



**LABORERS HEALTH AND WELFARE TRUST FUND  
FOR ACTIVE AND SPECIAL PLANS PARTICIPANTS  
COMPARISON AND SUMMARY OF THE VISION PLANS  
EFFECTIVE NOVEMBER 1, 2017**

**Direct Payment Plan Participants** – Vision coverage is provided through Anthem Blue Cross Blue View Vision Plan. The Trust Fund **does not** offer other vision plans to 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-Hospital and Prescription Drug Plan first to Kaiser Permanente.

**Kaiser Permanente Plan Participants** – Vision coverage is provided through Kaiser Vision Essentials Plan, however, 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 1 - February 15 for a March 1 effective date).

**Anthem Blue Cross Blue View Vision Summary of Benefit**

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 Summary of Benefit**

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 <a href="http://kp2020.org/noca">kp2020.org/noca</a>

**THIS IS NOT A COMPREHENSIVE LISTING OF ALL COVERED VISION SERVICES AND OTHER LIMITATIONS AND EXCLUSIONS MAY APPLY.**