AFL Hotel & Restaurant Workers Health & Welfare Trust Fund Benefit and Risk Management Services 560 N. Nimitz Highway, Suite 209 Honolulu, HI 96817-5315

August 2009

TO: All Kaiser Bargaining Unit Actives and Retirees

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. GENERAL INFORMATION

Effective July 1, 2009, the section entitled, "**Eligible Dependents**" on pages 17-18, paragraph 2 of the Summary Plan Description dated December 2005 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.

B. CHOICE OF MEDICAL AND DENTAL PLANS

Effective July 1, 2009, the section entitled, "**Open Enrollment Period**" on page 21 of the Summary Plan Description dated December 2005 is revised as follows:

You may change <u>medical and dental</u> plans during the annual open enrollment period. If you wish to change plans, contact the Trust Fund Office during the month of <u>November</u> of any year. The change will become effective <u>January 1 of the</u>

<u>following year</u>. No change between <u>medical and dental</u> 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 19 of the Summary Plan Description.

II. VISION CARE PROGRAM

A. <u>CURRENT PROVIDERS</u>

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:

Provider's Name & Address

Jay K. Honda, O.D. and Julie I. Honda, O.D.

1. 75-166 Kalani Street, Suite 102 Kailua-Kona, Hawaii 96740 Phone: (808) 329-3535

2. 81-937 Haleki'i Street, Suite 2 Kealakekua, Hawaii 96750 Phone: (808) 322-3300

Services Available

Eye Examinations, Eyeglasses, Contact Lenses and Therapeutic Pharmaceutical 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.