

**AMENDMENT IX TO THE PLAN DOCUMENT OF
WELFARE FUND OF ENGINEERS LOCAL 513**

Effective January 1, 2018, the Plan Document of Welfare Fund of Engineers Local 513 Rules and Regulations, Amended and Restated as of May 1, 2014, is amended as follows:

1. Article IV Section 1 is clarified by replacing the Vision Benefit subsection with the following:

Class 4 and Class 6 Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Vision Benefit		
Exam	Covered once per calendar year at 100%. No copay.	Up to \$45 Allowance Every calendar year
Frame	\$200 allowance for a specific selection of frames \$220 allowance for featured frame brands 20% discount on the amount over your allowance \$110 Costco® frame allowance Once every even numbered calendar year	Up to \$70 Allowance Once every even numbered calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Progressive lenses at no cost Every calendar year	Single Vision Lenses up to \$30 Allowance Progressive Lenses up to \$50 Allowance Lined Bifocal Lenses up to \$50 Allowance Lined Trifocal Lenses up to \$65 Allowance Every calendar year
Contacts (instead of glasses)	\$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% discount on a contact lens exam (fitting and evaluation) Every calendar year	Up to \$105 Allowance Every calendar year
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. \$20 Copay	Not Covered

Class 4 and Class 6 Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Laser VisionCare Preferred Program	<p>\$500 allowance per eye for LASIK, Custom LASIK, and PRK \$250 allowance per eye for dependents 18 and older for LASIK, Custom LASIK, and PRK</p> <p>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</p> <p>One per Lifetime</p>	Not Covered
Additional Glasses and Sunglasses	20% discount on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months following the last WellVision Exam.	Not Applicable
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	Not Applicable

2. Article IV Section 2 is clarified by replacing the Vision Benefit subsection with the following:

Retired Employees – Plan A Section 5 Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Vision Benefit		
Exam	Covered once per calendar year at 100%. No copay.	Up to \$45 Allowance Every calendar year
Frame	<p>\$150 allowance for a specific selection of frames</p> <p>\$170 allowance for featured frame brands</p> <p>20% discount on the amount over your allowance</p> <p>\$80 Costco® frame allowance</p> <p>Once every even numbered calendar year</p>	Up to \$70 Allowance Once every even numbered calendar year

Retired Employees – Plan A Section 5 Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Progressive lenses at no cost Every calendar year	Single Vision Lenses up to \$30 Allowance Progressive Lenses up to \$50 Allowance Lined Bifocal Lenses up to \$50 Allowance Lined Trifocal Lenses up to \$65 Allowance Every calendar year
Contacts (instead of glasses)	\$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% discount on a contact lens exam (fitting and evaluation) Every calendar year	Up to \$105 Allowance Every calendar year
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. \$20 Copay	Not Covered
Laser VisionCare Preferred Program	\$500 allowance per eye for LASIK, Custom LASIK, and PRK \$250 allowance per eye for dependents 18 and older for LASIK, Custom LASIK, and PRK Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities One per Lifetime	Not Covered
Additional Glasses and Sunglasses	20% discount on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months following the last WellVision Exam.	Not Applicable
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	Not Applicable

3. Article XIII Section 2 is amended to read in its entirety as follows:

SECTION 2. *BENEFITS PAYABLE*

- A. Copayments (as noted in Article IV) are required for certain benefits, these copayments shall be the personal responsibility of the Participant receiving the care and must be paid to the Doctor on the date the services are rendered.
- B. Participants are required to identify themselves to in-network providers as enrollees of the VSP vision plan in order to obtain PPO benefit coverage, otherwise coverage will be considered non-PPO.
- C. All claims for services received from non-PPO providers (if non-PPO provider coverage is indicated in Article IV) shall be submitted by Participants to VSP within three hundred sixty-five (365) days of the date of service. Claims which are filed more than three hundred sixty-five (365) days after the date of service may be rejected. Failure to submit a claim within three hundred sixty-five (365) days, however, shall not invalidate or reduce the claim if it was not reasonably possible to submit the claim within such time period, provided the claim was submitted as soon as was reasonably possible and in no event, except in absence of legal capacity, later than one year from the required date.
- D. Laser Vision Correction Surgery services are only covered if obtained from a VSP Primary Eye Care Doctor, Participating Surgeon and at a Participating LVC Facility, subject to the member copayment as noted in Article IV.
- E. Participants should report any complaints and/or grievances to VSP at the following address:

VSP
Attn: Complaint & Grievance Unit
P.O. Box 997100
Sacramento, CA 95899-7100

Complaints and grievances are disagreements regarding access to care, quality of care, treatment or service, other than denial of benefits. Complaints and grievances may be submitted to VSP verbally or in writing. A Participant may submit written comments or supporting documentation concerning his/her complaint or grievance to assist in VSP's review. VSP will resolve the complaint or grievance within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but not later than one hundred twenty (120) days after VSP's receipt of the complaint or grievance. If VSP determines that resolution cannot be achieved within thirty (30) days, VSP will notify the Participant of the expected resolution date. Upon final resolution, VSP will notify the Participant of the outcome in writing.

- F. If vision claim is denied under the terms of this plan, Participants have the right to appeal the denied claim to the Board of Trustees of the Welfare Fund of Operating Engineers Local 513, and the right to further review, in accordance with the procedures outlined in Article V, Section 13.

3. The benefit for “Refractive Surgery” is deleted from the Schedule of Benefits for Employees Only in Article IV, Section 1.

Executed by authority of the Board of Trustees:

Chairman

Secretary