

# Alaska Laborers Trust Funds

## Alaska Laborers-Construction Industry Health and Security Plan

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Administered by  
Welfare & Pension Administration Service, Inc.

May 22, 2026

**To: All Retiree Non-Medicare and Medicare Participants and Eligible Dependents of the Alaska Laborers-Construction Industry Health and Security Fund – Retiree Plan**

**RE: Retiree Benefits - Vision, Audio and Dental Coverage Changes**

*This is a Summary of Material Modification describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.*

**CORRECTION:** Please note the below correction to the previous summary of material modifications mailed on May 19, 2026 regarding the **frequency** of the schedule of benefits for **Frames**. The correction and clarification is that Frames are covered **every 24 months from the last date of service** and noted in **bold**. If you have any questions reach out to the Administration Office (855) 815-2323.

### Vision Benefits

The Vision benefits are administered by VSP. If you have any questions on your vision benefits, please visit [www.vsp.com](http://www.vsp.com) or call (800) 877-7195.

Effective July 1, 2026, Vision benefits will be provided for eye care when these services are provided or prescribed by an ophthalmologist or optometrist. The Plan covers only those expenses which are reasonable and customary for the services provided in the area where the expenses are incurred. You and your dependents (if dependent coverage has been selected) may use the services of a VSP member doctor or any other licensed ophthalmologist or optometrist.

### SCHEDULE OF BENEFITS

Frequency	
Exam	Every 12 months from the last date of service
Lenses	Every 12 months from the last date of service
Frames	<b>Every 24 months from the last date of service</b>
Copay	
Exam	\$10 per person
Contact Lens Exam	\$0

Prescription Glasses	\$25 per person	
Anti-reflecting coating	\$30 per person	
Covered Services	<u>VSP Doctor</u>	<u>Non-VSP Provider</u>
Exam	100%	\$45
Lenses		
Single	100%	\$45
Lined Bifocal	100%	\$65
Lined Trifocal	100%	\$85
Frames	\$200 allowance	\$57
Contact Lenses	\$200 allowance	\$170

### Exam

This Plan covers one complete examination or vision survey per person every 12 months, from your last date of service, according to the Schedule of Benefits.

### Conventional Lenses

Prescription lenses will be covered once every 12 months, from your last date of service, if a visual analysis indicates new lenses are necessary. Lenses are covered according to the Schedule of Benefits. Lens options are provided at a discount from a VSP member doctor.

### Frames

New frames will be covered whenever necessary, but not more than once every 24 months, from your last date of service, and will be covered according to the Schedule of Benefits. A 20% discount will apply on frames purchased from a VSP member doctor that exceed the frame allowance.

### Contact Lenses

If contact lenses are elected instead of eyeglasses, this Plan will provide a benefit. The contact lens exam is covered in full every 12 months. This benefit will use up your lenses and frame benefit. For example, you will not be eligible again for eyeglass frames until 24 months after the date you purchased your contacts.

A patient who has received contact lenses, either Elective or Medically Necessary, would again be eligible for vision benefits as follows:

- Examination and conventional lenses, after 12 months from the last date of service;
- Frames, after 24 months from the last date of service; and
- Contact lens replacement, after 12 months from the last date of service if a change in prescription so indicates.

### SERVICES NOT PAID UNDER VISION BENEFITS

- Replacement of lost or broken lenses or frames which are furnished under the Plan, except at the normal intervals when services are otherwise covered;
- Glasses secured when no prescription change is warranted;
- Sunglasses, plain or prescription;
- Photosun lenses or tinted lenses, except pink shades No. 1 and 2;

- Pano (non-prescription) lenses;
- Two pairs of glasses in lieu of bifocals;
- Any excess charge for no-line bifocals (blended type), unless the doctor certifies that the no-line bifocal (blended type) is necessary and prior approval is obtained.
- Special procedures, such as orthoptics and visual training;
- Contact lenses and subnormal vision aids, except as described in this section;
- Medical or surgical treatment of the eyes. You will be notified if an examination indicates that this type of treatment is required and, if desired, a referral will be made. However, the Vision Benefit will not pay for medical or surgical treatment, whether or not a referral is made. (See Medical Benefits section for medical and surgical coverage.);
- Services or materials which are payable under Workers' Compensation, employer liability or similar program;
- Services which are provided without cost through any government agency;
- Eye examinations required as a condition of employment, which the employer must provide by virtue of a labor agreement; and
- Eye examinations required by a government body.

#### **VISION BENEFITS AFTER TERMINATION**

Vision care benefits will be provided for up to 3 months after the date a covered individual's coverage is terminated if the services required are due to accidental injury to the eye while the individual is covered under this Plan.

#### **Board of Trustees**

#### **Alaska Laborers-Construction Industry Health and Security Fund**

**Important Reminder** - You must promptly advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents: divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.