



# AUTOMOBILE MECHANICS' LOCAL 701 WELFARE FUND

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## IMPORTANT BENEFIT PLAN CHANGES

The Trustees of the Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund have made certain changes to the **Premier Plus** and **Pre-Medicare Retirees** plans (collectively, the "Plans") as documented in the applicable combination Summary Plan Description and Plan Document ("SPD/Plan") that was previously provided to you. Each change is summarized below and is effective as of the date indicated below.

1. The **Premier Plus** and **Pre-Medicare Retirees** Plans were amended to provide improvements to the vision coverage under the Plans, including increasing frame and contact lens allowances, adding anti-reflective coating and premium/custom progressive lenses as a covered benefit, and improving savings on other lens enhancements, effective as of January 1, 2025.
2. The **Premier Plus** and **Pre-Medicare Retirees** Plans were updated to clarify that Lasik Surgery is not covered if provided by a Non-Network Provider.

## SUMMARY OF MATERIAL MODIFICATIONS

This document, referred to as a “summary of material modifications,” is intended to supplement the SPD/Plan. You should retain this summary of material modifications with your copy of the SPD/Plan. If you have any questions, you may contact the Fund Office (708) 482-0110 ~ Toll Free (800) 704-6270.

### 1. Improvements to Vision Coverage

The **Premier Plus** and **Pre-Medicare Retirees** Plans increased allowances for frames and contact lenses, added coverage for anti-reflective coating and progressive lenses and improved savings on other lens enhancements. Accordingly, effective January 1, 2025, the Schedule of Benefits tables in the SPD/Plans were updated to reflect these changes as follows:

Vision Benefit (Active Employees and their Dependents) or (Pre-Medicare Retirees and Dependents) (as applicable)		
	Network Provider	Non-Network Provider
<del>Scratch Resistant Coating,</del> Anti-Reflective Coating <del>Premium/Custom Progressive Lenses</del> <del>Scratch Resistant Coating</del>	<del>25%-30% savings</del> <del>\$30 copayment</del> <del>\$50 copayment</del> <del>Up to 30%-35% savings</del>	<del>N/A Not covered</del>
Frames	\$20 copayment for lenses and/or frame. Plan pays up to <del>\$175-200</del> every calendar year	Plan pays up to \$50 per person every calendar year
Contact Lenses	In place of frames and lenses, Plan pays up to <del>\$175-200</del> every calendar year for contacts <del>after copayment (up to \$60) for and</del> contact lens exam	Plan pays up to \$90 per person every calendar year

### 2. Clarify that Lasik Surgery is Only Covered by Network Providers

The **Premier Plus** and **Pre-Medicare Retirees** Plans only provide coverage for Lasik Surgery if provided by Network Providers and there is no allowance for Non-Network Providers. Accordingly, the Schedule of Benefits tables in the SPD/Plans were updated to clarify this change as follows:

Vision Benefit (Active Employees and their Dependents) or (Pre-Medicare Retirees and Dependents) (as applicable)		
	Network Provider	Non-Network Provider
Lasik Surgery	Plan pays up to \$250 per eye for \$500 total allowance after 15% discount if surgery performed at network provider	<del>Not covered</del> Plan pays up to \$250 per eye for \$500 total allowance