

IMPORTANT NOTICE

Change in Vision Care Provider to EyeMed Effective January 1, 2023 and Change in Prescription Safety Glasses Provider to Sight Protect Effective February 1, 2023

January 2023

The Board of Trustees of the International Union of Operating Engineers Local No. 478 Health Benefits Fund (“Health Fund”) are dedicated to providing quality benefits to the Health Fund’s Participants and their families. The Trustees of the Health Fund are pleased to issue this notice to inform you of: (1) a change in the Health Fund’s vision care provider from Davis Vision to EyeMed effective January 1, 2023 and (2) a change in the Health Fund’s prescription safety glasses provider to Sight Protect effective February 1, 2023. Further details regarding these changes are outlined below and please note that while Sight Protect is an affiliate of EyeMed, they are separate entities and therefore require different ID Cards for these two separate benefits.

Change in Fund’s Vision Care Provider from Davis Vision to EyeMed Effective January 1, 2023

Effective January 1, 2023, the Trustees are pleased to report that the Health Fund will be changing its vision care provider from Davis Vision to EyeMed. You should soon be receiving your new EyeMed ID Card in the mail, along with welcome materials from EyeMed. You can register on eyemed.com or download the mobile app (via the App store or Google Play) to print another ID card, check the status of a claim, locate a provider and download an explanation of benefits. See attached flyer for detailed information on how to find an EyeMed participating network provider. You can also call EyeMed at 1-866-939-3633. Below are the details of the Health Fund’s vision benefits with EyeMed as of January 1, 2023. Please note this change and keep this Notice with your Summary Plan Description (“SPD”), as the description of the vision benefits found in your SPD is no longer accurate. Please note that the term “Plan Year” referenced below means January 1st to December 31st.

OUT OF NETWORK: In the event that you do NOT use an EyeMed participating network provider for any of the vision benefits described below please submit claims directly to the Fund Office. For out of network vision benefits the Health Fund covers the Maximum Allowable Cost or MAC for eye exams, eyeglass frames, single vision lenses, single vision lenses with frames, bi/trifocal lenses, bi/trifocal lenses with frames and contact lenses.

Eye Examination

Eligible Individuals age 13 and older receive full coverage for one complete eye examination *once every other Plan Year* when done by an EyeMed participating network provider (i.e., you pay \$0).

Eligible Individuals under age 13 receive full coverage for one complete eye examination *once every Plan Year* when done by an EyeMed participating network provider (i.e., you pay \$0).

Eyeglasses (frames)

Eligible Individuals receive an eyeglass frame *once every other Plan Year*, subject to the limits noted in the chart below:

VISION CARE SERVICES	IN-NETWORK ELIGIBLE INDIVIDUAL COST
Eyeglass frame	EyeMed Provider - 20% off balance over the \$150 allowance EyeMed PLUS Provider – 20% off balance over \$200 allowance

Eyeglasses (lenses)

Eligible Individuals receive eyeglass lenses once every *other Plan Year*, in lieu of contacts, subject to the limits noted in the chart below:

VISION CARE SERVICES	IN-NETWORK ELIGIBLE INDIVIDUAL COST
Single vision	\$0 copay
Bifocal	
Trifocal	
Lenticular	
Progressive - standard	
Progressive – Premium Tier 1	\$85 copay
Progressive – Premium Tier 2	\$95 copay
Progressive – Premium Tier 3	\$110 copay
Progressive – Premium Tier 4	\$175 copay
Anti-Reflective Coating - standard	\$45 copay
Anti-Reflective Coating - Premium Tier 1	\$57 copay
Anti-Reflective Coating - Premium Tier 2	\$68 copay
Anti-Reflective Coating - Premium Tier 3	\$85 copay
Photochromic – non-glass	\$75 copay
Polycarbonate – standard	\$40 copay
Scratch Coating – standard plastic	\$15 copay
Tint – solid and gradient	

UV treatment	
All other lens options	20% off retail price

EXAMPLE: Assuming you were eligible for vision benefits during all relevant Plan Years, if you obtained an eyeglass frame and lenses on February 2, 2023, you could next obtain a new frame and new lenses during the Plan Year starting on January 1, 2025 (assuming you still have Fund coverage at such time). Note that the January 1, 2024 through December 31, 2024 Plan Year would be your “skip” year.

Second Pair of Glasses (Active Member Only): An Active Member is eligible for a second pair of glasses *once every other Plan Year* subject to the same amounts shown on page 2 for frames and glasses. Retirees and eligible dependents are NOT eligible for this second pair of glasses benefit.

Contact Lenses: Eligible Individuals can receive contacts lenses *once every other Plan Year, in lieu of eyeglasses,* subject to the limits noted in the chart below:

VISION CARE SERVICES	IN-NETWORK ELIGIBLE INDIVIDUAL COST
Contact fit and follow up – standard	\$0 copay; contact lenses fit and two follow up visits
Contact fit and follow up – premium	\$0 copay, 10% off retail price, then apply \$40 allowance
Contacts – conventional	15% off balance over \$150 allowance
Contacts - disposable	No charge up to \$150 allowance, thereafter you pay 100% of balance
Medically Necessary contacts are provided through the medical benefit with Anthem and NOT through the vision benefit with EyeMed.	

