



SHEET METAL WORKERS'
International Association • Local Union No. 73
4530 Roosevelt Road | Hillside, Illinois 60162 | 708.449.7373 | FAX 708.449.7333



Welfare and Pension Funds

December 6, 2010

Dear Active Participant:

The Board of Trustees for Sheet Metal Workers' Local 73 Welfare Fund are proud to offer a comprehensive benefits program to our participants. One of our main responsibilities is providing a substantial level of benefits while ensuring the future financial stability of the Welfare Fund.

We are, therefore, pleased to announce the following benefits changes to the Welfare Fund. Please read this information carefully so that you fully understand the changes.

Increase in Age Limit for Immunizations and Physical Examinations for Eligible Dependents

Effective August 1, 2010 the Age Limit for Immunizations and Physical Examinations for Eligible Dependents was increased to age 23. Previously, routine immunizations and physical examinations were provided until the eligible dependent's 16th birthday.

Increase in Weekly Accident and Sickness Disability Benefit

Effective for payments made on and after January 1, 2011 the Weekly Accident and Sickness Disability Benefit will increase to \$300 per weekly. Previously, the Weekly Accident and Sickness Disability Benefit was \$250 per week.

Implementation of the EyeMed Vision Care Network

Effective January 1, 2011 the Sheet Metal Workers' Local 73 Welfare Fund will use the EyeMed Vision Care Network to administer its vision care benefit. The vision care benefit will remain at \$225 every two years for you and your eligible dependents. However, by using the EyeMed Vision Care Network of providers you will have access to greater vision care discounts by using a network provider. **If you use In Network Provider**, you do not have to submit a vision claim form, but you will be required to pay the EyeMed Provider for any cost over your maximum when you pick up your glasses or contact lenses. The benefits provided by EyeMed Vision Care are summarized as follows, subject to all terms and conditions of the EyeMed Vision Care program which are subject to change. Additional discounts and exclusions apply. Contact EyeMed for details.

Vision Care Services	Member Cost	Out-of-Network
Exam with Dilation as Necessary	\$0 Copay	Up to \$45
Frames, Lens & Options Package (Any frame, lens and lens options available at provider location.)	\$300 Allowance for frame, lens and lens options; 20% off balance over \$300	Up to \$180
Contact Lenses - Declining Balance*		
Conventional	\$0 Copay, \$180 allowance; 15% off balance over \$180	Up to \$180
Disposable	\$0 Copay, \$180 allowance; plus balance over \$180	Up to \$180
Medically Necessary	\$0 Copay, Paid-in-Full	Up to \$180
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 24 months	
Frame & Lenses or Contact Lenses	Once every 24 months	

* Any remaining balance may be used within the same Benefit Frequency. Where the Insured Person previously utilized an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously utilized an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider.

If you use an Out-of-Network Provider, you are required to pay the entire cost up-front to the Provider. You must submit a vision claim form to EyeMed. EyeMed will process the claim and remit payment, up to the applicable maximum, directly to you.

If you have any questions regarding these changes, please contact a Customer Service Representative at 708-449-7373, ext. 3.

Sincerely,

Board of Trustees
Sheet Metal Workers' Local 73 Welfare Fund