



# **CITY OF WALLED LAKE**

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## **WALLED LAKE POLICE OFFICERS ASSOCIATION**

### **COLLECTIVE BARGAINING AGREEMENT**



**JULY 1, 2022 – JUNE 30, 2026**

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Union Rep. Initials 

City Rep. Initials 

This Agreement is made and entered into on the 28<sup>th</sup> day of June 2022 and shall be in effect for four (4) years commencing July 1, 2022, to and including June 30, 2026, by and between the City of Walled Lake, hereinafter referred to collectively as the "Employer," and the Police Officers Association of Michigan on behalf of the Walled Lake Police Association referred to as the "Union." It is the desire of both parties for this Agreement to continue to work harmoniously and to promote and maintain high standards between the Employer and Union which will best serve the citizens of the City of Walled Lake.

**ARTICLE 1**  
**RECOGNITION**

**Section 1.1** The Employer recognizes the Union as the exclusive representative of the full-time Patrol Officers of the City of Walled Lake Police Department for the purpose of collective bargaining with respect to rates of pay, salaries, hours of employment in the following bargaining unit for which it has been certified and in which the Union is recognized as collective bargaining representative, subject to and in accordance with, the provisions of Act 336 of the Public Acts of 1947, as amended.

This agreement shall include all full-time Patrol Officers of the Walled Lake Police Department in their various assignments including but not limited to detective and task force officer, excluding all casual and temporary employees, the Department Head, Deputy Department Head, Captains, Lieutenants, Sergeants, Part-Time Police Officers, Administrative Assistant, Reserve Officers, Records Coordinator, Record Clerks and all other employees.

It shall be considered a violation of this Agreement for employees or groups of employees or anyone acting in their behalf to approach any of the seven (7) member City Council, except as set forth in this Agreement, concerning any matter which is a subject of the collective bargaining agreement between the Employer and the Union, or which is a grievance under the grievance and arbitration procedure.

Union Rep. Initials           m          

City Rep. Initials           MEJ

**ARTICLE 2**  
**NO-DISCRIMINATION**

**Section 2.1** The provisions of this Agreement shall be applied equally to all employees in the bargaining unit without discrimination as to age, sex, marital status, race, color, creed, national origin, political affiliation or disability. The Union shall share equally with the Employer, the responsibility for applying this provision of this Agreement.

Any matter in which a civil remedy is pursued by a grievant, at law or in equity, in any state or federal court, or administrative agency, involving issues claimed or raised in a grievance shall not be subject to arbitration unless a court of competent jurisdiction rules that the grievant must first exhaust his/her administrative remedies.

**ARTICLE 3**  
**MANAGEMENT RESPONSIBILITY**

**Section 3.1** The rights to hire, promote, discharge, or discipline, and to maintain discipline and efficiency of employees are the sole responsibility of the Employer, except that the Union members shall not be discriminated against as such. In addition, the work schedules, methods and means of departments' operations are solely and exclusively the responsibility of the Employer, subject, however, to the provisions of this Agreement. All rights and responsibilities of the Employer are subject to the rights provided to the Union which emanate from the language of this agreement.

**ARTICLE 4**  
**SENIORITY & HOURS OF WORK**

**Section 4.1 New Employees.** New full-time employees may acquire seniority by working eighteen (18) continuous months in which event the employee's seniority will begin with the date of most recent hire into the Department. (See probationary extension Article 5, Section 3.) When the employee acquires seniority, his/her name shall be placed on the seniority list in the order of his/her seniority date. An up-to-date seniority list shall be furnished to the Union upon

request. Notwithstanding past practice, seniority shall be defined as years of continuous full-time service with the Employer.

Notwithstanding past practice, an employee shall be terminated and lose his/her seniority for the following reasons:

- A. If the employee resigns or retires.
- B. If the employee is discharged and not reinstated.
- C. Is absent without a reasonable excuse acceptable to the Employer for three (3) consecutive working days; or without notice to the Employer of such excuse within three (3) days; or a reasonable excuse for failing to so notify the Employer within the three (3) days.
- D. If the employee does not return to work at the end of an approved leave.
- E. If the employee does not return to work when recalled from a layoff.
- F. For any approved leave of absence except for the first thirty (30) days thereof.
- G. Is laid off for a period of more than six (6) months.
- H. If the employee falsifies any document during the course of the pre-employment process or during employment.

**Section 4.2 Shift Scheduling.** Notwithstanding past practice Police Officers shall be scheduled to work in each twenty-eight (28) day cycle, ten (10) days of twelve (12) hours, and four (4) days of ten (10) hours. Any hours between 7:00 a.m. and 7:00 p.m. shall be considered as “day shift,” and any hours between 7:00 p.m. and 7:00 a.m. shall be considered as “night shift.” Absent an emergency, Police Officers shall not be required to work more than sixteen (16) continuous hours, exclusive of court time.

With the approval of the Department Head, Police Officers may exchange workdays with other Police Officers, provided such an exchange does not result in overtime.

The decision to cover all or any portion of the workday of an absent Police Officer by calling in a Police Officer shall be made by the Department Head or his/her designee; the parties recognizing that no minimum manning provision is included in this agreement.

Police Officers shall select their schedule in writing by bargaining unit seniority. This shift selection process will be repeated if a Police Officer leaves employment of the Employer. The Employer may schedule a Police Officer for training either during a scheduled day of work, or during a regular off day. Training may be for any number of hours on any day on which it is scheduled.

Absent an emergency, scheduled or approved leave days will not be changed by the Employer except as noted in Article 10. The Employer may schedule an employee to work other than normal shift hours with thirty (30) day notice.

The employee assigned to the detective bureau shall work either ten (10) hour shifts or eight (8) hours shifts as assigned by the Department Head. The employee assigned to the detective bureau, or a task force shall work Monday thru Friday.

**Section 4.3 Employment outside the Department.** In the event that an employee leaves the bargaining unit to assume another position with the City, his/her seniority shall be frozen as of the date of his/her departure from the bargaining unit. Such an employee would continue to accrue seniority only upon his/her return to the bargaining unit from other employment with the Employer but will not receive seniority for the time he was employed outside of the bargaining unit.

## **ARTICLE 5**

### **PROBATIONARY EMPLOYMENT**

**Section 5.1 Length of Probationary Period.** All bargaining unit members shall serve an eighteen (18) month probationary period. No later than fifteen (15) days prior to eighteen (18) months, they will be evaluated by the Department Head on a form prepared by the City. An employee, who is evaluated, shall be provided with a copy of said evaluation. The employee shall have the right, to the extent established through State Law, to review his/her personnel file at any reasonable time during normal City Hall business hours.

**Section 5.2 Extensions.** The Department Head shall extend the probationary period for an additional six (6) months if, in his/her judgment, he/she is not able to adequately evaluate the employee.

**Section 5.3 Right to Seniority.** Employees who have not completed their probationary period of service with the Department shall have no seniority right during such probationary period but shall be subject to all other clauses of this Agreement, unless specifically excluded. All employees who have worked eighteen (18) months with the Department shall become permanent employees. Upon the satisfactory completion of the probationary period and effective date of this contract, the probationary period shall be considered part of the employee's seniority provided, however, the Employer shall have the right to terminate without compliance with the terms of the Agreement, the employment of any such new employee within eighteen (18) months from the commencement or extension of the probationary period. New employee's seniority will date back to the date of most recent hire into the department.

**Section 5.4 Holiday Compensation.** Probationary employees shall not be entitled to paid holidays until they have completed 180 days of employment.

**ARTICLE 6**  
**DUES CHECK-OFF**

**Section 6.1 Payroll Deduction.** The Employer agrees to deduct the Union membership initiation fees and dues, once each month, from the pay of those employees who individually authorize in writing that such deductions shall be made. All authorizations delivered to the Employer prior to the first day of the month shall become effective during that succeeding month. Check-off monies will be deducted from the second paycheck of each month and shall be remitted together with an itemized statement to the union, within fourteen (14) days after the deductions have been made.

**Section 6.2 Elimination of Payroll Deduction.** An employee shall cease to be subject to Check-Off deductions beginning with the month in which he/she is no longer a member of the bargaining unit. Any employee may voluntarily cancel or revoke the authorization for Check-Off

deduction upon written notice to the Employer and the Union fifteen (15) days prior to the expiration of the Agreement.

