



SAGINAW PLUMBERS & PIPEFITTERS
U.A. LOCAL NO. 85 FRINGE BENEFIT FUNDS
P.O. Box 1350 • Troy, MI 48099-1350
(248) 641-4985 (800) 582-6181



To: Active Participants, Early Retirees, Retirees, and their Spouses and Dependents in the Saginaw Plumbers & Pipefitters Local 85 Health and Welfare Fund (the "Plan")

Re: Vision Coverage through VSP (Vision Service Plan) BCBSM

Date: August 2025

WHAT IS THIS NOTICE ABOUT?

Effective **September 1, 2025**, the Plan will provide updated vision benefits through Vision Service Plan ("VSP") via Blue Cross Blue Shield of Michigan. This Summary of Material Modifications ("SMM") will explain this new benefit and how it will affect you. Please read this notice, and file it with your personal records and your copy of the Summary Plan Description ("SPD").

HOW DOES THIS NOTICE AFFECT ME?

Effective September 1, 2025, the Plan will provide vision coverage for all Participants and Dependents. Covered services include routine eye examinations, prescription eyeglass lenses and frames, and/or contact lenses.

Previously, a vision discount program was offered directly through the VSP Vision Savings Plan. Under this change, coverage will now be administered through Blue Cross Blue Shield of Michigan (BCBSM), the Plan's medical provider, with VSP as the vision care network. This update provides enhanced coverage and greater savings compared to the prior program. Please review the schedule of benefits included below for full details.

Key Enhancements to Vision Coverage

- Eye Exams: \$10 copay with a VSP provider (previously \$50 if glasses were purchased or 20% savings without purchase of glasses).
- Frames: \$180 allowance toward frames (previously only a 25% discount with glasses purchase).
- Lenses: Covered with a combined \$25 copay for both lenses and frames (previously flat fees of \$40–\$75 per lens type).
- Contact Lenses: Medically necessary contacts covered with a \$25 copay.
- Elective contacts include a \$180 allowance toward fitting and lenses (previously no allowance; members paid full cost of contacts).

VSP Schedule of Benefits

Member's responsibility (copays)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$10 copay	\$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$25 copay	Member responsible for difference between approved amount and provider's charge, after \$25 copay
Medically necessary contact lenses	\$25 copay	Member responsible for difference between approved amount and provider's charge, after \$25 copay
Contact lens suitability examination (fitting and evaluation)	Up to \$40 copay	
Note: No copay is required for prescribed contact lenses that are not medically necessary.		

Eye exam		
Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$10 copay	Reimbursement up to \$45 less \$10 copay (member responsible for any difference)
One eye exam in any period of 12 consecutive months		

Lenses and frames		
Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. <ul style="list-style-type: none"> Standard Progressive Lenses - Covered when rendered by a VSP network doctor 	\$25 copay (one copay applies to both lenses and frames) One pair of lenses, with or without frames, in any period of 12 consecutive months	Reimbursement up to approved amount based on lens type less \$25 copay (member responsible for any difference)
Standard frames	\$180 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$25 copay (one copay applies to both lenses and frames)	Reimbursement up to \$70 less \$25 copay (member responsible for any difference)
Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.		
One frame in any period of 12 consecutive months		

Contact Lenses		
Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$25 copay	Reimbursement up to \$210 less \$25 copay (member responsible for any difference)
Contact lenses up to the allowance in any period of 12 consecutive months		
Contact lens suitability examination (fitting and evaluation)	Up to \$40 copay (applied toward exam)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	\$180 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	
Contact lenses up to the allowance in any period of 12 consecutive months		

Note: Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

Note: Discounts up to 20% for additional prescription glasses and any amount over the allowance plus savings on non-covered lens extras (up to 25%) when obtained from a VSP provider.

Blue Vision benefits are delivered through Vision Service Plan (VSP), the largest provider of vision care in the nation. To find a VSP doctor, call 1-800-877-7195 or visit vsp.com.

WHAT DO I NEED TO DO?

These changes will take effect automatically. When using this service, please use your BCBSM ID number. Participants on the Medicare Advantage Plan will receive a vision I.D. card from BCBSM.

The Plan Administrator can be reached at (248) 641-4985 or (800) 582-6181 if you need more information or have any additional questions.

IMPORTANT REMINDER

This SMM is a summary and is **not** an official plan document. The actual terms of the Plan are contained in the plan document, which is available from the Plan Office. In the event of any ambiguity in or omission from this SMM, or any conflict between this SMM and the official plan document, the official plan document will govern. If you have any questions regarding this notice, please contact the Plan Office at (248) 641-4985 or (800) 582-6181.

Sincerely,

*Board of Trustees
Saginaw Plumbers & Pipefitters Local 85 Health and Welfare Fund*