JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF THE STATE EMPLOYER
LANSING

M. SCOTT BOWEN
DIRECTOR

September 13, 2007

TO: Human Resource Directors
Labor Relations Liaisons
Exclusive Representatives
Limited Recognition Organizations

FROM: Jill M. Nowicki

SUBJECT: VDT/CRT Operator Reimbursement for Special Glasses Applies to the following units: E42, H21, L32, U11, W22, W41, Y23, Y51, Y99, and Y98
GL-07-01

A. **This notice supersedes all prior notices concerning the VDT/CRT Operator Reimbursement for Special Glasses.**

This notice contains rates effective immediately for the single, bi-focal, tri-focal and progressive lens for participating providers and includes general information.

1. Reimbursement by the department is appropriate only when the employee requires a **second** pair of glasses that are a different prescription than the first and are required because of working on VDT/CRT equipment. **An employee obtaining glasses for working on the VDT/CRT who does <u>not</u> otherwise wear glasses would not be covered by this provision.**

2. Reimbursement requests should be handled in accordance with normal departmental reimbursement procedures. The reimbursement form DMB-2212-OSE "Request for Reimbursement VTD/CRT Operator Corrective Glasses" is attached. This form can also be found on our web page at http://www.michigan.gov/ose. Once on the page, click the link "Forms" which is on the left panel. The DMB-2212-OSE is under the heading "Other Forms"

3. Maximum reimbursement amounts are as follows. This reimbursement includes the employee's copay.

   a. Blue Cross Blue Shield Participating Providers (no change)

(1)	Single Lens	$107.50
(2)	Bi-focal Lens	$140.25
(3)	Tri-focal Lens	$217.50
(4)	Progressive Lens	$140.25
(5)	Prism Lens	$ 15.00
(6)	Frames	$ 55.75
(7)	Tint (up to #2)	$ 8.00

   b. Non-Participating Providers (no change)

(1)	Single Lens, Plastic	$ 16.00
(2)	Bi-focal Lens, Plastic	$ 23.00
(3)	Tri-focal Lens, Plastic	$ 27.00
(4)	Progressive Lens	$ 23.00
(5)	Prism Lens	$ 2.00
(6)	Frames	$ 14.00
(7)	Tint (up to #2)	$ 3.00

   This plan has limitations of a maximum size of 71mm and a tint of #2. Any size larger than 71mm or any tint higher than #2 is to be paid by the employee.

4. If you receive a bill from a participating provider which exceeds the maximums FOR LENSES outlined in 3.a. above, pay the amount allowed and forward a copy of the **itemized statement** and a copy of the completed VDT/CRT Operator Corrective Glasses Reimbursement Form (DMB-2212-OSE) to the Department of Civil Service, Employee Benefits Division (EBD), Attention: Lauri Schmidt. If only the frame cost exceeds the maximum, there is no need to submit documentation. The employee will be responsible for any excess costs on the frames.

5. Employees who go to a non-participating provider are responsible for all charges in excess of those outlined in 3.b. above.

B. Some of the facts concerning this benefit:

1. An employee does not need to be enrolled in the vision plan to be eligible for reimbursement.

2. The department is not liable for reimbursing for the eye exam. If the employee is covered under the State Vision Plan, that plan provides for one eye exam in each 12-

month period. If the employee is not covered under the State Vision Plan, the employee is responsible for the eye exam charge.

3. The co-pay requirements (the $7.50 for lenses and frames for par-providers) will be paid by the department and is **included** in the reimbursable amount (see 3.a.).

4. This is not a taxable benefit.

5. If a tint is billed separately and it is beyond Tint #2, it is not reimbursable.

6. Coatings such as Ultraviolet (UV), Anti-reflective (AR) coating, scratch guard and polycarbonate are optional and **will not** be reimbursed.

7. If there is a question about the par/non-par status of the provider, simply call the provider. Using the Request for Reimbursement form (referenced in Part A, Item 2) should eliminate most questions of this nature.

cc: Lauri Schmidt
OSE Staff