Any employee of the Employer who is covered by this Agreement who is not a member of the Union and who does not make application for membership shall, as a condition of employment, pay to the Union each month a service fee as a contribution toward the administration of this Agreement in an amount equal to the regular monthly Union membership dues.

In the event an employee refuses to meet his/her obligation to pay either Union dues or a service fee as set forth above, the Union shall notify the employee, in writing with a copy to the Employer, of its intent to seek the suspension of the employee. Such notice must be provided at least fourteen (14) days prior to the suspension.

Upon written notice from the Union to the Employer that an employee has failed, neglected or refused to tender dues or service charges to the Union, the City shall immediately suspend the employee without pay for a period not to exceed fifteen (15) days. If the employee has not made all required payments to the Union within the fifteen (15) day period of suspension, the Employer shall immediately thereafter terminate employment. The employee shall have no right to the grievance procedure under this provision.

**Section 6.3 Employer Hold Harmless Clause.** The Union will protect and save harmless the Employer from any and all claims, demands, suits, and other forms of liability by reason of action taken by the Employer for the purpose of complying with this Article. All claims made against the City for errors committed by the City must be submitted to the City Manager within fifteen (15) working days or the error will stand.

**ARTICLE 7**  
**BASIS OF REPRESENTATION**

**Section 7.1 Union Board.** There shall be an executive board, comprised of a President, Vice-President, Secretary, Treasurer and Sergeant at Arms. The Vice-President may act as President only in the absence of the President. The President and his/her alternate may act only within their own classification.

**Section 7.2 Time-Off Work.** The President will be permitted to leave work after obtaining approval of the City Manager or Department Head. The association President shall record their time for the purpose of adjusting grievances under Article 18 and for reporting to the grievant a change in status of his/her grievance. Permission for the association President to leave the workstation will not be unreasonably withheld. The association President will report time used for bargaining agreement activities to the Department Head upon returning from a grievance discussion.

The privilege of the association President to leave their work during working hours, without loss of pay, is extended with the understanding that the time will be devoted to the prompt handling of grievances and will not be abused, and that they will continue to work at their assigned jobs at all times except when permitted to leave their work to handle grievances.

For purposes of allowing the association President to attend meetings of the Union Executive Board (no more than once each month), the association President may request to be allowed to trade shifts with another employee; provided that: the association President must submit a written request at least two (2) weeks in advance, the association President will still be responsible for his/her scheduled shift and they will be responsible for trading the shift with the other employees and notifying the Employer of the name of the employee at the time the written request is filed. It is understood that under no circumstances will the Employer incur any overtime pay liability to any employee by reason of shift trade.

**Section 7.3 Union Membership.** Bargaining unit employee may sign an authorization for deduction of dues/fees for membership in the Union. The authorization for deduction of

dues/fees may be revoked by the bargaining unit member upon written notice to the Employer, with a copy to the Union.

The amount of dues/fees shall be designated by written notice from the Union to the Employer. If there is a change in the amount of dues/fees, such change shall become effective the month following transmittal of the written notice to the Employer. The Employer shall deduct the dues/fees once each month from the pay of the employees that have authorized such deductions.

Deduction of dues/fees shall be remitted to the Union at 27056 Joy Rd., Redford, MI., 48239-1949. In the event a refund is due, an employee for any sums deducted from wages and paid to the Union, it shall be the responsibility of such employee to obtain the appropriate refund from the Union.

If an authorized deduction for an employee is not made, the Employer shall make the deduction from the employee's next pay after the error has been called to the Employer's attention by the employee or Union.

The Union will protect, save harmless and indemnify the Employer from any and all claims, demands, suits and other forms of liability by reason of action taken by the Employer for the purpose of complying with this article of the agreement.

Unless otherwise provided in this article, all matters pertaining to a bargaining unit employee establishing or reestablishing membership in the Union, including requirements established by the Union for providing paid services to non-union bargaining unit employees, shall be governed by the internal conditions mandated by the Union pursuant to its authority under section 10 (2) of the Public Employment Relations Act.

**ARTICLE 8**  
**DUTY-CONNECTED DISABILITY**

**Section 8.1** Notwithstanding past practice, a duty disability leave shall mean a leave as a result of the employee incurring a compensable duty related illness or on-the-job injury during employment.

In order to be eligible for duty disability leave, an employee shall immediately report any illness or injury, however minor, to his/her immediate supervisor.

Permanent or probationary employees who are unable to work as a result of an injury or illness sustained in the course of employment shall receive duty disability pay as follows:

The Employer shall, for a period not to exceed one (1) year from the date of injury, supplement, without charge to sick leave or vacation, the difference between Worker's Compensation benefits and the regular rate of pay, excluding any overtime pay. The purpose of this section is that the employee's net take home amount remains the same through the period of duty related disability. Additionally, the Employer will continue to pay the employee's health, dental, and vision insurance for this period.

If an employee is disabled longer than one (1) year, he/she shall be entitled to receive whatever weekly benefits are available under Michigan Workers Compensation Law, Social Security and/or the MERS retirement plan, but not to exceed one hundred (100%) percent of his/her regular pay at the time of disability.

If an employee suffers a duty disability and it is ascertained that the nature of the injury or illness is such that the employee will be permanently unable to work, such employee will be, at the discretion of the Employer, and if the employee is eligible under the 'Employers retirement plan, be retired under the Employer retirement plan.

**ARTICLE 9**  
**FUNERAL LEAVE**

**Section 9.1** Notwithstanding past practice, in case of a death occurring in the employee's immediate family requiring his/her absence and during a duty period, the employee shall be granted an automatic leave of twenty-four (24) hours with pay. With the approval of the Department Head, the employee may be granted such a leave for up to forty-eight (48) hours with pay. Immediate family is defined as the employee's spouse, child, stepchildren, sibling, parent, stepparent, grandparent, any relative of the employee living in the same household and his/her parent-in-law's.

Employees may request an unpaid leave of absence for a death in the immediate family. The granting of any such leave and the amount thereof shall be approved by the Department Head.

**ARTICLE 10**  
**PAID TIME OFF**

**Section 10.1 Earned Paid Time Off (PTO).** Each regular employee who has been in continuous service with the Employer shall receive PTO which shall be used for vacation, sick and/or personal time. Eligibility for PTO shall be based upon the employee's anniversary date in accordance with the following schedule. Notwithstanding past practice, PTO is acknowledged to be earned and given at the beginning of each July 1 and is based on the seniority attained in the previous fiscal year, and no portion of said PTO is accrued in one year to be payable in the next. Employees with less than one year of service on July 1 shall receive seven (7) hours of PTO for each full month of service from their hire date.

<u>Years of Service</u>	<u>Paid Time Off</u>
1 Year but less than 5 Years	76 Hours
5 Years but Less than 10 Years	116 Hours
10 Years but Less than 15 Years	156 Hours
15 Years but Less than 20 Years	180 Hours
20 Years & Over	232 Hours

Any employee assigned by the Department Head to a task force shall receive an additional twenty-eight (28) hours of PTO annually. These hours will be paid monthly over the twelve months of the Employers budget year.

**Section 10.2 Use of PTO.** Except as provided below, PTO must be taken during the year given and no more than 40 hours may be carried over to the following year with the approval of the City Manager. PTO will be granted at such times during the year when suitable considering both the wishes of the employee and the efficient operation of the Employer. PTO may be split providing such scheduling does not interfere with the operations of the employee's department. Employees required to take compulsory military training shall be allowed to take their PTO at the time such training must be taken. In the event that the employee is prevented by the Employer from taking any or all PTO which he/she has requested said PTO will be carried over to the following year or the employee may request payment for the said unused PTO at straight time. Employees may gift another employee PTO time with approval from the City Manager.

**Section 10.3 Scheduling.** Written PTO requests will be submitted to the Department Head or his/her designee by February 1<sup>st</sup> for the following March through February time period. To better accommodate all employees a first and second choice PTO period should be submitted. Shift/Platoon selection shall be submitted by January 1<sup>st</sup> for March 1<sup>st</sup> through February each year.

The Department Head may cancel any employee's scheduled PTO and request the employee to submit for a new PTO time period.

If more requests for a PTO on a particular date are received than can be granted, preference for PTO will be allocated on the basis of seniority for those who turn in application request during the required month. Those who apply after the required deadline will have PTO scheduled when submitted based on shift availability.

In the event any employee fails to submit a request for PTO the Department may schedule the employee's PTO.

