

2021 BENEFIT CHANGES

Dear Vision Plan Participant,

On January 1, 2021, VSP will become your new vision plan provider. The Board of Trustees for the Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust selected VSP to replace the current vision plan.

This change was made to:

- **Improve your Vision Plan benefit**
- **Reduce your Out-of-Pocket cost**
- **Provide you with a Network of Providers**
- **Eliminate Claim Filing on your behalf**

Important Transition Information

Your New Vision Network – VSP Choice Plan

You can find participating vision providers by visiting VSP's website using the following link:

www.vsp.com/choicewithaffiliates, or by calling VSP's Customer Service department at 800-877-7195 from **Monday through Friday from 8:00 a.m. to 11:00 p.m., Saturday and Sunday from 10:00 a.m. to 11:00 p.m.** Eastern Time. If you call VSP before January 1, 2021, be sure to identify yourself as a member of **Group Number: 30100827**

In-Network Benefits

The Choice Plan network plus affiliates includes providers such as Wisconsin Vision, Pearle Vision, Walmart, Sam's Club, Costco, Eye-Mart, Visionworks, Clarkson Eyecare, Wing Eyecare, Midwest Eye Consultants, plus thousands of independent optometrists and ophthalmologists. By choosing an in-network provider, you pay only your co-pay (if applicable), or the amount that exceeded your benefit allowance at the point of service. There are ***no claims for you to file*** for reimbursement from your VSP plan.

What Happens If You Use a Non-Network Vision provider?

Most out-of-network providers will submit a request for reimbursement to VSP on your behalf. This means you won't need to pay the entire bill up front and you will only be responsible for paying applicable copays and any balance above the out-of-network schedule.

If you pay the provider directly, you can submit a claim to VSP for reimbursement, using the following procedures:

1. Complete VSP's **Member Reimbursement Form** which can be found at vsp.com or at iwtrustfund.com/forms

2. Submit claim form along with itemized receipt online at vsp.com or by mail to:
VSP
P.O. Box 385018
Birmingham, AL 35238-5018

If your current vision provider is not a participating vision provider in the VSP network, you may call VSP with the Provider's name or office location. VSP's team will begin recruitment efforts with the vision provider.

The vision benefit you currently have will be **replaced** with the following on **1/1/2021**:

Vision Plan Highlights

Benefits	VSP Choice Plan		
	In-Network		Out-of-Network
Frequency for Exams, Lenses, Frames, Contact Lenses	Once every 12 months: Benefits start over every January 1st		
Exam Copay	\$0		\$45
Lens Copays:			
Single Vision	\$0		\$30
Bifocal	\$0		\$50
Trifocal	\$0		\$65
Frame Allowance	\$200 allowance, then 20% off any balance		\$70 Allowance
Enhanced Feature Frame*	\$250 allowance, then \$20% off any balance		\$70 Allowance
Contact Lens Fitting & Evaluation Allowance	\$50 allowance		No Coverage
Contact Lenses	\$200 allowance (instead of frames and lenses)		\$105 allowance (instead of frames and lenses)
Lens Enhancement Copays:	Single Vision	Bi-Focal or Tri-Focal	Out-of-Network
Standard Anti Reflective Coating	\$41	\$41	No Coverage
UV Protection	\$10	\$10	No Coverage
Polycarbonate Lenses (Child)	\$0	\$0	No Coverage
Polycarbonate Lenses (Adult)	\$31	\$35	No Coverage
Photochromic Lenses	\$75	\$75	No Coverage
Progressive Lenses			
Standard Progressive Lenses	N/A	\$0	No Coverage
Premium Progressive Lenses**	N/A	\$95 or \$105	No Coverage
Custom Progressive Lenses**	N/A	\$150 or \$175	No Coverage
Scratch Resistant Coating	\$17	\$17	No Coverage

***Enhanced Feature Frame: When using VSP providers in the "Premier Program"**

****Progressive Lens copays vary based upon the lens manufacturer and retail cost.**

ID Cards

An ID Card isn't required for members to receive services or care in-network. Simply let your VSP network provider know that you are a VSP member. The provider and VSP will handle the rest.

For peace of mind, you will receive new ID cards in the mail from VSP. Regardless of your vision provider's network status, be sure to let your provider know that you are a VSP member and do not use your old vision plan cards on and after **January 1, 2021**. If you need additional ID cards, or if you have any questions about your coverage, contact VSP. You may also get a temporary ID card one of three ways:

- **Online at www.vsp.com**
- **Download the VSP app in the Apple App Store or Google Play Store for free**
- **Access your ID card on the Member Dashboard also at iwtrustfund.com**

Do my benefits start over January 1st?

Yes. Your vision benefits start over every January 1.

How do I submit claims unpaid vision expenses incurred after January 1st to my HRA?

You may submit a copy of your detailed vision invoice that you receive at the point of service along with an HRA Out-of-Pocket Claim Form to the **Benefit Trust Office**. VSP DOES NOT mail Explanation of Benefits (EOBs), so be sure to keep a copy of your detailed invoice for claim filing.

Looking for Information About Vision Claims, Eligibility or Benefits?

After January 1, 2021, you can review your eligibility status, claims paid information, and covered benefits by visiting www.vsp.com or by using the VSP app, and logging into your personalized account. Once logged in, you'll see personalized benefit information, including doctor visits, benefits history, how to use your benefits, and how to find a provider.

All vision services including your eye exam and vision materials provided on and after January 1, 2021, will be processed by VSP. The Benefit Trust Office will not process claims for vision services provided after December 31, 2020.

Questions about your new benefits? Call VSP at 800-877-7195. Be sure to identify yourself as a member of **Group Number: 30100827**

If you have any questions about your vision plan benefits through December 31, 2020, please call the Fund Office at 937-454-1744.

Sincerely,

Board of Trustees

Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM IRON WORKERS DIST. COUNCIL OF SOUTHERN OHIO & VICINITY AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021

Log in to vsp.com to find an in-network provider based on your plan type.

Contact us:

800.877.7195 or vsp.com

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
PRESCRIPTION GLASSES		
FRAME	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$250 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Walmart®/Sam's Club®/Costco® frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$50
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. As needed 	\$0 \$20 per exam
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$50 to spend on featured frame brands. Go to vsp.com/offers for details. 40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <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

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

VSP guarantees coverage from VSP network providers only. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.