Mott Community College’s

Vision
Reimbursement Program
Summary Plan Description

Effective January 1, 2003
Mott Community College’s
Vision Reimbursement Program

The Unions and Administration agree that the escalating cost of insurance is a problem. A joint Benefits Task Force comprised of union and management representatives, conducted studies on the feasibility of providing a reimbursement plan to cover vision expenses previously covered by BC/BS, VSP3, and similar programs.

As a result of agreement to pilot a vision reimbursement plan for vision care, the parties have reached certain agreements.

A. The College will pilot a vision reimbursement program, to replace the current vision insurance plans, beginning April 1, 2000 and continuing until June 30, 2001, and revisit annually, thereafter.

B. The College will no longer be sending vision premium payments to the insurance companies. Instead, effective April 1, 2000, the College agrees to contribute an amount equivalent to the current vision care premiums, per employee group for policies currently in effect for 7/1/99 and adjusted annually, into a specially designated account.

C. Members will receive reimbursement for vision care expenses up to the limits of liability mutually agreed to by the unions and management. The amount to be reimbursed under the Vision Reimbursement Program will not exceed one vision exam, lens, frames or contacts to the maximum limit of each category listed in section D.

D. Initial levels of reimbursement liability are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Liability Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>$45.00</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$55.00</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$80.00</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$100.00</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$120.00</td>
</tr>
<tr>
<td>Frames</td>
<td>$65.00</td>
</tr>
<tr>
<td>Contacts (Including Exam)</td>
<td></td>
</tr>
<tr>
<td>*Medically Necessary</td>
<td>$200.00</td>
</tr>
<tr>
<td>**Cosmetic</td>
<td>$125.00</td>
</tr>
</tbody>
</table>

*Definition of medically necessary contact lenses – This term means contact lenses furnished because visual acuity is not correctable to 20/70 in the better eye with spectacle lenses, but can be corrected to 20/70 or better by the use of contact lenses.

**Definition of cosmetic (elective) contact lenses – This term means contact lenses not included in the definition of medically necessary contact lenses.
**Plan Year**

The Vision Reimbursement Program will be effective January 1 of each year.

**Election**

The employees must elect vision coverage through open enrollment, and the new hire process. The employees will be required to fill out an application when electing vision coverage in the Vision Reimbursement Program.

**Eligibility**

The College will reimburse costs up to the limits set forth in this plan for the eligible employee, their spouse, and their eligible dependents (up to the age twenty-five (25) as defined by the IRS).

**New Hire Eligibility**

New hires will be eligible the first of the month following their date of hire. The new employee needs to elect vision coverage within thirty (30) calendar days from his/her date of hire.

**Termination of Benefits**

Participation in the Vision Reimbursement Program will cease at the end of the month of the employee’s termination.

**Reimbursement Process**

To be eligible for vision reimbursement, the employee must submit in a timely fashion, a vision reimbursement form to the Human Resources Office. Reimbursement checks will be issued only to the employee. Vision reimbursement forms will be provided by the College and will be available in the Human Resources Office. The vision reimbursement form must be submitted within six (6) months from the date of service, and must have attached proof of services as provided by the administering eye care specialist (optometrist or ophthalmologist). Any request submitted after six (6) months from the date of service will not be reimbursed.

All reimbursement checks will be made payable only to the employee. Employees may pick up checks in the Human Resources Office or request that checks be mailed to the employees’ current home address on file in the Human Resources Office. There will be a five (5) business day turnaround time in the processing of reimbursement checks.

The Human Resources Office must receive request for reimbursement no later than January 15th of each year for reimbursement of services rendered in the previous calendar year. All reimbursement requested after January 15th will be counted toward your new fiscal year allocation.
**Allocation of Savings**

If the Vision Reimbursement Program realized cost savings, such savings will be split 50% for the College and 50% for all participating employee groups. The 50% of savings, the participating employee groups will split, will be distributed based on the number of members in each participating employee group.

Savings realized by the participating employee groups would be allocated by mutual agreement, recommended by the Benefits Task Force Committee with support from the bargaining teams.

**Disputes**

Any employee who disputes the amount of reimbursement needs to submit the dispute in writing to the Compensation & Benefits Administrator in the Human Resources Office within sixty (60) calendar days from the date the original request for reimbursement was submitted. If the matter is not satisfactorily resolved, the employee may appeal the matter to the College’s Senior Human Resources Manager.

**Customer Service**

When you have questions or concerns regarding the MCC Vision Reimbursement Program you, can call Human Resources at 810-762-0565.