

APPROVED

**YALE PUBLIC SCHOOLS
74130 - REVISION - SEPTEMBER 1, 2006
SELF-FUNDED VISION SERVICE CONTRACT**

An Agreement between SET, Inc. (hereinafter referred to as SET) and the **YALE PUBLIC SCHOOLS** (hereinafter referred to as the District.)

1. **Notification to Collective Bargaining Agents** (As Required by Law)

The District agrees to notify in writing all affected collective bargaining agents and all affected employees not less than 30 days prior to signing of this agreement of the following information:

- a. Benefits provided;
- b. Changes, if any, in benefits;
- c. Plan is not insured (or partially insured as the case may be);
- d. SET is providing claims administration only. There will be no guarantee of payment of any covered claim without receipt of District funds to adequately cover outstanding claims.
- e. SET will process claims for benefits in a reasonable period of time. Delays in processing do not afford eligible individuals greater rights or interest or other remedies against SET, Inc. than otherwise afforded by law.

THE ABOVE INFORMATION SHALL BE PROMINENTLY DISPLAYED AND SHALL BE COMMUNICATED TO ELIGIBLE INDIVIDUALS WITHIN 60 DAYS AFTER THEY BECOME ELIGIBLE FOR BENEFITS. THE ABOVE INFORMATION SHALL BE UPDATED AND COMMUNICATED NO LESS THAN ONCE EVERY FIVE (5) YEARS.

2. **Benefit and Plan Maximum Year Defined**

The above year shall be July 1, through June 30.

3. **Agreement Year**

This Year: September 1, through June 30.

Thereafter: July 1, through June 30.

4. **Claim Fund**

- a. The District shall deposit an initial claim fund. This fund shall be in the amount of: **\$ 1,200.00 (ALREADY ESTABLISHED)** (The claims fund shall be reviewed periodically, and adjusted as needed.)
- b. Subsequent months will be amount actually paid in claims the prior month.
- c. District will be billed by the 5th of each month.
- d. District will remit payment by the 20th of each month.

5. **Claims Reports** - to include (by participant & dependent number)

- a. Incurred Date
- b. Paid Date
- c. Total Charges
- d. Eligible Charges
- e. Total Amount Paid
- f. Service Type
- g. Indication of C.O.B.

6. **Benefit Schedule**

7. **State & Federal Reports** (SET to produce 1099's and other necessary reports)

8. **Charges**

- a. SET will bill District **\$1.50/per** employee per month for claims administration services and for providing 1099's.
- b. SET reserves the right to renegotiate above rate at the end of each contract year.

9. **Miscellaneous Charges**

NONE

Attachments (benefit schedules & eligible participants)

Frank Johnson 8/14/06
 Authorized Signature and Title FRANK JOHNSON, SUPERINTENDENT Date

YALE PUBLIC SCHOOLS
Name of Employer

Mailing Address 198 SCHOOL DR., YALE, MI, 48097

Number of Eligible Employees _____
Number of Eligible Employees to Participate _____

Name of Person Who Will Handle
Administrative Procedures TINA MILLS, DIRECTOR OF BUSINESS SERVICES

Phone Number 810-387-3231

FOR SET USE: *Peggy Moore* 8-18-06
New Business Team Facilitator Date

ELIGIBILITY

Eligible Classes: All persons of the Employer in the following benefit classes shall be eligible for these benefits:

CUSTODIAL/MAINTENANCE MECHANICS, BUS DRIVERS, AND AIDES

Employee's Date of Eligibility: Each employee within the eligible classes, who works the number of hours in the normal work week established by the Employer for the purposes of participating in these benefits, shall be eligible for these benefits on the day such work requirements are satisfied. **EFFECTIVE: DATE OF HIRE - 90 DAY PROBATIONARY PERIOD**

GENERAL DEFINITIONS

The Employer: When the term "The Employer" is used, it means collectively all employers included under the Plan Document.

