

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

www.southwestservicetpa.com

December 2007

AFL Hotel & Restaurant Workers Trust Fund

TO: All Active and Retired Participants
AFL Hotel and Restaurant Workers Health & Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: KAISER HEALTH PLAN CHANGES, COMPREHENSIVE MEDICAL PLAN, VISION CARE PROVIDERS, COBRA RATES, SELF-PAYMENT PROGRAM RATES, AND RETIREE COPAY

I. KAISER HEALTH PLAN

Effective **January 1, 2008**, the Kaiser Health Plan will be revised as follows:

A. Medical

- | | |
|-------------------------|---|
| 1. Emergency Room | \$50.00 co-pay
(formerly \$25.00 co-pay) |
| 2. Supplemental Maximum | \$2,000/\$6,000
(formerly \$1,500/\$4,500) |
| 3. Inpatient Services | \$50.00 co-pay per day |

II. COMPREHENSIVE MEDICAL PLAN

Effective **January 1, 2008** the Comprehensive Medical Plan, administered by HMA, Inc., will be revised as follows:

A. Life Bed Benefit (Inpatient Hospital)

Effective January 1, 2008, benefits for **Life Bed** services will be available when a hospital provides for inpatient care with the new life bed technology.

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The Eligible Charge per day will be \$18.00. In order to receive a reimbursement, the hospital, or your physician, or you must obtain a prior authorization from HMA's Care Management Department. Failure to obtain prior authorization will result in no benefit payment.

III. VISION CARE PROVIDERS

A. New Vision Care Provider

Effective **January 1, 2008**, the following vision care provider will participate with the AFL Hotel & Restaurant Workers Health & Welfare Trust Fund:

<u>Provider's Name & Address</u>	<u>Services Available</u>
Michael A. McMann, M.D., LLC dba McMann Eye Institute Hawaii Medical Center West St. Francis Medical Plaza West 91-2139 Fort Weaver Rd., Ste. 202 Ewa Beach, Hawaii 96706 Phone: (808) 677-2733	Eye examinations Eyeglasses Contact Lenses

B. Current Vision Care Providers

1. Effective **immediately**, Melvin E. Kau, O.D. has relocated his South King Street office to the following address:

Melvin E. Kau, O.D.
615 Piikoi Street, Suite #1510
Honolulu, Hawaii 96814
Telephone: (808) 597-1507
Fax: (808) 689-3326

Dr. Kau's Ewa Beach office remains the same.

2. Effective **immediately**, Robert Lee, Jr., M.D. has relocated his Bishop Street office to the following address:

Robert Lee, Jr., M.D.
508 Atkinson Drive
Honolulu, Hawaii 96814
Phone: 949-7288

Dr. Lee's office at Pearlridge Shopping Center remains the same.

Alan Y. Tanaka, O.D. has joined Michael D. Vanlangeveld & Associates and is now available to render eye examinations, dispense eyeglasses and contact lenses to participants.

C. Terminated Providers

Effective immediately, the following vision care provider is no longer participating under the vision care program:

1. Nelson O. Yoshioka, Jr., O.D. - Terminated November 12, 2007

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.

IV. COBRA RATES

Effective **January 1, 2008**, the COBRA coverage and rates offered by the Trust Fund are as follows:

	<u>Effective January 1, 2008</u>
A. <u>ACTIVES – Full Coverage</u> ¹	
Indemnity with HDS Dental	\$525.10
Kaiser with HDS Dental	\$469.54
Indemnity with Gentle Dental	\$506.39
Kaiser with Gentle Dental	\$450.83

¹ Full coverage includes medical, prescription drug, dental, vision, and death benefits.

	<u>Effective January 1, 2008</u>
B. <u>RETIREEES</u>	
1. Medical and Prescription Drug ¹	
Retirees under 65:	
Indemnity (per individual)	\$389.49
Kaiser (per individual)	\$336.75
Retirees 65 and older:	
HMSA (per individual) *	\$180.18
Kaiser Sr. Advantage (per individual)	\$206.97
2. Dental Benefit ²	
HDS Dental (composite)	\$31.74
Gentle Dental (composite)	\$22.51
3. Vision Benefit ³	
Indemnity (composite)	\$3.56

* Includes HMSA 65C Plus medical, Srx Medicare Part D, and the supplemental self-funded drug plan.

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