

# IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund  
IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Fund

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

June 2012

TO: ALL PARTICIPANTS IN THE IBEW LOCAL NO. 9 AND LINE CLEARANCE CONTRACTORS HEALTH AND WELFARE FUND

RE: BENEFIT MODIFICATIONS

Dear Participant:

We are pleased to announce that, effective June 1, 2012; the Plan's vision care allowance for lenses, frames, and contacts is increasing from \$130 per person to \$175 per person per calendar year when the supplies are purchased from a Vision Service Plan (VSP) provider. In addition, the Plan will cover expenses for polycarbonate lenses for adults, which are already covered for children. All other current Plan provisions still apply.

Vision Benefit	VSP Provider Plan Covers	Non-VSP Provider Plan Covers	
		Signature Plan	Pro-Tec Safety Plan
<b>Exam</b>	100%	\$25	\$8
<b>Lenses</b> (including polycarbonate lenses)	Up to \$175		
Single vision lenses		\$30	\$40
Lined bifocal lenses		\$35	\$52
Lined trifocal lenses		\$45	\$65
<b>Frames</b>		\$45	\$30
<b>Elective Contact Lenses</b> <sup>(1)</sup>	Up to \$175	\$105	N/A
<b>Pro-Tec Safety Plan Frame Allowance</b> (member only)	Up to \$65	N/A	\$30

<sup>(1)</sup> The allowance for contact lenses covers the contact lens evaluation fee, fitting costs, and materials.

As you can see, when you go to a VSP provider, the Plan will cover more of the costs associated with the services and supplies you receive. Call VSP toll-free at **800-877-7195** or visit **www.vsp.com** whenever you need to locate a VSP provider in your area.

If you have any questions about your vision benefits, call VSP or the Fund Office toll-free at **877-423-9155**. See the reverse side of this announcement for information about the Fund's "grandfathered" status.

Sincerely,

Board of Trustee  
IBEW Local 9 and Line Clearance Contractors  
Health and Welfare Fund

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*The Summary of Material Modification (SMM) on the reverse side of this letter highlights certain features of the Local Union No. 9 I.B.E.W. and Line Clearance Contractors Health and Welfare Benefit Fund. Full details are contained in the documents (Summary Plan Description, Plan Document, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*

## **The Plan's "Grandfathered" Status**

The Board of Trustees believes that this Plan is a "grandfathered health plan" 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 Fund Office at 877-423-9155. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.