

# IRONWORKERS LOCAL 11

## BENEFIT FUNDS & TRAINING FACILITY

BUILT ON TRUST, FOUNDED ON SERVICE



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### SUMMARY OF MATERIAL MODIFICATIONS

Date: January 4, 2016

To: All Active Participants of the Iron Workers Local 11 Welfare Fund and their Covered Dependents  
All COBRA Participants

From: The Board of Trustees

Re: **Changes to Dental and Vision Benefits**

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The Board of Trustees is pleased to announce that the Fund will provide comprehensive PPO networks for the Fund's dental and vision benefits. These PPO networks will replace the existing benefits provided through the Fund for active participants and covered dependents, including those participants and dependents covered by Cobra, effective March 1, 2016. The benefits will be provided by two high-quality national companies, Delta Dental and Davis Vision. This notice provides an overview of the dental and vision benefits.

The Notice contains important information concerning your Welfare Fund benefits. You should keep this Summary of Material Modifications together with your Summary Plan Description (SPD). The two documents should be read together for an accurate description of your current Welfare Fund benefits. You may want to mark the appropriate pages in your SPD that are affected by this Notice.

### **Dental Benefits**

The Fund will begin offering PPO dental benefits through Delta Dental effective March 1, 2016. Delta Dental will be the program administrator and will handle many administrative services such as answering questions about coverage, claims and the payment of claims.

By selecting a Delta Dental PPO provider you will receive the maximum benefit. You are free to choose any dentist to receive dental care, but you will generally pay less when visiting a participating PPO dentist. Participating (In-Network) Delta Dental PPO dentists are paid directly by Delta Dental for covered services. Non-participating (Out-of-Network) dentists will bill you directly, and Delta Dental will reimburse you up to the in-network PPO schedule of allowances. You will be responsible for an annual deductible and applicable coinsurance as shown in the Benefit Summary on the back of this page. You will also be responsible for any part of the dentist's charges that exceeds the calendar year maximum.

## Dental Benefit Summary

Benefit	Coverage In/Out-of Network (You Pay)	Coverage (Fund Pays)
<b>Calendar Year Deductible</b> <ul style="list-style-type: none"> <li>• Per Person</li> <li>• Family Aggregate Maximum</li> </ul>	\$50 \$150	\$0 \$0
<b>Preventive &amp; Diagnostic Benefits (No Deductible)</b> <ul style="list-style-type: none"> <li>• Exams, Cleanings &amp; Bitewing X-rays (subject to two visits per year)</li> <li>• Fluoride Treatment (subject to two visits per year, children to age 15)</li> </ul>	0%	100%
<b>Remaining Basic Benefits (After Deductible)</b> <ul style="list-style-type: none"> <li>• Fillings, Extractions</li> <li>• Endodontics (root canal)</li> <li>• Periodontics, Oral Surgery</li> <li>• Sealants</li> </ul>	0%	100%
<b>Crowns &amp; Prosthodontics (After Deductible)</b> <ul style="list-style-type: none"> <li>• Crowns, Gold Restorations (over natural teeth)</li> <li>• Bridgework</li> <li>• Full &amp; Partial Dentures</li> <li>• Repair of Dentures</li> </ul>	30%	70%
<b>Calendar Year Maximum</b> (per patient)	Costs in excess of \$2,000 Calendar Year Maximum	Up to \$2,000 Calendar Year Maximum
<b>Orthodontic Benefits</b> , full comprehensive treatment (adult and children up until the end of the month the child attains age 26) <ul style="list-style-type: none"> <li>• Lifetime Maximum (per patient)</li> </ul>	0%  Costs in excess of \$4,200 Lifetime Maximum	100%  Up to \$4,200 Lifetime Maximum

**Important:** Effective March 1, 2016, bony impacted wisdom teeth extractions only, will be covered under the major medical carrier, Horizon Blue Cross Blue Shield Direct Access Plan. Claims will be processed based on the Direct Access Plan's usual and customary fee schedule. Wisdom Teeth extractions, which are not impacted will be covered under the Delta Dental PPO Plan. Delta Dental PPO claims will be processed based on the PPO fee schedule of the Plan.

