



Teamsters Local 731 Health and Welfare Funds

Doctor Network.....VSP Choice

Your Coverage with a VSP Doctor

WellVision Exam[®] focuses on your eye health and overall wellness.....**every calendar year**¹

Prescription Glasses

Lenses.....**every other calendar year**¹

- Single vision, lined bifocal, lined trifocal and progressive lenses
- Polycarbonate lenses covered for dependent children
- Refer to the below "Extra Discounts and Savings" section for additional non-covered lens option savings

Frame.....**every other calendar year**¹

- \$200.00 allowance for a wide selection of frames
- 20% off the amount over your allowance

~OR~

Contact Lens Care.....**every other calendar year**¹

- \$300.00 allowance can be used for contact lenses and contact lens fitting and evaluation fees.

Extra Discounts and Savings

Prescription Glasses

- Average 20-25% savings on all non-covered lens options
- 20% off additional prescription glasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens fitting and evaluation

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Out-of-Network Reimbursement Amount:

- A total allowance up to \$300.00 is available every other calendar year¹. This allowance can be used for exam, lenses, lens options, frame, contact lenses and contact lens fitting and evaluation fees.
- Members cannot utilize both in-network and out-of-network services during the same benefit period.

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

¹ Calendar year begins January 1st.

Please refer to your Summary Plan Description for additional information and exclusions.

Your VSP Vision Benefits Summary

The Trustees of your Health and Welfare Plan are pleased to announce a change in your vision care provider.

Welcome to VSP[®] Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

Personalized Care. A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Eyewear. Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

Choice of Providers. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Using your VSP benefit is easy.

- **Find the right eyecare provider for you.** To find a VSP doctor, visit vsp.com or call 800.877.7195.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Cut along dotted line

Local 731, I.B. of T., Health and Welfare

Your Coverage with a VSP[®] Choice Doctor:

Frequency

Exam: Every Calendar Year
Lenses: Every Other Calendar Year
Frames: Every Other Calendar Year
Contacts: Every Other Calendar Year

Please refer to your Summary Plan Description for additional information, out-of-network coverage, and exclusions.



To find a VSP doctor near you,
visit vsp.com or call 800.877.7195.



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The Trustees of the Local No. 731 Welfare Funds have contracted with VSP to provide the Funds' new vision care network **effective January 1, 2011**. To account for this change in vision providers, the Trustees have revised the Funds' Summary Plan Descriptions as follows:

VISION BENEFIT PROGRAM

Under the Vision Benefit Program, payments are made for covered vision expenses incurred by you and your Dependents at a licensed optometrist or ophthalmologist up to the amount shown on the Schedule of Benefits.

Vision Service Plan ("VSP") administers your vision benefits on behalf of the Fund.

If you use a VSP doctor:

- The doctor will bill VSP for the benefit amount, and you will only pay the doctor the amount, if any, over the maximum benefit indicated in your schedule of benefits. You will receive one spectacle examination per Calendar Year, plus one of the following every two Calendar Years: (1) \$200 toward the retail cost of eyeglass frames and full coverage of eyeglass lenses or (2) \$300 toward contact lenses and contact lens fitting and evaluation fees. (Note: Only dependent Children are entitled to polycarbonate eyeglass lenses under the in-network benefit.)
- When you use an out-of-network provider, you must pay the bill in full and submit your itemized receipt along with a signed claim form to VSP for reimbursement. Out-of-network coverage is \$300 for all eyewear and services (including spectacle examinations) every two Calendar Years.
- If you use disposable contact lenses, benefits will be paid for multiple sets of disposable contact lenses obtained under a vision prescription during a two Calendar Year period up to the maximum benefit shown on your schedule of benefits.
- The maximum benefit includes both in-network and out-of-network claims—you cannot combine in-network and out-of-network claims during the same benefit period.

VISION BENEFIT EXCLUSIONS AND LIMITATIONS

Charges made for the following are not considered covered vision expenses under the Vision Benefit Program:

1. Vision treatment that is incurred while a person was not covered under the Plan.
2. Services or supplies which are covered in whole or in part under any other benefit provided by this Plan.
3. Services or supplies resulting from any occupational injury or sickness, whether or not covered by a Workers' Compensation Law or similar law.
4. Special procedures, such as orthoptics or vision training; antireflective coatings; subnormal vision aids; or special supplies such as safety glasses, non-prescription glasses or non-prescription sunglasses.
5. Contact lenses or eyeglasses which are required after cataract surgery. (One pair is covered under the Comprehensive Major Medical Benefit after cataract surgery.)
6. Services or supplies rendered in connection with any medical or surgical treatment.
7. Services or supplies not listed as covered vision expenses under the Vision Benefit Program.
8. Eye examinations (or lenses or frames required as a result of such examination) which are required by an employer as a condition of employment and for which the employer is required to pay according to the provisions of any labor agreement or statute.
9. Services, supplies or types of treatment which are stated as excluded in this benefit explanation or which are stated as excluded in "What the Plan Doesn't Cover".

In order to: Locate a VSP doctor, request out-of-network claim forms or check the status of a claim, please contact VSP at 800.877.7195. You may also visit their website at www.vsp.com.

Summary of Material Modifications EIN 36-6073849, 36-2392752, 36-6073848 /PN 501

Your eyes are amazing.
We'll treat them amazingly well.



For out-of-network claims, please visit vsp.com, or call **800.877.7195** to obtain a claim form.

Please contact the Fund Office during regular business hours at 630.887.4150 with any questions regarding your benefits.

This card is not required for service and does not guarantee benefit eligibility. It is for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

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