

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

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HEALTH & WELFARE • PENSION • TRAINING

January 20, 2005

TO: All OAHU Participants of the AFL Hotel & Restaurant Workers Health & Welfare Trust Fund Eligible for the Indemnity Prescription Drug Plan

FROM: Board of Trustees

SUBJECT: INDEMNITY PRESCRIPTION DRUG PLAN

EFFECTIVE FEBRUARY 1, 2005, your copayments under the Indemnity Prescription Drug Plan will change as follows:

I. **Times Pharmacies (Central Fill) Program**

	<u>15-day supply limit (1st time fill)</u>
Generic drugs	\$ 6.00
Brand Name drugs	\$18.00

	<u>60-days supply limit (refills)</u>
Generic drugs	\$ 9.00
Brand Name drugs	\$28.00

II. **Mail Order Program (Walgreen's)**

	<u>60-days supply limit (Walgreen's)</u>
Generic drugs	\$ 9.00
Brand Name drugs	\$28.00

III. **Point of Service (POS) Program**

	<u>15-days supply limit *</u>
Generic drugs	\$ 6.00
Brand Name drugs	\$18.00

IV. Direct Reimbursement Program

Generic drugs:

15-days supply limit *

The Plan reimburses you the remaining Eligible Charge after a \$4.00 copayment. You are responsible for all charges in excess of the Plan's payment.

Brand drugs:

The Plan reimburses you the remaining Eligible Charge after a \$10.00 copayment. You are responsible for all charges in excess of the Plan's payment.

*** Note:** For prescription drugs that can only be dispensed in "unbreakable" packages, (e.g. creams, ointments, certain inhalers), the days supply limit shall be equivalent to the package size days supply, not to exceed a 30 days supply, with a single copay charged to the member.

The above changes do not apply to members covered under the Kaiser Drug Plan.

Should you have any questions on the above changes or how to use any of the above programs, contact the HMA Honolulu office at 951-4640 or 951-4621. If you have further questions, contact the Trust Fund office at 523-0199.