



To: Vision Plan Participants
Date: October 30, 2015
Re: Change to Vision Program

This is a Summary of Material Modifications (changes) to your Vision Program with the National IAM Benefit Trust Fund (Plan). Please keep this memo for future reference.

We are pleased to announce that **effective January 1, 2016**, the National IAM Benefit Trust Fund will provide routine Vision coverage through **EyeMed**.

In 2016 your Vision Program will be improved. Some of the changes include:

- EyeMed has a network of 69,000 contracted providers at 23,000 locations across the country
- EyeMed has both independent providers and popular retailers including: Pearle Vision, Sears Optical, LensCrafters, Target Optical, JC Penney Optical, ForEyes, and many more
- EyeMed in-network providers will collect copayments for covered services – if you use an in-network provider, **you no longer have to pay in full up front**
- EyeMed in-network providers will file claims – **you no longer have to submit claims**

The new program will include two benefit options that we call **Standard** and **Enhanced**. If you are currently a participant in benefit options 3, 3A, 4, or 4A you will have Enhanced coverage effective January 1, 2016. If you are currently a participant in benefit options 1, 1A, 2, or 2A you will have Standard coverage effective January 1, 2016.

Some basic information about your **in-network** cost under the new program is shown below:

Benefit Option	Enhanced (3, 3A, 4, 4A)	Standard (1, 1A, 2, 2A)
<i>Standard Services</i>	<i>Using EyeMed Provider</i>	<i>Using EyeMed Provider</i>
Exam (<i>per calendar year</i>)	\$0 copayment	\$10 co-payment
Lenses Single Vision	\$10 copayment	\$20 copayment
(<i>per calendar year</i>) Bifocal	\$10 copayment	\$20 copayment
Trifocal	\$10 copayment	\$20 copayment
Standard Progressive	\$50 copayment	\$75 copayment
Frames (<i>per calendar year</i>)	\$0 copay; \$135 allowance; 20% off overage	\$0 copay; \$105 allowance; 20% off overage
Contact Lens Fit/Follow-up	\$40 copayment	Up to \$55 copayment
Contact Lenses (<i>per calendar year</i>)	\$0 copay; \$135 allowance	\$0 copay; \$105 allowance
Tints and Coatings	Fixed copays on most popular options; 20% discount on others	Fixed copays on most popular options; 20% discount on others

There are a number of other covered services and benefits, as well as limited out-of-network coverage, which will be described in more detail in later mailings, including a new Summary Plan Description which will be sent to all participants when completed. In addition, EyeMed includes some discounts on non-covered services like additional pairs of glasses, laser vision correction, and non-prescription sunglasses. These will also be explained in more detail later.

EYEMED

EyeMed will be sending each covered employee a welcome packet that includes identification cards, more detailed benefit information, names of EyeMed participating providers in your specific location, information about how to use the program, and other added benefits available to you as a member of EyeMed. You may also go to www.eyemed.com for more information about EyeMed and to search for participating providers in your zip code area. To do this, select “Find a Provider” at the top right. On the next screen, enter your zip code, then click on the section that says “Choose Network” and select “Insight”. You can also call the EyeMed pre-enrollment number, 866-804-0982, to speak with a customer service representative for help with provider inquiry.

IF YOU HAVE QUESTIONS

Receipt of this notice does not constitute a determination of eligibility. Further information will be mailed to you shortly about this program change. If you wish to verify eligibility, or need help in determining which Vision Option you currently have, or what new option you will have in 2016, please contact the Benefit Trust Fund at 800-457-3481.

cc: Board of Trustees
Contributing Employers
Union Representatives