

STATE OF MICHIGAN  
DEPARTMENT OF LABOR  
MICHIGAN EMPLOYMENT RELATIONS COMMISSION

In The Statutory Arbitration  
Between:

CITY OF GROSSE POINTE WOODS,

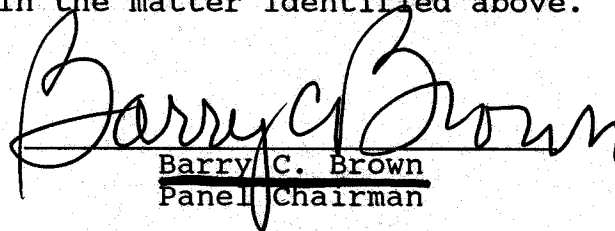
-and-

POLICE OFFICERS LABOR COUNCIL  
(COMMAND)

MERC Act 312  
Case No. D93 E-0681

PANEL'S AWARD

Attached hereto is the award of the panel  
in the matter identified above.

  
Barry C. Brown  
Panel Chairman

Michael Somero  
Panel Member for the Union

Dennis Dubay  
Panel Member for the City

*Grosse Pointe Woods, City of*

*12/19/94  
Sub.*

## AWARD

Act 312 Award issued in MERC Case No. D93 E-0681 between the City of Grosse Pointe Woods (hereinafter referred to as the "City") and Grosse Pointe Woods Sergeants and Corporals Association (hereinafter referred to as the "Union"):

1. The parties new collective bargaining agreement shall be in effect for a period of three (3) years from July 1, 1993-June 30, 1996.

2. The parties' new collective bargaining agreement shall be the same as the parties' prior collective bargaining agreement (in effect from July 1, 1990-June 30, 1993) except as amended by the provisions of this Award.

3. Appendix A - Salary Schedule shall be revised as follows:

Effective July 1, 1993

Three (3%) percent across the board.

Effective July 1, 1994

Three (3%) percent across the board.

Effective July 1, 1995

Three (3%) percent across the board.

4. A retroactive payment consisting of the difference between the wage rates set forth in paragraph 4 and the wage rates actually paid will be made within thirty (30) days after the Award is issued by the Arbitration Panel.

5. Article 46.0 - Hospitalization, Section 46.1 shall be revised to provide as follows: (Effective January 1, 1995):

46.1 All regular full-time employees of the bargaining unit shall be provided with group life, health and accident and hospitalization and surgical insurance and the dependents of such employees shall be covered by hospital and surgical benefits; all of the above shall be defined to include only the employee's spouse and all children up to and including eighteen (18) years of age, provided, however, the City shall pay hospitalization premiums for qualified dependents. The employer shall maintain the following health care coverage for each member of this bargaining unit; namely:

1. Blue Cross/Blue Shield Trust 15  
- Plus 15 Preferred Provider Organizations (PPO) Medical Insurance with mandatory second opinion and pre-determined surgical cost (pre-determination).

- (a) Semi-private;
- (b) Major Medical;
- (c) Prescription Rider;  
Five (\$5.00) dollar co-pay;
- (d) Master Medical Option 1;
- (e) M.L. Rider - member liability;
- (f) ~~PPNV-1~~; Eliminated
- (g) VST;
- (h) FAE-RC;
- (i) Reciprocity payments for dependent(s);
- (j) CC - convalescent care;
- (k) Mandatory second opinions;
- (l) Pre-determined surgical costs.

(Master Medical Benefits Option I)

80/20 Co-Pay  
100/200 Deductible  
\$5.00 Drug Rider

At the option of the employee, which may be exercised once each fiscal year (on or before November 1 of each year), an employee may

elect to receive the current health care coverage. In the event the employee selects this option, the employee shall contribute through payroll deduction the difference in premium costs between the current health care coverage and the health care coverage set forth above.

2. Delta Dental or Equivalent

- (a) 75%-25%
- (b) \$1,000.00 per year  
each member and/or  
dependent(s)
- (c) O r t h o d o n t i c  
Benefits: 50/50 co-  
pay: \$1,000.00  
lifetime maximum.

3. Co-op Eye Care or Equivalent

- (a) Co-op Optical Plan  
" A " or i t s  
equivalent.

6. Article 46.0 - Hospitalization, Section 46.5 shall be amended by adding the following new provision:

Effective January 1, 1995, the payment shall be increased from \$750 to \$2,000.

