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PLAN CHANGE NOTICE
Summary of Material Modifications
Vision Care Benefit
RETAIN WITH YOUR BENEFIT PACKAGE FOR
FUTURE REFERENCE

November 26, 2012

To: Teamsters Benefit Trust Active Participants in Plans V and V-A (including Plan V-A Construction)

Re: TBT Plans V and V-A Health and Welfare Coverage
Vision Care Benefits -- Claims Incurred on or After January 1, 2013

Dear Participant & Covered Dependent:

Effective January 1, 2013, VISION SERVICE PLAN ("VSP") will provide your vision care benefits and the following coverage will apply when you use a VSP participating provider:

Table with 3 columns: Service, Frequency, Coverage. Rows include Copayment for combined exam and glasses, WellVision Exam, Single vision lenses, Lined bifocal and lined trifocal lenses, Polycarbonate lenses for dependent children, Frames, and Contact Lens Care.

When you use a VSP provider, the provider bills directly to VSP after collecting a copayment.

* "High index," Polycarbonate and other specialty lenses are not covered in full, nor are lens coatings for UV protection or other purposes.

HOW TO USE VSP: Find a VSP provider by visiting their website at "www.vsp.com" or calling the VSP Network Customer Service phone line at (800) 877-7195. VSP is California's largest vision care provider, so your eye doctor may already be a VSP provider. Once you have found the VSP provider located closest to your home or workplace, make your appointment and identify yourself as a VSP patient in advance. The provider will contact VSP prior to your visit and receive advance authorization to provide your covered services; then collects any applicable copayment. The provider will bill VSP directly (you are no longer required to pay up front and submit to TBT for reimbursement).

HOW TO FILE CLAIMS IF YOU DO NOT USE A VSP PROVIDER: If you use a provider other than a VSP doctor you will pay in full at the time of service and then submit your claims directly to VSP for reimbursement (*up to the Plan's 24 month benefit maximum*). Send the itemized bill to Vision Service Plan, P.O. Box 997100, Sacramento, CA 95899-0001. **Note: You must submit non-network claims directly to VSP for reimbursement – not to TBT.**

If you have any questions about this notice or about how the change will impact you, please phone the TBT Plan Administration Office at one of the above numbers and ask for the Client Services Call Center.

Sincerely,

Nora Johnson
Fund Manager
On behalf of the Board of Trustees

NJ/mr

PLEASE NOTE

This Notice is intended to amend all TBT documents, notices and correspondence, including (but not limited to) the Guide To Your Benefits and Summary of Coverage.

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes made to your plan of benefits. You should take the time to read this SMM carefully (and share it with your family) and keep it with your copy of the *Guide To Your Benefits*. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason.

Si usted gustaria una copia en espanol, por favor de contactar la oficina de administracion de Teamsters Benefit Trust.

YOUR TBT PLAN IS A "GRANDFATHERED HEALTH PLAN"

The TBT Board of Trustees has concluded that the Plans discussed in this notice are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at the address listed on this notice. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.