**ARTICLE 11**  
**HOLIDAYS**

**Section 11.1 List of Holidays.** Notwithstanding past practice, the following days shall be considered recognized and observed paid holidays:

- |                            |                              |
|----------------------------|------------------------------|
| 1. New Year's Day          | 7. Thanksgiving Day          |
| 2. Memorial Day            | 8. Day after Thanksgiving    |
| 3. 4 <sup>th</sup> of July | 9. December 24 <sup>th</sup> |
| 4. Labor Day               | 10. Christmas Day            |
| 5. Veteran's Day           | 11. December 31              |
| 6. Good Friday             |                              |

**Section 11.2 Eligibility and Payment.** Employees shall only receive holiday pay for holidays worked. Employees shall be paid at a rate of double time and a half (2 ½) of the hourly rate as defined in Section 20.1 for all holidays worked. Holiday hours will include any hours that are within the time frame of 12:00 am and 11:59 pm on the dates listed above. Holidays shall be offered first to the employee who is regularly scheduled to work that day and then to members by bargaining unit seniority. Employees assigned to detective or task force duties, choosing to work a holiday, shall have to work a patrol shift if the holiday falls on a day outside of their normal schedule (see Section 4.2).

The union president or his/her designee shall be responsible for maintaining the seniority list within the bargaining unit for eligible members. Members not working shall be offered the holiday on a rotating basis by bargaining unit seniority, and a refusal or acceptance to work will cause the member to go to the bottom of the rotation. The list shall continuously rotate and if all members refuse, then part-time officers shall work the holiday. The union president or his/her designee shall submit the holiday list to the department head sixty (60) days prior to the holiday. If the list is incomplete, or not submitted to the department head, the shifts shall be filled at his/her discretion.

If an employee calls in sick or refuses to work the holiday, within 48 hours of the beginning of the shift, the department head shall fill the holiday as needed for the efficient operation of the department.

The holiday benefit shall not be used to add, cube and/or pyramid overtime charges to the Employer.

**ARTICLE 12**  
**SICK AND PERSONAL LEAVE**

**Section 12.1 Sick Leave.** Notwithstanding past practice, after July 1, 2013, no further sick time will be accrued by any employee subject to this bargaining agreement.

**Section 12.2 Personal Leave.** Notwithstanding past practice effective July 1, 2013, employees will not receive personal time.

**ARTICLE 13**  
**LONGEVITY**

**Section 13.1** Notwithstanding past practice, after five (5) years of service longevity shall be paid at \$4,250 on the employee's anniversary date.

**ARTICLE 14**  
**UNIFORMS**

**Section 14.1 Uniform Requirement.** Employees are required to wear a uniform and body armor. As needed, at the Department Head's discretion, uniforms will be provided by the Employer. Members are expected to provide reasonable care and maintenance of the supplied uniforms. The employee shall reimburse the Employer for the employee's negligent loss or damage to the uniform. This section shall also apply to the employee assigned to Detective duties (i.e., dress shirts, ties, etc.).

**Section 14.2 Body Armor.** The Employer will provide body armor. Body Armor may be replaced every five (5) years from date of issuance upon the request of the Officer.

**Section 14.3 Employer Directed Changes.** Notwithstanding past practice, the cost of any changes in the uniform, which changes are directed by the Employer, and which require immediate replacement of the uniform, will be at the expense of the Employer.

**ARTICLE 15**  
**RETIREMENT**

**Section 15.1 Pension.** Notwithstanding past practice, bargaining unit members under this contract shall receive the Municipal Employees Retirement System (MERS) pension with the following benefits:

- A. Effective October 1, 2013 the benefit multiplier will bridge down from 2.5% to 1.9%. Final average compensation (FAC) will be calculated using the frozen FAC-3 method. Other pension options include FAC-3, D-2 with an unreduced retirement allowance at age 55 with 25 years of service to the Employer.
- B. MERS wages shall be comprised of the base wage as used to compute the employee's hourly rate and all contributions from the Employer and deductions from the employee will be based on the base wage.
- C. Effective October 1, 2013 employees shall contribute eight percent (8.00%) of their MERS wages.
- D. Employees hired after June 30, 2016 will be enrolled in a MERS pension division with a 1.5% multiplier, 5% employee contribution, 3 year FAC on the base wage, unreduced early retirement of 55/25.

**Section 15.2 Equipment.** Upon retirement, the Employer shall present an employee in good standing with his/her duty weapon, badge, and retired police officer's identification.

**Section 15.3 Deferred Compensation.** The Employer will offer a deferred compensation program as provided in Section 457 of the Internal Revenue Code to be financed by voluntary salary reduction contributions by the employees electing to participate.

**Section 15.4 Retirement Healthcare.** The Employer will make monthly contributions of \$52.00 for individuals and \$104.00 for employees with two person or family medical coverage into an agreed upon Healthcare Savings Program; provided such program is individually owned



**Section 16.4 False Arrest Insurance.** The Employer shall provide to each employee covered by this agreement, a policy of false arrest insurance. The premiums of such insurance will be paid by the Employer.

**Section 16.5 Off-Duty Sickness and Accident Insurance.** Notwithstanding past practice, effective July 1, 2013, the Employer will provide increased coverage for all members' loss of income due to sickness and accident based upon the following:

Short-term Disability

Sixty (60%) percent of weekly earnings to a maximum of one thousand (\$1000) per week, less any amounts received or to which the employee is entitled under the mandatory provision of any "no-fault" motor vehicle plan and/or state compulsory benefit act or law. Benefits begin on the 1<sup>st</sup> day of injury or the 8<sup>th</sup> day of sickness. Benefits are payable for 13 weeks.

Long-term Disability

Sixty (60%) percent of basic monthly earnings not to exceed five thousand (\$5,000) dollars per month, less any other income benefits. Benefits begin after 13 weeks and would continue until the individual becomes eligible for social security benefits. The Employer shall continue to pay an employee's medical benefits for a maximum of twelve (12) months.

Exclusions

This section does not apply to compensable sickness or accident as provided for under Article 8 of this Agreement.

Leave Banks

Employee use of leave banks to supplement the disability income will be subject to the terms of the disability policy.



**Section 16.9 Tuition Reimbursement & Education Bonuses.** Notwithstanding past practice there shall be no reimbursement for tuition payments and there shall be no payment of an education bonus for holding a degree.

**ARTICLE 17**  
**DISCIPLINARY PROCEDURE**

If the employer has reason to reprimand an employee, it shall be done in a manner that will not embarrass the employee before other employees or the public.

**Section 17.1 Cause.** No member of this bargaining unit shall be disciplined or discharged except for just cause. Discharge and/or discipline shall be the responsibility of the Department Head or his/her designee.

**Section 17.2 Past Infractions.** In imposing any discipline on a current charge, the Employer will not take into account any prior infractions which occurred more than three (3) years previously, unless such prior infractions would have justified suspension of the employee at the time or unless the discipline imposed at the time involved a period of probation extending more than a period of two (2) years.

**Section 17.3 Employee Rights.** The discharged or disciplined employee will be allowed to discuss the discharge or suspension with the association President within five (5) working days after the effective date of such action taken and the Employer will make available an area where he/she may do so before he/she is required to leave the property of the Employer. Upon request, the Department Head will discuss the discharge or discipline with the employee and the association President.

Upon written request, the Employer shall provide the Union, at a date agreed to by both parties, copies of all documents, statements, audio tapes, video tapes, etc. upon which the Employer relied to make any decision to discipline or discharge an employee. The Union shall be responsible for all direct costs associated with the request.



**ARTICLE 18**  
**GRIEVANCE PROCEDURE**

Every reasonable effort shall be made by the parties involved to arrive at a fair and equitable settlement of every grievance without resorting to the Grievance Procedure. If that is found to be impossible, the matter may be submitted to the Grievance Procedure in accordance with the terms of this Agreement.

**Section 18.1 Savings Clause.** Nothing in this Article shall prevent any individual employee of the Union from exercising the rights granted in Act 336 of the Public Acts of 1947, as amended.

**Section 18.2 Definition.** For the purpose of this Agreement, a grievance is defined as an alleged violation of this Agreement. Grievances involving the discharge or discipline of an employee shall be processed under Article 17 of this Agreement.

**Section 18.3 Procedure.** The Employer and the Union support and subscribe to an orderly method of adjusting grievances. To this end, the Employer and the Union agree that an employee should first bring the problem to the attention of his/her immediate supervisor, with or without his/her Union President, who shall attempt to resolve the grievance informally.

