



Laborers Funds Administrative Office of Northern California, Inc.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 | Telephone: 707-864-2800 or 800-244-4530

TO: All Eligible Active Participants and Their Dependents
RE: Comparison of Vision Plans - Effective March 1, 2020

The Laborers Health and Welfare Trust Fund for Northern California (“Fund”) offers two (2) Vision Plans to Active Participants and their eligible dependents who have satisfied the eligibility requirements of either the Active Laborers Plan or the Special Plan for Active Employees (“Plan”). When you first become eligible, you are automatically enrolled in the Laborers Direct Payment Plan for medical-hospital and prescription drugs coverage (Medical Plan) and in the Anthem Blue Cross Blue View Vision Plan for vision coverage. If you want to make a change to your Vision Plan, you have to switch your Medical Plan first to Kaiser Permanente and enroll in their Vision Essentials Plan. You are then allowed to change Vision Plans, depending on your Medical Plan as explained below, during the annual open enrollment period for an effective date of March 1 which is the beginning of the Plan Year. The two Vision Plans offered by the Fund are:

- 1. Participants enrolled in the Direct Payment Plan Participants** - Vision coverage is provided through Anthem Blue Cross Blue View Vision Plan. The Fund **does not** offer other vision plans to Active Participants who are enrolled in the Direct Payment Plan. If you want to change to Kaiser Vision Essentials Plan, you have to switch your Medical Plan first to Kaiser Permanente.
- 2. Participants enrolled in the Kaiser Permanente Plan** - Vision coverage is provided through Kaiser Vision Essentials Plan, however, Active Participants who are enrolled in the Kaiser Permanente Plan are allowed to switch between Kaiser Vision Essentials Plan and Anthem Blue Cross Blue View Vision Plan every annual open enrollment period (December to February for a March 1 effective date).

On the reverse side of this notice is a Comparison and Summary of Vision Plans that describes in summary the type of service, how much each Vision Plan covers and your out-of-pocket costs. The Comparison has been designed to help you understand the difference of the two Vision Plans so that you can decide which Vision Plan suits your entire family’s vision care needs. We urge you to review the Comparison **before** selecting a Vision Plan. Again, you are allowed to switch Vision Plans during the open enrollment period only and depending on your Medical Plan. To enroll or switch to another Vision Plan, request a Vision Plan Election form from the Fund Office, your Local Union or go to our website, www.norcalaborers.org, to print or order the form. The Vision Plan Election form must be mailed back directly to the Fund Office at the above address – **do not mail it back to the Vision Plan provider that you elected.**

It is important that you notify the Fund Office immediately if you want to delete an existing dependent or add a new dependent. An updated Enrollment Form is required to add or delete a dependent. You may obtain an Enrollment Form by either visiting the Fund Office or any Local Union office, call the Fund Office to request a form mailed to you or print a form by visiting the Trust Funds’ website at www.norcalaborers.org.

If you need more information or have any questions, please do not hesitate to contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES

Revised 10/6/2021



Anthem Blue Cross Blue View Vision			
Covered Benefit and Frequency Limitation	IN-NETWORK PROVIDER		NON-NETWORK PROVIDER
	Plan Allowance	Your Copayment	
Routine Eye Exam <i>Every 12 months</i>	Covered in full	\$10	\$37 allowance only
Eyeglass Frame <i>Every 24 months</i>	\$145	You pay the balance after \$145 allowance less 20% discount	\$40 allowance only
Eyeglass Standard Lenses <i>Every 12 months</i> 1 pair only of Single, Bifocal, Trifocal or Lenticular lenses	Covered in full	\$20 (1 pair limit)	\$34 to \$68 allowance only depending on type of lenses
Contact Lenses (Conventional) <i>Every 12 months</i>	\$120	You pay the balance after \$120 allowance less 15% discount	\$100 allowance only

Kaiser Vision Essentials			
Covered Benefit and Frequency Limitation	AT KAISER PERMANENTE OPTICAL CENTERS		
	Plan Allowance	Your Copayment	Notes
Routine Eye Exam <i>No limit</i>	Covered in full	\$15	No copayment for preventive screenings
Eyeglass Frame <i>Every 24 months</i>	\$145	You pay the balance after \$145 allowance	Fashionable frames priced between \$40 to \$99
Eyeglass Standard Lenses <i>Every 12 months</i>	Covered in full		1 pair only of clear plastic, single, flat-top multifocal or lenticular lenses
Contact Lenses (Conventional) <i>Every 12 months</i>	\$120	You pay the balance after \$120 allowance	Order refills online at www.kp2020.org/noca

Telephone Numbers and Website Address

Anthem Blue Cross Blue View Vision: 1-866-723-0515 * www.anthem.com/ca

Kaiser Vision Essentials: 1-800-464-4000 * www.kaiserpermanente.org

This Comparison and Summary of Vision Plans is intended only as a summary of the benefits provided by each Plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from Plan to Plan. The contents of this Comparison are not to be construed or accepted as a substitute for the provisions of the Anthem Blue Cross Blue View Vision or Kaiser Vision Essentials contract.