**To Find a Delta Dental PPO Dentist.** If you do not have a Delta Dental PPO dentist, you can call 800-DELTA-OK (800-335-7265) to have a list of participating dentists located in your area mailed directly to your home or you can go to Delta Dental's website ([www.deltadentalnj.com](http://www.deltadentalnj.com)). When you go to the website, first click "Find a Dentist," then under Network Selection, click on Delta Dental PPO, and fill in your location information and other preferences.

**When You Go to the Dentist.** During your *FIRST* appointment, tell your dentist that you are covered under this program. Please show your Delta Dental ID Card upon your visit, which includes your Group Name, ID number and Group Number.

**ID Cards.** You will receive two Delta Dental ID cards in the mail along with a Welcome Packet in mid-February. The ID card will include your unique identification number, the Group Name and the Group Number. You can print additional ID cards from Delta Dental's website ([www.deltadentalnj.com](http://www.deltadentalnj.com)) or you can call Delta Dental at **800-452-9310** to request additional cards.

**Delta Dental Mobile App.** Delta Dental's mobile app gives you access to find a dentist, claims and coverage, your ID card and other helpful and fun tools right on your mobile device. You can download the app for free from the iTunes App Store or the Google Android App Store.

**Questions About Your Dental Benefits?** If you have any questions regarding your benefits, you may contact Delta Dental's customer service line (800-452-9310, Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m.). For questions concerning your eligibility and other general questions, you may contact the Fund Office at 973-376-7230.

## Vision Benefits

The Fund will begin offering PPO vision benefits through Davis Vision on March 1, 2016. Davis Vision will be the program administrator for the vision benefit program.

You may receive vision care from any vision care provider you choose, but you will generally pay less when you see a Davis Vision provider. Participating providers will be paid directly by Davis Vision for covered services. Visionworks is a participating provider with Davis Vision. They have over 25 locations in New Jersey and have an average of 2,000 frames per store, of which 50% are name brands and exclusive fashion brands. Patients have a \$180.00 frames allowance at all Visionworks locations. For Non-participating providers, Davis Vision will reimburse you up to the reimbursement schedule shown below. You will be responsible for any part of the charges that exceeds the reimbursement schedule.

### Vision Benefit Summary

Benefit	Your In-Network Cost	Out-of-Network Reimbursement*
<b>Exam with Dilation as Necessary</b>	No Copay	N/A
<b>Exam Options</b> <ul style="list-style-type: none"> <li>• Standard Contact Lens Fit and Follow-Up (Collection Contact Lenses)</li> </ul>	No Copay	N/A
<b>Frames</b> (Any available frame at retail provider locations)  Davis Vision Collection (in lieu of Allowance) available at private provider offices as well.	No Copay on any Fashion, Designer or Premier level frame from Davis Vision's Collection; \$130 Allowance, 20% off balance over \$130 toward any frame from the provider; (\$180 allowance, 20% off balance over \$180 at all Visionworks locations)	N/A

Benefit	Your In-Network Cost	Out-of-Network Reimbursement*
<b>Standard Plastic Lenses</b> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Standard Progressive Lens</li> <li>• Premium Progressive Lens</li> <li>• Ultra Progressive Lens</li> </ul>	<ul style="list-style-type: none"> <li>No Copay</li> <li>No Copay</li> <li>No Copay</li> <li>No Copay</li> <li>\$50 Copay</li> <li>\$90 Copay</li> <li>\$140 Copay</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> </ul>
<b>Lens Options</b> <ul style="list-style-type: none"> <li>• UV Treatment</li> <li>• Tinting of Plastic Lenses</li> <li>• Standard Plastic Scratch Coating</li> <li>• Scratch Protection Plan <ul style="list-style-type: none"> <li>- Single Vision Lenses</li> <li>- Multifocal Lenses</li> </ul> </li> <li>• Standard Polycarbonate - Adults</li> <li>• Standard Polycarbonate - Kids under 19 (dependent children, monocular patients and patients with prescriptions +/-6.00 diopters or greater)</li> <li>• Standard Anti-Reflective Coating</li> <li>• Premium Anti-Reflective Coating</li> <li>• Ultra Anti-Reflective Coating</li> <li>• Polarized Lenses</li> <li>• Photocromatic/Transitions Plastic</li> <li>• High-Index Lenses</li> </ul>	<ul style="list-style-type: none"> <li>\$12</li> <li>No Copay</li> <li>No Copay</li> <li>\$20 Copay</li> <li>\$40 Copay</li> <li>\$30 Copay</li> <li>No Copay</li> <li>\$35 Copay</li> <li>\$48 Copay</li> <li>\$60 Copay</li> <li>\$75 Copay</li> <li>\$65 Copay</li> <li>\$55 Copay</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> </ul>
<b>Contact Lenses (in lieu of eyeglasses)</b> (Contact lens allowance includes materials only) <ul style="list-style-type: none"> <li>• Evaluation, Fitting &amp; Follow-up Care (applies to collection contact lenses)</li> <li>• Non-Collection Contact Lenses</li> <li>• Disposable (Collection Contact Lenses) up to:</li> <li>• Planned Replacement up to:</li> <li>• Standard and Specialty Lens</li> </ul>	<ul style="list-style-type: none"> <li>No Copay</li> <li>\$0 Copay; \$130 allowance, 15% off balance over \$130 at most locations<sup>1</sup></li> <li>4 boxes/multipacks</li> <li>2 boxes/multipacks</li> <li>15% discount at most locations<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> </ul>