Notwithstanding past practice, the following procedure shall be followed to present a grievance to the Employer.

- A. The employee or the Union shall present the grievance in writing to the Department Head or his/her delegate within fifteen (15) regularly scheduled working days of the event, or knowledge of the event, which gave rise to the grievance.
- B. A grievance shall be answered in writing by the appropriate Department Head or his/her delegate within fifteen (15) regularly scheduled working days after the grievance is presented to the Department Head.



**Section 18.8 Regular Workdays Defined.** The following are to be considered regularly working days for grievance processing: Monday through and including Friday. Saturday, Sunday, and Holidays are not to be considered regular working days for grievance processing.

**Section 18.9 Sole Remedy.** The sole remedy available to any employee for any alleged breach of this Agreement or any alleged violation of his/her rights hereunder will be pursuant to the Grievance Procedure; provided, that is, an employee elects to pursue any legal or statutory remedy, such election will bar any further or subsequent proceedings for relief under the provisions of this Article.

**ARTICLE 19**  
**WAGES**

**Section 19.1 Base Wage Scale.** Effective date of signing the following salary schedule shall prevail for classified positions:

CLASSIFICATION PATROL OFFICER

	<u>BASE</u> <u>YEAR</u>	<u>AFTER 1</u> <u>YEAR</u>	<u>AFTER 2</u> <u>YEARS</u>	<u>AFTER 3</u> <u>YEARS</u>	<u>AFTER 4</u> <u>YEARS</u>	<u>AFTER 5</u> <u>YEARS</u>	<u>AFTER 6</u> <u>YEARS</u>	<u>AFTER 7</u> <u>YEARS</u>
7/1/2022	\$52,379	\$55,275	\$58,290	\$61,305	\$64,320	\$67,335	\$70,350	\$73,973
7/1/2023	\$53,952	\$56,934	\$60,039	\$63,144	\$66,250	\$69,355	\$72,460	\$76,562
7/1/2024	\$55,569	\$58,642	\$61,837	\$65,039	\$68,253	\$71,436	\$74,635	\$79,242
7/1/2025	\$57,236	\$60,400	\$63,695	\$66,990	\$70,285	\$73,578	\$76,872	\$82,015

For purposes of this agreement the Patrol Officer classification shall include assignments of Detective, Task Force Officer and other various assignments as directed by management.

**Section 19.2 Right of City Manager** With the approval of the City Manager, an employee may start at any step of the applicable salary schedule and will thereafter progress on the applicable salary schedule in one (1) year increments.

**ARTICLE 20**  
**OVERTIME**

**Section 20.1 Rate of Pay and Minimum Hours.** If an employee is required by his/her supervisor to work longer than the regularly scheduled shift on any regular working day, he/she will be compensated at an hourly rate equal to one and one-half (1 1/2) times his/her normal hourly rate. "Hourly rate" is defined as the base wage salary divided by 2,080 hours. In the event that an employee is called back for duty by the Department, after he/she had gone off duty at the end of his/her shift, or at a time when the employee would not normally be on duty, he/she will be entitled to not less than four (4) hours pay to be paid as follows:

1. At the appropriate premium time rate (time and one-half) for all hours worked.
2. Straight time for the remainder of the four (4) hours

Paid time off shall not be considered when computing overtime on a daily basis.

**Section 20.2 Court Appearances.** When employees are required to appear in Court during off-duty hours, they will be compensated at time and one-half (1 1/2) times their hourly rate for all time spent in Court, with a guaranteed minimum of four (4) hours per day according to the formula outlined in Article 20, Section 1. In the event that a police officer is ordered by a court to stand by for purposes of a court appearance and does not actually appear in court on that day, he/she shall be compensated at time and one-half for two (2) hours.

**Section 20.3 Compensatory Time.** In lieu of pay for overtime set forth in Section 1 above, an employee may request credit for compensatory time off. All requests for compensatory time off credit will be submitted in writing to the Department Head or his/her designee for his/her review and approval. Such requests shall be approved or denied by the Employer within five (5) regularly scheduled workdays (i.e., Monday, through and including Friday, but excluding holidays) of the receipt of the request. Upon the Department's written approval, such compensatory time off shall be computed at one and one-half (1 1/2) hours for each hour worked by the employee on an overtime basis. Compensatory time may be accumulated to a maximum of one hundred twenty (120) hours outstanding at any time. Compensatory time may be taken upon



- B. Notices of Union elections;
- C. Notices of Union appointments and results of the Union elections;
- D. Notices of Union meetings;
- E. Other notices of bona fide Union affairs, which are not political or libelous in nature.

**Section 21.4 Vehicle License Suspension or Revocation.** It is agreed that employees may be summarily suspended without pay if such members' right to operate a motor vehicle in the State of Michigan is suspended, revoked, or renewal is denied by the Secretary of State. Notwithstanding past practice, any employee whose license is suspended for longer than 30 days shall be automatically removed from their position and shall be considered immediately terminated from employment.

**Section 21.5 Gender Application.** All references to employees in this Agreement designate both sexes and whenever the male gender is used, it shall be construed to include male and female employees.

**Section 21.6 Worker Safety.** Under no circumstances will an employee be required or be assigned to engage in any activity involving dangerous equipment conditions. Employees shall immediately or at the end of their shift, report all defects of equipment, in writing on a form supplied by the Department Head, and employees shall not be required to use the equipment until it has been approved as being safe by the Department Head or his/her designee.

When the occasion arises where an employee gives a written report on forms supplied by the Employer of the equipment being in unsafe operating condition, and receives no consideration from the Employer, he/she shall take the matter up with representatives of the Union who will take the matter up with the Employer.

An employee not so notifying the Department Head or Department Head's designee of the occurrence of damage to any vehicles or equipment at the end of his/her shift shall be subject to disciplinary action by the Employer.

**Section 21.7 Employee Health Testing.** The Employer may require the employee to submit to physical examinations and mental tests by doctors when such examinations and tests are considered to be of value in maintaining a capable workforce, employee health and safety, etc., provided, however, that the Employer will pay for the costs of such examinations and tests.

**Section 21.8 Distribution of Information to Union.** A copy of any order, general order, rule, regulation, training bulletin or document of a similar nature which applies to more than one employee shall be posted in an appropriate place and copy made available to the Union.

**Section 21.9 Reserve Officers.** Reserve Officers are peace officers. Although not fully certified by MCOLES standards the Employer utilizes Reserve Officers in various activities. Without limiting the Employers right to assign Reserve Officers as determined by the Department Head or his/her designee, bargaining unit members shall not be required to engage in general patrol activities with Reserve Police Officers or civilians, but may do so on a voluntary basis.

**Section 21.10 Mileage Reimbursement.** In the event that the use of an employee's vehicle on Employer business is approved in advance by the Employer, the employee will receive mileage reimbursement under applicable the Employers policy.

**Section 21.11 Employee Contact Information.** It shall be the responsibility of each employee to immediately notify the Department Head of any change of address or telephone number. The employee's address and telephone number as it appears on the Employers records shall be conclusive when used in connection with layoffs, recalls, or other notices to the employee.

**Section 21.12 Equipment Turn-in.** All equipment must be turned in to the Employer at the time of termination from employment. The Employer may deduct the cost of the equipment not so returned to the Employer from the employee's final paycheck(s).

**Section 21.13 Recordkeeping.** Employer's records shall be conclusive when used in connection with layoffs, recalls, or other notices to the employee.

**ARTICLE 22**  
**LAYOFF, RECALL AND TRANSFER**

**Section 22.1 Layoff.** The word “layoff” shall mean a reduction in the working force. Notwithstanding past practice, in all cases of layoff within each classification/rank, the principal of straight seniority by department shall be observed and length of service shall govern, provided that the Employer determines the remaining employees can perform the available work. When possible, the Employer will give at least thirty (30) days notice prior to layoff to the employees affected, together with a list of the names of said employees to the Union. If and when an employee is laid off, he/she will be eligible for unemployment benefits compensation under the Michigan Unemployment Compensation Act or applicable City Ordinance, provided said employee remains eligible and conforms to all requirements under the applicable law. Exceptions to this procedure may be made by written agreement between the Employer and the Union. All Employer provided insurance coverage shall automatically terminate at the end of the calendar month in which the layoff occurs.

