

A.F.L. HOTEL AND RESTAURANT WORKERS TRUST FUNDS

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HEALTH & WELFARE • PENSION • TRAINING

August, 2006

TO: All Retired Participants of the AFL Hotel & Restaurant Workers
Health & Welfare Trust Fund

FROM: Board of Trustees

RE: Medical and Drug Benefits for Medicare Retirees, Summary Plan
Description Correction, and Vision Care Providers

I. MEDICAL AND DRUG BENEFITS FOR MEDICARE RETIREES

If you reside in the State of Hawaii, when you or your spouse become eligible for Medicare, you or your spouse will be eligible to enroll in one (1) of the following medical and prescription drug plans:

1. HMSA 65C Plus Medical Plan and Prescription Drug Program (consisting of HMSA's SRx Medicare Prescription Drug Plan and the Trust Fund's Supplemental Prescription Drug Plan; or
2. Kaiser Senior Advantage Plan, which includes Prescription Drug Coverage.

As a reminder, as soon as you or your spouse become eligible for Medicare benefits provided under the Social Security Law, **you must secure both Medicare Parts A and B in order to continue your coverage under the Trust Fund. As soon as you are eligible for Medicare, contact the Trust Fund office to enroll in one (1) of the above plans.**

If you reside outside of the State of Hawaii, you or your spouse are not eligible to enroll in either the HMSA 65C Plus or Kaiser Senior Advantage Plans. When you or your spouse become eligible for Medicare, contact the Trust Fund office for a description of the benefits available to you under the Trust Fund.

For all Medicare Retirees covered under the Trust Fund, the following policies apply:

- A Medicare Retiree or spouse **cannot be enrolled** in the Trust Fund's Medicare Prescription Drug program and be enrolled in another Medicare Part D or Medicare subsidized Drug plan. The individual must choose one plan to enroll in.

- A Medicare Retiree or spouse who has **both Medicare and Medicaid** is not eligible for medical or prescription drug coverage under the Trust Fund. Should you lose your Medicaid coverage, you are eligible to re-enroll under the Trust Fund within 30 days from the date your Medicaid coverage ended.
- A Medicare Retiree who qualifies for **Medicare Limited Income Subsidy Drug Plan** is not eligible for the Trust Fund's Medicare Drug program; however, the retiree may be reimbursed by the Trust Fund for any unsubsidized drug premium on a quarterly basis, not to exceed the Medicare Part D monthly premium currently at \$22.46. In order for you to receive this reimbursement, submit the following to the Trust Fund:
 - 1) a copy of your Limited Income Subsidy approval letter from the Social Security Administration and
 - 2) proof of your payment of the unsubsidized portion of your Medicare Drug Plan premium.

Important Note: If you do not provide **all** required documentation, the Trust Fund will not make any reimbursement.

II. SUMMARY PLAN DESCRIPTION (SPD) CORRECTION ON RETIREE DENTAL BENEFITS

The following was omitted and **should be added to the Retiree Dental Benefits section** on page 108 of the Hotel Industry Bargaining Unit SPD dated March 2006 and page 99 of the Kaiser Bargaining Unit SPD dated December 2005:

If you are covered under the HDS Dental Plan, the Maximum Amount is \$900 per member per calendar year.

III. VISION CARE PROVIDERS

A. Current Vision Care Providers

Effective immediately, Big Island Vision Center, a current participating provider, has informed the Trust Fund that Elaine Icban, O.D. has joined their practice and is available to render services.

B. New Vision Care Providers

Effective August 1, 2006, two (2) new vision care providers will participate with the AFL Hotel & Restaurant Workers Health & Welfare Trust Fund for vision care services, which includes eye examination, dispensing of eyeglasses and contact lenses:

1. Drs. Dewey W.K. & Taylor G.M.,
OpTOMETrist
45-939 Kamehameha Hwy #203
Kaneohe Hawaii 96744
Phone: 247-3063
2. Michael D. Vanlangeveld & Assoc.
dba INSPECS at Ward Warehouse
1050 Ala Moana Boulevard #A-8
Honolulu Hawaii 96814
Phone: 591-6601

dba INSPECS at Pearlridge Center
98-1005 Moanalua Road, Ste. 876
Aiea, Hawaii 96701

The only copayments that you will be required to pay will be for:

1. trifocal and progressive multifocal lenses,
2. frames not within the group of frames designated as being fully covered,
3. contact lenses, and
4. non-covered items.

You are free to use any licensed vision care provider of your choice and receive the Trust Fund's allowances for covered services and supplies. However, by receiving services and supplies from a participating provider, you limit your out-of-pocket cost for covered services. For a complete list of participating vision care providers, contact the AFL Hotel & Restaurant Workers Health & Welfare Trust Fund Office.

Should you have any questions or need assistance with your coverage or enrollment, please contact the Trust Fund office at 523-0199 on Oahu or for neighbor islands toll free at 866-528-9677.