salary Schedule reflects an $1500 increase to the BA Lane, a $1750 increase to the BA+20 Lane, a $2000 increase to the MA Lane, a $2250 increase to the MA+20 Lane and adds a Step 8 to the BA Lane to the 2024-2025 Schedule. Eligible bargaining unit employees move one (1) step only for the 2025-2026 school year. Eligible employees will also move lanes.

School counselors and other employees covered by this agreement that are not assigned as a classroom teacher may, by nature of their position, need to work outside of the contractual calendar each school year. Building principals may approve up to five (5) additional days each school year. Any days beyond five (5) require Superintendent approval. The member will be compensated at the teacher's regular rate of pay for such additional time.

SCECHs (State Continuing Education Clock Hours)

Movement to the BA+20 lane and to the MA+20 lane is based on the teacher earning twenty (20) hours of graduate-level course credit, or five hundred (500) qualified SCECHs, or a combination of graduate-level course credit hours and SCECHs. To qualify for lane credit, the class must be taken after the date that the teacher has earned the Bachelor's or Master's degree.

For purposes of this provision, 25 qualified SCECHs = 1 hour of graduate-level course credit. A qualified SCECH is one that is earned through District-provided professional development offered by the Laingsburg Community Schools or through a third party with prior written approval by the building principal to fulfill the requirements of Revised School Code Section 1527, MCL 380.1527, registered in the teacher's account through the Michigan Online Educator Certification System (MOECS), and earned by the teacher since July 1, 2018.

APPENDIX A:
2026-2027 SALARY SCHEDULE

Step	BA	BA+20	MA	MA+20
1	43,000	46,000	49,000	52,000
2	44,250	47,250	50,250	53,250
3	45,500	48,500	51,500	54,500
4	46,750	49,750	52,750	55,750
5	48,000	51,000	54,000	57,000
6	49,250	52,250	55,250	58,250
7	50,500	53,500	56,500	59,500
8	51,750	54,750	57,750	60,750
9	53,000	56,000	59,000	62,000
10		58,500	61,500	64,500
11		61,000	64,000	67,000
12		63,500	66,500	69,500
13		66,000	69,000	72,000
14		68,500	71,500	74,500
15		71,000	74,000	77,000

This Salary Schedule reflects an $1500 increase to the BA Lane, a $1750 increase to the BA+20 Lane, a $2000 increase to the MA Lane, a $2250 increase to the MA+20 Lane and adds a Step 9 to the BA Lane to the 2025-2026 Schedule. Eligible bargaining unit employees move one (1) step only for the 2025-2026 school year. Eligible employees will also move lanes.

School counselors and other employees covered by this agreement that are not assigned as a classroom teacher may, by nature of their position, need to work outside of the contractual calendar each school year. Building principals may approve up to five (5) additional days each school year. Any days beyond five (5) require Superintendent approval. The member will be compensated at the teacher's regular rate of pay for such additional time.

SCECHs (State Continuing Education Clock Hours)

Movement to the BA+20 lane and to the MA+20 lane is based on the teacher earning twenty (20) hours of graduate-level course credit, or five hundred (500) qualified SCECHs, or a combination of graduate-level course credit hours and SCECHs. To qualify for lane credit, the class must be taken after the date that the teacher has earned the Bachelor's or Master's degree.

For purposes of this provision, 25 qualified SCECHs = 1 hour of graduate-level course credit. A qualified SCECH is one that is earned through District-provided professional development offered by the Laingsburg Community Schools or through a third party with prior written approval by the building principal to fulfill the requirements of Revised School Code Section 1527, MCL 380.1527, registered in the teacher's account through the Michigan Online Educator Certification System (MOECS), and earned by the teacher since July 1, 2018.

APPENDIX A:
2027-2028 SALARY SCHEDULE

Step	BA	BA+20	MA	MA+20
1	44,500	47,750	51,000	54,250
2	45,750	49,000	52,250	55,500
3	47,000	50,250	53,500	56,750
4	48,250	51,500	54,750	58,000
5	49,500	52,750	56,000	59,250
6	50,750	54,000	57,250	60,500
7	52,000	55,250	58,500	61,750
8	53,250	56,500	59,750	63,000
9	54,500	57,750	61,000	64,250
10	57,000	60,250	63,500	66,750
11		62,750	66,000	69,250
12		65,250	68,500	71,750
13		67,750	71,000	74,250
14		70,250	73,500	76,750
15		72,750	76,000	79,250

This Salary Schedule reflects an $1500 increase to the BA Lane, a $1750 increase to the BA+20 Lane, a $2000 increase to the MA Lane, a $2250 increase to the MA+20 Lane and adds a Step 10 to the BA Lane to the 2026-2027 Schedule. Eligible bargaining unit employees move one (1) step only for the 2027-2028 school year. Eligible employees will also move lanes.

School counselors and other employees covered by this agreement that are not assigned as a classroom teacher may, by nature of their position, need to work outside of the contractual calendar each school year. Building principals may approve up to five (5) additional days each school year. Any days beyond five (5) require Superintendent approval. The member will be compensated at the teacher's regular rate of pay for such additional time.

SCECHs (State Continuing Education Clock Hours)

Movement to the BA+20 lane and to the MA+20 lane is based on the teacher earning twenty (20) hours of graduate-level course credit, or five hundred (500) qualified SCECHs, or a combination of graduate-level course credit hours and SCECHs. To qualify for lane credit, the class must be taken after the date that the teacher has earned the Bachelor's or Master's degree.

For purposes of this provision, 25 qualified SCECHs = 1 hour of graduate-level course credit. A qualified SCECH is one that is earned through District-provided professional development offered by the Laingsburg Community Schools or through a third party with prior written approval by the building principal to fulfill the requirements of Revised School Code Section 1527, MCL 380.1527, registered in the teacher's account through the Michigan Online Educator Certification System (MOECS), and earned by the teacher since July 1, 2018.

APPENDIX B: EXTRA PAY FOR EXTRA DUTIES

Regulations Governing Placement of Salary for Schedule B Positions

1. Percentages apply to the BA salary schedule for steps 1 through 5, and BA+20 for steps 6 through 15, as outlined in Appendix A of the contract year with the appropriate step based on years of experience in the activity.

2. Full credit for experience will be given on the salary schedule for the same or a related position. For compensation purposes no more than one (1) year of experience can be granted in a given sport in a school year.

3. It is understood that the percentages assigned for the positions not filled will not be used under this Agreement.

4. The employment of persons to fill the extra-curricular positions lies within the discretion of the Board.

5. Non-staff position percentages are based on Step 1 through 5 of the BA salary schedule.

Assignment	**Percentage**
M.S. – A.D.	10%
FALL SPORTS	
Varsity Football	12%
Asst. Var. Football (2)	7½%
JV Football	7½%
Asst. Football (2)	6%
M.S. Head Football	6%
M.S. Asst Football	5%
H.S. Cross Country	10%
M.S. Cross Country	5 %
Boys Var. Soccer	10%
Boys JV Soccer	6%
Girls Var. Volleyball	10%
Girls JV Volleyball	6%
Girls 9th Volleyball	5½%
Girls 8th Volleyball	5%
Girls 7th Volleyball	5%
HS Var. Cheer	5%
Girls Golf	6.5%
WINTER SPORTS	
Varsity Wrestling	12%
JV Wresting	7.5%
Girls Var. Basketball	12%
Girls JV Basketball	7½%
Girls 9th Basketball	7%

