



SUMMARY PLAN DOCUMENT

EMPLOYEE VISION PLAN

Plan Administrator: County of Grand Traverse, Director of Human Resources, 400 Boardman Avenue, Traverse City, MI 49684, (231) 922-4599.

Plan Effective Date: 12:01 a.m., Eastern Standard Time, January 1, 1998

Plan Distribution Date: December 29, 1997

Plan Benefit Year: The fiscal year of the Plan commences on the first day of January and ends on the last day of the following December.

Plan Number: 503

Employer Identification Number: 38-6004852

Acceptance of Legal Notice: The Plan is a legal entity. Legal notices may be filed with, and legal process served upon, Grand Traverse County.

FUNDS FOR PAYMENT OF VISION CLAIMS ARE PAID FROM THE ASSETS OF THE COUNTY.

Grand Traverse County (Employer) hereby establishes a plan for payment of certain expenses for the benefit of its eligible employees, to be known as the Grand Traverse County Employee Vision Plan (Plan). The Employer assures its covered employees that during the continuance of the Plan all benefits hereinafter described shall be paid to or in behalf of them in the event they become eligible for benefits. The Plan is subject to all the terms, provisions and conditions recited on the following pages.



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Eligibility: All Regular Full-Time and Regular Part-Time (on a pro-rated basis) employees and eligible elected officials are eligible for coverage under the Plan.

To be covered, an eligible employee or elected official must fill out the enrollment form provided by the Employer and return it to Human Resources within 30 days of the effective date of coverage. If the employee enrolls under the Plan their eligible dependents may also be covered under the plan.

If your spouse is also an employee of Grand Traverse County, neither you, your spouse, or your dependents shall be double covered.

The employee must agree to, and pay for, any applicable premium contributions required to maintain eligibility for the Plan.

Retiree Eligibility: If you retire from County employment, and if you are eligible to draw a pension benefit immediately upon retirement, you may elect to be covered under the County's group by reimbursing the County for the premium amount of your coverage. If you defer your pension benefit you may choose the County's group coverage upon written notification to Human Resources Office within thirty (30) days of starting to draw your pension benefit. If you choose not to continue the group coverage upon retirement you may enroll during the open enrollment period.

Eligible Dependents: An eligible dependent includes your lawful spouse, natural children, step-children who reside with you, adopted children, spouse's adopted children who reside with you, or children under court-appointed permanent or limited guardianship. Dependent children are eligible if you claim them as a current income tax exemption and are not in the active military service of any government. Dependent children will be covered until the end of the year in which they reach age 19.

Eligible members of Teamsters Health Department, Teamsters Dispatch, TPOAM, and COAM Dispatch Supervisory group may continue their dependent children until the end of the year in which they reach age 25, provided they are dependent upon you for more than half of their support, you claim them as a current tax exemption, and they reside with you or are in temporary residence at school or camp.

Dependent children who are mentally or physically handicapped and totally disabled prior to their nineteenth (19th) birth date are eligible under the Plan.

You must notify the Human Resources Department within 30 days if any of your enrolled dependents no longer qualify under this plan. Human Resources reserves the right to request documentation to prove dependent eligibility.

Special Enrollment of Newly-Eligible Employees and Dependents: You may also apply for coverage for yourself and your eligible dependents if you become eligible for coverage between open enrollment periods. You must apply within 30 days after becoming eligible for coverage. Otherwise, coverage will be delayed until the next open enrollment period.

New Dependents: If you gain a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll the new dependent or spouse effective the date of the qualifying event.

Loss of Other Coverage: If you did not previously enroll under the Plan because you had other vision coverage and that coverage is lost, you may enroll yourself, spouse, and dependents. Proof of the loss of other coverage that is acceptable to the Employer must be provided. If you lose other coverage for the following reasons, you and your dependents (including spouse) are not eligible for Special Enrollment.

1. You fail to pay your share of the premiums on a timely basis.
2. Your coverage was terminated for cause such as making a fraudulent claim.
3. You voluntarily drop your other coverage for any reason, including an increase in premium or change in benefits. **EXCEPTION:** You drop the other coverage during the annual open enrollment

period for the other coverage.

Change of Status: If you did not previously enroll under the Plan and you are a regular part-time employee changing to full-time status (on a regular basis), you are eligible to enroll yourself, spouse, and dependents under the Plan effective the date of the change of status.

Schedule of Benefits:

Waiting Period:

First day following 30 days of service.

Frequency:

Once in every 24 consecutive months, from the last date of service, for each covered individual.

Reimbursement:

Frames after a \$7.50 co-pay to a maximum of \$35

Lenses after a \$7.50 co-pay (waived if frames are purchased at the same time) to a maximum of:

Single focal \$43

Bifocals \$60 plastic or \$70 glass

Trifocals \$90 plastic or \$100 glass

Contact Lenses after a \$7.50 co-pay, to a maximum of \$78.

Exceptions: The Plan does not cover:

- a. Expenses covered under Workers' Compensation or employer liability laws.
- b. Expenses covered by any governmental agency or under any governmental program or law, except as to charges which the person is legally obligated to pay.
- c. Expenses incurred prior to the date the person became covered under this Plan.
- d. Expenses incurred that are not provided by a Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Optometry (OD), an optical laboratory or an optician.
- e. Additional charges for oversized, tinted lenses, or protective coating unless prescribed for medical reasons. (Documentation for medical reasons must be provided.)

Filing Vision Claims: Submit your itemized paid receipt or paid bill, along with a completed claim form, to the Human Resources Department. Claims must be submitted within one year from the date of service to be eligible for reimbursement.

Individual Termination of Coverage: The coverage of any employee shall terminate on any of the following dates:

- a. The date of termination of the Plan; or,
- b. The end of the month that he/she ceases to be an "eligible employee" or "eligible dependent" unless coverage is continued under COBRA regulations; or,
- c. The date he/she fails to make a required contribution, if applicable.

Coordination of Benefits: The purpose of this Plan is to help you meet the cost of needed vision care. It is not intended that anyone receive benefits greater than actual expenses incurred. Benefits payable by this Plan shall be the lesser of Grand Traverse County Plan's schedule or the balance after the payment by other plans, the total of which shall not exceed the maximum expense. All benefits provided hereunder are subject to this provision.

Plan Amendment or Termination: The Plan may be amended or terminated by the Employer at any time. In the event of Plan termination, the County will have no obligation under the Plan beyond paying the difference between the claims incurred (even though later filed) and expenses of the Plan due up to the date of termination. Such claims and expenses shall be paid as normal expenses of the Plan. Any termination of the Plan will be communicated to participants.

Plan is Not a Contract: The Plan shall not be deemed to constitute a contract between the County and any

employee or to be consideration for, or an inducement or condition of, the employment of any employee.

Appealing a Claim: If your claim is denied in whole or in part, you will receive written notification from Human Resources within 30 days of the date you filed the claim. If additional information is needed for payment of a claim, Human Resources will contact you. You may request a review by filing a written application with the Human Resources Director. On receipt of the written request for review of a claim, the Human Resources Director will review the claim and furnish copies of all documents and all reasons and facts relating to the decision. You may submit your opinion of the issues and your comments in writing. Requests for review must be filed within 60 days after you receive notice of denial. A decision will be made promptly within 60 days and will be delivered to you in writing setting forth specific reasons for the decision and specific references to the pertinent plan provisions upon which the decision is based. The decision will be final.