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MEMORANDUM

DATE: 3/21/14
TO: Plan A Participants of the Joint Welfare Fund of Local 164
FROM: Fabian & Byrn, LLC Third Party Administrator for IBEW Local Union No. 164 Welfare Fund

**SUMMARY OF MATERIAL MODIFICATION TO THE
JOINT WELFARE FUND OF LOCAL 164, IBEW
EIN: 22-153776**

The following is a modification to the provisions of the Summary Plan Description. Keep it with your copy of the Summary Plan Description for easy reference.

Effective January 1, 2014, the Joint Welfare Fund will make the following changes:

Vision

The vision benefit will be reinstated for Plan A members, retroactive to 1/1/14. There is a reimbursement of up to \$85 per person for the routine exam every 2 years and up to \$250 per person for prescription glasses, contact lens fitting and/or contacts every 2 years. Claims for exams from participating providers may be submitted by the provider directly to their local Blue Cross Blue Shield Plan. All other vision services need to be paid by the patient at the time of service and then the member must submit a claim reimbursement form to:

Fabian & Byrn, LLC
Local 164 Vision Reimbursement
425 Eagle Rock Avenue, Suite 105
Roseland, NJ 07068

Claim forms can be accessed at: http://www.ibew164.org/pdf/JW_medical.pdf