7. Article 78.0 - Miscellaneous Personnel Policy shall be amended by adding the following new provision:

The parties recognize responsibilities under the Americans with Disabilities Act ("ADA") and all provisions shall be subject to the accommodation requirements of the ADA. (Effective January 1, 1995.)

8. Article 26.0 - Leaves of Absence shall be amended by adding the following new provision:

All leaves where applicable shall count toward an employees entitlement under the Family Medical Leave Act. (Effective January 1, 1995.)

9. Article 43.0 - Sick Leave shall be amended, as

applicable, to reflect that sick leave shall be earned, taken and charged on an hourly basis. (Effective January 1, 1995.)

10. Appendix B - Pension Retirement System shall be amended as follows:

Section 1-21-19 (a) sub-section (2) shall be revised to provide for the following multiplier - 2.5% for the first 25 years and 1.5% for years in excess of 25 years not to exceed a total of 75%.

Appendix C - Supplemental Annuity and all related provisions shall be revised to reflect the elimination of the Supplemental Annuity and deletion of all reference to the supplemental annuity in the contract, ordinance and appendices.

The employee's contribution to the pension plan shall be increased from five (5%) percent to six (6%).

All of the amendments set forth in this Section 10 shall take effect on January 1, 1995.

11. Article 43.0 - Sick Leave shall be amended by deleting Section 43.2 (6) shall be deleted from the contract and replaced with the following provision:

Sick leave in excess of three (3) hours taken during each of the first and second six (6) month period in any calendar year shall be charged on an hour for hour basis. (Effective January 1, 1995.)

12. Article 44.0 - Incentive shall be amended by deleting Article 44.0 incentive from the contract and replacing it with the following provision:

As an incentive bonus, there shall be added eight (8) hours to each qualified employees sick leave bank if no more than three (3)

hours is charged to the employees sick bank in  
a continuous four (4) month period.  
(Effective January 1, 1995.)

# GUIDELINES

## to your

### MASTER MEDICAL BENEFITS

#### (Option IV)

The Master Medical Program adds to your Basic Blue Cross and Blue Shield coverage to protect against the high cost of unusual, or long-term illness. Master Medical coverage has two parts, "Extended Benefits" and "Additional Benefits."

#### EXTENDED BENEFITS

In unusual cases, you may need more days of inpatient care in a participating hospital than your basic Blue Cross and Blue Shield benefits provide. Master Medical Extended Benefits cover the additional days of hospital care for general medical conditions . . . including hospital services such as room, meals, laboratory services, and medications. Extended Benefits begin as soon as your basic hospital care days are used up. There are no deductibles or copayments for Extended Benefits.

#### ADDITIONAL BENEFITS

At times, you may require other health care services or supplies which are generally outside the scope of the basic Blue Cross and Blue Shield benefits. Master Medical Additional Benefits help pay for many of these. You may apply for Additional Benefits as soon as you pay for or incur enough covered health care expenses to meet the DEDUCTIBLE AMOUNT: \$50 for one person — \$100 for two or more persons in a calendar year. Master Medical will pay 90% of the approved amount and you make a copayment of 10% for health care services and supplies such as:

- |   |  |
|---|--|
| • Physician's home and office calls*                                      | Oxygen and therapeutic gases                                     |
| • Physician's services for speech and hearing therapy                     | Hospital admissions for pulmonary tuberculosis                   |
| • Physician's services for emergency first aid and medical emergencies*   | Physical therapist's services                                    |
| • Physician's services for outpatient visits and outpatient consultations | Speech therapist's services                                      |
| * • Physician's services for pre-and post-natal care*                     | Ambulance—ground or air  |
| • Functional prosthetic appliances (artificial limbs, braces)             | Corrective shoes—attached to braces                              |
| • Non-functional prosthetic appliances (artificial eyes, ears)            | Medical supplies—as prescribed—syringes, needles, colostomy bags |
| • Durable medical equipment—purchased or rental                           | Prescription drugs*  |
| • Dental services required by accidental injury                           | Certain chiropractor services                                    |
| • Dressings and cast materials  | Contact lenses—following cataract surgery                        |
|   | Blood  |
|   | Visiting nurse services—in your home                             |
|   | Allergy testing  |

Master Medical Additional Benefits pay 75% (and you pay 25%) of the approved amount for the following:

- Treatment of Mental Disorders — inpatient, outpatient, outpatient mental health facilities, hospital day care and night care psychiatric services
- Private Duty Nursing—in the hospital or at home

\*Not a benefit when covered by other Prescription Drug, Office Visit, Medical Emergency Treatment or Pre- and Post-Natal Care programs under your basic coverage.

