BOZEMAN SCHOOL DISTRICT #7

VISION REIMBURSEMENT PLAN

PLAN YEAR

The plan year is September 1st through August 31st.

ELIGIBILITY

If you, and/or dependents, are enrolled in the medical care benefit program you are automatically enrolled in the vision plan. Your coverage under this plan will include eligible employees, retirees, spouses and dependent children. Definition of these groups will be the same as in the medical care benefit program.

Once you are in the plan, it is necessary that you notify the School District Benefits Clerk promptly when you have a change in your dependents. Notification should be made to the Benefits Clerk by completing a new enrollment form when your marital status changes, when you have a new dependent or when your dependents are no longer eligible for coverage.

BENEFITS

This plan will pay 75% of covered vision procedure expenses with a maximum of $150 of annual benefits per covered individual. If the vision process is covered by a medical plan it is not covered by the vision plan; examples are surgery, prescription, accidents, and hospitalization.

COVERED VISION EXPENSES

All vision correction procedures are covered vision expenses if provided by or under the direction of an optometrist or ophthalmologist licensed to practice by the state in which he or she practices. Also covered are glasses and contacts.

DIRECT REIMBURSEMENT PROCEDURE

1. Each claim needs to have an itemized bill and proof of payment (a copy of a cancelled check, a paid receipt or a charge card receipt). Include the name of the employee and the patient on each bill and receipt.
2. If the claim has been partially paid by another insurance plan, attach a copy of the Explanation of Benefits and your proof of payment.
3. Benefits are paid as a direct reimbursement to the employee. The claims will be processed weekly, if possible, and the reimbursement will take a minimum of two weeks. The reimbursement will be sent to the mailing address on record in the District Benefits office.
4. Submit claims to:

Vision Claims, Bozeman Schools P.O. Box 520 Bozeman, MT 59771	OR	Vision Claims, Bozeman Schools Payroll Office Willson Building

5. Vision expenses are to be submitted within one year of service.

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TYPE OF PLAN

The Vision Plan is a self-insured reimbursement plan. Premium contributions go directly into a Bozeman School District fund which is used to pay the cost of the benefits and administration for Plan members.

The Vision Plan is a "direct reimbursement" plan, which means that no outside insurance company is involved. The employer will reimburse vision charges as outlined below directly to the eligible employee. Note this is a reimbursement plan only, liability for vision work remains with the employee.

COORDINATION OF BENEFITS BETWEEN THE PLAN AND OTHER PLANS

The Plan has been designed to help meet the cost of vision treatment. Since it is not intended that greater benefits be paid to you than your actual vision expenses, the amount of benefits payable under the Plan will take into account any coverage a family member has under other "plans." This Plan may pay deductibles and co-insurance not paid by other plans or programs, if they are within plan benefit amounts.

If a person is covered under this Plan and one or more other plans, as defined below, the benefits payable with respect to him/her under this Plan will be either its regular benefits or reduced benefits which, when added to the benefits of the other plan, will not exceed 100% of the allowable expenses.

"Plan" means any plan under which medical or vision benefits or services are provided by group insurance, self-insurance, school, other educational institution, governmental programs or coverage required or provided by any stature, or any similar plan or program.

If your spouse or dependents are covered by another vision plan, vision expenses must first be submitted to their plan. Any expenses which are not covered by their plan, and you have paid, may be submitted for reimbursement according to the plan reimbursement schedule.

PLAN TERMINATION

The District may terminate the plan upon 30 days notice. Upon termination the right of participants to benefits are limited to claims incurred and due up to the date of termination. Any termination of the plan will be communicated to the participants.

INDIVIDUAL TERMINATION OF COVERAGE

If an eligible employee is terminated or resigns, any vision expense (s) incurred before his/her termination or resignation will be reimbursed as outlined in this Plan.

Unless he/she contributes premium for continued participation as required by COBRA, the coverage of any employee covered under the Plan shall terminate on the earliest of the following dates:

a. The date of termination of the plan; or;
b. The date his/her membership ceases in an eligible class; or the date all or certain benefits are terminated;
c. The date he/she becomes a full-time member of the Armed Forces of any country; or
d. The date he/she fails to make a required contribution, if any.

PLAN IS NOT A CONTRACT

The Plan shall not be deemed to constitute a contract between the Employer and any employees or to be consideration for, or an inducement or condition of, the employment of any employee. Nothing in the Plan shall be deemed to give any employee the right to be retained in the service of the Employer or to interfere with the right of the Employer to discharge any employee at any time, provided, however,

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that the foregoing shall not be deemed to modify the provision of any collective bargaining agreements which may be made by the Employer with the Bargaining representatives of any employees.

RIGHTS OF THE EMPLOYEES

As participants in the Plan herein described, you are entitled to certain rights and protection under the Employer Retirement Income Security Act of 1974. ERISA provides that all Plan participants shall be entitled to:

…Examine, without charge, at the Plan Administrator's office, all plan documents, including insurance contracts, bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor, such as annual reports and Plan Description;

…Receive a summary of the plan's annual financial report; file suit in a federal court, if any materials requested are not received within 30 days of the participant's request, unless the materials were not sent because of matters beyond the control of the Administrator. The court may require the Plan Administrator to pay up to $100 for each day's delay until the materials are received;

…In addition to creating rights for Plan participants, ERISA imposes obligations upon the persons who are responsible for the operation of the employee benefit plan. These persons are referred to as "fiduciaries" in the law. Fiduciaries must act solely in the interest of the Plan participants and they must exercise prudence in the performance of their Plan duties. Fiduciaries who violate ERISA may be removed and required to make good any losses they have caused the Plan;

…Your employer may not fire you or discriminate against you to prevent you from obtaining a benefit or exercising your rights under ERISA; and

…If you are improperly denied benefits in full or in part, you have a right to file suit in a federal or state court. If Plan fiduciaries are misusing the plan's money, you have a right to file suit in a federal court or request assistance from the U.S. Department of Labor listed in your telephone directory of the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C 20210. If you are successful in your lawsuit, the court may, if it so desires, require the other party to pay your legal costs, including attorney's fees.

If you have any questions about this statement of your rights under ERISA, you should contact the Plan Administrator or the nearest Area Office of the U.S Labor-management service Administration Department of Labor.

PLAN DESIGN APPROVED BY PARTICIPANTS

April 1998

REWRITTEN SEPTEMBER 1, 2003

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