

CEDAR RAPIDS ELECTRICAL WORKERS LOCAL #405
HEALTH AND WELFARE FUND

Summary of Material Modifications No. 4
Effective January 1, 2019

**IMPORTANT NOTICE ABOUT CHANGES
TO YOUR HEALTH AND WELFARE PLAN**

January 2019

Dear Participant:

This Summary of Material Modifications (referred to hereinafter as the "Notice") summarizes a recent change to the Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund (the "Plan").

You should keep this Notice with your Summary Plan Description ("SPD") for future reference.

Please note that the receipt of this description of Plan modifications is not a guarantee of coverage. You will only be eligible for the benefits described herein if contributions are required to be made to the Plan on your behalf.

The following change to the Plan is effective January 1, 2019:

ADMINISTRATION OF VISION BENEFITS
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You were previously notified by the "Important Notice About Changes to Your Health and Welfare Plan" dated December 2018 that the Plan's Board of Trustees decided the Plan will no longer use the EyeMed network, effective January 1, 2019. As a clarification, while the Plan will no longer contract directly with EyeMed and EyeMed will no longer administer the Plan's vision benefits, you may still access EyeMed Access Network discounts via a DeltaVision discount program.

As a reminder, effective January 1, 2019, Auxiant will administer your vision benefits at the "Non-Network Provider" level and reimburse you for covered costs.

The following replaces the "Providers" subsection within the "Vision Care Benefits" section of the SPD:

Providers

EyeMed Access Network Provider: If you wish to use the DeltaVision Discount Plan, confirm the provider participates in the EyeMed Access Network. Let the provider know you have a discount through DeltaVision and provide your name and your discount plan number, located on the front of your DeltaVision discount card. While your DeltaVision discount card is not necessary to receive services, it is helpful to present your DeltaVision discount card to identify your membership in the DeltaVision Discount Plan. In addition, it may be helpful to show your Dental/Vision/Pharmacy ID card to the provider; some providers will submit a claim to Auxiant.

When you receive services at a participating EyeMed Access Network Provider, the provider will apply the DeltaVision discount and you will have to pay the cost of any services or eyewear that exceeds any discounts (unless the provider submits a claim to Auxiant directly). You will also owe state tax, if applicable, and the cost of non-covered expenses (for example, vision perception training). You may be reimbursed as outlined in the *Schedule of Vision Care Benefits* (see *Reimbursement Benefits* section below).

Out-of-Network Provider: If you receive services from an out-of-network provider, you will pay for the full cost at the point of service. You may be reimbursed as outlined in the *Schedule of Vision Care Benefits* (see *Reimbursement Benefits* section for instructions).

The following replaces the "Reimbursement Benefits" subsection within the "Vision Care Benefits" section of the SPD:

Reimbursement Benefits

To receive reimbursement from the Plan up to the maximums as outlined in the *Schedule of Vision Care Benefits*, complete and sign a vision claim form, attach your itemized receipts and send to Auxiant:

Auxiant
 Attn: Union Services
 P.O. Box 75008
 Cedar Rapids, IA 52407
 800-475-2232, ext. 1299

EYE EXAMS

The Plan's Board of Trustees recently took action to increase the limit for reimbursement of eye examinations. The Plan will now reimburse up to \$150 for one eye examination per Covered Person per Plan Year.

The following replaces the "Reimbursement Benefit (Administered by Auxiant)" subsection of the "Schedule of Vision Care Benefits" within the "Vision Care Benefits" section of the SPD:

Reimbursement Benefit (Administered by Auxiant)	
Vision Care Services	Amount
Eye Examination, One per Plan Year	Covered up to \$150
Eyeglass Frames, Lenses and Lens Options ⁴	Covered up to \$150 per Plan Year
Contact Lenses (materials only) ⁴ :	
Conventional	Covered up to \$150 per Plan Year
Disposable	Covered up to \$150 per Plan Year
Medically Necessary ⁵	Covered up to \$210 per Plan Year

Prescription Safety Glasses (for the Employee only)	Covered up to \$150 per Plan Year
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⁴ One set of frames and lenses OR one regimen of contacts (but not both) covered in a 12 month period.

⁵ The Plan provides the reimbursement benefit for medically necessary contact lenses when one of the following conditions exists:

- Anisometropia of 3D in meridian powers;
- High Ametropia exceeding -10D or +10D in meridian powers;
- Keratoconus where the member's vision is not correctable to 20/30 in either or both eyes using standard spectacle lenses; or
- Vision Improvement for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

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If you have questions regarding the Plan's vision reimbursement benefits, you may contact Auxiant at 800-475-2232, extension 1299. Otherwise, please contact Auxiant at the following address and phone number:

Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund
c/o Auxiant
424 1st Avenue NE, Suite 200
Cedar Rapids, IA 52401
319-398-3283

Sincerely,

Board of Trustees of the
Cedar Rapids Electrical Workers
Local #405 Health and Welfare Fund

<i>This announcement, which serves as a Summary of Material Modifications, contains only highlights of recent changes to the Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund. 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 Plan document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.</i>
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