

INSULATORS LOCAL 84 HEALTH CARE PLAN

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April 18, 2014

To: All Participants

The Trustees of the Insulators Local No. 84 Health Care Plan have engaged EyeMed Vision Care to offer participants vision coverage. Enclosed is a Summary of the Benefits Provided and an Enrollment Form. **Please note that coverage is voluntary and that you must complete an enrollment form to elect coverage.**

You will be offered the opportunity to elect vision coverage on June 1st of each year. Coverage will be for a 12-month period beginning June 1st and ending May 31st. To enroll in vision coverage you must mail the completed Enrollment Form to the Fund Office no later than May 9, 2014. Annual premiums will automatically be deducted from your Health Reimbursement Account. If there is not enough money in your Health Reimbursement Account you will be billed for the difference. The annual premium is as follows:

Employee only	\$ 97.32
Employee plus spouse	\$184.80
Employee plus children	\$194.52
Employee plus spouse & children	\$285.84

If you have any questions, you may contact the Fund Office.

Sincerely,

THE BOARD OF TRUSTEES

EyeMed

VISION CARE.

Enrollment/Change Form

Please print and complete all sections.

See instructions below.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri

EMPLOYER INFORMATION: To be Completed by Employer

Group Number 9783796	Employer Name Insulators Local # 84	Location Code N/A	Division Code N/A	Client Co Code N/A	Effective Date June 1, 2014
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EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

XAdd <input type="checkbox"/> TERM <input type="checkbox"/> CHG	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Member ID	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth
Social Security Number	Home Street Address		City/State/Zip		Home Phone ()	

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	

Employee Signature:	Date:
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Instructions:

Employer name: Legal name of the employer.
Group Number: Provided by EyeMed or EyeMed representative.
Location code: Optional field for employers to track multiple locations.
Effective date: Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

Family Information: List only eligible family members who are enrolling.
Dependent eligibility is the same as employer's health plan.
(A) Add: Open (group) enrollment or new (individual) enrollment during the contract period.
(T) Terminate: To terminate enrollment.
(C) Change: A change of name, employee address or employee phone.

Your Authorization:

I authorize vision plan payroll deduction for:

Per Employee only per month	\$ 8.11	Annually \$ 97.32
Per Employee + spouse per month	\$15.40	Annually \$ 184.80
Per Employee + child(ren) per month	\$16.21	Annually \$ 194.52
Per Employee + family per month	\$23.82	Annually \$ 285.84

Once you elect EyeMed vision coverage, you cannot cancel for a 12-month period based upon your enrollment date. Deductions are adjusted according to payroll frequency.



INSULATORS LOCAL #84

More,
for less...

40% OFF

Complete pair
of prescription
eyeglasses

20% OFF

Non-prescription
sunglasses

20% OFF

Remaining balance
beyond plan coverage

These discounts are for
in-network providers only

Hello,
Neighbor

- You're on the SELECT Network
- For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the SELECT network or call 1-866-299-1358.
- For Lasik providers, call 1-877-5LASER6 or visit eyemedlasik.com.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilatation as Necessary	\$0 Copay	Up to \$30
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Frames	\$0 Copay; \$130 allowance; 80% of charge over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Standard Progressive Lens	\$75	Up to \$40
Premium Progressive Lens	\$75, 80% of charge less \$120 Allowance	Up to \$40
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$0	Up to \$5
Tint (Solid and Gradient)	\$0	Up to \$5
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses		
Conventional	\$0 Copay; \$130 allowance; 15% off retail price over \$130	Up to \$104
Disposable	\$0 Copay; \$130 allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	
Frame	Once every calendar year	
Premiums - monthly		
Subscriber	\$8.11	
Subscriber + Spouse	\$15.40	
Subscriber + Children	\$16.21	
Subscriber + Family	\$23.82	



What's in it for me?

Options. It's simple really. We love our members—that's why we are dedicated to helping you see clearly and we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy to use and to save you money. Welcome to EyeMed.



eyemed.com

Benefits Snapshot	With Us	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every calendar year)	\$0 Copay	Up to \$30
Frames (Once every calendar year)	\$0 Copay; \$130 allowance; 80% of charge over \$130	Up to \$65
Single Vision Lenses (Once every calendar year)	\$10 Copay	Up to \$25
Or		
Contacts (Once every calendar year)	\$0 Copay; \$130 allowance; plus balance over \$130	Up to \$104

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference . . .

**91%
SAVINGS
with us**

With Us		Without Insurance**	
Exam	\$0 Copay	Exam	\$106
Frame	\$163 -\$130 allowance \$33 -\$6.60 (20% discount off balance) \$26.40	Frame	\$163
Lens	\$10 Copay \$0 UV treatment add-on +\$0 Scratch coating add-on \$10	Lens	\$78 \$23 UV treatment add-on +\$25 Scratch coating add-on \$126
Total	\$36.40	Total	\$395

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care; 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. **Based on industry averages.