*Bob  
MNU*

**BENEFIT  
PERIOD**

A benefit period is a calendar year, beginning January 1 and ending December 31 of that year.

**MAXIMUM  
COPAYMENT**

After you have made copayments for covered services for general medical conditions that add up to \$1,000 per family, you will not be required to make any copayments for the remainder of the calendar year. This does not apply to copayments for the treatment of mental disorders or private duty nursing.

**CARRY-OVER  
DEDUCTIBLE**

Any covered medical expenses incurred during the last three months of a calendar year and applied to the deductible requirement for that year will be credited toward the deductible requirement of the next calendar year benefit period.

**MASTER MEDICAL  
MAXIMUMS**

**Maximum Benefits: Mental Disorders**

Master Medical benefits for the treatment of mental disorders are limited to \$15,000 for any one member during any one calendar year and limited to a total maximum of \$30,000 under current or prior Master Medical contracts. This includes benefits for services on an inpatient, outpatient or other basis.

As part of the above maximum, Master Medical benefits for the *outpatient* treatment of mental disorders are limited to \$2,000 for any one member during any one calendar year and are limited to a total maximum of \$5,000 for any one member in two or more years. Although this limitation applies only to services incurred under the Master Medical coverage, it is subject to the overall contract limitation of \$30,000 in two or more years.

**Maximum Benefits: All Conditions**

Master Medical benefits for all covered medical services and supplies are limited to \$1 million for any one member under current and prior Master Medical contracts.

**MASTER MEDICAL  
LIMITATIONS AND  
EXCLUSIONS**

Extended Benefits are not available for pulmonary tuberculosis or mental disorders.

Extended Benefits for treatment of general health conditions in a non-participating hospital are limited to the dollar amount provided by the basic hospital care program with no deductibles or copayments. Treatment of pulmonary tuberculosis or mental disorders in a non-participating hospital is considered as an Additional Benefit and limited to the dollar amount provided by the basic hospital care program and subject to Master Medical deductibles and copayments. Master Medical does not cover: care for occupational injury or disease or care obtainable from government agencies; charges for hospital rooms in excess of the hospital's regular charges; cost of transportation; routine physical, pre-employment or pre-marital examinations; eyeglasses, hearing aids, dentures; care in convalescent or nursing homes; services for cosmetic or beautifying purposes; services obtainable from any Blue Cross or Blue Shield Plan; miniature x-rays, screening or other procedures not necessary for diagnosis and generally accepted therapy; room rate differences charges over and above the allowance of the basic contract; items for the personal comfort and convenience of the patient.

*This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable Blue Cross and Blue Shield of Michigan certificates and riders.*



Blue Cross  
Blue Shield  
of Michigan

*Handwritten signature: R. D. M. W.*



## GUIDELINES

### to your MASTER MEDICAL BENEFITS (Option I)

The Master Medical Program adds to your Basic Blue Cross and Blue Shield coverage to protect against the high cost of unusual, or long-term illness. Master Medical coverage has two parts, "Extended Benefits" and "Additional Benefits."

#### EXTENDED BENEFITS

In unusual cases, you may need more days of inpatient care in a participating hospital than your basic Blue Cross and Blue Shield benefits provide. Master Medical Extended Benefits cover the additional days of hospital care for general medical conditions . . . including all of the hospital services covered by the basic benefits such as room, meals, laboratory services, and medications. Extended Benefits begin as soon as your basic hospital care days are used up. There are no deductibles or copayments for Extended Benefits.