M.S. Wrestling	5½%
Girls 8th Basketball	5½%
Girls 7th Basketball	5½%
Boys Var. Basketball	12%
Boys JV Basketball	7½%
Boys 9th Basketball	7%
Boys 8th Basketball	5½%
Boys 7th Basketball	5½%
HS Var. Sideline Cheer	5%
MHSAA Competitive Cheer	5%
MS Cheer	3%

SPRING SPORTS

Boys/Girls Track	11%
(Optional) Boys/Girls*	7% separate
Asst. Track	4%
(3 Assistants)	
* 2 Assts. separate head coaches	
Boys M.S. Track	5%
Girls M.S. Track	5%
Boys Var. Baseball	10%
Boys JV Baseball	6½%
Girls Var. Softball	10%
Girls JV Softball	6½%
Girls Varsity Soccer	10%
Girls JV Soccer	6%
Boys Golf	6½%

CLASS ADVISORS

Senior Class	3¾%
Junior Class	3¾%
Sophomore Class	2½%
Freshmen Class	2%

ACADEMICS

H.S. Quiz Bowl	2½%
H.S. Science Olympiad	2½ %
M.S. Science Olympiad	2½ %

CLUBS

DECA	7%
HOSA	7%
Foreign Exchange (2)	1½% (5% during exchange year)
Foreign Language Travel	1½% (3% for two staff members during travel year)
H.S. NHS	2½%
H.S. Student Council	5%

M.S. Student Council	5%
H.S. Publications	6%
H.S. Yearbook	3%
M.S Yearbook	1½%
E.S Yearbook	1½%
H.S. Robotics Coach	10%
District Robotics Coordinator	5%

DRAMA & FINE ARTS

Musicals	
Director	10%
Music Director	4%
Asst. Director	1½%
Technical Assistants (3)	1%
MIFA Director	10%
Band Director	15%
Assistant Band Director	5%
Choral Director	3½%
Art Club	3%

OTHERS

H.S. FFA Advisor	20%
M.S. FFA Advisor	5%
Homecoming	1%
Title I Coordinator	1¾%
Lunchroom Duty	$200/semester (capped at 2 per lunch period)
Homebound Services	$35.00/hr

If a building administrator deems that having a teacher serve as an event manager for any activity, the teacher will be paid $50.00 for their services. An event may include more than one activity or contest in a sitting.

CURRICULUM

Teacher-In-Charge	$35.00/hr
Teacher-In-Service	$35.00/hr
Curriculum Development	$35.00/hr
Teacher Pay for Extra Duties Not Specified in Contract	$35.00/hr

MASTER/MENTOR PROGRAM

	Stipend
First Year	$650
Second Year	$400
Third Year	$400

Mentors shall be responsible for keeping track of mentoring. A completed form shall be submitted to the Principal before processing the stipend payment.

APPENDIX C:
2025-2026 CALENDAR

Aug. 18 & 19	District Professional Development Teachers
Aug. 21	First Day of School (Full Day)
Aug. 29 – Sept 1	Labor Day Weekend - No School
Oct. 17	½ day students (am) & ½ day for Teacher Professional Development (pm)

End of 1st Term (40 instructional days and 1 pd day as an instructional day = 41 days)

Nov. 26 – 28	Thanksgiving Break - No School
Dec. 18	½ day students (am) – ½ day for Teacher Records (pm)
Dec. 19	½ day students (am) – ½ day for Teacher Records (pm)

End of 2nd Term (42 instructional days)

Dec. 22 – Jan. 2	Winter Break – No School
Jan. 19	District Professional Development Teachers – No School for Students
Feb. 13 – Feb 16	Mid-Winter Break – No School
Mar. 13	½ day students (am) & ½ day for Teacher Professional Development (pm)

End of 3rd Term (47 instructional days and 1 pd day as an instructional day = 48 days)

Mar. 30 – Apr. 3	Spring Break – No School
May 22	District Professional Development Teachers – No School for Students
May 25	Memorial Day – No School
May 28	½ day for students (am) – ½ day for Teacher Records (pm)
May 29	½ day for students (am) – ½ day for Teacher Records (pm)

End of 4th Term (48 instructional days and 1 pd day as an instructional day = 49 days)

Total Days: 180 student days and 2 Teacher PD days.

Professional Development Days on August 18th, January 19th and May 22nd will count as student contact days if approved by the District Calendar Committee.

On half days dedicated to records at the end of each of the semesters, teachers may leave after completing responsibilities and following the District's check-out procedures including approval from the Principal, with the understanding that teachers exercise sound professional judgment in using the instructional time leading up to the end of the term.

APPENDIX C:
2026-2027 CALENDAR

Aug. 17 & 18	District Professional Development Teachers
Aug. 20	First Day of School (Full Day)
Sept 4 – Sept 7	Labor Day Weekend - No School
Oct. 16	½ day students (am) & ½ day for Teacher Professional Development (pm)

End of 1st Term (40 instructional days and 1 pd day as an instructional day = 41 days)

Nov. 25 – 27	Thanksgiving Break - No School
Dec. 17	½ day students (am) – ½ day for Teacher Records (pm)
Dec. 18	½ day students (am) – ½ day for Teacher Records (pm)

End of 2nd Term (42 instructional days)

Dec. 21 – Jan. 1	Winter Break – No School
Jan. 18	District Professional Development Teachers – No School for Students
Feb. 12 – Feb 15	Mid-Winter Break – No School
Mar. 12	½ day students (am) & ½ day for Teacher Professional Development (pm)

End of 3rd Term (47 instructional days and 1 pd day as an instructional day = 48 days)

Mar. 26	Good Friday – No School
Mar. 29 – Apr. 2	Spring Break – No School
May 21	District Professional Development Teachers – No School for Students
May 27	½ day for students (am) – ½ day for Teacher Records (pm)
May 28	½ day for students (am) – ½ day for Teacher Records (pm)

End of 4th Term (48 instructional days and 1 pd day as an instructional day = 49 days)

Total Days: 180 student days and 2 Teacher PD days.

Professional Development Days on August 17th, January 18th and May 21st will count as student contact days if approved by the District Calendar Committee.

On half days dedicated to records at the end of each of the semesters, teachers may leave after completing responsibilities and following the District's check-out procedures including approval from the Principal, with the understanding that teachers exercise sound professional judgment in using the instructional time leading up to the end of the term.

APPENDIX C:
2027-2028 CALENDAR

Aug. 23 & 24	District Professional Development Teachers
Aug. 26	First Day of School (Full Day)
Sept 3 – Sept 6	Labor Day Weekend - No School
Oct. 22	½ day students (am) – ½ day for Teacher Records (pm)

End of 1st Term (40 instructional days and 1 pd day as an instructional day = 41 days)

Nov. 1	District Professional Development Teachers – No School for Students
Nov. 24 – 26	Thanksgiving Break - No School
Dec. 16	½ day students (am) – ½ day for Teacher Records (pm)
Dec. 17	½ day students (am) – ½ day for Teacher Records (pm)

End of 2nd Term (36 instructional days and 1 pd day as an instruction day = 37 days)

Dec. 20 – Dec. 31	Winter Break – No School
Jan. 17	District Professional Development Teachers – No School for Students
Feb. 18 – Feb 21	Mid-Winter Break – No School
Mar. 17	½ day students (am) – ½ day for Teacher Records (pm)

End of 3rd Term (52 instructional days and 1 pd day as an instructional day = 53 days)

Mar. 27 – Mar. 31	Spring Break – No School
Apr. 14	½ day for students and staff - Good Friday
May 19	District Professional Development Teachers – No School for Students
May 29	Memorial Day – No School
June 1	½ day for students (am) – ½ day for Teacher Records (pm)
June 2	½ day for students (am) – ½ day for Teacher Records (pm)

End of 4th Term (48 instruction days and 1 pd day as an instruction day = 49 days)

Total Days: 180 student days and 2 Teacher PD days.