Change in Prescription Safety Glasses Provider to Sight Protect Effective February 1, 2023 – Active Member ONLY

Effective February 1, 2023, the Health Fund will be utilizing Sight Protect to provide Active Members only with prescription safety glasses. You can visit sight-protect.com or call Sight Protect customer care center at 866-798-9192 for more details regarding this benefit. To find a Sight Protect prescription safety glasses provider near you please go to <https://eyedoclocator.eyemedvisioncare.com/sightprotect/en> or call the customer care center at 866-798-9192.

Vision exams are not part of the Sight Protect program, you will need to obtain your vision exam and prescription through the standard vision plan with EyeMed. When you visit a Sight Protect provider let them know your Member ID and that you have coverage with Sight Protect. Sight Protect does NOT mail you an ID Card so to print an ID Card you can go to

<https://member.eyemedvisioncare.com/member/en/register> to register and receive your ID Card to print. To obtain your Member ID number please call 866-798-9192.

Active Members are eligible for coverage of prescription safety glasses through Sight Protect *once every other Plan Year*, subject to the limits noted in the chart below. Active Members are responsible to pay out of pocket for anything that the Health Fund does not cover. Please be aware that Glass Lenses, Tint (solid or gradient), Photochromic/Transitions, and Polarized Lenses are NOT ALLOWED with your Prescription Safety Glasses.

	Product	Health Fund Pays	Active Member Pays
Frame	Base Frame	\$9.98	\$0
	Frame Tier 1	\$30.00	All charges over \$30.00
	Frame Tier 2	\$40.00	All charges over \$40.00
	Frame Tier 3	\$50.00	All charges over \$50.00
	Frame Tier 4	\$65.00	All charges over \$65.00
	Frame Tier 5	\$65.00	All charges over \$65.00
Lenses – included in the Health Fund cost is the admin fee, dispensing fee, sideshield fee and shipping	Single Vision Lens	\$58.00	\$0
	Bi-Focal Lens	\$78.00	\$0
	Tri-Focal Lens	\$78.00	\$0
	Digital Single Vision Lens	\$83.00	\$0
	Progressive Standard (includes Bi-Focal)	\$93.00	All charges over \$93.00
	Progressive Tier 1, 2, 3 and 4 (includes Bi-Focal)	\$93.00	All charges over \$93.00
Materials and treatments	Polycarbonate Lenses includes UV and standard scratch	\$5.00	\$0
	Mid-Index/Trivex	\$0 – Not Covered	Check with provider
	High Index		
	Bluelight Technology	\$10.00	\$0
	Scratch – Premium	\$20.00	\$0
	Scratch – Premium with Anti-Fog	\$35.00	\$0
	Anti Reflective - Standard	\$0 – Not Covered	Check with provider
	Premium Anti Reflective Tier 1, 2, and 3	\$0 – Not Covered	Check with provider

QUESTIONS? FUND CONTACT INFORMATION

If you have any questions about this Notice or any other item, contact the Fund Office by telephone at 203-288-9261 or 1-866-288-9261 (toll free) or by letter to: Ms. Dorothy Siniscalchi, Executive Director, I.U.O.E. Local No. 478 Benefit Funds, 1965 Dixwell Avenue, Hamden, CT 06514

This Notice is intended to be a brief description of the topics described. In any situation involving Health Fund benefits, the documents governing the Health Fund will control. It constitutes a Summary of Material Modifications to the Health Fund, and we are furnishing it to you in accordance with U.S. Department of Labor regulations §§2520.104b-3 and 2590.715-2715(b). Please keep this Notice with your Fund Summary Plan Description and your most recent Summary of Benefits and Coverage for future reference, and contact the Fund Office directly with any questions. As a reminder, Health Fund benefits are not “vested” in any way, and all Health Fund benefits are subject to amendment and/or termination as the Trustees may determine to be in the best interests of the Health Fund’s participants and beneficiaries.

**BOARD OF TRUSTEES,
International Union of Operating Engineers Local No. 478 Health Benefits Fund**

ALL THE TOOLS YOU NEED. THE CHOICE YOU DESERVE.

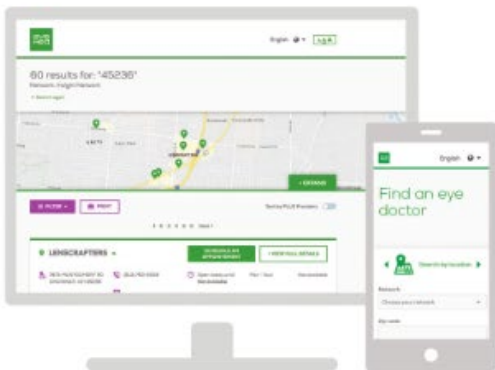
Search. Select. Save. (Simple.)

OUR PROVIDER LOCATOR TAKES THE GUESSWORK OUT OF FINDING AN EYE DOCTOR

When you stay in-network, you keep more money in your pocket. Our Provider Locator helps you find the best fit.

SIMPLY DESIGNED AND TAILORED TO YOU, THERE'S A TON YOU CAN DO:

- Search by zip code, your current location, doctor name, practice name or network
- See each provider's info at a glance – hours, specialties, proximity to you
- Filter results by services, brands, language spoken and more
- Get door-to-door directions and a handy map view
- Schedule an eye exam online at many locations



FIND YOUR IN-NETWORK EYE DOCTOR THE EASY WAY
Log in to your account or visit eyemed.com

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LENSCRAFTERS'

PEARLE
VISION

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