Transportation • Communications • International Union Los Angeles Metropolitan Transportation Authority Health & Welfare Trust Fund

Administered By: Benefit Programs Administration Telephone • (562) 463-5090 • (800) 427-5342

November 2009

All Eligible Participants in the Transportation Communications International Union Los Angeles Metropolitan Transportation Authority Health & Welfare Trust Fund

Re: New VSP Vision Plan Effective January 1, 2010

Dear Eligible Participant:

The Board of Trustees of the Transportation Communications International Union – Los Angeles Metropolitan Transportation Authority Health & Welfare Trust Fund are please to inform you of the New **VSP** Vision Plan that will become **effective January 1, 2010**. The VSP Vision Plan will replace the current Fee-For-Service Vision Plan.

The VSP vision plan provides eligible participants and dependents the following vision coverage for just a \$10.00 copayment **every 12 months** when they visit a VSP network doctor.

| Your Coverage from a VSP Doctor | | |
|--|----------------------|--|
| Eye Exam | once every 12 months | |
| | | |
| Prescription Glasses | | |
| Lenses | once every 12 months | |
| • Single vision, lined bifocal and lined trifocal lenses | | |
| | | |
| Frame | onco ovoru 12 months | |
| | once every 12 months | |
| \$130.00 allowance for frame of your choice | | |
| 20% off the amount over your allowance | | |
| | | |
| Contact Lens Care | once every 12 months | |
| \$130.00 allowance for contacts and contact lens e | - | |
| | Xam | |
| (fitting and evaluation). | | |
| | | |

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 make an appointment; simply inform the doctor that you're a VSP member.

There are no ID cards necessary or claim forms to complete when using a VSP doctor.

In addition to the benefits shown above, VSP also provides the following:

| Extra Discounts and Savings | | |
|--|---------------------|--|
| Glasses and Sunglasses | ž | |
| Average 20–25% savings on all non-covered lens options. | | |
| • 20% off additional glasses and sunglasses, including lens options, from any | | |
| VSP doctor within 12 months of y | vour last eye exam. | |
| Contacts | | |
| 15% off cost of contact lens exam (fitting and evaluation) | | |
| Laser Vision Correction | | |
| Average 15% off the regular price or 5% off the promotion price. | | |
| Discounts only available from contracted facilities. | | |
| Out-of-Network Reimbursement Amounts: | | |
| Exam | Up to \$43.00 | |
| Single vision lenses | Up to \$26.00 | |
| Lined bifocal lenses | Up to \$43.00 | |
| Lined trifocal lenses | Up to \$60.00 | |
| Frame | | |
| Contacts | Up to \$100.00 | |

Please note that after December 31, 2009 no further vision benefits will be provided by the Transportation Communications International Union – Los Angeles Metropolitan Transportation Authority Health & Welfare Trust Fund's Fee-For-Service Vision Plan.

Effective January 1, 2010 all vision benefits will be provided through the VSP Plan.

Sincerely,

The Board of Trustees Of the Transportation Communications International Union Los Angeles Metropolitan Transportation Authority Health & Welfare Trust Fund