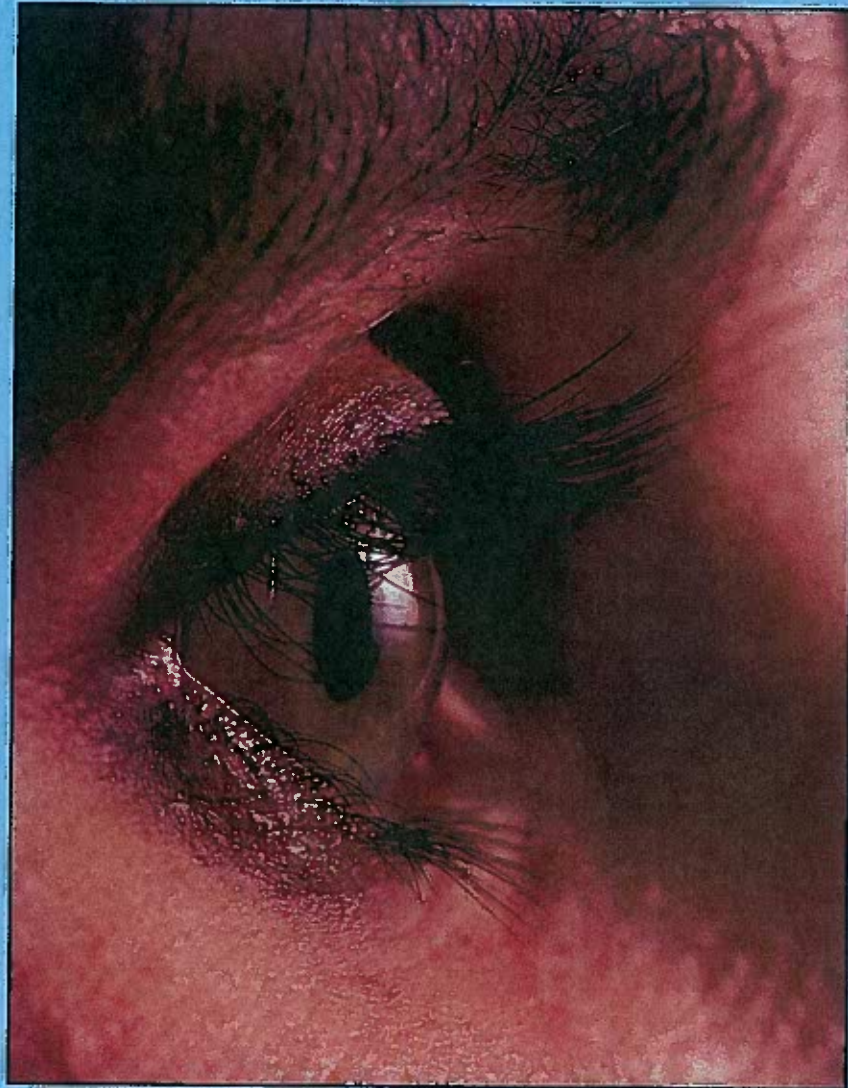


Part-Time



VISION CARE PLAN

IMPORTANT UPDATES TO YOUR BENEFITS

**PLEASE READ THE FOLLOWING PARAGRAPH WHICH EXPLAINS WHAT
“SUMMARY OF MATERIAL MODIFICATIONS” (SMMs) ARE
AND HOW THEY MAY AFFECT YOUR COVERAGE.**

Summary of Material Modifications – or SMMs – are letters, notices and other information distributed to Local 1262 members as required by law.

The SMMs contain information regarding changes and/or updates regarding coverage, eligibility and other items that occurred after the printing of the original Summary Plan Description (the large book with the blue and white cover).

These changes typically occur after contract negotiations and/or as a result of changes in health care laws.

***It is important to note that the language in the SMMs
supersedes the language included in the SPD.***

For example, if the original SPD stated that full-time members were eligible for \$20,000 in Life Insurance Benefits, but the SMM states that full-time members are eligible for \$30,000 in Life Insurance Benefits the amount members are eligible for is \$30,000 – the amount indicated in the SMM issued after the SPD was printed.

It is important that you read the SMM updates as they are subject to change as new health care reforms are enacted as part of the Federal Patient Protection and Affordable Care Act.

To view a complete copy of all SMMs (56 pages total), please click on the link located on the Benefits Summary page.

As always, if you have questions regarding your coverage or eligibility, contact the Health & Welfare Fund Office at 1-800-522-4161 between 9:00 a.m. and 5:00 p.m., Monday through Friday.

