

**WAYNE COUNTY FOUR STAR HEALTH PROGRAM
SCHEDULE OF MEDICAL COVERAGE**

January 2008

Benefits (Employee and Spouse Only; Children Covered upon Proof of Denial by MICHild)

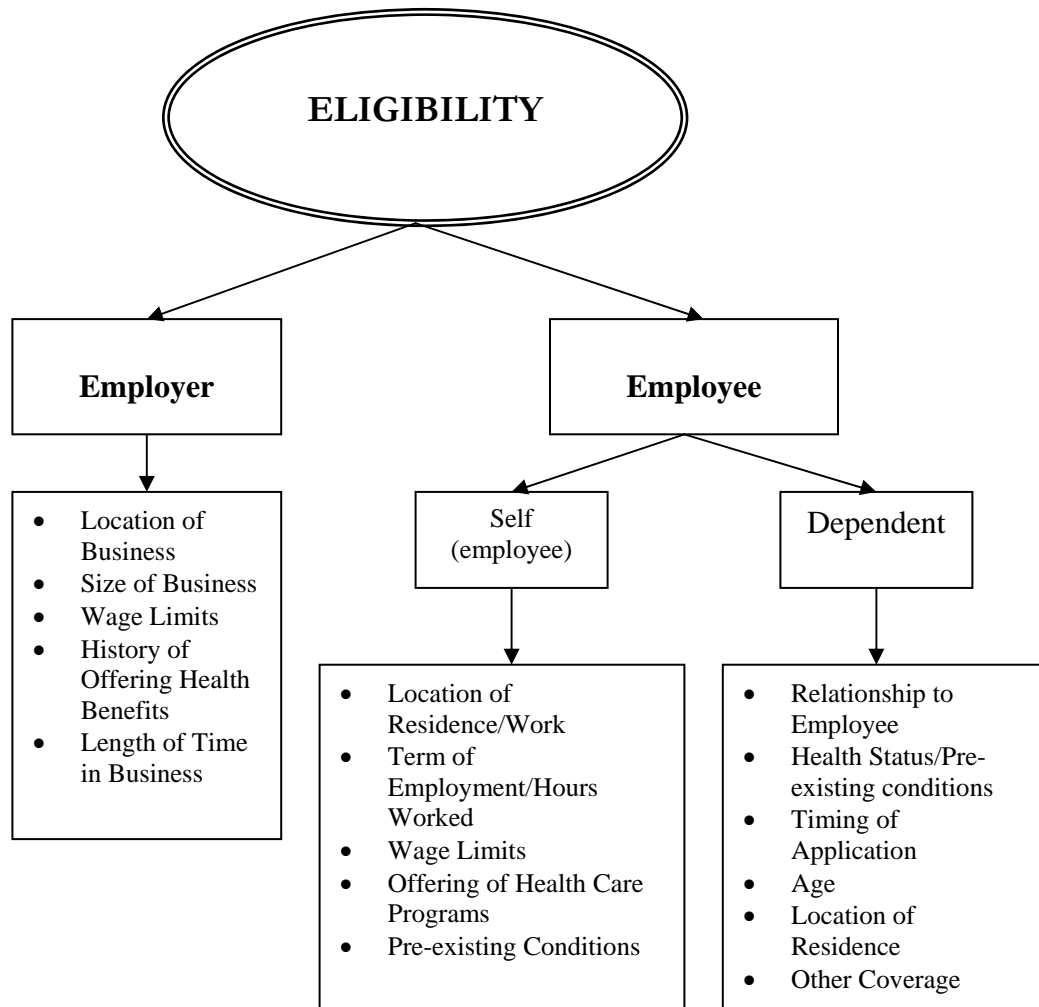
In-Network benefits are based on the Four Star Provider Organization's approved amount. Out-of-Network benefits are not provided except for life-threatening emergencies and are then based on the

Alliance Health and Life fee schedule. Benefits are determined after applicable Copay and Coinsurance, and are subject to Daily, Annual, Lifetime, and Other Maximums, General Exclusions and other applicable limitations.

Annual Maximum, All Benefits Combined, regardless of individual service maximums \$35,000
Lifetime Maximum, All Benefits Combined, regardless of individual service maximums \$250,000