Professional Development Days on August 23rd, November 1st, January 17th and May 19th will count as student contact days if approved by the District Calendar Committee.

On half days dedicated to records at the end of each of the semesters, teachers may leave after completing responsibilities and following the District's check-out procedures including approval from the Principal, with the understanding that teachers exercise sound professional judgment in using the instructional time leading up to the end of the term.

APPENDIX D – Medical Benefit Plan Highlights

Blue Cross Blue Shield of Michigan

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

LAINGSBURG COMMUNITY SCHOOLS
A1PQZ5
0070350070001
Simply Blue℠ HSA PPO with Rx LG
Effective Date: On or after January 2025
Benefits-at-a-glance

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

Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

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

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

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

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

Eligibility Information

Member	Eligibility Criteria
Dependents	• Subscriber's legal spouse • **Dependent children**: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

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

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

Benefits	In-network	Out-of-network
Deductibles **Note:** Your deductible **combines** deductible amounts paid under your Simply Blue HSA medical coverage **and** your Simply Blue prescription drug coverage. **Note:** The full family deductible **must** be met under a two-person or family contract before benefits are paid for any person on the contract.	$1,650 for a one-person contract or $3,300 for a family contract (two or more members) each calendar year **(no 4th quarter carry-over)**	$3,300 for a one-person contract or $6,600 for a family contract (two or more members) each calendar year **(no 4th quarter carry-over)**
	Deductibles are based on amounts defined annually by the federal government for Simply Blue HSA-related health plans. Deductibles may increase annually. Please call your customer service center for an annual update.	
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) **Note:** Coinsurance amounts apply once the deductible has been met.	None	20% of approved amount for most covered services
Annual out-of-pocket maximums - applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts	$4,000 for a one-person contract $8,000 for a family contract (two or more members) each calendar year	$8,000 for a one-person contract $16,000 for a family contract (two or more members) each calendar year
Lifetime dollar maximum	None	

Preventive care services

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

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

Physician office services

Benefits	In-network	Out-of-network
Office visits - must be medically necessary **Note: Virtual Primary Care** visits by a non-BCBSM selected vendor are not covered.	• 100% after in-network deductible for each office visit (in person or virtual) • 100% after in-network deductible for each **virtual primary care** visit for members 18 years of age or older, by a BCBSM-selected vendor	80% after out-of-network deductible
Online visits - by physician or **BCBSM** selected vendor must be medically necessary **Note:** Online visits by a non-BCBSM selected vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	100% after in-network deductible	80% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Office consultations - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Urgent care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible

Emergency medical care

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

Diagnostic services

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

Maternity services provided by a physician or certified nurse midwife

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

Hospital care

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

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care - must be in a **participating** skilled nursing facility	100% after in-network deductible	100% after in-network deductible
	Limited to a maximum of 90 days per member per calendar year	
Hospice care	100% after in-network deductible	100% after in-network deductible
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a **participating** hospice program **only**; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home health care: • must be medically necessary • must be provided by a **participating** home health care agency	100% after in-network deductible	100% 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 prior authorization - consult with your doctor	100% after in-network deductible	100% after in-network deductible

Surgical services

Benefits	In-network	Out-of-network
Surgery - includes related surgical services and medically necessary facility services by a **participating** ambulatory surgery facility	100% after in-network deductible	80% after out-of-network deductible
Presurgical consultations	100% after in-network deductible	80% after out-of-network deductible
Voluntary sterilization of male reproductive organs	100% after in-network deductible	80% after out-of-network deductible
Note: For voluntary sterilization of female reproductive organs, see **"Preventive care services."**		
Expanded Abortion Services	Not covered	Not covered

Human organ transplants

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

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-network	Out-of-network
Inpatient mental health care and **inpatient** substance use disorder treatment	100% after in-network deductible	80% after out-of-network deductible
	Unlimited days	
Residential psychiatric treatment facility: • covered mental health services must be performed in a residential psychiatric treatment facility • treatment requires prior authorization • subject to medical criteria	100% after in-network deductible	80% after out-of-network deductible
Outpatient mental health care: • Facility and clinic	100% after in-network deductible	100% after in-network deductible in participating facilities **only**
• Online visits **Note:** Online visits by a non-BCBSM selected vendor are not covered	100% after in-network deductible	80% after out-of-network deductible
• Physician's office	100% after in-network deductible	80% after out-of-network deductible
Outpatient substance use disorder treatment - in approved facilities **only**	100% after in-network deductible	80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment

Benefits	In-network	Out-of-network
Applied behavior analysis (ABA) treatment - subject to prior authorization **Note:** Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	100% after in-network deductible	80% after out-of-network deductible **Note:** Services rendered by an approved licensed behavior analyst (LBA) will apply the in-network cost-sharing.
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible
	Physical, speech and occupational therapy **with an autism diagnosis** is unlimited	

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

Benefits	In-network	Out-of-network
Other covered services, including nutritional counseling and mental health services, for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) **Note:** Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. **Note:** When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	100% after in-network deductible	80% after out-of-network deductible
Allergy testing and therapy	100% after in-network deductible	80% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	100% after in-network deductible	80% after out-of-network deductible
	Limited to a **combined** 12-visit maximum per member per calendar year	
Outpatient physical, speech and occupational therapy - provided for rehabilitation	100% after in-network deductible	80% after out-of-network deductible **Note:** Services at nonparticipating outpatient physical therapy facilities are not covered.
	Limited to a **combined** 30-visit maximum per member per calendar year	
Durable medical equipment **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Durable Medical Equipment providers. **Note:** DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	100% after in-network deductible	80% after out-of-network deductible
Prosthetic and orthotic appliances **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Prosthetics/Orthotics providers.	100% after in-network deductible	80% after out-of-network deductible
Private duty nursing care	100% after in-network deductible	80% after out-of-network deductible

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Simply Blue℠ HSA PPO with Rx LG
Effective Date: On or after January 2025
Benefits-at-a-glance

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Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our website at **bcbsm.com/pharmacy**. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, you can 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 Blue Cross defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. Blue Cross reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay or coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

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

Member's responsibility (copays and coinsurance amounts)

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

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

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

Benefits		90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	1 to 30-day period	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $20 copay	No coverage	No coverage

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
	84 to 90-day period	After deductible is met, you pay $20 copay	After deductible is met, you pay $20 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $80 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $160 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay $160 copay	After deductible is met, you pay $160 copay	No coverage	No coverage
Generic specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $10 copay **Note:** No coverage for 31-90 day supply.			
Preferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $40 copay **Note:** No coverage for 31-90 day supply.			
Nonpreferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $80 copay **Note:** No coverage for 31-90 day supply.			

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

Covered services

Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Prescribed over-the-counter drugs - when covered by BCBSM	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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
State-controlled drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved **generic** and **select brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	80% of approved amount
FDA-approved **generic** and **select brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance **plus** an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs **Note:** Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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

Features of your prescription drug plan

Custom Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • **Generic drug tier** - This tier 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. • **Preferred brand-name drug tier** - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive then generic and members pay more for them. • **Nonpreferred brand-name drug tier** - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. **Step Therapy**, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Maximum allowable cost drugs	For maximum allowable cost (MAC) Drugs, if you have a prescription filled by an in-network pharmacy, and the pharmacist fills it with a generic equivalent drug, you are required to pay only the copayment and/or deductible, if applicable. If you obtain a brand name drug when a generic equivalent drug is available, you must pay the difference between the maximum allowable cost and the BCBSM approved amount for the brand name drug plus your copayment and/or deductible, if applicable. **Note:** If your physician requests and receives authorization for a brand name drug from BCBSM's Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your copayment and/or deductible, if applicable.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.

