

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

January 2010

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

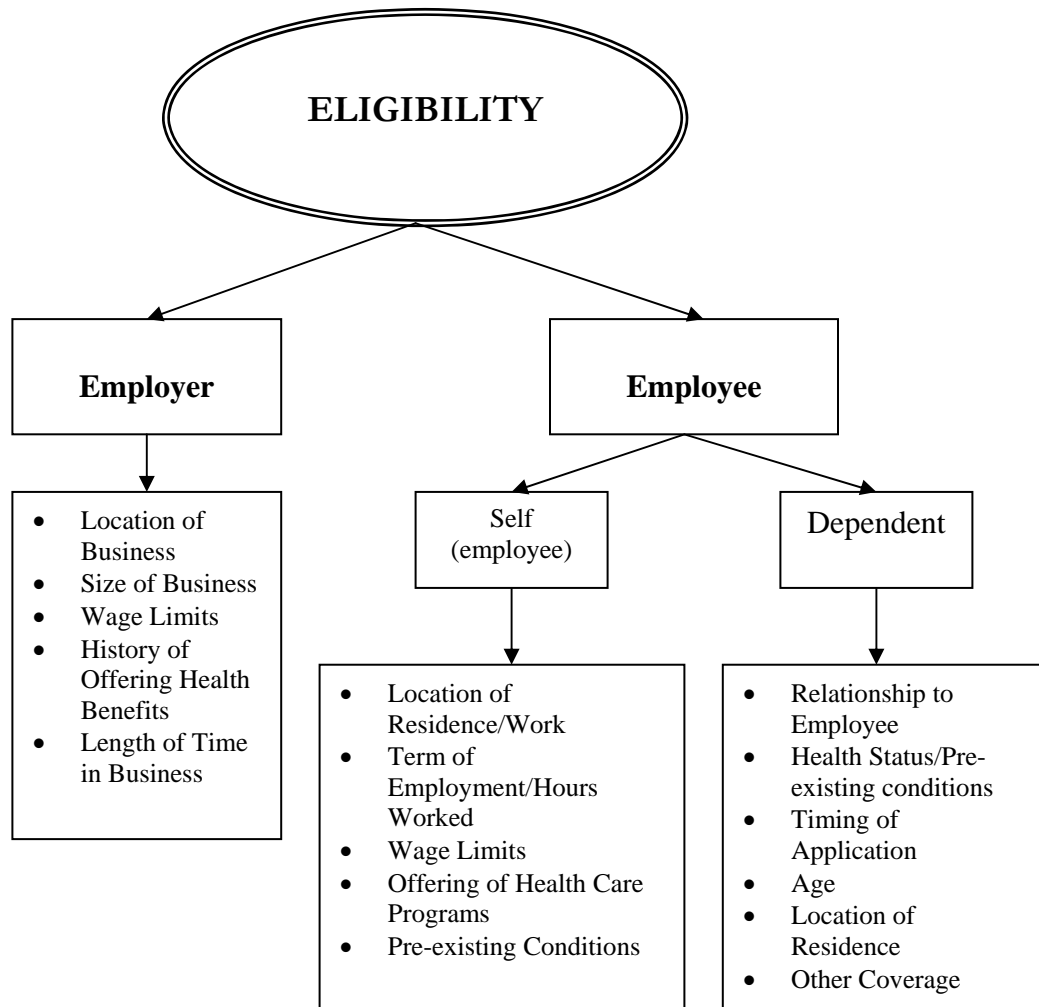
In-Network benefits are based on the Four Star Provider Organization's approved amount. Out-of-Network benefits are not provided except for life-threatening emergencies and are then based on the

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 enrolling 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, loss of other coverage) |

Dependent Eligibility

| Element | Qualifying Criterion |
|--------------------------|---|
| Relationship to Employee | <ul style="list-style-type: none"> Spouse Children upon proof of denial by MIChild |
| 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 |

Criteria for Student Edition Eligibility

| Element | Qualifying Criterion |
|---|--|
| Location of Student / Dependent Residence | <ul style="list-style-type: none"> Residency location is in Wayne County |
| Age of Student | <ul style="list-style-type: none"> Between the ages of 18 – 64 years old inclusive |
| Documentation of Student Status | <ul style="list-style-type: none"> Proof of student taking at least six (6) hours of study/coursework per week. |
| Income Limits | <ul style="list-style-type: none"> Earning less than 300% of Federal Poverty Level for family size . For 2010 the individual limit is \$32,490 and for a family of four the limit is \$66,150 |
| Other Coverage | <ul style="list-style-type: none"> Not eligible for or enrolled with any other health coverage or insurance program |
| 2010 Federal Poverty Levels by Family Size * | |
| Family Size | Income Limitation @ 300% of FPL |
| 1 | \$32,490 |
| 2 | \$43,710 |
| 3 | \$54,930 |
| 4 | \$66,150 |

* <http://liheap.ncat.org/profiles/povertytables/FY2010/popstate.htm>