

SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND

Administered By: Benefit Programs Administration
Telephone • (866) 345-5189 • (562) 463-5075 • FAX (562) 463-5894
www.santamonicauniteherefunds.org

November 2019

All Eligible Participants in the
Santa Monica UNITE HERE Health Benefit Trust Fund

**Re: New Vision Service Plan Benefit
Effective January 1, 2020**

Dear Eligible Participant:

The Board of Trustees of the Santa Monica UNITE HERE Health Benefit Trust Fund is pleased to inform you that **effective January 1, 2020**, the Fund will be offering new vision benefits provided by Vision Service Plan (VSP). This new VSP Benefit will provide eligible participants and dependents with vision materials, such as frames and lenses.

Vision exams will be available to participants and dependents through the Health Net and Kaiser HMO plans. After you have a vision exam with your Health Net or Kaiser medical provider, you can take your prescription to a VSP network doctor in order to obtain your glasses or contact lenses.

VSP has an extensive network of doctors throughout the United States. To find a VSP doctor that is right for you and your dependents, you can visit vsp.com or call VSP at (800) 877-7195. Once you have located a VSP doctor, you can call the doctor's office directly in order to make an appointment.

There are no ID cards necessary or claim forms to complete when using a VSP doctor; **simply inform the doctor that you're a VSP member.**

The VSP Benefit provides eligible participants and dependents the following vision benefits when using VSP network doctors.

FREQUENCY OF BENEFITS	
Exams	Not Covered (covered through Health Net or Kaiser)
Lenses	1 pair every 24 months
Frames	1 every 24 months
IN-NETWORK BENEFITS	
Benefit	Participant Cost
Standard plastic lens:	
Single vision	\$0 copay
Bifocal	\$0 copay
Trifocal	\$0 copay
Standard Progressive lenses	\$0 copay
Premium Progressive lenses	Premium: \$95-\$105 copay Custom: \$150-\$175 copay
Frames:	
Basic	You pay 80% of cost above \$120 allowance

Featured Brands	You pay 80% of cost above \$140 allowance
Lens Options:	
UV coating	\$10 - \$16 copay
Tint (solid and gradient)	\$0 copay
Standard polycarbonate	\$31 copay (\$35 if multifocal lens)
Standard anti-reflective coating	\$41 copay
Other add-ons	Most lens enhancements are covered with fixed copays, saving members an average of 25%. All other lens enhancements receive a 20% discount.
Contact Lenses:	
Conventional or Disposable	You pay 100% of cost above \$120 allowance, available every 24 months in lieu of glasses
Medically necessary contact lenses	\$0 copay
Contact Lens Exam Options:	
Standard contact lenses - fit/follow-up	Discounted 15%, and covered in full after \$60 deductible
Premium contact lenses - fit/follow-up	Discounted 15%, and covered in full after \$60 deductible
Laser vision correction	
Lasik or PRK	You pay 85% of retail cost
Additional Pairs of Glasses	You pay 80% of retail cost
OUT-OF-NETWORK BENEFITS	
The VSP Benefit provides out-of-network benefits, but you will generally have more out of pocket costs if you do not use a VSP network doctor. For information about out-of-network benefits, contact VSP or the Administrative Office.	

This notice does not contain a complete description of the VSP Benefit. If you have any questions regarding the new VSP Benefit, please do not hesitate to contact the Administrative Office.

Sincerely,

The Board of Trustees

Santa Monica UNITE HERE Health Benefit Fund

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Noviembre 2019

Todos los Participantes Elegibles en
Santa Monica UNITE HERE Health Benefit Trust Fund

**Re: Nuevo VSP Vision Plan
Efectivo January 1, 2020**

Estimados Participantes Elegibles:

La Junta de Síndicos del Fondo de Santa Monica Unite HERE Health Benefit Trust se complace en informarle que, a partir del 1 de enero de 2020, el Fondo ofrecerá nuevos beneficios para la vista proporcionados por el Plan de Servicio de la Visión (VSP). Este nuevo beneficio VSP proporcionará a los participantes y dependientes elegibles materiales de visión, como monturas y lentes.

Los exámenes de la vista estarán disponibles para los participantes y dependientes a través de los planes Health Net y Kaiser HMO. Después de hacerse un examen de la vista con su proveedor médico de Health Net o Kaiser, puede llevar su receta a un médico de la red VSP para obtener sus anteojos o lentes de contacto.

VSP tiene una extensa red de médicos en todo Estados Unidos. Para encontrar un médico de VSP que sea adecuado para usted y sus dependientes, puede visitar vsp.com o llamar a VSP al (800) 877-7195. Una vez que haya localizado un médico de VSP, puede llamar al consultorio del médico directamente para programar una cita.

No se necesitan tarjetas de identificación ni formularios de reclamo para completar cuando se usa un médico de VSP; simplemente informe al médico que es miembro de VSP.

El plan de visión VSP proporciona a los participantes y dependientes elegibles la siguiente cobertura de visión cuando se utiliza un médico de la red VSP.

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Si tiene alguna pregunta con respecto al nuevo plan de visión **VSP**, por favor comuníquese con la Oficina Administrativa.

Sinceramente,

El Patronato

Santa Monica UNITE HERE Health Benefit Fund