

Iron Workers Health Trust Fund Local No. 5 Washington D.C. Welfare Fund

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Administered by
Welfare & Pension Administration Service, Inc.

SUMMARY OF MATERIAL MODIFICATION

January 7, 2025

The Summary Plan Description (SPD), dated January 1, 2020, for the Iron Workers Health Trust Fund Local No. 5, Washington D.C. ("Plan") has been amended by the Board of Trustees to increase the vision benefits covered by the Plan.

Effective January 1, 2025, the Trustees have increased the vision benefits covered by the Plan. As of this date, for in-network providers, the Plan will cover up to 8 boxes per year of formulary contact lenses, and up to \$200 per year for non-formulary contact lenses. For non-network facilities or providers, the Plan will provide a \$200 per year benefit for formulary and non-formulary contact lenses.

In order to reflect this coverage and to clarify vision benefits offered by the Plan, the section entitled "Vision Benefits" beginning on page 36 of the SPD has been amended as follows:

VISION BENEFITS

Vision benefits are provided by Spectera (United Healthcare Vision) which is a preferred provider organization with facilities to provide your vision services. A list of Spectera facilities will be provided to you automatically as a separate document.

What are the Vision Benefits?

The following vision benefits will be covered in full when going to a Spectera facility:

Eye-Examination	Complete Exam once per calendar year
Lenses	If the eye examination determines the need for corrective lenses, the doctor will order the proper lenses from a Spectera optical laboratory. New lenses are covered once per calendar year. Patients choosing cosmetic items such as coated, tinted, or progressive lenses pay a surcharge to the doctor up to the maximum amounts, as listed in Non-covered Services below.
Frames	A new frame allowance is provided each calendar year up to \$200.00
Contact Lenses	When Patients elect contact lenses for cosmetic reasons in lieu of glasses, Spectera will provide an allowance towards their purchase. Contact lenses are covered in place of lenses and frames benefits for that eligibility period.
Covered Formulary Non-Formulary	Up to 8 boxed per calendar year Up to \$200 per calendar year
Necessary Contact Lenses	100%
Safety Eyewear (for Participant only)	100% coverage of safety lenses (polycarbs) with side guards included; \$60 retail frame allowance for safety eyewear.

Non-covered Services When Using a Provider

The following is a price listing of cosmetic extras which would require a surcharge paid directly to the Spectera facility or Provider. The list outlines the maximum out of pocket charge you will pay for non-covered lens option at a Spectera facility.

Type	Cost
Scratch Warranty	\$10
Photochromic	\$67
Tier 2 Anti-Reflective Coating	\$50
Tier 3 Anti-Reflective Coating	\$75
Tier 4 Anti-Reflective Coating	\$95
Tier 5 Progressive	\$250
High Index < 1.66	\$53
High Index 1.66 – 1.73	\$63

NOTE: Prices reflected are subject to change.

How to Use the Vision Program

To use the program, please call (800) 638-3120 and speak with one of the Spectera (United Healthcare Vision) customer service representatives who can assist you with locating the facility or Provider nearest you. All eligibility and Dependent information have been provided by the Fund. If there is a question concerning eligibility, please do not hesitate to contact the Fund Office at (877) 367-0541.

Services from Non-Network Facilities/Providers

Claims from non-network Providers are reimbursed to the patient according to the following schedule of allowances:

CLAIM	REIMBURSEMENT ALLOWANCE
Eye-Examination	Up to \$40.00
Lenses:	
Single	Up to \$40.00
Bifocal	Up to \$60.00
Trifocal	Up to \$80.00
Lenticular	Up to \$80.00
Elective Contact Lenses	Up to \$200.00
Medically Necessary Contact Lenses	Up to \$210.00
Frames	Up to \$45.00

NOTE: Cosmetic items will be the sole responsibility of the patient.

Please keep this Summary of Material Modification with your SPD.

Should you have any questions about these changes, please contact the Fund Office.

Board of Trustees

Iron Workers Health Trust Fund Local No. 5, Washington D.C.

Important Reminder - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents, divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.