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Hearing Care Coverage
Effective Date: On or after January 2025
Benefits-at-a-glance

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Member's responsibility (deductible and copay/coinsurance)

Benefits	Participating provider	Nonparticipating provider
Deductible **Note**: You are required to meet the annual calendar year deductible under your Simply Blue HSA coverage **before** using your hearing care benefits.	**Your Simply Blue HSA hearing care benefits are subject to the same deductible required under your Simply Blue HSA medical coverage.** Hearing care benefits are **not** payable until after you have met the Simply Blue HSA annual deductible.	Not applicable
Coinsurance	**Your Simply Blue HSA hearing care benefits are subject to the same coinsurance required under your Simply Blue HSA medical coverage.**	Not applicable

Covered services

You **must** receive the following services from **a hearing participating provider**. Hearing care services are **not** covered when performed by nonparticipating providers unless the services are performed outside of Michigan **and** the local Blue Cross and Blue Shield plan does **not** contract with providers for hearing care services. In this case, BCBSM will pay the approved amount for hearing aids and related covered services obtained from a nonparticipating provider. You may be responsible for charges that exceed our approved amount.

If you select a digitally controlled programmable hearing device, you may be responsible for charges that exceed the cost of a covered hearing aid.

Benefits	Participating provider	Nonparticipating provider
Audiometric exam - one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered
Hearing aid evaluation- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Ordering and fitting the hearing aid (a monaural or binaural hearing aid)- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Hearing aid conformity test- one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered

Note: You **must** obtain a medical evaluation (sometimes called a medical clearance exam) of the ear performed by a physician-specialist before you receive your hearing aid. If a physician-specialist is not accessible, your primary care doctor may perform the medical evaluation. **This evaluation is not covered under your hearing care coverage, so you must pay for this exam unless your medical coverage includes coverage for office visits.**

A physician-specialist is a licensed doctor of medicine or osteopathy who is also board certified or in the process of being board certified as an otolaryngologist. A physician-specialist determines whether a patient has a hearing loss and whether such loss can be offset by a hearing aid.

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Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

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

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

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

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

Eligibility Information

Member	Eligibility Criteria
Dependents	• Subscriber's legal spouse • **Dependent children**: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

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

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

Benefits	In-network	Out-of-network
Deductibles **Note:** Your deductible **combines** deductible amounts paid under your Simply Blue HSA medical coverage **and** your Simply Blue prescription drug coverage. **Note:** The full family deductible **must** be met under a two-person or family contract before benefits are paid for any person on the contract.	$2,000 for a one-person contract or $4,000 for a family contract (two or more members) each calendar year **(no 4th quarter carry-over)**	$4,000 for a one-person contract or $8,000 for a family contract (two or more members) each calendar year **(no 4th quarter carry-over)**
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) **Note:** Coinsurance amounts apply once the deductible has been met.	None	20% of approved amount for most covered services
Annual out-of-pocket maximums - applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts	$4,000 for a one-person contract $8,000 for a family contract (two or more members) each calendar year	$8,000 for a one-person contract $16,000 for a family contract (two or more members) each calendar year
Lifetime dollar maximum	None	

Preventive care services

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

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

Physician office services

Benefits	In-network	Out-of-network
Office visits - must be medically necessary **Note: Virtual Primary Care** visits by a non-BCBSM selected vendor are not covered.	• 100% after in-network deductible for each office visit (in person or virtual) • 100% after in-network deductible for each **virtual primary care** visit for members 18 years of age or older, by a BCBSM-selected vendor	80% after out-of-network deductible
Online visits - by physician or **BCBSM** selected vendor must be medically necessary **Note:** Online visits by a non-BCBSM selected vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	100% after in-network deductible	80% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Office consultations - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Urgent care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible

Emergency medical care

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

Diagnostic services

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

Maternity services provided by a physician or certified nurse midwife

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

Hospital care

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

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care - must be in a **participating** skilled nursing facility	100% after in-network deductible	100% after in-network deductible
	Limited to a maximum of 90 days per member per calendar year	
Hospice care	100% after in-network deductible	100% after in-network deductible
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a **participating** hospice program **only**; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home health care: • must be medically necessary • must be provided by a **participating** home health care agency	100% after in-network deductible	100% 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 prior authorization - consult with your doctor	100% after in-network deductible	100% after in-network deductible

Surgical services

Benefits	In-network	Out-of-network
Surgery - includes related surgical services and medically necessary facility services by a **participating** ambulatory surgery facility	100% after in-network deductible	80% after out-of-network deductible
Presurgical consultations	100% after in-network deductible	80% after out-of-network deductible
Voluntary sterilization of male reproductive organs	100% after in-network deductible	80% after out-of-network deductible
Note: For voluntary sterilization of female reproductive organs, see **"Preventive care services."**		
Expanded Abortion Services	Not covered	Not covered

Human organ transplants

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

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-network	Out-of-network
Inpatient mental health care and **inpatient** substance use disorder treatment	100% after in-network deductible	80% after out-of-network deductible
	Unlimited days	
Residential psychiatric treatment facility: • covered mental health services must be performed in a residential psychiatric treatment facility • treatment requires prior authorization • subject to medical criteria	100% after in-network deductible	80% after out-of-network deductible
Outpatient mental health care: • Facility and clinic	100% after in-network deductible	100% after in-network deductible in participating facilities **only**
• Online visits **Note:** Online visits by a non-BCBSM selected vendor are not covered	100% after in-network deductible	80% after out-of-network deductible
• Physician's office	100% after in-network deductible	80% after out-of-network deductible
Outpatient substance use disorder treatment - in approved facilities **only**	100% after in-network deductible	80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment

Benefits	In-network	Out-of-network
Applied behavior analysis (ABA) treatment - subject to prior authorization **Note:** Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	100% after in-network deductible	80% after out-of-network deductible **Note:** Services rendered by an approved licensed behavior analyst (LBA) will apply the in-network cost-sharing.
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible
	Physical, speech and occupational therapy **with an autism diagnosis** is unlimited	

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

Benefits	In-network	Out-of-network
Other covered services, including nutritional counseling and mental health services, for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) **Note:** Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. **Note:** When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	100% after in-network deductible	80% after out-of-network deductible
Allergy testing and therapy	100% after in-network deductible	80% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	100% after in-network deductible	80% after out-of-network deductible
	Limited to a **combined** 12-visit maximum per member per calendar year	
Outpatient physical, speech and occupational therapy - provided for rehabilitation	100% after in-network deductible	80% after out-of-network deductible **Note:** Services at nonparticipating outpatient physical therapy facilities are not covered.
	Limited to a **combined** 30-visit maximum per member per calendar year	
Durable medical equipment **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Durable Medical Equipment providers. **Note:** DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	100% after in-network deductible	80% after out-of-network deductible
Prosthetic and orthotic appliances **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Prosthetics/Orthotics providers.	100% after in-network deductible	80% after out-of-network deductible
Private duty nursing care	100% after in-network deductible	80% after out-of-network deductible

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Benefits-at-a-glance

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Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our website at **bcbsm.com/pharmacy**. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, you can 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 Blue Cross defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. Blue Cross reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay or coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

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

Member's responsibility (copays and coinsurance amounts)

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

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

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

Benefits		90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	1 to 30-day period	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $20 copay	No coverage	No coverage

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
	84 to 90-day period	After deductible is met, you pay $20 copay	After deductible is met, you pay $20 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $80 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $160 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay $160 copay	After deductible is met, you pay $160 copay	No coverage	No coverage
Generic specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $10 copay **Note:** No coverage for 31-90 day supply.			
Preferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $40 copay **Note:** No coverage for 31-90 day supply.			
Nonpreferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $80 copay **Note:** No coverage for 31-90 day supply.			