Active Work Requirement: A requirement that an Employee be actively at work on full-time at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel.

Eligible Individual Within This Benefit Plan: An Employee who is eligible for Benefits; a qualified dependent with respect to whom an Employee is eligible for Dependent Benefits.

Qualified Dependent:

- (1) An Employee's spouse while not divorced or legally separated from the Employee;
- (2) Each of the Employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide vision care expense benefits for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

If a dependent child is or becomes incapacitated due to physical handicap or mental retardation while eligible for benefits, such child's incapacity must be submitted to SET within 30 days following the end of the year in which the child would otherwise cease to qualify as a dependent child. Proof must be submitted to SET once each year thereafter of the continuation of said incapacity, to continue with the eligible dependent benefits.

B E N E F I T S S C H E D U L E

Employer: YALE PUBLIC SCHOOLS - REVISION - SEPTEMBER 1, 2006
74130 VIS-2011021 VISFRM-0800001 COMP-7413002

VISION EXPENSE BENEFITS- Employee and Dependents Benefit

Complete Vision Examination Maximum	\$100.00		
***Single Vision Prescription Maximum per Pair of Lenses	\$100.00		
***Bifocal Prescription Maximum per Pair of Lenses	\$100.00		
***Trifocal Prescription Maximum per Pair of Lenses	\$104.00		
***Lenticular Prescription Maximum per Pair of Lenses	\$122.00		
Contact Lens Prescription Maximum per Pair of Lenses	NECESSARY \$178.00	COSMETIC \$115.00	
Standard-type Frames Maximum	\$ 80.00		

***INCLUDES COLOR TINTS/COATS AND POLAROID

BENEFIT DETERMINATION PERIOD: JULY 1, THROUGH JUNE 30.

SERVICE FREQUENCY:

Vision Examination: Once every 12 months
Lenses: Once every 12 months
Frames: Once every 12 months

EXTERNAL COORDINATION OF BENEFITS ONLY: Included X Not Included

(Any spouse or child who is eligible for benefits as an Employee, or who is entitled to benefits under any extension of such eligibility of benefits, is not a dependent).

ELIGIBILITY

Eligible Classes: All persons of the Employer in the following benefit classes shall be eligible for these benefits:

COOK

Employee's Date of Eligibility: Each employee within the eligible classes, who works the number of hours in the normal work week established by the Employer for the purposes of participating in these benefits, shall be eligible for these benefits on the day such work requirements are satisfied. **EFFECTIVE: DATE OF HIRE - 90 DAY PROBATIONARY PERIOD**

GENERAL DEFINITIONS

The Employer: When the term "The Employer" is used, it means collectively all employers included under the Plan Document.

Active Work Requirement: A requirement that an Employee be actively at work on full-time at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel.

Eligible Individual Within This Benefit Plan: An Employee who is eligible for Benefits; a qualified dependent with respect to whom an Employee is eligible for Dependent Benefits.

Qualified Dependent:

- (1) An Employee's spouse while not divorced or legally separated from the Employee;
- (2) Each of the Employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide vision care expense benefits for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

If a dependent child is or becomes incapacitated due to physical handicap or mental retardation while eligible for benefits, such child's incapacity must be submitted to SET within 30 days following the end of the year in which the child would otherwise cease to qualify as a dependent child. Proof must be submitted to SET once each year thereafter of the continuation of said incapacity, to continue with the eligible dependent benefits.

