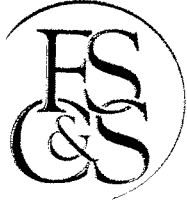


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Reply To: Lansing

July 15, 2009

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Dear Mr. Kennedy:

Re: Welfare Benefits Comparison

You asked that our law firm review and compare the benefits offered to Mott Community College employees through the Consolidated Benefit Trust Healthcare Plan of Benefits and the MESSA Choices II Group Insurance Plan. As part of our comparison, we prepared the enclosed Schedule of Benefits which itemizes the benefits offered by each plan. We hope that you find this comparison helpful.

As you can see from the Schedule of Benefits, the benefits appear to be virtually identical in terms of co-payments, co-insurance, deductibles, and dependent eligibility. We noted no differences of any consequence between the plans.

Please contact our office if you have any questions about this Schedule of Benefits.

Very truly yours,

FOSTER, SWIFT, COLLINS & SMITH, P.C.

Stephen J. Lowney
Johanna M. Novak

SJL:tlf
Enclosure
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MOTT COMMUNITY COLLEGE
Schedule of Benefits

This document is intended to summarize the benefits offered by Consolidated Benefit Trust (CBT) and the Michigan Education Special Services Association (MESSA). Most benefits are covered only when medically necessary. Refer to your plan document for explicit detail on when benefits are covered.

<u>Benefits</u>	<u>CBT In-Network</u>	<u>CBT Out-of-Network</u>	<u>MESSA In-Network</u>	<u>MESSA Out-of-Network</u>	<u>Comments</u>
Health Maintenance Exam	Covered at 100%, one per calendar year, age 16 - Adult	Not Covered	Covered at 100%, one per calendar year	Not covered	
Annual Gynecological Exam	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Pap Smear – Lab Services Only	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Well-baby and Child Care Visits	Covered at 100% *6 vsts birth through 1 year *2 vsts per year age 2 & 3 *1 vst per year age 4 through 15	Not Covered	Covered at 100%, one per calendar year	Not covered	
Immunizations	Covered at 100%, up through age 15	Not Covered	Covered at 100% as recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics	Not covered	

<u>Benefits</u>	<u>CBT</u> <u>In-Network</u>	<u>CBT</u> <u>Out-of-Network</u>	<u>MESSA</u> <u>In-Network</u>	<u>MESSA</u> <u>Out-of-Network</u>	<u>Comments</u>
Fecal Occult Blood Screening	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Flexible Sigmoidoscopy Exam	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Prostate Specific Antigen (PSA) Screening	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Chemical Profile	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Complete Blood Count	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Urinalysis	Covered at 100%, one per calendar year	Not Covered	Covered at 100%, one per calendar year	Not covered	
Mammography Screening	Covered at 100%, one per calendar year, no age limit	Covered at 80% after deductible	Covered at 100% for members between ages 35-40, one initial routine baseline exam; and for members age 40 and over, one exam per year.	Covered at 80% after deductible	
Office Visits	Covered at 100% after \$5 copay	Covered at 80% after deductible	Covered at 100% after \$5 copay	Covered at 80% after deductible	
Office Consultations	Covered at 100% after \$5 copay	Covered at 80% after deductible	Covered at 100% after \$5 copay	Covered at 80% after deductible	

<u>Benefits</u>	CBT <u>In-Network</u>	CBT <u>Out-of-Network</u>	MESSA <u>In-Network</u>	MESSA <u>Out-of-Network</u>	<u>Comments</u>
Urgent Care Center	Covered at 100% after a \$10 copay	Covered at 80% after deductible	Covered at 100% after \$10 copay. Waived if a medical emergency or accidental injury	Covered at 80% after deductible	
Hospital Emergency Room	Covered at 100% after \$25 copay. Waived if admitted or for an accidental injury.	Covered at 100% after \$25 copay. Waived if admitted or for an accidental injury.	Covered at 100% after \$25 copay. Waived if admitted or for an accidental injury	Covered at 100% after \$25 copay. Waived if admitted or for an accidental injury	
Ambulance Services	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	
Laboratory and Pathology Tests	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Diagnostic Tests and X-rays	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Radiation Therapy	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Pre-and Post-Natal Care	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Delivery and Nursery Care	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Unlimited Days)	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	

<u>Benefits</u>	CBT <u>In-Network</u>	CBT <u>Out-of-Network</u>	MESSA <u>In-Network</u>	MESSA <u>Out-of-Network</u>	<u>Comments</u>
Inpatient Consultations	Covered at 100%	Covered at 80% after deductible	Covered at 100% after \$5 copay if services rendered in physician's office	Covered at 80% after deductible	
Chemotherapy	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Skilled Nursing Care (up to 120 days per calendar year)	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	
Hospice Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	
Home Health Care (unlimited visits)	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	
Surgery, including all related surgical services, anesthesia, and surgical assistance	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Voluntary Sterilization	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Liver, Heart, Lung, Pancreas, and Heart-Lung Transplant	Covered at 100%	Covered at 100% (designated facilities only)	Covered at 100%	Covered at 80% after deductible	
Bone Marrow Transplant	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Kidney, Cornea, and Skin Transplant	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Inpatient Mental Health Care	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	