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

Covered services

Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Prescribed over-the-counter drugs - when covered by BCBSM	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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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
State-controlled drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved **generic** and **select brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	80% of approved amount
FDA-approved **generic** and **select brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance **plus** an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs **Note:** Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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

Features of your prescription drug plan

Custom Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • **Generic drug tier** - This tier 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. • **Preferred brand-name drug tier** - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive then generic and members pay more for them. • **Nonpreferred brand-name drug tier** - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. **Step Therapy**, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Maximum allowable cost drugs	For maximum allowable cost (MAC) Drugs, if you have a prescription filled by an in-network pharmacy, and the pharmacist fills it with a generic equivalent drug, you are required to pay only the copayment and/or deductible, if applicable. If you obtain a brand name drug when a generic equivalent drug is available, you must pay the difference between the maximum allowable cost and the BCBSM approved amount for the brand name drug plus your copayment and/or deductible, if applicable. **Note:** If your physician requests and receives authorization for a brand name drug from BCBSM's Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your copayment and/or deductible, if applicable.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.

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Hearing Care Coverage
Effective Date: On or after January 2025
Benefits-at-a-glance

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Member's responsibility (deductible and copay/coinsurance)

Benefits	Participating provider	Nonparticipating provider
Deductible **Note**: You are required to meet the annual calendar year deductible under your Simply Blue HSA coverage **before** using your hearing care benefits.	**Your Simply Blue HSA hearing care benefits are subject to the same deductible required under your Simply Blue HSA medical coverage.** Hearing care benefits are **not** payable until after you have met the Simply Blue HSA annual deductible.	Not applicable
Coinsurance	**Your Simply Blue HSA hearing care benefits are subject to the same coinsurance required under your Simply Blue HSA medical coverage.**	Not applicable

Covered services

You **must** receive the following services from **a hearing participating provider**. Hearing care services are **not** covered when performed by nonparticipating providers unless the services are performed outside of Michigan **and** the local Blue Cross and Blue Shield plan does **not** contract with providers for hearing care services. In this case, BCBSM will pay the approved amount for hearing aids and related covered services obtained from a nonparticipating provider. You may be responsible for charges that exceed our approved amount.

If you select a digitally controlled programmable hearing device, you may be responsible for charges that exceed the cost of a covered hearing aid.

Benefits	Participating provider	Nonparticipating provider
Audiometric exam - one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered
Hearing aid evaluation- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Ordering and fitting the hearing aid (a monaural or binaural hearing aid)- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Hearing aid conformity test- one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered

Note: You **must** obtain a medical evaluation (sometimes called a medical clearance exam) of the ear performed by a physician-specialist before you receive your hearing aid. If a physician-specialist is not accessible, your primary care doctor may perform the medical evaluation. **This evaluation is not covered under your hearing care coverage, so you must pay for this exam unless your medical coverage includes coverage for office visits.**

A physician-specialist is a licensed doctor of medicine or osteopathy who is also board certified or in the process of being board certified as an otolaryngologist. A physician-specialist determines whether a patient has a hearing loss and whether such loss can be offset by a hearing aid.

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Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

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

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

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

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

Eligibility Information

Member	Eligibility Criteria
Dependents	• Subscriber's legal spouse • **Dependent children**: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

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

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

Benefits	In-network	Out-of-network
Deductibles **Note:** Your deductible **combines** deductible amounts paid under your Simply Blue HSA medical coverage **and** your Simply Blue prescription drug coverage. **Note:** The full family deductible **must** be met under a two-person or family contract before benefits are paid for any person on the contract.	$1,650 for a one-person contract or $3,300 for a family contract (two or more members) each calendar year **(no 4th quarter carry-over)**	$3,300 for a one-person contract or $6,600 for a family contract (two or more members) each calendar year **(no 4th quarter carry-over)**
	Deductibles are based on amounts defined annually by the federal government for Simply Blue HSA-related health plans. Deductibles may increase annually. Please call your customer service center for an annual update.	
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) **Note:** Coinsurance amounts apply once the deductible has been met.	20% of approved amount for most covered services	40% of approved amount for most covered services
Annual out-of-pocket maximums - applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts	$4,000 for a one-person contract $8,000 for a family contract (two or more members) each calendar year	$8,000 for a one-person contract $16,000 for a family contract (two or more members) each calendar year
Lifetime dollar maximum	None	

Preventive care services

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

Benefits	In-network	Out-of-network
Voluntary sterilization of female reproductive organs	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)	60% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Well-baby and Well-child visits	100% (no deductible or copay/coinsurance) • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance) **Note:** Subsequent medically necessary mammograms performed during the **same** calendar year are subject to your deductible and coinsurance, if applicable. One per member per calendar year	60% after out-of-network deductible **Note:** Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance) for routine colonoscopy **Note:** Medically necessary colonoscopies performed during the **same** calendar year are subject to your deductible and coinsurance, if applicable. One routine colonoscopy per member per calendar year	60% after out-of-network deductible

Physician office services

Benefits	In-network	Out-of-network
Office visits - must be medically necessary **Note: Virtual Primary Care** visits by a non-BCBSM selected vendor are not covered.	• 80% after in-network deductible for each office visit (in person or virtual) • 80% after in-network deductible for each **virtual primary care** visit for members 18 years of age or older, by a BCBSM-selected vendor	60% after out-of-network deductible
Online visits - by physician or **BCBSM** selected vendor must be medically necessary **Note:** Online visits by a non-BCBSM selected vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	80% after in-network deductible	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	80% after in-network deductible	60% after out-of-network deductible
Urgent care visits - must be medically necessary	80% after in-network deductible	60% after out-of-network deductible

Emergency medical care

Benefits	In-network	Out-of-network
Hospital emergency room	80% after in-network deductible	80% after in-network deductible
Ambulance services - must be medically necessary	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	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	
Note: Nonemergency services must be rendered in a **participating** hospital.		
Inpatient consultations	80% after in-network deductible	60% after out-of-network deductible
Chemotherapy	80% after in-network deductible	60% after out-of-network deductible

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care - must be in a **participating** skilled nursing facility	80% after in-network deductible	80% after in-network deductible
	Limited to a maximum of 90 days per member per calendar year	
Hospice care	80% after in-network deductible	80% after in-network deductible
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a **participating** hospice program **only**; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home health care: • 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 prior authorization - 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	80% after in-network deductible	60% after out-of-network deductible
Voluntary sterilization of male reproductive organs	80% after in-network deductible	60% after out-of-network deductible
Note: For voluntary sterilization of female reproductive organs, see **"Preventive care services."**		
Expanded Abortion Services	Not covered	Not covered

Human organ transplants

Benefits	In-network	Out-of-network
Specified human organ transplants - must be in a **designated** facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	80% after in-network deductible - in designated facilities **only**
Bone marrow transplants - must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	60% after out-of-network deductible
Specified oncology clinical trials **Note:** BCBSM covers clinical trials in compliance with PPACA.	80% after in-network deductible	60% after out-of-network deductible
Cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-network	Out-of-network
Inpatient mental health care and **inpatient** substance use disorder treatment	80% after in-network deductible	60% after out-of-network deductible
	Unlimited days	
Residential psychiatric treatment facility: • covered mental health services must be performed in a residential psychiatric treatment facility • treatment requires prior authorization • subject to medical criteria	80% after in-network deductible	60% after out-of-network deductible
Outpatient mental health care: • Facility and clinic	80% after in-network deductible	80% after in-network deductible in participating facilities **only**
• Online visits **Note:** Online visits by a non-BCBSM selected vendor are not covered	80% after in-network deductible	60% after out-of-network deductible
• Physician's office	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 behavior analysis (ABA) treatment - subject to prior authorization **Note:** Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	80% after in-network deductible	60% after out-of-network deductible **Note:** Services rendered by an approved licensed behavior analyst (LBA) will apply the in-network cost-sharing.
Outpatient physical therapy, speech therapy and occupational therapy 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	

