



**NATIONAL IAM BENEFIT TRUST FUND
SUMMARY OF MATERIAL MODIFICATIONS**

April 2024

The following is a summary of changes to the National IAM Benefit Trust Fund (the “Plan”) Vision Plan Summary Plan Description (SPD), Effective May 1, 2021 (“Vision Plan”). This Summary of Material Modifications (“SMM”) supplements the information in the Vision Plan SPD. Please keep this document with your copy of the Vision Plan SPD for future reference.

The Plan is updating its vision care benefits provided through EyeMed for both the Standard and Enhanced plans. This coverage is retroactive to January 1, 2023.

- 1. The Schedule of Benefits for the Standard Plan is updated as follows. All other benefits in the Standard Plan remain unchanged.**

Vision Care Benefits – STANDARD PLAN

Standard Plan ¹	In-Network Participant Cost	Out-of-Network ² Participant Reimbursement
Complete Eye Examination (with dilation and refraction as necessary)		
PLUS Providers	\$0 copay	Up to \$40
Non-PLUS Providers	\$10 copay	Up to \$40
Frames		
PLUS Providers	\$0 copay; \$185 allowance 80% of balance over \$185	Up to \$59
Non-PLUS Providers	\$0 copay, \$135 allowance, 80% of balance over \$135	Up to \$59

- 1 There is no roll-over of unused benefits. Each benefit and/or allowance can be used only once per calendar year.
- 2 You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim to request reimbursement. Reimbursement is limited to the amount shown in the out-of-network Participant Reimbursement column. If the column says N/A there is no Participant Reimbursement for that service.

Contact Lenses Fit and Follow up (available once a comprehensive eye exam has been completed)		
Standard fit and follow-up	Up to \$40	N/A
Contact Lenses (allowance includes materials only)¹		
Conventional	\$0 copay; \$105 allowance 85% of balance over \$105	Up to \$50
Disposable	\$0 copay; \$105 allowance 100% of balance over \$105	Up to \$50

1 If you need prescription contact lenses for only one eye, the benefit will be one-half of the amount provided for contact lenses for both eyes.

2. **The Schedule of Benefits for the Enhanced Plan is updated as follows. All other benefits in the Enhanced Plan remain unchanged.**

Vision Care Benefits – Enhanced Plan

Enhanced Plan¹	In-Network Participant Cost	Out-of-Network² Participant Reimbursement
Complete Eye Examination (with dilation and refraction as necessary)		
PLUS Providers	\$0 copay	Up to \$40
Non-PLUS Providers	\$0 copay	Up to \$40
Frames		
PLUS Providers	\$0 copay, \$215 allowance 80% of balance over \$215	Up to \$80
Non-PLUS Providers	\$0 copay, \$165 allowance 80% of balance over \$165	Up to \$80
Contact Lenses Fit and Follow ups (available once a comprehensive eye exam has been completed)		
Premium fit and follow-up	\$40 copay; 90% of retail, then apply \$40 allowance	Up to \$43

1 There is no roll-over of unused benefits. Each benefit and/or allowance can be used only once per calendar year

2 You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim to request reimbursement. Reimbursement is limited to the amount shown in the out-of-network Participant Reimbursement column. If the column says N/A there is no Participant Reimbursement for that service.

3. As of January 1, 2024, the Board of Trustees is (Page I of the SPD):

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c/o National IAM Benefit Trust Fund
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Washington, DC 20003

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Washington, DC 20003

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Washington, DC 20003

Receipt of this notice does not constitute a determination of eligibility or coverage. If you wish to verify eligibility or have general questions about this notice, please contact the National IAM Benefit Trust Fund, Customer Service, at 1-800-457-3481.