**Section 22.2 Recall.** Employees will be recalled in the reverse order of the layoff, providing the Department Head determines the employee can perform the available work. Notice of recall shall be sent to the employee at last known address by registered or certified mail. Notwithstanding past practice if an employee fails to contact the Department Head within ten (10) days from the date of mailing of the notice of recall, he/she shall be considered to have voluntarily left the employment and shall be automatically removed from his/her position and shall be considered immediately terminated from employment.

**Section 22.3 Transfer.** If and when an employee is permanently transferred, the Union shall be notified of said transfer by the Department Head.

**ARTICLE 23**  
**LEAVES OF ABSENCE**

**Section 23.1 Temporary Discretionary Leave.** The City Manager, in his/her sole discretion, may grant a temporary written leave of absence to employees for periods up to thirty



**Section 23.5 Family Medical Leave Act.** Any paid or unpaid leave addressed in this contract which qualifies as a leave under the Family Medical Leave Act (FMLA) shall run concurrently with the leave to which the employee is eligible under the FMLA. Under the FMLA, an eligible employee may use twelve (12) workweeks of any FMLA leave in a twelve (12) month period. This twelve (12) month period is measured back from the date the employee uses FMLA leave. In administering the FMLA, the Employer may take any actions consistent with that statute and the Employers leave rules and policies.

**ARTICLE 24**  
**SCOPE OF AGREEMENT**

**Section 24.1** This Agreement represents the entire agreement between the Union and the Employer and is not subject to any prior oral agreements or understanding between the parties and may be amended only in writing signed by both of the parties hereto. In the event any of the provisions in this Agreement are found to be contrary to the provisions of any applicable provisions of law, such applicable provisions of law shall control, and the remaining provisions of this Agreement shall not be affected thereby.

**ARTICLE 25**  
**NO-STRIKE NO-LOCKOUT**

**Section 25.1** Under no conditions will the Union cause or authorize or permit its members to cause, nor will any member of the Bargaining Unit take part in any strike, sit-down, or stay-in, slowdown, or any violation of any State Law. In the event of a work stoppage or other curtailment, the Union shall immediately instruct the involved employee in writing that their conduct is in violation of the Agreement, and that all such persons shall immediately cease the offending conduct.

**ARTICLE 26**  
**MAINTENANCE OF CONDITIONS**

**Section 26.1** The Employer shall make no changes that are contrary to the provisions of this Agreement in wages, hours, or conditions of employment. This Agreement shall supersede any rules and regulations governing the appropriate Department which are in conflict with the provisions of this Agreement.

**ARTICLE 27**  
**EMPLOYERS DEPARTMENT RULES**

**Section 27.1** The Employer shall continue to have the right to establish, adopt, change, amend and enforce reasonable Rules and/or Departmental Rules and Regulations not in conflict with the terms of this Agreement, governing discipline, health and safety duties, rules of conduct and work rules, including, but not limited to, a fair and reasonable drug testing policy applicable to all persons covered by this Agreement, with such tests based upon reasonable suspicion.

**ARTICLE 28**  
**DURATION AND TERMINATION**

**Section 28.1** This Agreement shall remain in full force and effect until 11:59 p.m., June 30, 2026. Should either party desire to modify the agreement a 90 day notice will be delivered to the other party. In the event that a notice of modification is given, negotiations shall begin soon after the receipt of the ninety (90) day notice. This Agreement shall remain in full force and be effective during the period of negotiations or until notice of termination of this Agreement is provided to the other party in the manner set forth in the following paragraph.

In the event that either party desires to terminate this Agreement, written notice must be given to the other party no less than ten (10) days prior to the desired termination date which shall not be before the termination date set forth in the preceding paragraph.

It is agreed and understood that the provisions contained herein shall remain in full force and effect so long as they are not in violation of applicable statutes and ordinances and remain within the jurisdiction of the City of Walled Lake.

WALLED LAKE POLICE OFFICERS  
ASSOCIATION



Thomas Funke, POAM

Dated: 6/28/22



Robert Higgins, President

Dated: 6.28.22

CITY OF WALLED LAKE



L. Dennis Whitt, City Manager

Dated: 6/28/2022



Miranda Gross, HR Administrator

Dated: 6/28/2022



Hana Jaquays, Assistant to the City  
Manager, Witness

Dated: 6.28.22



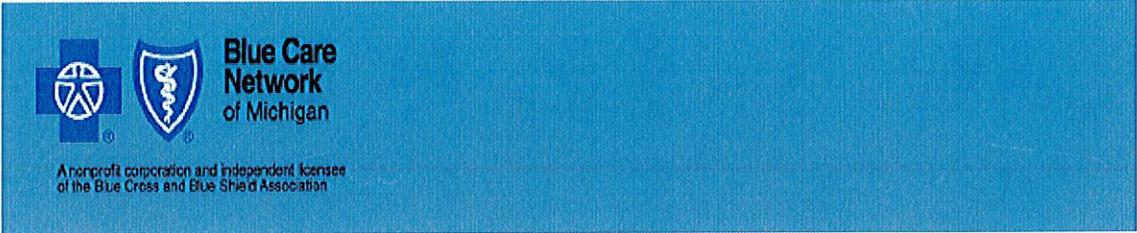
Police Chief Paul Shakinis,  
Chief Negotiator

Dated: 06/28/2022

Union Rep. Initials W

City Rep. Initials MEY

APPENDIX A



Location/Subgroup: CITY OF WALLED LAKE  
 Group-Subgroup-Class: 00129755-0001-0002

**BCN HSA<sup>SM</sup> HMO Gold \$2,000 High Deductible Health Plan for Medical and Prescription Drug Coverage**

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificate and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. Services must be provided or arranged by member's primary care physician or health plan.

**Member's Responsibility: Deductible, Copays, Coinsurance and Dollar Maximums**

Note: The Deductible will apply to certain services as defined below.

<b>Deductible</b> Note: Deductible is combined for both medical and prescription drug coverage. 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, \$4,000 for a family contract (2 or more members) each calendar year (No 4th quarter carryover)
<b>Fixed Dollar Copay</b> Note: Copay amounts apply once the deductible has been met.	None
<b>Coinsurance</b> Note: Coinsurance amounts apply once the deductible has been met.	0% and 50% for select services as noted below
<b>Out of Pocket Maximum – total amount paid toward medical and pharmacy services including deductible, copays and coinsurance cost-sharing amounts</b>	\$3,500 for a one-person contract, \$7,000 for a family contract (2 or more members) each calendar year

**Preventive Services - as defined by the Affordable Care Act and included in your Certificate of Coverage**

Health Maintenance Exam	Covered – 100%
Annual Gynecological Exam	Covered – 100%
Pap Smear Screening – laboratory services only	Covered – 100%
Well-Baby and Child Care	Covered – 100%
Immunizations – pediatric and adult	Covered – 100%
Prostate Specific Antigen (PSA) Screening – laboratory services only	Covered – 100%
Routine colonoscopy	Covered – 100%
Mammography Screening	Covered – 100%
Voluntary Female Sterilization	Covered – 100%
Breast Pumps	Covered – 100%
Maternity Pre-Natal Care	Covered – 100%

**Physician Office Services**

PCP Office Visits	Covered – 100% after deductible
Medical Online Visits	Covered – 100% after deductible
Consulting Specialist Care – when referred	Covered – 100% after deductible



Location/Subgroup: CITY OF WALLED LAKE  
 Group-Subgroup-Class: 00129755-0001-0002