LENSCRAFTERS





More than 20/20 vision

Your eyes say a lot about you, especially when it comes to your health. An annual eye exam is about much more than healthy vision. It can help you manage your overall health and wellbeing, too.

We know you might have questions about your eye health and that's why we've developed EyeSiteOnWellness.com. It's an online resource to help keep you informed about the many benefits that come from scheduling regular eye exams for you and your family.

Helping the world see

OneSight is a nonprofit public charity committed to eradicating the global vision crisis for the 563 million people whose sight could be restored with an eye exam and glasses. Since 1988, OneSight has helped 8.4 million people in 40 countries and is leading solutions to provide sustainable vision care access for millions more in underserved communities worldwide.

Every year EyeMed associates travel around the world and across North America to volunteer their expertise and skills to staff OneSight clinics. We are also proud to sponsor OneSight's Vision Van, EyeLeen, a 40-foot mobile optical facility with state-of-the-art exam and lab equipment. Last year, more than 20,000 students who visited the van received comprehensive eye exams and new prescription eyewear onsite. Our team also volunteers to provide vision screenings for all Cincinnati Public School students annually as part of our commitment to give back to the community near our headquarters.

At EyeMed, we believe all people deserve access to quality vision care. That's why our work together with OneSight will continue until the whole world can see.

To learn more visit OneSight.org



Nice to see you



eyeSM Med

Got Questions?

How do I find a provider in your network?

Our directory of more than 65,000 retail and independent providers can be accessed via the provider locator on www.eyemed.com or by calling our award-winning Member Services department at 1-866-4EyeMed. When you locate a provider through our website, you can also schedule an appointment online. How's that for a one-stop shop?

Can I view my EyeMed benefits online?

Yes, you can view your benefits and do a lot more on our website. Members can print an ID card, check the status of a claim, locate a provider and download an Explanation of Benefits. You can even do all of these things from your smart phone because our member site is mobile-optimized.

Does EyeMed offer any additional discounts?

We sure do. At an in-network provider, members receive 40% off additional eyewear purchases and 20% off non-prescription sunglasses and accessories. Don't like wearing glasses or contacts? No problem. We also offer discounts on LASIK laser vision correction.

How do I submit a claim?

No need! When you visit one of our in-network providers, we take care of all of the paperwork.

Will I get an ID card? How do I order replacements or extra cards?

Yes, we provide an ID card to each employee who enrolls in the plan, but you aren't required to have it at the time of service. If you lose your card or need extras for your family, you can call our Customer Care Center or print cards online, once you register for an account at eyemed.com.

I can see just fine! Why do I need an eye exam?

Getting an eye exam is not just about finding out if you need glasses. It's about your health! An eye exam can detect eye health problems like glaucoma or cataracts, but it can also help identify early signs of diseases that impact your whole body - high blood pressure, diabetes and high cholesterol - just to name a few. So, schedule an exam today and keep an eye on your health.



We're here for you

24/7
eyemed.com

1-866-4EyeMed | 7 days a week | 362 days a year | 102 hours a week

LASIK

Laser Vision Correction is one of the most popular elective procedures in the U.S. and for good reason. If you are one of the estimated 40 million Americans who are candidates for the procedure, you'll be happy to know that EyeMed can help make LASIK more affordable for you. We've collaborated with the U.S. Laser Network* to offer our members discounts on laser vision correction.

15% OFF — RETAIL PRICE — OR **5% OFF** — PROMO PRICE —

There are more than 600 provider locations across the U.S. and each of them must be credentialed to participate and re-credentialed every 3 years so, no matter which location you choose, you'll be able to see clearly and save money. If that's not enough, when you visit a featured provider at a *LasikPlus* location and you'll be eligible for additional discounts including:

- ▶ Special pricing ranging from \$695** to \$1,895 per eye on select LASIK procedures
- ▶ Free initial consultation and LASIK exam (more than a \$100 value)
- ▶ Free enhancements for life on most procedures
- ▶ Financing options

For more information or to locate a provider in the U.S. Laser Network, call 1-877-5LASER6 or visit eyemedlasik.com

*Network locations are available through the U.S. Laser Network, owned & administered by LCA Vision.

**Nearsighted better than -2.00, with astigmatism better than -1.00 and other restrictions apply. Prices will vary by market and are subject to change.

These materials are designed to provide general information regarding healthcare topics, do not constitute professional advice nor establish any standard of care, and are provided without representations or warranties of any kind. Eye care professionals do not take the place of your physician. Eye exams are not a substitute for regular physical exams by your medical doctor. Your treating eye care and other healthcare professionals are solely responsible for diagnosis, treatment and medical advice. The eye care professionals in your plan are independent practitioners who exercise independent professional judgment and over whom EyeMed has no control or right of control. They are not agents or employees of EyeMed.