



Local 371
Amalgamated Welfare Trust Fund

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IMPORTANT NOTICE
EFFECTIVE JULY 1, 2013
IMPROVEMENTS TO VISION BENEFITS

To All Eligible Full-Time and Part-Time Members:

The Trustees of the UFCW Local 371 Amalgamated Welfare Trust Fund are pleased to announce the following changes and enhancements to the Plan's Vision benefits effective July 1, 2013:

The Vision benefits for In-Network use will be as follows:

Basic Eye Examination (one every 12 months).....	100%
Corrective Lenses (every 12 months).....	100%
Contact Lenses (up to \$90 retail per calendar year)	100%
Frames – Adults (up to \$75 retail every other calendar year (24 months)).....	100%
Frames – Children under age 16 (up to \$75 retail every calendar year)	100%

Important: Vision Benefits described within are in-network benefits. If you go outside the network, you will not receive the same level of benefits or reimbursement.

Benefit Description

Covered vision services provided through the EyeMed Vision Care network provider include the following benefits:

- **Eye Examination** – The Plan pays 100% for one basic spectacle eye examination each calendar year including refraction and prescription (if needed). Treatment needed for an eye Injury or Illness is not covered under this benefit. The Participant or Eligible Dependents pays the cost difference between the spectacle and contact lens exam.
- **Spectacle Lenses** – The Plan pays 100% for prescription eyeglass lenses once each calendar year. The lenses covered included single vision or bifocal, but are limited to uncoated plastic lenses. Premium lenses are available at an additional cost to you or your Eligible Dependents.

- **Progressive Lenses** – Subject to \$65 copay for standard progressive lenses. Premium progressive lenses are subject to \$65 copay, then 80% of charge less \$120 allowance.
- **Contact Lenses** – The Plan pays 100% for prescription contact lenses once each calendar year up to a regular retail cost of \$90. Contacts that retail above \$90 may be purchased at an additional cost to you or your Eligible Dependents. Contact lenses may be purchased through a network provider or through the Mail Order Contact Lens Program. Contact lens examinations and fittings are provided for an additional fee which is not covered by this benefit or any other benefit under the Plan.
- **Frames** – The Plan pays 100% of the cost of eyeglass frames once every two calendar years, up to a regular retail cost of \$75. However, the Plan will provide frames on an annual basis for dependent children under age 16 at 100%, up to a regular retail cost of \$75.

Please watch your mail in the upcoming days for a packet from Eyemed Vision Care which will include your identification cards for the vision network as well as network providers located in your area. Claims incurred after July 1, 2013 for routine vision care will no longer be submitted to Local 371 AWTF for reimbursement.

This notice is intended to serve as a Summary of Material Modifications for UFCW Local 371 Amalgamated Welfare Trust Fund, as required by the Employee Retirement Income Security Act of 1974 (ERISA). Please retain this notice for future reference and keep it with your Plan/Summary Plan Description Document for UFCW Local 371 Amalgamated Welfare Trust Fund.

If you have any questions regarding this notice, please contact the Fund Office at phone number 1-203-226-4217.

Sincerely,

Board of Trustees

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