<b>Emergency Medical Care</b>	
Hospital Emergency Room	Covered – 100% after deductible
Urgent Care Center	Covered – 100% after deductible
Retail Health Clinic	Covered – 100% after deductible
Ambulance Services – medically necessary	Covered – 100% after deductible
<b>Diagnostic Services</b>	
Laboratory and Pathology Services	Covered – 100% after deductible
Diagnostic Tests and X-rays	Covered – 100% after deductible
Radiation Therapy	Covered – 100% after deductible
<b>Maternity Services Provided by a Physician</b>	
Post-Natal Care. See Preventive Services section for Pre-Natal Care	Covered – 100%
Delivery and Nursery Care	Covered – 100% after deductible
<b>Hospital Care</b>	
General Nursing Care, Hospital Services and Supplies	Covered – 100% after deductible; unlimited days
Outpatient Surgery – see member certificate for specific surgical coinsurance	Covered – 100% after deductible
<b>Alternatives to Hospital Care</b>	
Skilled Nursing Care	Covered – 100% after deductible up to 45 days per calendar year
Hospice Care	Covered – 100% after deductible
Home Health Care	Covered – 100% after deductible
<b>Surgical Services</b>	
Surgery – Includes all related surgical services and anesthesia.	Covered – 100% after deductible
Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization	Covered – Male - 50% after deductible
Elective Abortion (One procedure per two-year period of membership)	Covered – 50% after deductible
Human Organ Transplants (subject to medical criteria)	Covered – 100% after deductible
Reduction Mammoplasty (subject to medical criteria)	Covered – 50% after deductible
Male Mastectomy (subject to medical criteria)	Covered – 50% after deductible
Temporomandibular Joint Syndrome (subject to medical criteria)	Covered – 50% after deductible
Orthognathic Surgery (subject to medical criteria)	Covered – 50% after deductible
Weight Reduction Procedures (subject to medical criteria) – Limited to one procedure per lifetime	Covered – 50% after deductible
<b>Behavioral Health Services (Mental Health and Substance Use Disorder Treatment)</b>	
Inpatient Mental Health Care	Covered – 100% after deductible
Inpatient Substance Use Disorder	Covered – 100% after deductible
Outpatient Mental Health Care includes online visits Note: For diagnostic and therapeutic services, see the Diagnostic Services section above for applicable cost sharing.	Covered – 100% after deductible
Outpatient Substance Use Disorder	Covered – 100% after deductible



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Location/Subgroup: CITY OF WALLED LAKE  
 Group-Subgroup-Class: 00129755-0001-0002

Autism Spectrum Disorders, Diagnoses and Treatment	
Applied behavioral analyses (ABA) treatment through age 18 Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCN approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered – 100% after deductible
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder through age 18 Unlimited visits for physical, speech and occupational therapy for autism spectrum disorder diagnosis	Covered – 100% after deductible
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health, medical office visits and preventive benefit
Other Services	
Allergy Testing and Therapy	Covered – 100% after deductible
Allergy office visits	Covered – 100% after deductible
Allergy injections	Covered – 100% after deductible
Chiropractic Spinal Manipulation – when referred	Covered – 100% after deductible; up to 30 visits per calendar year
Rehabilitative Services – subject to meaningful improvement within 90 days • Outpatient Physical and Occupational Therapy – limited to a combined benefit maximum of 30 visits per calendar year • Outpatient Speech Therapy – limited to 30 visits per calendar year	Covered – 100% after deductible
Habilitative Services • Outpatient Physical and Occupational Therapy – limited to a combined benefit maximum of 30 visits per calendar year • Outpatient Speech Therapy – limited to 30 visits per calendar year	Covered – 100% after deductible
Outpatient Cardiac and Pulmonary Rehabilitation	Covered – 100% after deductible; limited to a benefit maximum of 30 visits per calendar year
Infertility Counseling and Treatment (excluding In-vitro fertilization)	Covered – 50% after deductible
Durable Medical Equipment	Covered – 50% after deductible
Prosthetic and Orthotics Appliances	Covered – 50% after deductible
Diabetic Supplies Note: Certain diabetic supplies are covered through the pharmacy benefit. Applicable pharmacy cost-sharing will apply.	Covered – 100% after deductible
Pediatric Vision • Eye Exam – Limited to once per calendar year through the last day of the year in which an individual turns age 19 • Prescription Glasses – Frames (chosen from a select collection) and lenses are covered once in a calendar year through the last day of the year in which an individual turns age 19	Covered – 100%



Location/Subgroup: CITY OF WALLED LAKE  
 Group-Subgroup-Class: 00129755-0001-0002

Other Services	
Prescription Drugs	Tier 1A – Value Generics Covered – \$10 copay after deductible Tier 1B – Generics Covered – \$30 copay after deductible Tier 2 Preferred Brand Covered – \$60 Copayment after deductible Tier 3 Non-Preferred Brand C covered – \$80 Copayment after deductible Tier 4 Preferred Specialty C covered – 20% Coinsurance of the BCN Approved Amount after deductible (Maximum Copayment \$200) – Specialty drugs are covered only when obtained from the BCN Exclusive Specialty Pharmacy Network. Tier 5 Non-Preferred Specialty Covered – 20% Coinsurance of the BCN Approved Amount after Deductible (Maximum Copayment \$300) – Specialty drugs are covered only when obtained from the BCN Exclusive Specialty Pharmacy Network. Drugs for sexual dysfunction, weight loss, cough & cold Not Covered Contraceptives Covered – Tier 1A – 100% (deductible does not apply), Tier 1B – \$30 copay after deductible, Tier 2 - \$60 copay after deductible, Tier 3 - \$80 copay after deductible Preventive Drugs Covered – 100% 90 Day Retail: 64-90 day supply Covered – 3 times the 30-day copay minus \$10 after deductible Mail order: 30 day supply Covered – The applicable tiered copay applies after deductible Mail order: 31-90 day supply C covered – 3 times the 30-day copay minus \$10 after deductible



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**Location/Subgroup:** CITY OF WALLED LAKE  
**Group-Division:** 007006081-0003

Benefits	In-network	Out-of-network <sup>1</sup>
<b>Member's responsibility (deductibles, copays, coinsurance and dollar maximums)</b>		
<p>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.</p>		
<p><b>Deductibles</b>                      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.</p>	<p>\$2,000 for a one-person contract                      \$4,000 for a family contract (2 or more members) each calendar year (no 4th quarter carry-over)</p>	<p>\$4,000 for a one-person contract                      \$8,000 for a family contract (2 or more members) each calendar year (no 4th quarter carry-over)</p>
<p><b>Flat-dollar copays</b></p>	<p>See "Prescription Drugs" section</p>	<p>See "Prescription Drugs" section</p>
<p><b>Coinsurance amounts (percent copays)</b>                      Note: Coinsurance amounts apply once the deductible has been met.</p>	<p>• 50% of approved amount for bariatric surgery</p>	<p>• 20% approved amount for most other covered services                      • 50% of approved amount for bariatric surgery</p>
<p><b>Annual out-of-pocket maximums</b>                      Applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drugs cost-sharing amounts.</p>	<p>\$3,000 for a one-person contract                      \$6,000 for a family contract (2 or more members) each calendar year</p>	<p>\$5,000 for a one-person contract                      \$12,000 for a family contract (2 or more members) each calendar year</p>
<p><b>Lifetime dollar maximum</b></p>	<p>None</p>	<p>None</p>
<b>Preventive care services</b>		
<p><b>Health maintenance exam</b>                      Includes chest x-ray, EKG, cholesterol screening and other select lab procedures</p>	<p>100% (no deductible or copay/coinsurance), one per member per calendar year                      Note: Additional well-women visits may be allowed based on medical necessity.</p>	<p>Not covered</p>
<p><b>Gynecological exam</b></p>	<p>100% (no deductible or copay/coinsurance), one per member per calendar year                      Note: Additional well-women visits may be allowed based on medical necessity.</p>	<p>Not covered</p>
<p><b>Pap smear screening</b>                      Laboratory and pathology services</p>	<p>100% (no deductible or copay/coinsurance), one per member per calendar year</p>	<p>Not covered</p>
<p><b>Voluntary sterilizations for females</b></p>	<p>100% (no deductible or copay/coinsurance)</p>	<p>50% after out-of-network deductible</p>
<p><b>Prescription contraceptive devices</b>                      Includes insertion and removal of an intrauterine device by a licensed physician</p>	<p>100% (no deductible or copay/coinsurance)</p>	<p>50% after out-of-network deductible</p>
<p><b>Contraceptive injections</b></p>	<p>100% (no deductible or copay/coinsurance)</p>	<p>50% after out-of-network deductible</p>

<sup>1</sup> 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. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



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**Location/Subgroup:** CITY OF WALLED LAKE  
**Group-Division:** 007006081-0003

Benefits	In-network	Out-of-network *
<b>Preventive care services</b>		
<b>Well-baby and child care visits</b>	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
<b>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 provisions of the Patient Protection and Affordable Care Act</b>	100% (no deductible or copay/coinsurance)	Not covered
<b>Fecal occult blood screening</b>	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
<b>Flexible sigmoidoscopy exam</b>	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
<b>Prostate specific antigen (PSA) screening</b>	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
<b>Routine mammogram and related reading</b>	100% (no deductible or copay/coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance. 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. One per member per calendar year.
<b>Routine screening colonoscopy</b>	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. One per member per calendar year.	80% after out-of-network deductible One per member per calendar year.
<b>Physician office services</b>		
<b>Office visits</b> Must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
<b>Outpatient and home medical care visits</b> Must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
<b>Office consultations</b> Must be medically necessary	100% after in-network deductible	80% after out-of-network deductible

