



December 26, 2019

Dear Participant:

As Trustees of the Wisconsin Laborers' Health Fund ("Fund"), we regularly review the Plan and make changes when necessary. We value your service and are proud to offer benefits based on that service. We are committed to keeping you informed and want to make you aware of the following changes and clarifications.

Coverage of Up to \$250 for Out-of-Pocket Vision Expenses

Effective March 1, 2019, in addition to EyeMed coverage, the Fund will pay for your out-of-pocket vision expenses, up to \$250 annually per member or covered spouse or dependent. Vision claims should be submitted to EyeMed first, then to the Fund for reimbursement up to \$250 annually. You and your covered spouse and dependents can use this benefit for routine vision expenses that EyeMed does not cover.

Here is the process for accessing this benefit:

- If you go to an In-Network provider:
 - Show the provider **both** your EyeMed identification card and your Wisconsin Laborers identification card.
 - If there is a charge above what EyeMed covers, ask if the provider will balance bill the Fund for that charge, up to \$250 annually per member (routine Eyemed and Eyemed Safety Eyeware Program) and \$250 annually per covered spouse or dependent (routine Eyemed only).
 - If the provider agrees to balance bill the Fund, and you or your covered spouse or dependent has not already exhausted the \$250 out-of-pocket reimbursement limit for the year, the provider will bill the Fund directly. No payment is required from you unless the charge is greater than \$250. If you have a charge that exceeds the \$250 annual out-of-pocket reimbursement limit for the year, you may use your HRA/WEX/Blue card to pay for that charge. Be sure to use your HRA/WEX/Blue debit card **only** for charges that exceed your available \$250 Fund benefit.
 - If the provider does not agree to balance bill the fund, and you or your covered spouse or dependent has not already exhausted the \$250 out-of-pocket reimbursement limit for the year, you should pay for the charge out-of-pocket and then provide the fund with a receipt for reimbursement. **Do not use your HRA/WEX/Blue debit card to pay for the up to \$250 for which**

the Fund will reimburse you. Be sure to use your HRA/WEX/Blue debit card **only** for charges that exceed your available \$250 Fund benefit.

- In thinking about minimizing your costs, remember that there is no charge for any frame at Target or Sears Optical when using your available In-Network frame allowance
- If you go to an Out-of-Network provider, please pay out-of-pocket, and then submit an Out-of-Network Vision Services Claim Form by visiting www.wilbenefits.com – and then clicking on Health, clicking on forms, and clicking on Out-of-Network Vision Services Claim Form. After you are reimbursed by EyeMed, submit the paperwork to the Fund for reimbursement up to the \$250 annual benefit.
- Please do not hesitate to call the Fund office at 608-842-9101 for any benefit questions prior to scheduling your appointment. You can also reach out to EyeMed for a listing of in network providers in your area at 1-866-804-0982 or by visiting www.eyemed.com clicking on “Find an eye doctor” in the upper right corner, and choose the INSIGHT network. EyeMed also has an app available on Apple and Android phones.

EyeMed Safety Eyewear Program

We want to make sure your eyes are well-protected, even on the job. Effective September 1, 2019, with the EyeMed Safety Program, you may be eligible to get the right prescription safety glasses for your job, as described below. Please note that this benefit is only available to active members only, and not to spouses or dependents.

Your out-of-pockets costs are provided below.

<i>Vision Care Services</i>	<i>In-Network Member Cost</i>	<i>Out-of-Network Reimbursement*</i>
Frames	\$0 Co-pay; \$100 Allowance, 20% off balance over \$100	Up to \$70
Standard Plastic Lenses		
Single Vision	\$0 Co-pay	Up to \$30
Bifocal	\$0 Co-pay	Up to \$50
Trifocal	\$0 Co-pay	Up to \$70
Lenticular	\$0 Co-pay	Up to \$70
Standard Progressive Lens	\$65 Co-pay	Up to \$50
Premium Progressive Tier 1	\$85 Co-pay	Up to \$50
Premium Progressive Tier 2	\$95 Co-pay	Up to \$50
Premium Progressive Tier 3	\$110 Co-pay	Up to \$50
Premium Progressive Tier 4	\$65 Co-pay, 20% off Charge less \$120 Allowance	Up to \$50
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate (19 and over)	\$0 Co-pay	Up to \$28
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Tier 1	\$57	N/A
Premium Anti-Reflective Tier 2	\$68	N/A
Premium Anti-Reflective Tier 3	20% off Retail Price	N/A

Photocromic Transitions	\$75	N/A
Other Add-Ons	20% off Retail Price	
Additional Pairs Benefit	Members also receive a 20% discount off complete pair eyeglasses purchases once the funded benefit has been used.	N/A
Frequency		
Lenses	Once every 12 months	
Frame	Once every 12 months	

* Out-of-network reimbursement will be the lesser of the listed amount or your actual cost from the out-of-network provider. In certain states, you may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed’s online provider locator at www.eyemedvisioncare.com to determine which participating providers have agreed to the discounted rate.

Statement of Grandfathered Status

The Board of Trustees believes that the Plan is a “grandfathered health plan” under the Affordable Care Act, which means that our Plan existed when the health care reform law was signed on March 23, 2010, and that we can preserve certain basic health coverage that was already in effect when the law was passed. However, as with all grandfathered health plans, we must still comply with certain consumer protections in the Affordable Care Act (for example, the elimination of the Plan’s lifetime maximums). Consequently, because this Plan is “grandfathered” and not required to adopt other changes required by the Affordable Care Act, this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans.

Contact the Fund Office if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You may also contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) at 866-444-3272 or <http://www.dol.gov/ebsa/healthreform>. The website includes a chart summarizing the protections that do and do not apply to grandfathered health plans.

For More Information

Please keep this announcement with your SPD benefit booklet. If you have any questions about these changes, please contact the Fund Office at the address and telephone number shown at the top of this announcement.

Sincerely,

Board of Trustees
Wisconsin Laborers’ Health Fund

This announcement notice, which serves as a Summary of Material Modifications, contains only highlights of certain features of the Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.