



AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND

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Important Benefit Plan Changes Effective January 1, 2008 Summary of Material Modification

December 2007

Dear Participant:

As Trustees of the Welfare Plan, we are proud to offer coverage to help you and your family meet your vision care needs. With increasing vision care costs, your Plan coverage in this area is more important than ever. Effective as of **January 1, 2008** we are adding a new vision care program provided through the VSP Preferred Provider Organization (PPO) network that is designed to help you manage your vision care expenses.

The VSP PPO network of vision professionals will reduce the cost of vision care for you and your family. We are confident that the VSP PPO plan is a good one that will certainly save you money. However, we also understand that in some instances you may wish to continue receiving benefits under the schedule of benefits in effect prior to January 1, 2008; the good news is that this is also possible.

It is always your decision to use, or not use a VSP PPO provider but keep in mind that when you utilize a VSP PPO provider you will gain the following advantages:

- You will have greater coverage and less out of pocket expense.
- You do not need to file a claim because VSP PPO providers send them directly to VSP for you.
- You will receive discount prices on all your vision care needs, including some procedures that are not covered under the rules of the Plan.

In addition to the new VSP PPO benefits you have a choice between the prior benefit schedule and the new VSP PPO benefits when you seek vision care. If you use a provider who participates in the VSP PPO network you will be given all the additional benefits listed on the reverse side of this notice.

If you wish to see a vision professional who is not in the VSP PPO network you may do so but your benefit will be limited to that which is currently available as described on the reverse side of this notice under the heading "*Out of VSP Network*". If you decide to use a non-participating provider you must pay for the services at the time of service and then you must file a claim through VSP for reimbursement based on the "*Out of VSP Network*" benefit schedule.

To locate a VSP PPO provider visit their website at www.vsp.com or telephone VSP PPO member services Monday - Friday from 8:00 am until 8:00 pm at **1-800-877-7195**

Please read the description of the new benefits on the reverse side of this notice for detailed information about the Plan improvements that will be effective **January 1, 2008**.

You should retain this notice with the booklet titled Summary Plan Description that was provided to every participant earlier this year. If you have any questions about the benefit information provided in this notice please contact the Fund Office for further clarification.

Sincerely,

Board of Trustees

As an eligible participant in the **AUTOMOBILE MECHANICS' LOCAL 701 WELFARE FUND** Active plan of benefits you will be provided with the following eyecare benefits through VSP effective January 1, 2008.

If your eyecare provider is a VSP doctor you simply need to make an appointment and let your provider know you are enrolled in a VSP plan. If you are new to VSP and need an eyecare provider you can go to www.vsp.com or call VSP at 800.877.7195 to locate a participating provider in your area.

Your Coverage from a VSP Doctor

Exam covered in full after \$10 copay every calendar year¹

Prescription Glasses (lenses and/or frame) \$20 copay

Lenses covered in fullevery two calendar years¹

- Single vision, lined bifocal and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame.....every two calendar years¹

- Frame of your choice covered up to \$120.00 allowance.
- Plus, 20% off any out-of-pocket costs.

~OR~

Contact Lens Care (no copay applies) every two calendar years¹

When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame every two calendar years¹ from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 30% savings on lens options such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses, including lens options*

Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)
- * Available from any VSP doctor within 12 months of your last eye exam

Your In-Network Copays

Exam\$10.00

Prescription Lenses and/or Frame....\$20.00

Contacts No copay applies

Out of VSP Network

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call VSP first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

Exam Up to \$35.00

Lenses:

Single Vision..... Up to \$40.00

Lined Bifocal..... Up to \$56.00

Lined Trifocal..... Up to \$68.00

Frame Up to \$50.00

Contacts Up to \$90.00

VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and the Automobile Mechanics' Local 701 Welfare Fund contract with VSP, the terms of the contract will prevail.

¹Calendar year begins January 1st.