VISION CARE PLAN

The Vision Care Plan, currently administered by Vision Service Plan (VSP), covers the reasonable and customary (R&C) charges for most vision care expenses. In particular, the plan covers the cost of annual eye exams so you can easily monitor and maintain the health of your eyes.

ELIGIBILITY

Part-time participants are eligible for coverage under the Vision Care Plan on the first day of the month after you have worked with a contributing employer continuously for six months. Part-time porters and both full-time and part-time service clerks are eligible for coverage under this plan on the first of the month after working with a contributing employer continuously for one year. Your spouse and dependents are not eligible for coverage.

COST

If you are covered by the Vision Care Plan, under the terms of the collective bargaining agreement between UFCW Local 1262 and your employer, your employer is required to contribute to the UFCW Local 1262 and Employers' Funds, the cost of coverage for you under the Plan.

PLAN OVERVIEW

The Vision Care Plan includes the following features:

- You may visit any eye doctor you choose. However, the plan offers a national network of VSP doctors including doctors located throughout New Jersey, New York and Pennsylvania. You pay your doctor for any copayments and other costs not covered by your VSP plan. VSP pays the doctor for services and materials covered by your VSP plan.
- The plan pays 100% of the cost for a complete eye exam once in any 12-month period if you see a VSP doctor and up to \$25 for an eye exam with an out-of-network doctor.
- The plan pays the full cost of eyeglass lenses once in any 12-month period with a VSP doctor and up to \$25 for lenses with an out-of-network doctor (\$40 for bifocals/\$55 for trifocals) and frames once in any 24-month period with a VSP doctor and up to \$35 for frames with a out-of-network doctor. Or, contact lenses that are medically required (because vision cannot be corrected with eyeglasses) once in any 12-month period up to \$100 per pair (\$60 per pair for contact lenses that are not medically required).

Introducing Vision Service Plan (VSP)

The Vision Service Plan (VSP) has been retained by the Fund to provide vision care services network access, as well as certain administrative claims services. About 18,000 doctors participate in VSP nationwide.

The relationship between VSP and any network provider is that of an independent contractor. No provider is an agent or employee of VSP, nor is VSP or any of its employees an employee or agent of any provider. Each eye doctor will maintain a provider-patient relationship with you and is solely responsible for services and supplies provided.

VISION CARE PLAN

How the Plan Works

Under the Vision Care Plan, you have a choice of eye doctors — you may visit a VSP doctor or an out-of-network provider. If you choose a VSP doctor, the plan pays the doctor directly — in full (except for contact lenses) — for your covered expenses. You simply sign the benefit form at the end of your visit to a VSP doctor. See page 49 for more information on using your vision benefits.

If you would like to visit a VSP doctor, call the UFCW Local 1262 and Employers Fund Office at 1-800-522-4161 to request a doctor directory for your area. In about 10 days you will receive a list directly from VSP. You should then make an appointment with the VSP doctor of your choice.

If you select an out-of-network doctor, you must pay the doctor and submit a claim form to VSP. VSP will reimburse you directly according to an established fee schedule — as long as you submit your claim within six months of your visit to the doctor. Keep in mind, this reimbursement may not cover the entire cost of your vision care services.

What's Covered

If you are treated by a VSP doctor, the Vision Care Plan pays for the entire cost of:

- a complete eye exam once in any 12-month period
- eyeglass lenses once in any 12-month period, and
- frames once every two years from a wide selection of frames.

Or:

- a complete eye exam once in any 12-month period, and
- contact lenses that are medically required (because vision cannot be corrected with eyeglasses), i.e., contact lenses after a cataract operation, up to a maximum of \$100 per pair,
- contact lenses that are *not* medically required, up to a maximum of \$60 per pair.

It is important to note that the Vision Care Plan provides coverage for lenses once in any 12-month period and frames once in any 24-month period, or contact lenses once in any 24-month period. If you choose to be reimbursed for contact lenses, you may not get new frames under the plan until 24 months have elapsed since you were reimbursed for your first contact lenses. However, the plan will cover replacing contact lenses or lenses (without getting new frames) after 12 months.



VISION CARE PLAN

If you visit an out-of-network provider, the plan will reimburse you according to the following schedule:

Vision Care Service	Reimbursed up to
Vision examination	\$ 25.00
Single vision lenses	\$ 25.00
Bifocal lenses	\$ 40.00
Trifocal lenses	\$ 55.00
Lenticular lenses	\$ 75.00
Frames	\$ 35.00
Contact lenses (medically required)	\$100.00
Contact lenses	\$ 60.00

Using Your Vision Benefit

Vision Service Plan makes it easy for you to use your eye care benefits and to maintain your eye health. Follow the steps below and be on your way to quick and easy eye care.