\* 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. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



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Benefits	In-network	Out-of-network *
<b>Physician office services</b>		
Online visits By physician must be medically necessary Note: Online visits by a non-BCBSM selected vendor are not covered.	100% after in-network deductible	80% after out-of-network deductible
<b>Urgent care visits</b>		
Urgent care visits Must be medically necessary	100% after in-network deductible	80% after out-of-network deductible
<b>Emergency medical care</b>		
Hospital emergency room	100% after in-network deductible	80% after in-network deductible
Ambulance services Must be medically necessary	100% after in-network deductible	80% after in-network deductible
<b>Diagnostic services</b>		
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
<b>Maternity services provided by a physician or certified nurse midwife</b>		
Prenatal care visits	100% (no deductible or copay/coinsurance)	80% after out-of-network deductible
Postnatal care	100% after in-network deductible	80% after out-of-network deductible
Delivery and nursery care	100% after in-network deductible	80% after out-of-network deductible
<b>Hospital care</b>		
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies Note: Nonemergency services must be rendered in a participating hospital.	100% after in-network deductible Unlimited days	80% after out-of-network deductible Unlimited days
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
<b>Alternatives to hospital care</b>		
Skilled nursing care Must be in a participating skilled nursing facility	100% after in-network deductible Limited to a maximum of 90 days per member per calendar year	100% after in-network deductible Limited to a maximum of 90 days per member per calendar year

\* 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. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



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**Location/Subgroup: CITY OF WALLED LAKE**  
**Group-Division: 007006081-0003**

Benefits	In-network	Out-of-network *
<b>Alternatives to hospital care</b>		
<b>Hospice care</b>	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)	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)
<b>Home health care</b> • must be medically necessary • must be provided by a participating home health care agency	100% after in-network deductible	100% after in-network deductible
<b>Infusion therapy</b> • must be medically necessary • must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) • may use drugs that require preauthorization – consult with your doctor	100% after in-network deductible	100% after in-network deductible
<b>Surgical services</b>		
<b>Surgery</b> 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
<b>Pre-surgical consultations</b>	100% after in-network deductible	80% after out-of-network deductible
<b>Voluntary sterilization for males</b> Note: For voluntary sterilizations for females, see "Preventive care services."	100% after in-network deductible	80% after out-of-network deductible
<b>Elective Abortions</b>	Covered 100% after in-network deductible	Covered 100% after out-of-network deductible
<b>Bariatric surgery</b>	50% after in-network deductible Limited to a lifetime maximum of one bariatric procedure per member.	50% after out-of-network deductible Limited to a lifetime maximum of one bariatric procedure per member.
<b>Human organ transplants</b>		
<b>Specified human organ transplants</b> 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
<b>Bone marrow transplants</b> 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
<b>Specified oncology clinical trials</b> Note: BCBSM covers clinical trials in compliance with PPACA.	100% after in-network deductible	80% after out-of-network deductible
<b>Kidney, cornea and skin transplants</b>	100% after in-network deductible	80% after out-of-network deductible

\* 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. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



Location/Subgroup: CITY OF WALLED LAKE  
 Group-Division: 007006081-0003

Benefits	In-network	Out-of-network *
<b>Behavioral Health Services (Mental Health and Substance Use Disorder Treatment)</b>		
Inpatient mental health care and inpatient substance use disorder treatment	100% after in-network deductible Unlimited days	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 must be preauthorized • 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
Outpatient mental health care: • 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
Outpatient mental health care: • 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)
<b>Autism spectrum disorders, diagnoses and treatment</b>		
Applied behavioral analysis (ABA) treatment When rendered by an approved board-certified behavioral analyst – is covered through age 18 subject to preauthorization. Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment.	100% after in-network deductible	100% after in-network deductible
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	100% after in-network deductible Physical, speech and occupational therapy with an autism diagnosis is unlimited.	80% after out-of-network deductible Physical, speech and occupational therapy with an autism diagnosis is unlimited.
Other covered services, including mental health services, for autism spectrum disorder	100% after in-network deductible	80% after out-of-network deductible
<b>Other covered services</b>		
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
Rehabilitative care: Outpatient physical and occupational therapy	100% after in-network deductible	80% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are not covered.

\* 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. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



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**Location/Subgroup:** CITY OF WALLED LAKE  
**Group-Division:** 007006081-0003

Benefits	In-network	Out-of-network *
<b>Other covered services</b>		
<b>Rehabilitative care:</b> Chiropractic and osteopathic manipulation	100% after in-network deductible Limited to a 30-visit maximum per member per calendar year Note: This 30-visit outpatient maximum is a combined maximum for all outpatient visits for physical therapy, occupational therapy, chiropractic services, and osteopathic manipulative therapy	80% after out-of-network deductible Limited to a 30-visit maximum per member per calendar year Note: This 30-visit outpatient maximum is a combined maximum for all outpatient visits for physical therapy, occupational therapy, chiropractic services, and osteopathic manipulative therapy
Outpatient speech therapy – when provided for rehabilitative care	100% after in-network deductible Limited to a 30-visit maximum per member per calendar year.	80% after out-of-network deductible Limited to a 30-visit maximum per member per calendar year.
<b>Habilitative care:</b> Outpatient physical and occupational therapy (excludes chiropractic and osteopathic manipulation)	100% after in-network deductible Limited to a 30-visit maximum per member per calendar year Note: This 30-visit outpatient maximum is a combined maximum for all outpatient visits for physical and occupational therapy	80% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are not covered. Limited to a 30-visit maximum per member per calendar year Note: This 30-visit outpatient maximum is a combined maximum for all outpatient visits for physical therapy and occupational therapy.
Outpatient speech therapy - when provided for habilitative care	100% after in-network deductible Limited to a 30-visit maximum per member per calendar year.	80% after out-of-network deductible Limited to a 30-visit maximum per member per calendar year.
<b>Durable medical equipment</b> Note: DME items required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of covered DME items required under PPACA, call ECBSM.	100% after in-network deductible	80% after out-of-network deductible
<b>Prosthetic and orthotic appliances</b>	100% after in-network deductible	80% after out-of-network deductible
<b>Private duty nursing care</b>	Not covered	Not covered

\* 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 ECBSM for that particular provider specialty are covered at the in-network benefit level. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



## Prescription Drug Coverage Benefits-at-a-glance Effective for groups on their plan year

**Specialty Pharmaceutical Drugs** - The mail order pharmacy for specialty drugs is AllianceRx Walgreens Prime, an Independent company. Specialty prescription drugs (such as Enbrel® and Humira®) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. AllianceRx Walgreens Prime will handle mail order prescriptions only for specialty drugs. You may obtain specialty drugs through a Walgreens retail pharmacy as well as long as the drug is available at that location. You may want to call ahead to confirm availability at the location. *If you go to a non-AllianceRx Walgreens Prime, you may be responsible for 100% of the cost of the specialty drug.* Other mail order prescriptions for non-specialty medications can continue to be sent to Express Scripts. (Express Scripts is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy). If you have any questions, please call AllianceRx Walgreens Prime customer service at 1-866-515-1355.

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

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

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

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 after 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 20% member liability for covered drugs obtained from an out-of-network pharmacy will not contribute to your annual out-of-pocket maximum.