<sup>1</sup> Except WalMart, Sam's Club or Costco locations

Benefit	Your In-Network Cost	Out-of-Network Reimbursement*
<b>Laser Vision Correction</b>	**Up to \$3,500 lifetime maximum benefit for the member / additional \$3,500 lifetime maximum per one spouse / dependent age 23 and over only (pre-authorization required)	Up to \$3,500 lifetime maximum benefit for the member / additional \$3,500 lifetime maximum per one spouse / dependent age 23 and over only (pre-authorization required)
<b>Frequency:</b> <ul style="list-style-type: none"> <li>• Examination</li> <li>• Lenses or Contact Lenses</li> <li>• Frame</li> </ul>		Once every 24 months Once every 24 months Once every 24 months

*\* Member Reimbursement for Out-of-Network services will be 100% of charges up to \$250 per covered person every two years combined for eye examinations, lenses and frames. You can go to any licensed vision provider that you choose and submit an itemized statement and Direct Reimbursement Claim Form to Davis Vision for reimbursement; or, you can take the Direct Reimbursement Claim Form with you at the time of visit and have the out-of-network licensed vision provider complete his portion of the form.*

*\*\*For in-network or out-of-network laser vision correction, the Plan will pay 100% of charges up to a \$3,500 lifetime maximum benefit per member and one dependent over the age of 23 (pre-authorization required).*

**Plan Exclusions**

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes or supporting structures;
- Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- Plano (non-prescription) lenses and/or contact lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
- Services or materials provided by any other group benefit plan providing vision care;
- Lost lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Davis Vision provides a one year breakage warranty for the repair or replacement of your plan covered spectacle lenses, collection frame or frame from a network retail location where the collection is not displayed.

**To Find a Davis Vision Provider (including Visionworks).** Go to Davis Visions’s website ([www.davisvision.com](http://www.davisvision.com)), click on “Provider,” and sign in to locate a provider.

**ID Cards.** – You will receive two ID Cards from Davis Vision along with a Welcome Packet in mid-February. Additional ID Cards can be printed from their website ([www.davisvision.com](http://www.davisvision.com)) or by calling Davis Vision at 800-278-7753.

**Questions About Your Vision Benefits?** If you have any questions regarding your benefits, you may contact Davis Vision at 800-278-7753. For questions concerning your eligibility and other general questions, you may contact the Fund Office at 973-376-7230.

### **Questions?**

If you have questions about these new provisions or your benefits in general, please contact the Fund Office at 973-376-7230.

### **Statement of Grandfathered Status**

The Iron Workers Local 11 Welfare Fund believes 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 Plan Administrator at 973-376-7230. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### **ERISA Information**

Plan Sponsor: Board of Trustees of the Iron Workers Local 11 Welfare Fund  
Sponsor’s EIN #: 226041517  
Plan Number: 501

*This announcement will serve as a Summary of Material Modifications to the Iron Workers Local 11 Welfare Fund. Its purpose is to inform you about important changes that will be made to the Welfare Fund effective March 1, 2016. You should keep this Summary of Material Modifications together with your Summary Plan Description at all times for an accurate description of your current Welfare Fund benefits.*

*This announcement highlights certain features of the Iron Workers Local 11 Welfare Fund. Full details are contained in the Summary Plan Description and other documents 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.*