

Summary of Material Modifications

January 2015

From time to time, the Board of Trustees of the Local No. 9, IBEW and Outside Contractors Active Employees Health and Welfare Plan ("Plan") makes changes to the Plan in order to enhance the Plan's benefits and procedures when feasible or appropriate. To that end, the Board has amended the Plan's documents to the extent that changes are being made to the Summary Plan Description/Plan Document January 2015 Edition ("SPD"). In accordance with the Plan's amendment and termination provision, as stated on Page 68, the Board of Trustees has adopted the following changes.

Effective February 1, 2015, the Vision Benefits described in the SPD on Page 30 and on the "Schedule of Benefits for Active Employees and their Spouses and Dependents as of January 1, 2015" are being replaced by the Vision Service Plan ("VSP") network and plan of services. The new vision benefits provided by the Plan and VSP are described on the reverse side of this Summary of Material Modifications.

The Board of Trustees also modified the vision benefit to be an "Excepted Benefit," which means that you may choose to receive no vision benefits under the Plan. If you do not wish to have vision benefits for the year 2015, you should contact the Fund Office by March 31, 2015; an opt-out form will be provided to you. Each fall, you will be given the opportunity to opt out (or opt back in) for the upcoming calendar year.

This Amendment of the Local No. 9, IBEW and Outside Contractors Active Employees Health and Welfare Plan Summary Plan Description/Plan Document, January 2015 Edition, was adopted by the Board of Trustees on December 12, 2014.

Over, please 

A Final Note

Please keep this Summary of Material Modifications (SMM), which describes changes to information provided in the most recent Summary Plan Description/Plan Document (SPD), with your SPD for future reference.

Only the provisions described in this letter are changing; no other Plan changes are being made at this time. If you have any questions about this change or your benefits, please contact the Fund Office at 708-449-9004.

Sincerely,
Board of Trustees

This notice is a Summary of Material Modifications (SMM), within the meaning of Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. This SMM describes an important change to the most recent Summary Plan Description/Plan Document for the Local Union No. 9, IBEW and Outside Contractors Active Employees Health and Welfare Plan effective January 1, 2015. Please keep this SMM with your Plan Document/SPD for future reference. An SMM is not the SPD, nor is it the Plan Document itself; rather, it is a supplemental document to your Plan Document/SPD. Please contact the Fund Office to request copies of the Plan Document/SPD or any SMM relating to the Plan.



Your Vision Benefits Summary

Get the best in eyecare and eyewear with Local No 9 IBEW and Outside Contractors H&W Fund and VSP® Vision Care.

Using your VSP benefit is easy.

- **Register at vsp.com.**
Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.**
The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider. To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

Plan Information

VSP Coverage Effective Date: 2/1/2015

VSP Provider Network: VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every calendar year 	\$0 for exam and glasses

Prescription Glasses		
Frame	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance • Every calendar year 	Combined with exam
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every calendar year 	Combined with exam
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every calendar year 	\$55 \$95 - \$105 \$150 - \$175

Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year 	Up to \$60
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Additional Coverage	<ul style="list-style-type: none"> • Diabetic Eyecare Plus Program
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Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Coverage with Out-of-Network Providers	
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider	
Exam.....up to \$45	Lined Trifocal Lenses.....up to \$65
Frame.....up to \$70	Progressive Lenses.....up to \$50
Single Vision Lenses.....up to \$30	Contacts.....up to \$105
Lined Bifocal Lenses.....up to \$50	
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.	

Visit vsp.com or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

¹Brands/Promotion subject to change.
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