#### ADDITIONAL BENEFITS

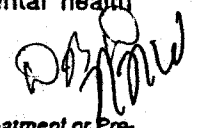
At times, you may require other health care services or supplies which are generally outside the scope of the basic Blue Cross and Blue Shield benefits. Master Medical Additional Benefits help pay for many of these. You may apply for Additional Benefits as soon as you pay for or incur enough covered health care expenses to meet the DEDUCTIBLE AMOUNT: \$100 for one person — \$200 for two or more persons in a calendar year. Master Medical will pay 80% of the reasonable cost and you make a copayment of 20% for health care services and supplies such as:

- Physician's home and office calls\*
- Physician's services for speech and hearing therapy
- Physician's services for emergency first aid and medical emergencies\*
- Physician's services for outpatient visits and outpatient consultations
- \* • Physician's services for pre-and post-natal care\*
- Functional prosthetic appliances (artificial limbs, braces)
- Non-functional prosthetic appliances (artificial eyes, ears)
- Durable medical equipment—purchased or rental
- Dental services—required by accidental injury
- Dressings and cast materials
- Oxygen and therapeutic gases
- Hospital admissions for pulmonary tuberculosis
- Physical therapist's services
- Speech therapist's services
- Ambulance—ground or air
- Corrective shoes—attached to braces
- Medical supplies—as prescribed—syringes, needles, colostomy bags
- Prescription drugs\*
- Certain chiropractor services
- Contact lenses—following cataract surgery
- Blood
- Visiting nurse services—in your home
- Allergy testing

Master Medical Additional Benefits pay 50% (and you pay 50%) of the reasonable cost for the following:

- Treatment of Mental Disorders — inpatient, outpatient, outpatient mental health facilities, hospital day care and night care psychiatric services
- Private Duty Nursing—in the hospital or at home

*\*Not a benefit when covered by other Prescription Drug, Office Visit, Medical Emergency Treatment or Pre-and Post-Natal Care programs under your basic coverage.*



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**BENEFIT PERIOD**

A benefit period is a calendar year, beginning January 1 and ending December 31 of that year.

**MAXIMUM COPAYMENT**

After you have made copayments for covered services for general medical conditions that add up to \$1,000 per family, you will not be required to make any copayments for the remainder of the calendar year. This does not apply to copayments for the treatment of mental disorders or private duty nursing.

**CARRY-OVER DEDUCTIBLE**

Any covered medical expenses incurred during the last three months of a calendar year and applied to the deductible requirement for that year will be credited toward the deductible requirement of the next calendar year benefit period.

**MASTER MEDICAL MAXIMUMS****Maximum Benefits: Mental Disorders**

Master Medical benefits for the treatment of mental disorders are limited to \$15,000 for any one member during any one calendar year and limited to a total maximum of \$30,000 under current or prior Master Medical contracts. This includes benefits for services on an inpatient, outpatient or other basis.

As part of the above maximum, Master Medical benefits for the *outpatient* treatment of mental disorders are limited to \$2,000 for any one member during any one calendar year and are limited to a total maximum of \$5,000 for any one member in two or more years. Although this limitation applies only to services incurred under the Master Medical coverage, it is subject to the overall contract limitation of \$30,000 in two or more years.

**Maximum Benefits: All Conditions**

Master Medical benefits for all covered medical services and supplies are limited to \$1 million for any one member under current and prior Master Medical contracts.

**MASTER MEDICAL LIMITATIONS AND EXCLUSIONS**

- Extended Benefits are not available for pulmonary tuberculosis or mental disorders.
- Extended Benefits for treatment of general health conditions in a non-participating hospital are limited to the dollar amount provided by the basic hospital care program with no deductibles or copayments. Treatment of pulmonary tuberculosis or mental disorders in a non-participating hospital is considered as an Additional Benefit and limited to the dollar amount provided by the basic hospital care program and subject to Master Medical deductibles and copayments.
- Master Medical does not cover: care for occupational injury or disease or care obtainable from government agencies; charges for hospital rooms in excess of the hospital's regular charges; cost of transportation; routine physical, pre-employment or pre-marital examinations; eyeglasses, hearing aids, dentures; care in convalescent or nursing homes; services for cosmetic or beautifying purposes; services obtainable from any Blue Cross or Blue Shield Plan; miniature x-rays, screening or other procedures not necessary for diagnosis and generally accepted therapy; room rate differences—charges over and above the allowance of the basic contract; items for the personal comfort and convenience of the patient.

*These guidelines are intended as a brief review of your Master Medical benefits. All benefits, conditions, exclusions and limitations are contained in and governed by the appropriate Blue Cross and Blue Shield of Michigan Master Medical certificates and riders.*



Blue Cross  
Blue Shield  
of Michigan

*P. J. M. W.*