BENEFITS SCHEDULE

Employer: YALE PUBLIC SCHOOLS - REVISION - SEPTEMBER 1, 2006
74130 VIS-2011020 VISFRM-0680001 COMP-7413001

VISION EXPENSE BENEFITS- Employee and Dependents Benefit

Complete Vision Examination Maximum	\$ 45.00	
***Single Vision Prescription Maximum per Pair of Lenses	\$ 50.00	
***Bifocal Prescription Maximum per Pair of Lenses	\$ 84.00	
***Trifocal Prescription Maximum per Pair of Lenses	\$104.00	
***Lenticular Prescription Maximum per Pair of Lenses	\$122.00	
Contact Lens Prescription Maximum per Pair of Lenses	NECESSARY \$178.00	COSMETIC \$93.00
Standard-type Frames Maximum	\$ 68.00	

***** INCLUDES COLOR TINTS/COATS AND POLAROID**

BENEFIT DETERMINATION PERIOD: JULY 1, THROUGH JUNE 30.

SERVICE FREQUENCY:

Vision Examination: Once every 12 months
Lenses: Once every 12 months
Frames: Once every 12 months

EXTERNAL COORDINATION OF BENEFITS ONLY: Included X Not Included

(Any spouse or child who is eligible for benefits as an Employee, or who is entitled to benefits under any extension of such eligibility of benefits, is not a dependent).

ELIGIBILITY

Eligible Classes: All persons of the Employer in the following benefit classes shall be eligible for these benefits:

PRINCIPALS, CENTRAL OFFICE STAFF AND SECRETARIES

Employee's Date of Eligibility: Each employee within the eligible classes, who works the number of hours in the normal work week established by the Employer for the purposes of participating in these benefits, shall be eligible for these benefits on the day such work requirements are satisfied. **EFFECTIVE: DATE OF HIRE - 90 DAY PROBATIONARY PERIOD**

GENERAL DEFINITIONS

The Employer: When the term "The Employer" is used, it means collectively all employers included under the Plan Document.

Active Work Requirement: A requirement that an Employee be actively at work on full-time at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel.

Eligible Individual Within This Benefit Plan: An Employee who is eligible for Benefits; a qualified dependent with respect to whom an Employee is eligible for Dependent Benefits.

Qualified Dependent:

- (1) An Employee's spouse while not divorced or legally separated from the Employee;
- (2) Each of the Employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide vision care expense benefits for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

If a dependent child is or becomes incapacitated due to physical handicap or mental retardation while eligible for benefits, such child's incapacity must be submitted to SET within 30 days following the end of the year in which the child would otherwise cease to qualify as a dependent child. Proof must be submitted to SET once each year thereafter of the continuation of said incapacity, to continue with the eligible dependent benefits.

BENEFITS SCHEDULE

Employer: YALE PUBLIC SCHOOLS - REVISION - SEPTEMBER 1, 2006
74130 VIS-8011010 VISFRM-0650001 COMP-7413000

VISION EXPENSE BENEFITS- Employee and Dependents Benefit

Complete Vision Examination Maximum	\$ 120.00
Single Vision Prescription Maximum per Pair of Lenses	100% OF COST
Bifocal Prescription Maximum per Pair of Lenses	100% OF COST
Trifocal Prescription Maximum per Pair of Lenses	100% OF COST
Lenticular Prescription Maximum per Pair of Lenses	100% OF COST
Contact Lens Prescription Maximum per Pair of Lenses (Benefit Includes Contact Lens Exam)	\$ 115.00
Standard-type Frames Maximum	\$ 65.00

Included Lens Feature Allowances (DOES NOT INCLUDE PROGRESSIVE LENSES)

	<u>TINTING</u>	<u>POLARIZED</u>
Single Lenses	\$42.00	\$56.00
Bifocal Lenses	\$70.00	\$90.00
Trifocal Lenses	\$84.00	\$110.00
Lenticular Lenses	\$118.00	\$138.00

BENEFIT DETERMINATION PERIOD: JULY 1, THROUGH JUNE 30.

SERVICE FREQUENCY:

Vision Examination: Once every 12 months
Lenses: Once every 12 months
Frames: Once every 12 months

EXTERNAL COORDINATION OF BENEFITS ONLY: Included X Not Included

(Any spouse or child who is eligible for benefits as an Employee, or who is entitled to benefits under any extension of such eligibility of benefits, is not a dependent).