

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



ST. CLAIR COUNTY
COMMUNITY COLLEGE

Vision & Hearing Care Benefit:

2024– 2025 Vision Care Benefit Amount \$500 (Career Plan, ESP, Leadership, MAHE, & Teamsters).

Who is Eligible: Full-time Career Plan, Leadership, MAHE, Teamster, MEA-ESP, and Executive 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: Please complete this form and attach the invoice/paid receipt for vision, hearing care, or orthodontic care (ESP Only). Submit the completed form and receipt(s) to Human Resources, Room 206 in the Main Building. You may also email the completed form and paid receipt(s) both in PDF format to HR@sc4.edu. 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.

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. # _____

NAME: _____ DATE: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GROUP (check one): CP ESP MAHE TEAMSTER LEADERSHIP EXECUTIVE

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

PATIENT NAME: _____

RELATIONSHIP: _____ ACTUAL AMOUNT PAID FOR SERVICES: \$ _____

For College Use Only

Date Paid: _____ Amount paid: \$ _____

Cost Center _____ Check Number: _____

ATTACH ORIGINAL VISION OR HEARING CARE BILL OR INVOICE

By submitting this form for payment, the employee certifies that unless indicated above, the attached 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.