

August 2009

**TO: All Hotel Bargaining Unit Participants**  
AFL Hotel and Restaurant Workers Health and Welfare Trust Fund

**FROM: Board of Trustees**

**SUBJECT: SUMMARY PLAN DESCRIPTION AND VISION CARE PROGRAM**

The Board of Trustees, at their meeting on July 16, 2009, adopted the following changes:

**I. SUMMARY PLAN DESCRIPTION**

**A. ELIGIBILITY RULES FOR ACTIVE EMPLOYEES**

Effective July 1, 2009, the section entitled, “**If You Are Disabled and Unable to Work**” on pages 16-17, paragraph 3 of the Summary Plan Description dated March 2006 is revised as follows:

*You must have your doctor furnish proof that you are disabled and unable to work. Be sure to contact the Trust Fund Office and obtain the disability certification form for your doctor to complete. The disability certification form must be received by the Trust Fund Office within **60 days** after the onset of your disability or within 60 days after the loss of eligibility due to a disability. Your disability must be certified by both your doctor and employer in terms of the length of time for your disability leave. Your right to disability credit will be denied if your disability certification form is not received within the stated time period, unless good cause is provided to the Board of Trustees.*

**B. GENERAL INFORMATION**

Effective July 1, 2009, the section entitled, “**Eligible Dependents**” on pages 23-24, paragraph 2 of the Summary Plan Description dated March 2006 is revised as follows:

*To add a spouse or dependent child, you must notify the Trust Fund Office by submitting proper documentation, in writing, within 30 days of the date of marriage, birth, adoption, or placement for adoption. If you do not notify the Trust Fund*

Office within this 30-day period, there will be no retroactive eligibility. After the 30-day period has expired, eligibility for a spouse or dependent child as a result of marriage, birth, adoption, or placement for adoption will be effective on the first day of the month, following the date of notification to the Trust Fund Office along with required documentation.

C. CHOICE OF MEDICAL AND DENTAL PLANS

Effective July 1, 2009, the section entitled, “**Open Enrollment Period**” on page 27 of the Summary Plan Description dated March 2006 is revised as follows:

*You may change medical and dental plans during the annual open enrollment period. If you wish to change plans, contact the Trust Fund Office during the month of November of any year. The change will become effective January 1 of the following year. No change between medical and dental plans may be made at any other time, except if:*

- 1. You are enrolled in the Kaiser Plan and subsequently move outside of the Kaiser Hawaii service area for more than 90 days, or*
- 2. You meet one of the requirements specified in the **Special Enrollment Period** section on page 25 of the Summary Plan Description.*

II. **VISION CARE PROGRAM**

A. CURRENT PROVIDERS

1. Effective July 14, 2009, Roy K. Hirokawa, O.D. has **relocated** his Aiea office from 98-1005 Moanalua Road to the following address:

Roy K. Hirokawa, O.D.  
Waimalu Plaza  
98-1277 Kaahumanu Street, Suite 105  
Aiea, Hawaii 96701  
Phone: (808) 488-6869 (no change)

Dr. Hirokawa’s other office location at 1334 Young Street remains the same.

2. Mid Pacific Eyecare, a current participating provider, has informed the Trust Fund that Kristin K. Shimabukuro, O.D. has joined their practice and is available to render services, effective immediately.

B. NEW PROVIDER

Effective September 1, 2009, the following vision care provider will be added as a participating provider under the vision care program. The name, address, telephone number, and type of services available for this provider are as follows:

| <u>Provider's Name &amp; Address</u>                                                                                                                                                                                             | <u>Services Available</u>                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Jay K. Honda, O.D. and Julie I. Honda, O.D.<br>1. 75-166 Kalani Street, Suite 102<br>Kailua-Kona, Hawaii 96740<br>Phone: (808) 329-3535<br>2. 81-937 Haleki'i Street, Suite 2<br>Kealahou, Hawaii 96750<br>Phone: (808) 322-3300 | Eye Examinations,<br>Eyeglasses, Contact<br>Lenses and<br>Therapeutic<br>Pharmaceutical<br>Agents |

You are free to use any licensed care provider of your choice and receive the Trust's allowances for covered services and supplies. However, by receiving services and supplies from a participating provider, you limit your out-of-pocket costs for covered services. For a complete listing of participating vision care providers, please contact the Trust Fund Office.

**REMINDER**

*All vision claims must be filed within 90 days from the date of service.*

Should you have any questions regarding the above changes or need assistance with your coverage, please contact the Trust Fund Office at (808) 523-0199, or for neighbor islands, call toll free at 1-866-772-8989.