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

Benefits	In-network	Out-of-network
Other covered services, including nutritional counseling and 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) **Note:** Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. **Note:** When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	80% after in-network deductible	60% after out-of-network deductible
Allergy testing and therapy	80% after in-network deductible	60% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	80% after in-network deductible	60% after out-of-network deductible
	Limited to a **combined** 12-visit maximum per member per calendar year	
Outpatient physical, speech and occupational therapy - provided for rehabilitation	80% after in-network deductible	60% after out-of-network deductible **Note:** Services at nonparticipating outpatient physical therapy facilities are not covered.
	Limited to a **combined** 30-visit maximum per member per calendar year	
Durable medical equipment **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Durable Medical Equipment providers. **Note:** DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	80% after in-network deductible	60% after out-of-network deductible
Prosthetic and orthotic appliances **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Prosthetics/Orthotics providers.	80% after in-network deductible	60% after out-of-network deductible
Private duty nursing care	80% after in-network deductible	60% after out-of-network deductible

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Simply Blue℠ HSA PPO with Rx LG
Effective Date: On or after January 2025
Benefits-at-a-glance

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Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our website at **bcbsm.com/pharmacy**. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, you can 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 Blue Cross defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. Blue Cross reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay or coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

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

Member's responsibility (copays and coinsurance amounts)

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

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

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

Benefits		90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	1 to 30-day period	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay	After deductible is met, you pay $10 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $20 copay	No coverage	No coverage

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
	84 to 90-day period	After deductible is met, you pay $20 copay	After deductible is met, you pay $20 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay	After deductible is met, you pay $40 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $80 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay	After deductible is met, you pay $80 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, you pay $160 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, you pay $160 copay	After deductible is met, you pay $160 copay	No coverage	No coverage
Generic specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $10 copay **Note:** No coverage for 31-90 day supply.			
Preferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $40 copay **Note:** No coverage for 31-90 day supply.			
Nonpreferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, you pay $80 copay **Note:** No coverage for 31-90 day supply.			

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

Covered services

Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Prescribed over-the-counter drugs - when covered by BCBSM	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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
State-controlled drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved **generic** and **select brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	80% of approved amount
FDA-approved **generic** and **select brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance **plus** an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs **Note:** Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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

Features of your prescription drug plan

Custom Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • **Generic drug tier** - This tier 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. • **Preferred brand-name drug tier** - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive then generic and members pay more for them. • **Nonpreferred brand-name drug tier** - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. **Step Therapy**, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Maximum allowable cost drugs	For maximum allowable cost (MAC) Drugs, if you have a prescription filled by an in-network pharmacy, and the pharmacist fills it with a generic equivalent drug, you are required to pay only the copayment and/or deductible, if applicable. If you obtain a brand name drug when a generic equivalent drug is available, you must pay the difference between the maximum allowable cost and the BCBSM approved amount for the brand name drug plus your copayment and/or deductible, if applicable. **Note:** If your physician requests and receives authorization for a brand name drug from BCBSM's Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your copayment and/or deductible, if applicable.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.

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Hearing Care Coverage
Effective Date: On or after January 2025
Benefits-at-a-glance

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Member's responsibility (deductible and copay/coinsurance)

Benefits	Participating provider	Nonparticipating provider
Deductible **Note**: You are required to meet the annual calendar year deductible under your Simply Blue HSA coverage **before** using your hearing care benefits.	**Your Simply Blue HSA hearing care benefits are subject to the same deductible required under your Simply Blue HSA medical coverage.** Hearing care benefits are **not** payable until after you have met the Simply Blue HSA annual deductible.	Not applicable
Coinsurance	**Your Simply Blue HSA hearing care benefits are subject to the same coinsurance required under your Simply Blue HSA medical coverage.**	Not applicable

Covered services

You **must** receive the following services from **a hearing participating provider**. Hearing care services are **not** covered when performed by nonparticipating providers unless the services are performed outside of Michigan **and** the local Blue Cross and Blue Shield plan does **not** contract with providers for hearing care services. In this case, BCBSM will pay the approved amount for hearing aids and related covered services obtained from a nonparticipating provider. You may be responsible for charges that exceed our approved amount.

If you select a digitally controlled programmable hearing device, you may be responsible for charges that exceed the cost of a covered hearing aid.

Benefits	Participating provider	Nonparticipating provider
Audiometric exam - one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered
Hearing aid evaluation- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Ordering and fitting the hearing aid (a monaural or binaural hearing aid)- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Hearing aid conformity test- one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered

Note: You **must** obtain a medical evaluation (sometimes called a medical clearance exam) of the ear performed by a physician-specialist before you receive your hearing aid. If a physician-specialist is not accessible, your primary care doctor may perform the medical evaluation. **This evaluation is not covered under your hearing care coverage, so you must pay for this exam unless your medical coverage includes coverage for office visits.**
A physician-specialist is a licensed doctor of medicine or osteopathy who is also board certified or in the process of being board certified as an otolaryngologist. A physician-specialist determines whether a patient has a hearing loss and whether such loss can be offset by a hearing aid.

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Simply Blue℠ HSA PPO with Rx Embedded Cost-Sharing LG
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Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

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

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

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

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

Eligibility Information

Member	Eligibility Criteria
Dependents	• Subscriber's legal spouse • **Dependent children**: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

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

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

Benefits	In-network	Out-of-network
Deductibles **Note:** Your deductible **combines** deductible amounts paid under your Simply Blue HSA medical coverage **and** your Simply Blue prescription drug coverage.	$3,500 for one member or $7,000 for the family (when two or more members are covered under your contract) each calendar year **(no 4th quarter carry-over)**	$7,000 for one member or $14,000 for the family (when two or more members are covered under your contract) each calendar year **(no 4th quarter carry-over)**
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) **Note:** Coinsurance amounts apply once the deductible has been met.	None	20% of approved amount for most covered services
Annual out-of-pocket maximums - applies to deductibles and coinsurance amounts for all covered services - including prescription drug cost-sharing amounts	$6,900 for one member, $13,800 for the family (when two or more members are covered under your contract) each calendar year	$13,800 for one member, $27,600 for the family (when two or more members are covered under your contract) each calendar year
Lifetime dollar maximum	None	

Preventive care services

Benefits	In-network	Out-of-network
Health maintenance exam - includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year **Note:** Additional well-women visits may be allowed based on medical necessity.	Not covered
Gynecological exam	100% (no deductible or copay/coinsurance), two per member per calendar year **Note:** Additional well-women visits may be allowed based on medical necessity.	Not covered
Pap smear screening - laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilization of female reproductive organs	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible

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

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

Physician office services

Benefits	In-network	Out-of-network
Office visits - must be medically necessary **Note: Virtual Primary Care** visits by a non-BCBSM selected vendor are not covered.	• 100% after in-network deductible for each office visit (in person or virtual) • 100% after in-network deductible for each **virtual primary care** visit for members 18 years of age or older, by a BCBSM-selected vendor	80% after out-of-network deductible
Online visits - by physician or **BCBSM** selected vendor must be medically necessary **Note:** Online visits by a non-BCBSM selected vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	100% after in-network deductible	80% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Office consultations - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
Urgent care visits - must be medically necessary	100% after in-network deductible	80% after out-of-network deductible