<u>Benefits</u>	CBT <u>In-Network</u>	CBT <u>Out-of-Network</u>	MESSA <u>In-Network</u>	MESSA <u>Out-of-Network</u>	<u>Comments</u>
Inpatient Substance Abuse Care (unlimited days, up to state maximum)	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Outpatient Mental Health Care, 50 vsts per year	Covered at 90%	Covered at 80% after deductible	Covered at 90%	Covered at 80% after deductible	
Outpatient Substance Abuse Care	Covered at 90%	Covered at 80% after deductible.	Covered at 90%	Covered at 80% after deductible	
Allergy Testing and Therapy	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Chiropractic Spinal Manipulation (up to 38 visits per calendar year)	Covered at 100%	Covered at 80% after deductible	Covered at 100%	Covered at 80% after deductible	
Outpatient Physical, Speech, and Occupational Therapy (up to 60 visits per calendar year)	Covered at 100%	Covered at 80% after deductible	Covered at 100% after \$5 copay	Covered at 80% after deductible (the co-payment and deductible do not apply if the services are provided at a freestanding therapy facility)	
Durable Medical Equipment	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	
Prosthetic and Orthotic Appliances	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	

<u>Benefits</u>	<u>CBT</u> <u>In-Network</u>	<u>CBT</u> <u>Out-of-Network</u>	<u>MESSA</u> <u>In-Network</u>	<u>MESSA</u> <u>Out-of-Network</u>	<u>Comments</u>
Private Duty Nursing	Covered at 90%	Covered at 90% after deductible	Covered at 90%	Covered at 90%, after deductible	
Hearing Care	Covered at 100% every 36 months (includes exam and 1 aid per ear)	Covered at 80% after deductible, every 36 months (including one exam and 1 aid per ear)	Covered at 100% after \$5 copay, and hearing aid covered once every 36 months	Covered at 80% after deductible	
Deductible (per Benefit Year)	None	\$250 per member, \$500 per family per calendar year	None	\$250 per member, \$500 per family per calendar year	
Copayments * For Fixed (per service)	\$5 office visits, \$25 emergency room visits	\$25 for emergency room visits	\$5 for most office visits, outpatient, home visits or office consults, \$25 for emergency room visits	\$25 for emergency room visits	
* For Percent (% of allowable charge that is the member's responsibility)	10% for outpatient mental health care, outpatient substance abuse care and private duty nursing	20% for general services, after deductible and 20% for mental health care, substance abuse care and private duty nursing.	10% for outpatient mental health care, substance abuse care, and private duty nursing	20% for general services, after deductible and 20% for mental health care, substance abuse care and private duty nursing.	
Out of Pocket Maximum	None	\$2,000 per member, \$4,000 per family per calendar year	None	\$2,000 per member, \$4,000 per family per calendar year	

<u>Benefits</u>	CBT In-Network	CBT Out-of-Network	MESSA In-Network	MESSA Out-of-Network	<u>Comments</u>
Dollar Maximums	Certain transplants have a \$1 million lifetime limit		Transplants have a \$1 million lifetime limit		
Pharmacy Benefits	\$5 generic, \$5 brand if generic is not available, and \$15 brand copay when generic is available	Covered at 75% after copay	\$5 generic, \$5 brand if generic not available, and \$10 brand copay when generic is available	Covered at 75% after copay	The CBT copayment for brand drugs is \$15, while the MESSA copayment for brand drugs is \$10. Both CBT and MESSA allow mail-order with 90 day supply. Both require just one copay for this entire supply.

<u>Benefits</u>	CBT <u>In-Network</u>	CBT <u>Out-of-Network</u>	MESSA <u>In-Network</u>	MESSA <u>Out-of-Network</u>	<u>Comments</u>
Eligible Dependents	<p>CBT (regardless of network) covers the employee's spouse and the employee's unmarried children until the end of the calendar year of their 19th birthday, or up to the end of the calendar year of their 25th birthday if they are unmarried, financially dependent on the employee, and a member of the employee's household. Coverage continues beyond the end of the calendar year of the unmarried dependent's 25th birthday if he/she is totally and permanently disabled or a full time student and dependent on the employee for more than ½ of their financial support.</p>		<p>MESSA (regardless of network) covers the employee's spouse and the employee's unmarried children until the end of the calendar year of their 19th birthday, or up to the end of the calendar year of their 25th birthday if they depend on the employee for a majority of support. Coverage continues beyond the end of the calendar year of the unmarried dependent's 25th birthday if the dependent is mentally or physically handicapped or if the dependent is a full time student and dependent on the employee for a majority of support.</p>		

<u>Benefits</u>	<u>CBT In-Network</u>	<u>CBT Out-of-Network</u>	<u>MESSA In-Network</u>	<u>MESSA Out-of-Network</u>	<u>Comments</u>
Coverage Effective Dates	Eligibility dates are determined by the employer, and not the insurance company.		Eligibility dates are determined by the employer, and not the insurance company.		
Life and Accidental Death and Dismemberment Benefits	<p>Policy through Associated Mutual. Basic \$5,000 life benefit, with an additional \$5,000 if death is due to an auto accident and the employee was wearing a seat belt. Employee/employer contributions are waived during a disability period but coverage continues.</p> <p>Policy through Associated Mutual for up to \$5,000 AD&D benefits, depending on the nature of the injury.</p>			<p>Policy through Connecticut General for \$5,000 life benefit. Employee/employer contributions are waived during a disability period but coverage continues.</p> <p>Policy through Connecticut General for up to \$5,000 AD&D benefits, depending on the nature of the injury.</p>	The CBT Plan offers an additional life benefit for certain auto accidents.