

Cement Masons Health and Welfare Trust Fund for Northern California

VSP – Comparison Between Current Plan and Value Plan Effective December 1, 2004

Benefits	Current Plan (Standard Plan)	<i>New Plan (Value Plan) Effective December 1, 2004</i>																																				
Examination (once each 12 months)	Covered in full, less \$10 copayment.	Covered in full, less \$20 copayment.																																				
Spectacle Lenses (once each 12 months)	Necessary lenses up to 61 mm are paid in full, less \$10 copayment – includes single vision, bifocal, trifocal or other more complex lenses necessary for the patient’s visual welfare.	Necessary lenses up to 55 mm are paid in full, less \$20 copayment – includes single vision, bifocal, trifocal or other more complex lenses necessary for the patient’s visual welfare.																																				
Frames (once each 24 months)	Up to an allowance of \$120 retail value. Frame overages are controlled by VSP, based on wholesale cost. (There is only one copayment for frames and/or lenses.)	Up to an allowance of \$120 retail value. Frame overages are based on usual and customary. (There is only one copayment for frames and/or lenses.)																																				
Elective Contact Lenses	Up to an allowance of \$105 toward contact lenses and fittings. Participating doctor offers a 15% discount off professional services for contact lenses.	Up to an allowance of \$105 toward contact lenses and fittings. There are no discount offers under this plan.																																				
Necessary Contact Lenses	Covered in full, less \$10 copayment	Plan covers 75%, less \$20 copayment.																																				
Cosmetic Options	VSP cost-controls all cosmetic options selected by patient. Typically, VSP cost-controls achieve an average savings of approximately 20% below usual and customary.	VSP cost-controls the most commonly selected cosmetic options. The remaining cosmetic options are available at usual and customary.																																				
Discounts on Additional Materials*	20% discount off participating doctor’s usual and customary fees for complete pairs of prescription glasses, including any cosmetic options selected. 15% off participating doctor’s professional services (prescription contact lenses provided at usual and customary).	No additional discounts.																																				
Participating Doctor Network	5,141 participating doctor locations in California.	4,838 participating doctor locations in California.																																				
Out of Network Reimbursement Schedule	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Exam</td> <td style="text-align: right;">\$42.00</td> </tr> <tr> <td>Lenses-</td> <td></td> </tr> <tr> <td> Single Vision</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td> Bifocal</td> <td style="text-align: right;">\$60.00</td> </tr> <tr> <td> Trifocal</td> <td style="text-align: right;">\$80.00</td> </tr> <tr> <td> Lenticular</td> <td style="text-align: right;">\$125.00</td> </tr> <tr> <td>Frame</td> <td style="text-align: right;">\$45.00</td> </tr> <tr> <td>Elective Contacts</td> <td style="text-align: right;">\$105.00</td> </tr> <tr> <td>Necessary Contacts</td> <td style="text-align: right;">\$210.00</td> </tr> </table>	Exam	\$42.00	Lenses-		Single Vision	\$40.00	Bifocal	\$60.00	Trifocal	\$80.00	Lenticular	\$125.00	Frame	\$45.00	Elective Contacts	\$105.00	Necessary Contacts	\$210.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Exam</td> <td style="text-align: right;">\$37.00</td> </tr> <tr> <td>Lenses-</td> <td></td> </tr> <tr> <td> Single Vision</td> <td style="text-align: right;">\$34.00</td> </tr> <tr> <td> Bifocal</td> <td style="text-align: right;">\$51.00</td> </tr> <tr> <td> Trifocal</td> <td style="text-align: right;">\$68.00</td> </tr> <tr> <td> Lenticular</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td>Frame</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td>Elective Contacts</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td>Necessary Contacts</td> <td style="text-align: right;">\$126.00</td> </tr> </table>	Exam	\$37.00	Lenses-		Single Vision	\$34.00	Bifocal	\$51.00	Trifocal	\$68.00	Lenticular	\$100.00	Frame	\$40.00	Elective Contacts	\$100.00	Necessary Contacts	\$126.00
Exam	\$42.00																																					
Lenses-																																						
Single Vision	\$40.00																																					
Bifocal	\$60.00																																					
Trifocal	\$80.00																																					
Lenticular	\$125.00																																					
Frame	\$45.00																																					
Elective Contacts	\$105.00																																					
Necessary Contacts	\$210.00																																					
Exam	\$37.00																																					
Lenses-																																						
Single Vision	\$34.00																																					
Bifocal	\$51.00																																					
Trifocal	\$68.00																																					
Lenticular	\$100.00																																					
Frame	\$40.00																																					
Elective Contacts	\$100.00																																					
Necessary Contacts	\$126.00																																					