Emergency medical care

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

Diagnostic services

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

Maternity services provided by a physician or certified nurse midwife

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

Hospital care

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

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care - must be in a **participating** skilled nursing facility	100% after in-network deductible	100% after in-network deductible
	Limited to a maximum of 90 days per member per calendar year	
Hospice care	100% after in-network deductible	100% after in-network deductible
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a **participating** hospice program **only**; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home health care: • must be medically necessary • must be provided by a **participating** home health care agency	100% after in-network deductible	100% 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 prior authorization - consult with your doctor	100% after in-network deductible	100% after in-network deductible

Surgical services

Benefits	In-network	Out-of-network
Surgery - includes related surgical services and medically necessary facility services by a **participating** ambulatory surgery facility	100% after in-network deductible	80% after out-of-network deductible
Presurgical consultations	100% after in-network deductible	80% after out-of-network deductible
Voluntary sterilization of male reproductive organs	100% after in-network deductible	80% after out-of-network deductible
Note: For voluntary sterilization of female reproductive organs, see **"Preventive care services."**		
Expanded Abortion Services	Not covered	Not covered

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Human organ transplants

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

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-network	Out-of-network
Inpatient mental health care and **inpatient** substance use disorder treatment	100% after in-network deductible	80% after out-of-network deductible
	Unlimited days	
Residential psychiatric treatment facility: • covered mental health services must be performed in a residential psychiatric treatment facility • treatment requires prior authorization • subject to medical criteria	100% after in-network deductible	80% after out-of-network deductible
Outpatient mental health care: • Facility and clinic	100% after in-network deductible	100% after in-network deductible in participating facilities **only**
• Online visits **Note:** Online visits by a non-BCBSM selected vendor are not covered	100% after in-network deductible	80% after out-of-network deductible
• Physician's office	100% after in-network deductible	80% after out-of-network deductible
Outpatient substance use disorder treatment - in approved facilities **only**	100% after in-network deductible	80% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment

Benefits	In-network	Out-of-network
Applied behavior analysis (ABA) treatment - subject to prior authorization **Note:** Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	100% after in-network deductible	80% after out-of-network deductible **Note:** Services rendered by an approved licensed behavior analyst (LBA) will apply the in-network cost-sharing.
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible
	Physical, speech and occupational therapy **with an autism diagnosis** is unlimited	

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Benefits	In-network	Out-of-network
Other covered services, including nutritional counseling and mental health services, for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) **Note:** Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. **Note:** When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	100% after in-network deductible	80% after out-of-network deductible
Allergy testing and therapy	100% after in-network deductible	80% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	100% after in-network deductible	80% after out-of-network deductible
	Limited to a **combined** 12-visit maximum per member per calendar year	
Outpatient physical, speech and occupational therapy - provided for rehabilitation	100% after in-network deductible	80% after out-of-network deductible **Note:** Services at nonparticipating outpatient physical therapy facilities are not covered.
	Limited to a **combined** 30-visit maximum per member per calendar year	
Durable medical equipment **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Durable Medical Equipment providers. **Note:** DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	100% after in-network deductible	80% after out-of-network deductible
Prosthetic and orthotic appliances **Note:** Reference the Find A Doctor tool at bcbsm.com for in-network Prosthetics/Orthotics providers.	100% after in-network deductible	80% after out-of-network deductible
Private duty nursing care	100% after in-network deductible	80% after out-of-network deductible

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

LAINGSBURG COMMUNITY SCHOOLS
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Simply Blue℠ HSA PPO with Rx Embedded Cost-Sharing LG
Effective Date: On or after January 2025
Benefits-at-a-glance

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

Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our website at **bcbsm.com/pharmacy**. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, you can 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 Blue Cross defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. Blue Cross reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay or coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

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

Member's responsibility (copays and coinsurance amounts)

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

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

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

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

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
	84 to 90-day period	After deductible is met, You pay $20 copay	After deductible is met, You pay $20 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	After deductible is met, You pay $40 copay	After deductible is met, You pay $40 copay	After deductible is met, You pay $40 copay	After deductible is met, You pay $40 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, You pay $80 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, You pay $80 copay	After deductible is met, You pay $80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, You pay $80 copay	After deductible is met, You pay $80 copay	After deductible is met, You pay $80 copay	After deductible is met, You pay $80 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, You pay $160 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, You pay $160 copay	After deductible is met, You pay $160 copay	No coverage	No coverage
Generic specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, You pay $10 copay **Note:** No coverage for 31-90 day supply.			
Preferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, You pay $40 copay **Note:** No coverage for 31-90 day supply.			
Nonpreferred brand-name specialty drugs	1 to 30-day period	**Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs** After deductible is met, You pay $80 copay **Note:** No coverage for 31-90 day supply.			

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

Covered services

Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Prescribed over-the-counter drugs - when covered by BCBSM	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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
State-controlled drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved **generic** and **select brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription preventive drugs, supplements and vitamins as required by PPACA	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% of approved amount	No coverage	100% of approved amount	80% of approved amount
FDA-approved **generic** and **select brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved **brand-name** prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance **plus** an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs **Note:** Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

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

Features of your prescription drug plan

Custom Drug List	A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost. • **Generic drug tier** - This tier 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. • **Preferred brand-name drug tier** - This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive then generic and members pay more for them. • **Nonpreferred brand-name drug tier** - This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. **Step Therapy**, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Maximum allowable cost drugs	For maximum allowable cost (MAC) Drugs, if you have a prescription filled by an in-network pharmacy, and the pharmacist fills it with a generic equivalent drug, you are required to pay only the copayment and/or deductible, if applicable. If you obtain a brand name drug when a generic equivalent drug is available, you must pay the difference between the maximum allowable cost and the BCBSM approved amount for the brand name drug plus your copayment and/or deductible, if applicable. **Note:** If your physician requests and receives authorization for a brand name drug from BCBSM's Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your copayment and/or deductible, if applicable.
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.

Blue Cross Blue Shield of Michigan

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LAINGSBURG COMMUNITY SCHOOLS
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Hearing Care Coverage
Effective Date: On or after January 2025
Benefits-at-a-glance

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

Member's responsibility (deductible and copay/coinsurance)

Benefits	Participating provider	Nonparticipating provider
Deductible **Note**: You are required to meet the annual calendar year deductible under your Simply Blue HSA coverage **before** using your hearing care benefits.	**Your Simply Blue HSA hearing care benefits are subject to the same deductible required under your Simply Blue HSA medical coverage.** Hearing care benefits are **not** payable until after you have met the Simply Blue HSA annual deductible.	Not applicable
Coinsurance	**Your Simply Blue HSA hearing care benefits are subject to the same coinsurance required under your Simply Blue HSA medical coverage.**	Not applicable

Covered services

You **must** receive the following services from **a hearing participating provider**. Hearing care services are **not** covered when performed by nonparticipating providers unless the services are performed outside of Michigan **and** the local Blue Cross and Blue Shield plan does **not** contract with providers for hearing care services. In this case, BCBSM will pay the approved amount for hearing aids and related covered services obtained from a nonparticipating provider. You may be responsible for charges that exceed our approved amount.

If you select a digitally controlled programmable hearing device, you may be responsible for charges that exceed the cost of a covered hearing aid.