*Benefits are provided Out-of-Network only for Life-Threatening Emergencies	In-Network Plan Pays after Member's Copay and Coinsurance	Out-of-Network *Benefits are provided Out-of-Network only for Life-Threatening Emergencies
Inpatient Hospital Services (Semi-Private Room and Board, Intensive Care Unit, Ancillary Services)		
General Conditions \$25,000 Annual Maximum 20 Day Annual Maximum	\$100 Copay per Admission	Not Covered*
Psychiatric Treatment 5 Day Annual Maximum	\$100 Copay per Admission	Not Covered*
Substance Abuse Care	Not Covered	Not Covered*
Maternity Per Delivery Maximum of \$3,000; 4 Day Annual Maximum	\$100 Copay per Admission	Not Covered*
Newborn, including Nursery	Not Covered	Not Covered
Emergency Services		
Emergency Room (\$1,000 Per Visit Maximum Facility & Professional Charges)	\$50 Copay	Covered for emergencies only
Outpatient Services		
	\$3,500 Annual Maximum, Regardless of Individual line limits	
Urgent Care Center	\$25 Copay per visit	Not Covered*
Ambulance	10% Coinsurance	Not Covered*
Surgery Facility (includes Anesthesia) Charge, \$1,500 per Surgery Maximum	No Copay or Coinsurance	Not Covered*
Laboratory, X-ray, Radiology, Pathology	No Copay or Coinsurance	Not Covered*
Prosthetic Devices, Durable Medical Equipment and Medical Supplies - \$1,500 Annual Maximum	\$50 Copay for DME and Prosthetics only	Not Covered*
Physical, Speech and Occupational Therapy	Not Covered	Not Covered*
Private Duty Nursing (R.N. only)	Not Covered	Not Covered*
Extended Care Facility	Not Covered	Not Covered*
Hospice Care Program	Not Covered	Not Covered*
Home Health Agency, 10 visit Annual Maximum	No Copay or Coinsurance	Not Covered*
Psychiatric Services, including testing, (Intervention & Stabilization Only) 6 visits Annual Maximum	\$15 Copay	Not Covered*
Physician Surgical procedures, \$10,000 Annual Maximum	No Copay or Coinsurance	Not Covered*
Physician Services - anesthesia, \$2,500 Annual Maximum	No Copay or Coinsurance	Not Covered*
Physician in Hospital Consultations & Emergency Room	No Copay or Coinsurance	Not Covered*
Physician Office Visits	\$15 Copay	Not Covered*
Physician Maternity care including pre & postnatal	\$15 per visit	Not Covered*
Chiropractic Care, including x-rays	Not Covered	Not Covered*
Non Surgical Podiatric Care, all services	Not Covered	Not Covered*
Services (not included elsewhere)		
Intermediate/Outpatient Substance Abuse Care, \$3,500 Annual Maximum	20% Coinsurance	Not Covered*
Prescription Drugs \$2,500 Annual Maximum (Wayne County Four Star Plan Formulary)		
Brand Name, no generic available, \$25 minimum	50% Coinsurance	Not Covered
Generic	\$5 Copay	Not Covered

Eligibility Model for Wayne County Four Star Health Program
A Wayne County Subsidized Health Insurance Program



Criteria for Participating Businesses (Employer Eligibility)

Element	Qualifying Criterion
Location of Business	<ul style="list-style-type: none"> ● Primary business location is in Wayne County ● 1/2 or more employees are residents of Wayne County
Size of Business	<ul style="list-style-type: none"> ● Minimum of 2 employees; maximum of 100 employees
Wage Limits	<ul style="list-style-type: none"> ● Median hourly wage of all employees is \$16 per hour or less ● 50% growth in average hourly wage, over each redetermination period, is permissible for continued eligibility
Offering of Health Care Programs	<ul style="list-style-type: none"> ● Employer has not offered or contributed to employee health care benefits to the “eligible” group for past 1 year ● Some Hardship exceptions allowed ● Employer may offer spousal coverage to all employees
Length of time in business	<ul style="list-style-type: none"> ● Has been an established business for at least 6 months
Program Participation	<ul style="list-style-type: none"> ● Eligibility determination is performed at the onset and every 2 years thereafter and subject to random audit
Effective Dates	<ul style="list-style-type: none"> ● Employer group is covered beginning the first of the month following the month of documented eligibility and receipt of first month’s premium
Employee Participation	<ul style="list-style-type: none"> ● 75% of eligible employees must participate.

Employee Eligibility

Element	Qualifying Criterion
Term of Employment/Schedule (hours worked)	<ul style="list-style-type: none"> ● Employee must be a regular employee working an average of 20 or more hours per week for the past 90 days ● Employee position has an anticipated work future of more than 6 months ● Employee is not on family, medical or

	disability leave unless the person has been employed for 6 or more consecutive months prior to the leave and is not on leave for more than 120 days
Other health care coverage benefits	<ul style="list-style-type: none"> Employee is without health care benefits and is not eligible for Medicare, Medicaid or other comparable, employer-paid coverage
Pre-existing Conditions	<ul style="list-style-type: none"> For new employees, the plan will not make any payment exceeding \$1000 for a condition for which medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended or received during the 6-month period ending on the enrollment date until the following time has been met except as provided for by HIPAA: <ul style="list-style-type: none"> Six consecutive months without treatment of the condition Twelve consecutive months with treatment of the condition
Open Enrollment	<ul style="list-style-type: none"> Initial Enrollment: Employees have the opportunity to enroll within 30 days of the date on which the business qualifies for the Plan. New employees are eligible once they have been employed for 90 days; and then have up to 30 days to enroll. Spouse can be enrolled within 30 days of a qualifying event (marriage)

Dependent Eligibility

Element	Qualifying Criterion
Relationship to Employee	<ul style="list-style-type: none"> Spouse Children upon proof of denial by MICChild
Pre-existing Conditions	<ul style="list-style-type: none"> Similar provisions as for employees
Location of Residence	<ul style="list-style-type: none"> Spouse's domicile is in employee's home
Other Coverage	<ul style="list-style-type: none"> Spouse is without health care benefits and is not eligible for Medicare, Medicaid or other comparable, employer-paid coverage Spouse is not in U.S. Armed Forces