



# IRONWORKERS INTERMOUNTAIN HEALTH AND WELFARE TRUST FUND

---

## Summary of Material Modifications

**DATE:** October 2025

**TO:** All Plan Participants

**FROM:** Board of Trustees

**RE:** New Vision Service Plan (effective November 1, 2025); Dental Implant Benefit (effective January 1, 2026)

---

**New Vision Service Plan.** The Board of Trustees is pleased to announce improved vision benefits through the Vision Service Plan (VSP) network effective **November 1, 2025**. With VSP, you no longer need to pay upfront for vision benefits and complete and submit claim forms to the Fund Office.

VSP has a network of participating providers without requiring any ID card. Before your appointment with a VSP participating provider, simply provide your name, date of birth, or last four digits of your Social Security number, and the participating provider will verify your eligibility with VSP prior to your visit. In addition, participating providers will automatically submit claims directly to VSP.

Under the new VSP Plan, instead of being subject to allowances for your exam and lenses as under the current vision plan, you will have fixed copays for these services in addition to higher allowances for frames as long as you visit a VSP participating provider, as follows:

- \$10 copay for a vision exam;
- \$20 copay for lenses (glass or plastic);
- \$180 allowance for frames and contact lenses;
- \$230 allowance for featured frames;
- No copay for progressive lenses;
- Lenses enhancements covered in full after copayment, such as anti-reflective coating, polycarbonate - adult only, progressive, photochromic, and scratch-resistant coating; and
- Access to additional programs such as Essential Medical Eyecare, VSP Lightcare, and discounted pricing on laser eye surgery through VSP Laser VisionCare.

Attached is a general VSP Vision Benefits Summary for your reference with additional details, as well as a one-page overview on how to get started in taking advantage of your VSP vision benefits.

Please note the benefits described above are not available when visiting a *non-VSP* provider. For non-VSP providers, the Plan will offer a limited allowance for each covered service or product and this may therefore result in higher out-of-pocket costs. The annual allowance amounts for visiting a *non-VSP* provider will be as follows:

- Up to \$45 for a vision exam;
- Up to \$30 for single-vision lenses;
- Up to \$50 for lined bifocal lenses;
- Up to \$65 for lined trifocal lenses;
- Up to \$70 for frames;
- Up to \$105 for contacts in lieu of frames and lenses; and

- No allowance for lens enhancements, VSP LightCare, Essential Medical Eye Care, Routine Retinal Screening, or treatment of Low Vision.

**Dental Implant Benefits.** For each Participant and adult Dependent (age 19 and over) *except for members of Local 24 and their Dependents*, the Plan's dental benefit maximum is \$2,500 per year. Beginning with dental services incurred on or after **January 1, 2026**, the Plan will pay another 50% of the cost of dental implants, up to \$2,000 per year (which is separate from the \$2,500 maximum for all other dental benefits).

Dental implant coverage is subject to the other rules and exclusions of the Dental Benefit and the Plan.

This is a Summary of Material Modifications to the Ironworkers Intermountain Health and Welfare Plan and Summary Plan Description dated November 1, 2024. Should you have any questions regarding this notice or your other benefits, please contact the Fund Office at **(888) 867-9510** or visit [www.iwbenefits.org](http://www.iwbenefits.org).