Benefits	Participating provider	Nonparticipating provider
Audiometric exam - one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered
Hearing aid evaluation- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Ordering and fitting the hearing aid (a monaural or binaural hearing aid)- one every 36 months	100% of approved amount after Simply Blue HSA deductible	Not covered
Hearing aid conformity test- one every 36 months	100% of approved amount after Simply Blue HSA deductible and coinsurance	Not covered

Note: You **must** obtain a medical evaluation (sometimes called a medical clearance exam) of the ear performed by a physician-specialist before you receive your hearing aid. If a physician-specialist is not accessible, your primary care doctor may perform the medical evaluation. **This evaluation is not covered under your hearing care coverage, so you must pay for this exam unless your medical coverage includes coverage for office visits.**
A physician-specialist is a licensed doctor of medicine or osteopathy who is also board certified or in the process of being board certified as an otolaryngologist. A physician-specialist determines whether a patient has a hearing loss and whether such loss can be offset by a hearing aid.

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ADN ADMINISTRATORS

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

LAINGSBURG COMMUNITY SCHOOLS Dental Benefits Plan — Group # 40293

Instructional

The Plan-at-a-Glance	PPO Networks: ADN Dental Network, DenteMax
Maximum Benefits	**January 1st through December 31st**
Annual Maximum	$2,000 per eligible individual for covered class I, II and III services.
Lifetime Orthodontics Maximum	$2,500 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of $1000
Class I Preventive Services – 100%	
Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning), Periodontal Maintenance	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 18
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Class II Restorative Services – 90%	
Composite and Amalgam fillings**	
Space Maintainers	Up to age 14
Sealants	Up to age 14
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery
Occlusal Guards	For Bruxism Only
TMJ Appliances and Services	
Class III Major Services – 90%	
Inlays, Onlays and Crowns	
Complete and Partial Removable Dentures	
Fixed Partial Dentures (Bridges)	
Denture Repair and Adjustment	
Denture Reline or Rebase	
Addition of Teeth to Partial Dentures	
Endosteal Implants	
Class IV Orthodontic Services – 90%	
Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19
Not Covered	
Eposteal and Transosteal Implants and related restorations	Cosmetic Treatment

Deductible – None
Missing Tooth Clause – None
12 Month Billing Limitation
Waiting Periods – None
COB – Standard

**Composite and resins are not covered for posterior teeth, alternate benefit applies
**Prosthetics are considered on delivery date

****Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding $250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

National Vision Administrators, L.L.C.

Your NVA Vision Benefit Summary

Laingsburg Community Schools

Effective 07/01/2024
Revised 01/01/2025
Group Number# 1406

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Calendar Year	▪ Covered 100% After $25 copay	Reimbursed Amount ▪ Covered 100% After $25 copay
Lenses Once Every Calendar Year	Standard Glass or Plastic	
▪ Single Vision	▪ Covered 100%	▪ Up to $100
▪ Bifocal	▪ Covered 100%	▪ Up to $125
▪ Trifocal	▪ Covered 100%	▪ Up to $150
▪ Lenticular	▪ Covered 100%	▪ Up to $225
▪ Solid Tints	▪ Covered 100%	▪ Up to $110
▪ Fashion Gradient Tints	▪ Covered 100%	▪ Up to $110
▪ Polycarbonates	▪ Covered 100%	▪ Up to $110
▪ Glass Photogrey	▪ Covered 100%	▪ Up to $110
▪ Standard Transitions	▪ Covered 100%	▪ Up to $110
▪ Polarzied	▪ Covered 100%	▪ Up to $110
▪ High Index	▪ Covered 100%	▪ Up to $110
▪ AR Coating – Tier 1	▪ Covered 100%	▪ Up to $110
▪ AR Coating – Tier 2	▪ Covered 100%	▪ Up to $110
▪ AR Coating – Tier 3	▪ Covered 100%	▪ Up to $110
▪ AR Coating – Tier 4	▪ Covered 100%	▪ Up to $110
▪ AR Coating – Tier 5	▪ Covered 100%	▪ Up to $110
▪ UV Coatings	▪ Covered 100%	▪ Up to $110
▪ Standard Scratch Coating	▪ Covered 100%	▪ Up to $110
▪ Progressives – Tier 1	▪ Covered 100%	▪ Up to $225
▪ Progressives – Tier 2	▪ Covered 100%	▪ Up to $225
▪ Progressives – Tier 3	▪ Covered 100%	▪ Up to $225
▪ Progressives – Tier 4	▪ Covered 100%	▪ Up to $225
▪ Progressives – Tier 5	▪ Covered 100%	▪ Up to $225
▪ Progressives – Tier 6	▪ Covered 100%	▪ Up to $225
▪ Progressives – Tier 7	▪ Covered 100%	▪ Up to $225
▪ Progressives – Tier 8	▪ Covered 100%	▪ Up to $225
▪ Trivex	▪ Covered 100%	▪ Up to $110
Frame Once Every Calendar Year	Retail Allowance ▪ Up to $150 (20% discount off balance)*	▪ Up to $150
Contact Lenses Once Every Calendar Year	In lieu of Lenses & Frame	In lieu of Lenses & Frame
Elective Contact Lenses	▪ Up to $225 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**	▪ Up to $225
Fit/Follow-Up***		
Standard Daily Wear	▪ Covered 100%	▪ Up to $110
Standard Extended Wear	▪ Covered 100%	▪ Up to $110
Specialty Wear	▪ Covered 100%	▪ Up to $110
Medically Necessary****	▪ Up to $225	▪ Up to $$225

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every calendar year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at www.e-nva.com, or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 1406004701 or the group number on the identification card and enter in your search parameters. It's that easy!

*Does not apply to Costco, Wal-Mart / Sam's Club or Lenscrafters locations or for certain proprietary brands.
**Does not apply to Costco, Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain locations at: Target & Pearle and may be prohibited by some manufacturers.
***Only covered if you choose Contact Lenses.
****Pre-approval from NVA required.

Get a Better View

Fixed prices/courtesy discount do not apply at Costco, Walmart/Sam's Club and LensCrafters locations.
Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- $39 Retinal Screening
- $30 Blended Bifocal (Segment)
- $40 Blue Light Blocker (Standard)
- $60 Blue Light Blocker (Premium)
- $150 Blue Light Blocker (Ultra)

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Costco, LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.
Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:
-Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent
-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount: You will receive up to 60% savings at participating provider locations through NationsHearing®.

Discounts: In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only

Service	Participating Provider	Lens Options
	Member Cost:	
Eye Examination:	Retail Less $10	$12 Solid Tint/ Gradient Tint
		$50 Standard Progressive Lenses
Contact Lens Fitting:	Retail Less 10%	$75 Polarized Lenses
		$65 Transitions Single Vision Standard
		$70 Transitions Multi-Focal Standard
Lenses:	Glass or Plastic	$15 Standard Scratch Coating
Single Vision	$35.00	$12 UV Coating
Bifocal	$55.00	$35 Polycarbonate
Trifocal or Lenticular	$70.00	$45 Standard Anti-Reflective
Frame:	Retail Less 35%	
Contact Lenses*:	**Member Cost:**	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price.

Costco, Wal-Mart / Sam's Club and Lenscrafters stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e., Costco, LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

At NVA, We Work Only for Our Clients.

Exclusions / Limitations: No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

National Vision Administrators, L.L.C. ▫ PO Box 2187 ▫ Clifton, NJ 07015
Web: www.e-nva.com ▫ App: App Store or Google Play ▫ Toll-Free: 1.800.672.7723
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This document is intended as a program overview only and is not a certified document of the individual plan parameters.

COUNCIL 13 AFSCME UNION LABEL