



**TO: All Eligible Retired Participants and Their Dependents**  
**RE: Comparison of Vision Plans - Effective March 1, 2021**

The Laborers Health and Welfare Trust Fund for Northern California (“Fund”) offers two (2) Vision Plans to Retired Participants and their eligible dependents who have satisfied the eligibility requirements of the Retired Laborers Plan (“Plan”). When you initially become eligible to participate in the Plan, you have to decide whether or not you want Vision Plan coverage. Enrollment is **OPTIONAL** - meaning you do not have to elect Vision Plan coverage. **However, if you decline coverage, you will not be given another opportunity to enroll in the future.**

If you decide to enroll, you must pay the monthly premium for the cost of Vision Plan coverage provided to you and your enrolled dependents, if any, in addition to your monthly premium for Medical Plan coverage. You are not allowed to enroll in a Vision Plan without enrolling in a Medical Plan. Vision Plan enrollment is also subject to a mandatory minimum coverage period of **6 months** - meaning you cannot cancel your Vision Plan at any time but only after you have had coverage for 6 consecutive months. 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 Retired Participants who are enrolled in the Direct Payment Plan. If you want to change to Kaiser Vision Essentials Plan, first you must switch your Medical Plan to Kaiser Permanente.
- 2. Participants enrolled in the Kaiser Permanente Plan** - Vision coverage is provided through Kaiser Vision Essentials Plan. However, Retired 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, your out-of-pocket costs and the monthly premium that you have to pay for vision coverage. 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 and Cancellation form from the Fund Office, your Local Union or go to our website, [www.lfao.org](http://www.lfao.org), to print or order the form. The Vision Plan Election and Cancellation 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 from or add a new dependent to your Vision Plan such as your spouse or child. 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 website at [www.lfao.org](http://www.lfao.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

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

| <b>Kaiser Vision Essentials (Monthly Premium: \$5)</b>  |   |   |  |
|---|---|---|--|
| <b>Covered Benefit and Frequency Limitation</b>         | <b>AT KAISER PERMANENTE OPTICAL CENTERS</b> |   |  |
|   | <b>Plan Allowance</b>                       | <b>Your Copayment</b>                     | <b>Notes</b>   |
| Routine Eye Exam<br><i>No limit</i>                     | Covered in full                             | \$10                                      | No copayment for preventive screenings   |
| Eyeglass Frame<br><i>Every 24 months</i>                | \$145                                       | You pay the balance after \$145 allowance | Fashionable frames priced between \$40 to \$99                                       |
| Eyeglass Standard Lenses<br><i>Every 12 months</i>      | Covered in full                             |   | 1 pair only of clear plastic, single, flat-top multifocal or lenticular lenses       |
| Contact Lenses (Conventional)<br><i>Every 12 months</i> | \$120                                       | You pay the balance after \$120 allowance | Order refills online at <a href="http://www.kp2020.org/noca">www.kp2020.org/noca</a> |

 **Telephone Numbers and**  **Website Addresses**

**Anthem Blue Cross Blue View Vision:** 1-866-723-0515 \* [www.anthem.com/ca](http://www.anthem.com/ca)

**Kaiser Vision Essentials:** 1-800-464-4000 \* [www.kaiserpermanente.org](http://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.**