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Phone: 725-238-5768 FAX: 702-734-8619

\*\*\*IMPORTANT NOTICE\*\*\*

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## SUMMARY OF MATERIAL MODIFICATIONS

**To: All Plan Participants**  
**Re: Contact Lens Benefit**  
**Effective: June 1, 2024**

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### Why am I Receiving this Notice?

The Board of Trustees has amended the Plan to increase the benefit allowance for contact lenses. This vision benefit coverage is offered by VSP, a contracted service provider to the Plan. This Notice is to inform you of how this benefit change affects you.

### How will this Notice Affect Me?

Beginning June 1, 2024, the Plan will offer \$160.00 in an annual allowance for contacts through the VSP vision benefit plan. Additionally, the Plan will provide coverage for contacts in addition to prescription glasses; previously, the Plan provided coverage for contacts in lieu of prescription glasses.

### What do I need to do?

This change will take effect automatically. You do not need to take any action. However, if you have a claim which you believe needs further review, please contact the Plan Administrator. If you have any questions, please contact the Fund Office at (702) 734-8601.

### Important Reminder

This SMM is a summary and is not an official plan document. The actual terms of the Plan are contained in the plan document, which is available from the Plan Office. In the event of any ambiguity in or omission from this SMM, or any conflict between this SMM and the official plan document, the official plan document will govern. If you have questions regarding this Notice, please call the Plan Administrator at (702) 734-8601.

Sincerely,

The Board of Trustees of the Bricklayers and Allied Craftworkers

Local 13 Health Benefits Fund