



ST. CLAIR
COUNTY
COMMUNITY
college

ST. CLAIR COUNTY COMMUNITY COLLEGE VISION & HEARING CARE REIMBURSEMENT PLAN

Vision & Hearing Care Benefit:

Career Plan, ESP

2014-2015 \$475
2015-2016 \$500

MAHE

2013-2015 \$475

Teamsters

2013-2015 \$475

Who is Eligible: Full-time Career Plan (Gold & Blue), MAHE, Teamster, and MEA-ESP personnel and their dependents. Dependents will only be covered under this plan through the year in which they turn age 26. **NOTE: If you have elected participation in a high-deductible health plan with an HSA, this claim form is not required as the contribution has already been made to your HSA account.**

Eligible Vision & Hearing Care Charges: The actual costs charged for service, glasses, lenses, frames and hearing aids, exams and other vision and hearing care expenses. (Include orthodontic expenses ESP only)

How to Use This Plan: Attach the original invoice of your vision, hearing care, or orthodontic bill to this form and complete the bottom section. Submit to Human Resources, Room 203 in the Main Building. Invoices must be submitted prior to June 30th of the fiscal year in which they were incurred. If covered by additional insurance include EOB (Explanation of Benefits) or insurance coverage information.

Please provide copy Checks will be made payable to the employee on a monthly schedule.

Plan year is defined as the 12 month period, July 1 through June 30 of the following year.

Vision & Hearing Care Claim Form

PHONE EXT. # _____ I.D. # _____

NAME: _____ DATE ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GROUP (Circle one): CP ESP MAHE TEAMSTER

DO YOU HAVE OTHER VISION INSURANCE COVERAGE? (Circle one): YES NO

PATIENT NAME: _____ BIRTHDATE: ____/____/____

RELATIONSHIP: _____ ACTUAL AMOUNT PAID FOR SERVICES: \$ _____
(DO NOT CALCULATE)

For College Use Only

Date Paid: _____

Amount paid: \$ _____

Cost Center _____

Check Number: _____

By submitting this form for payment, the employee certifies that unless indicated above, the attached vision expenses have not been reimbursed or are not reimbursable under any other vision plan coverage. In addition, the employee understands that these claims cannot be resubmitted for payment under a flexible spending plan.