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy	
Tier 1 - Generic drugs	1 to 30-day period	After deductible, you pay \$20 copay	After deductible, you pay \$20 copay	After deductible, you pay \$20 copay	After deductible, you pay \$20 copay plus an additional 20% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible, you pay \$40 copay	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible, you pay \$60 copay	No coverage	No coverage
	84 to 90-day period	After deductible, you pay \$50 copay	After deductible, you pay \$50 copay	No coverage	No coverage

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City of Walled Lake & Police Officers Association of Michigan  
 Collective Bargaining Agreement July 1, 2022 – June 30, 2026

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Tier 2 - Preferred brand-name drugs	1 to 30-day period	After deductible, you pay \$60 copay	After deductible, you pay \$60 copay	After deductible, you pay \$60 copay	After deductible, you pay \$60 copay plus an additional 20% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible, you pay \$120 copay	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible, you pay \$170 copay	No coverage	No coverage
	84 to 90-day period	After deductible, you pay \$170 copay	After deductible, you pay \$170 copay	No coverage	No coverage
Tier 3 - Nonpreferred brand-name drugs	1 to 30-day period	After deductible, you pay \$80 copay or 50% of the approved amount (whichever is greater), but no more than \$100	After deductible, you pay \$80 copay or 50% of the approved amount (whichever is greater), but no more than \$100	After deductible, you pay \$80 copay or 50% of the approved amount (whichever is greater), but no more than \$100	After deductible, you pay \$80 copay or 50% of the approved amount (whichever is greater), but no more than \$100 plus an additional 20% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	After deductible, you pay \$160 copay or 50% of the approved amount (whichever is greater), but no more than \$200	No coverage	No coverage
	61 to 83-day period	No coverage	After deductible, you pay \$230 copay or 50% of the approved amount (whichever is greater), but no more than \$290	No coverage	No coverage
	84 to 90-day period	After deductible, you pay \$230 copay or 50% of the approved amount (whichever is greater), but no more than \$290	After deductible, you pay \$230 copay or 50% of the approved amount (whichever is greater), but no more than \$290	No coverage	No coverage
Tier 4 - Generic and preferred brand-name specialty drugs	1 to 30-day period	After deductible, you pay 20% of the approved amount, but no more than \$200	After deductible, you pay 20% of the approved amount, but no more than \$200	After deductible, you pay 20% of the approved amount, but no more than \$200	After deductible, you pay 20% of the approved amount, but no more than \$200 plus an additional 20% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	No coverage	No coverage	No coverage
	61 to 83-day period	No coverage	No coverage	No coverage	No coverage
	84 to 90-day period	No coverage	No coverage	No coverage	No coverage
Tier 5 - Nonpreferred brand-name specialty drugs	1 to 30-day period	After deductible, you pay 25% of approved amount, but no more than \$300	After deductible, you pay 25% of approved amount, but no more than \$300	After deductible, you pay 25% of approved amount, but no more than \$300	After deductible, you pay 25% of the approved amount, but no more than \$300 plus an additional 20% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	No coverage	No coverage	No coverage
	61 to 83-day period	No coverage	No coverage	No coverage	No coverage
	84 to 90-day period	No coverage	No coverage	No coverage	No coverage

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\* 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
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 PPACA.	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 and devices 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 and devices 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	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 for the insulin or other covered injectable legend drug plus an additional 20% prescription drug out-of-network penalty
<b>Note:</b> Needles and syringes have no copay/coinsurance.				
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 <a href="http://BCBSM.com/pharmacy">BCBSM.com/pharmacy</a> .	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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**Vision Coverage (Pediatric)  
 Benefits-at-a-glance  
 Effective for groups on their plan year**

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP Web site at vsp.com.

Note: Vision benefits are only available to members up to age 19. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

Member's responsibility (copays)		
Benefits	In-network	Out-of-network
Eye exam	None	None
Prescription glasses (lenses and/or frames)	None	None
Medically necessary contact lenses	None	None

Eye exam		
Benefits	In-network	Out-of-network
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	100% of approved amount	Reimbursement up to \$34 (member responsible for any difference)
One eye exam per calendar year		

Lenses and Frames		
Benefits	In-network	Out-of-network
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary	100% of approved amount	Reimbursement up to approved amount based on lens type (member responsible for any difference)
One pair of lenses, with or without frames, per calendar year		
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.		
Standard frames from a "select" collection	100% of approved amount	Reimbursement up to \$38.25 (member responsible for any difference)
One frame per calendar year		

BV P GBC 80;HRA1600 2018 80;PRX PC 80;SB HRA GBC 80

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Contact Lenses		
Benefits	In-network	Out-of-network
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	100% of approved amount	Reimbursement up to \$210 (member responsible for any difference)
	Covered - annual supply	
Standard (one pair annually)	100% of approved amount	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
<ul style="list-style-type: none"> <li>• Monthly (six-month supply)</li> <li>• Bi-weekly (three-month supply)</li> <li>• Dailies (three-month supply)</li> </ul>		
	Covered according to quantities outlined in your certificate, per calendar year	

BVP GBC 8G;HRA1600 2019 8G;PRX PC 8G;SB HRA GBC 8G

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APPENDIX B



Policyholder: City of Walled Lake

Dental PPO Benefit Summary

Effective Date: 4/1/2022

**Predetermination of Benefits:** Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility					
Job Class	All Members				
Benefits Payable					
Network	Dental Preferred Provider Organization (PPO)				
		Calendar Year Deductible		Coinsurance (Policy Pays)	
		In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive		\$0	\$0	80%	80%
Unit 2 – Basic		\$0	\$0	80%	80%
Unit 3 – Major		\$0	\$0	80%	80%
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$1,000 per person.				
Prevailing Charge	When using non-network providers, you pay any amount over the allowable charge.				
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.				
Emergency Services	If a member requires treatment or service for an emergency dental condition and cannot reach a preferred dental provider without unreasonable delay, benefits for such treatment or service received from a non-preferred dental provider will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that identifies the situation as an emergency.				
Additional Benefits					
		Lifetime Deductible		Coinsurance (Policy Pays)	
		In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child		\$0	\$0	50%	50%
Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000					

**DENTAL**

**How Are Dental Procedures Covered?**

The list of common procedures shows what unit the procedure is included in and how often they are covered.

<b>Unit 1 – Preventive Procedures</b>	<ul style="list-style-type: none"> <li>• Routine exams - two per calendar year</li> <li>• Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 16)</li> <li>• Space maintainers - covered only for dependent children under age 16; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 16; one each tooth each 36 months</li> <li>• X rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<b>Unit 2 – Basic Procedures</b>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 16</li> <li>• Fillings and stainless steel crowns</li> <li>• Simple Oral Surgery</li> <li>• Complex Oral Surgical Procedures</li> <li>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> </ul>
<b>Unit 3 – Major Procedures</b>	<ul style="list-style-type: none"> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> <li>• Crowns – each 120 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth</li> <li>• Implants – each 120 months</li> <li>• Bridges - Initial placement / Replacement of bridges 120 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>
<b>Unit 4 - Orthodontic Procedures</b>	<ul style="list-style-type: none"> <li>• X rays and other diagnostic procedures, fixed and removable appliances</li> </ul>

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.



**CITY OF WALLED LAKE**

**SUMMARY OF BENEFITS**

**Additional discounts**

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**30% OFF**

Remaining balance beyond plan coverage

These discounts are for in-network providers only

**Take a sneak peek before enrolling**

- You're on the ADVANTAGE Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [www.eyemed.com](http://www.eyemed.com) or call 1-888-203-7437.
- For Lasik providers, call 1-877-SLASER6.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$10 Co-pay	Up to \$35
<b>Frames</b>	\$140 allowance, 20% off balance over \$140	Up to \$56
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Co-pay	Up to \$35
Bifocal	\$10 Co-pay	Up to \$40
Trifocal	\$10 Co-pay	Up to \$60
Standard Progressive Lens	\$10 Co-pay	Up to \$85
Premium Progressive Lens	\$10, 70% of charge less \$10 allowance	Up to \$85
<b>Lens Options (paid by the member and added to the base price of the lens)</b>		
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$12	N/A
Standard Polycarbonate	Covered in full	Up to \$39
Standard Anti-Reflective Coating	\$40	N/A
Other Add-Ons and Services	30% off retail price	N/A
<b>Contact Lens Fit and Follow-Up (contact lens fit and two follow-up visits are available once a complete new eye exam has been completed)</b>		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off Retail	N/A
<b>Contact Lenses</b>		
Conventional	\$155 allowance, 15% off balance over \$155	Up to \$109
Disposable	\$155 allowance, balance over \$155	Up to \$109
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$200
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	

Benefits are not provided for services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplementary testing, Aniseikonic lenses, 2) Medical and/or surgical treatment of the eye, eyes or supporting structures, 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, Safety eyewear, 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program, whether federal, state or subdivisions thereof, 5) Plano (non-prescription) lenses, 6) Non-prescription sunglasses, 7) Two pair of glasses in lieu of bifocals, 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order, 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plan. Standard/Premium Progressive lens not covered, fund as a Bifocal lens. Standard Progressive lens covered, fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.