

AFL Hotel & Restaurant Workers
Health & Welfare Trust Fund
Southwest Service Administrators, Inc.
1221 Kapiolani Blvd., Suite 6C
Honolulu, Hawaii 96814-3513

www.southwestservicetpa.com

July 2008

TO: All Kaiser Bargaining Unit Actives
AFL Hotel & Restaurant Workers Health & Welfare Trust Fund

FROM: Board of Trustees

**SUBJECT: INDEMNITY (SELF-FUNDED) COMPREHENSIVE MEDICAL PLAN
AND VISION CARE PROVIDERS**

I. INDEMNITY (SELF-FUNDED) COMPREHENSIVE MEDICAL PLAN

SCREENING BY LOW-DOSE MAMMOGRAPHY

Effective July 1, 2008, the benefit for "Screening by Low-Dose Mammography" will be revised to read as follows:

"Screening by low-dose mammography is limited to one (1) baseline mammogram during ages 35 through 39, and one (1) mammogram every twelve (12) months for ages 40 and above. Women of any age with a history of breast cancer or whose mother or sister has had a history of breast cancer, or women with an increased risk of breast cancer, or who have had an abnormal mammogram requiring breast biopsy are eligible for a mammogram upon the recommendation of a Physician. When a mammography test cannot be scheduled within the above designated benefit periods, the mammography test may be covered if rendered within ten (10) days of the benefit period, as long as the total number of mammography tests allowed by the Plan is not exceeded."

STUDENT COVERAGE SELF-PAYMENT PROGRAM

The language for the "Student Coverage Self-Payment Program" on Page 19, fifth paragraph, of your SPD dated March 2006 is revised as follows:

"Under the Student Coverage Self-Payment Program, the student may continue single coverage for medical and prescription drug benefits for not more than twelve (12) consecutive months ~~or through~~ age 23, whichever occurs sooner, by making self-payments to the Trust Fund. The rates for the Student Coverage Self-Payment Program are established annually by the Board of Trustees."

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II. NEW VISION CARE PROVIDERS

Effective August 1, 2008, three (3) new vision care providers will be added under the vision care program. The name, address, telephone number and types of services available for these providers are as follows:

<u>PROVIDER'S NAME & ADDRESS</u>	<u>SERVICES AVAILABLE</u>
1. Wendi N. Harada, O.D., Inc. 46-056 Kamehameha Hwy. Kaneohe, Hawaii 96744 Phone: (808) 247-8391	Eye Examinations Eyeglasses Contact Lenses
2. Thomas H. Maeda, Jr. dba Thomas H. Maeda, Jr., M.D., Inc. Kuakini Medical Plaza, Suite 707 321 North Kuakini Street Honolulu, Hawaii 96817 Phone: (808) 528-2828	Eye Examinations Eyeglasses Contact Lenses
3. Family Eye Care Associates-Kapolei, LLC 1001 Kamokila Boulevard, Suite 108 Kapolei, Hawaii 96707 (808) 674-0085	Eye Examinations Eyeglasses Contact Lenses

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 costs for covered services. For a complete list of participating vision care providers, contact the Trust Fund office.

REMINDER:

ALL VISION CLAIMS MUST BE FILED WITHIN NINETY (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 Toll Free at 1 (866) 528-9677.

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