## AFL HOTEL AND RESTAURANT WORKERS TRUST FUNDS

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HEALTH & WELFARE • PENSION • TRAINING

March 29, 2006

Eyeglasses,

Contact Lenses

TO:

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

Eligible Under the Indemnity Vision Care Plan

FROM:

**Board of Trustees** 

Re:

VISION CARE PROVIDERS

**Effective August 1, 2005**, two (2) new vision care providers will be added under the Vision Care Program. The name, address, phone numbers, and type of services available are as follows:

## Providers Name & Address 1. Christine Murabayashi, O.D. 94-300 Farrington Highway Suite E-2 Eyeglasses, Waipahu, HI 96797 Contact Lenses Phone: 677-2333 2. Traci L. Schmalle, O.D., LLC (Traci L. Schmalle, O.D.) Eye Examinations, Eyeglasses, Contact Lenses

Phone: 455-5650

1131 Kuala Street

Pearl City, HI 96782

For Christine Murabayashi, O.D. and Traci L. Schmalle, O.D., LLC, the only co-payments that you will be required to pay for trifocal and progressive multifocal lenses, non-standard lenses.

For CNS Optics Hawaii, Inc., dba Shades of California, the only copayments that you will be required to pay will be for eyeglasses, contact lenses, and non-covered items.

You are still free to go to 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 Trust Fund office at 523-0199.

## REMINDER

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