

**TEAMSTERS LOCAL 77 HEALTH & WELFARE FUND
PLAN ENHANCEMENTS**

**VISION BENEFITS
Effective 1/1/2008**

OUT-OF-NETWORK / ELECTIVE CONTACT LENS ALLOWANCE ENHANCEMENTS

<u>Out-of-Network Schedule</u>	<u>Prior Amount</u>	<u>New Amount</u>
Vision Exam	\$20.00	\$40.00
Single Vision Lenses	\$12.00	\$40.00
Bifocal Lenses	\$18.00	\$50.00
Trifocal Lenses	\$23.00	\$75.00
Lenticular Lenses	\$60.00	\$100.00
Frame Allowance	\$20.00	\$50.00
Elective Contact Lens Allowance	\$140.00	\$150.00

Our Professional Benefits Advisors have obtained these improved benefits at no additional cost.
Vision benefits are provided through VISION BENEFITS OF AMERICA

**DENTAL BENEFITS
Effective 7/1/2008**

<u>Annual Maximum Per Member</u>	<u>Prior Amount</u>	<u>New Amount</u>
In-Network	\$1,500.00	\$1,700.00
Out-of-Network	\$1,500.00	\$1,700.00

Our Professional Benefits Advisors have obtained these improved benefits at no additional cost.
Dental benefits are provided through MetLife.