Using a VSP Doctor

Finding a VSP Doctor

Establishing a relationship with a VSP doctor is the first step towards maximizing your VSP benefits. VSP provides two convenient methods of finding a VSP doctor:

- Visit our Web site at www.vsp.com and click on the Doctor Directory button.
- You can also call VSP's toll-free Member Service Support Line at (800) 877-7195. The toll-free T.D.D. number for the hearing impaired is (800) 428-4833.

Non-Covered Options

If you use additional services or products not covered by the plan — such as eyeglass frames above the plan allowance, sunglasses, oversize lenses or blended lenses — you pay the additional cost. However, VSP controls the additional cost for most extras. The VSP doctor should discuss with you in advance the additional cost of a service or product.

For example, if you choose a frame valued at more than the plan's allowance, the difference you'll pay is based on VSP's low, discounted member pricing. Have your doctor help you choose the best frame for you based on your VSP coverage.

VISION CARE PLAN

Visiting Your VSP Doctor

No cards, no claim forms, no hassles. From selecting a VSP doctor to obtaining services, VSP makes it easy for you to use your benefits. To do so, simply:

- Make an appointment with a VSP doctor,
- Tell the doctor you are a VSP member when making your appointment.

After you make an appointment, your doctor and VSP will handle the rest by verifying your benefits and eligibility for services — it's as straightforward as that.

USING AN OUT-OF-NETWORK PROVIDER

Although more than 90% of VSP patients receive care from VSP doctors, you have the option of seeing an out-of-network provider. For out-of-network reimbursement, pay the entire bill when you receive services, then send the following information to VSP:

- An itemized receipt listing the services received,
- The name, address and phone number of the out-of-network provider,
- The covered member's name, phone number and address,
- The covered member's Social Security number or member identification number,
- The name of the group,
- The patient's name, date of birth, phone number and address,
- The patient's relationship to the covered member (such as "self", "spouse", "child", "student", etc.)

Claims must be submitted to VSP within six months from your date of service. Please keep a copy of the information for your records and send the originals to the following address: **Vision Service Plan, Out-of-Network Provider Claims, P.O. Box 997100 Sacramento, CA 95899-7100.**

As the Claims Administrator, VSP will not accept canceled checks, balance due statements or paid receipts in place of the actual bill or itemized statement as part of your claim for benefits. (See page 82 for information on appealing a claim.) It is important that you complete the claim form as directed. Otherwise, the form will be returned to you causing a delay in processing and reimbursement.

Directory of Important Vision Care Phone Numbers

**UFCW Local 1262 and Employers' Fund Office
1-800-522-4161**

Call for information on:

- ✓ Eligibility
- ✓ Filing claims for reimbursement with non-participating eye doctors
- ✓ Claim forms/claim status
- ✓ Questions about/concerns with Claims Administrators

- ✓ COBRA coverage
- ✓ Marital status or address change
- ✓ Disability leave or return from leave

Vision Service Plan

1-800-877-7195

Call for information on (or to report):

- ✓ Eligibility
- ✓ VSP doctors
- ✓ What's covered under the plan
- ✓ Reimbursement rates for out-of-network provider services/products

WHAT ELSE YOU SHOULD KNOW

When Coverage Ends

For specific information on when benefits under the Vision Care Plan end, see page 24 of the *Medical Plan* section.

Additional Provider Locations

In addition to the VSP doctors available to you through Vision Service Plan's (VSP) network, the UFCW Local 1262 and Employers' Funds have arranged for additional service providers for your convenience. These locations are listed in the enclosed insert located in the pocket of the back of this book. **Please note: you still need to obtain a VSP claim form before going to one of these providers.**

VSP offers a variety of highly effective methods for obtaining information about your eye care benefits. Members can access information by using any of the following methods:

- Call VSP's toll-free telephone number, (800) 877-7195, and speak with one of our Member Service Representatives or use the Interactive Voice Response (IVR) system. With one simple toll-free call, you can verify your doctor's participation with VSP or request that a doctor list be sent to you. Our IVR system is available 24 hours a day, seven days a week.
- Access VSP's Web site at www.vsp.com, which gives members instant access to eligibility information and VSP doctor locations in their area. Information includes:
 - a map of doctor locations
 - office hours
 - additional languages spoken in the office
 - a list of doctors nearest to them (by address, name or driving distance)