



HAWAII TEAMSTERS TRUST FUNDS

615 PIKOI STREET, SUITE 601 - HONOLULU, HAWAII 96814-3140
PHONE: TRUST OFFICE (808) 847-0886 - ADMINISTRATIVE OFFICE (808) 591-8466
FAX (808) 593-8661-NEIGHBOR ISLANDS DIAL DIRECT 1 (800) 232-9669

Hawaii Truckers-
Teamsters Union
Pension Plan

• Teamsters Health &
Welfare Trust Fund

• Teamsters Legal
Services Plan

• Teamsters Training
and Opportunity
Program

AUGUST 2001

**TO: ALL ACTIVE AND OTS RETIRED PARTICIPANTS – HAWAII TEAMSTERS
HEALTH & WELFARE TRUST**

FROM: BOARD OF TRUSTEES

**RE: KAISER PLAN CHANGES, DENTAL CARE CENTERS OF HAWAII (DCCH),
AND VISION CARE PROVIDER**

I. KAISER PLAN CHANGES

Effective **SEPTEMBER 1, 2001**, the Kaiser Plan will be changed as follows:

1. **OFFICE VISIT** Registration Fee will increase from \$8.00 to \$10.00.
2. **RADIOISOTOPES FOR TREATMENT OF CANCER AND RADIATION THERAPY** The \$10.00 registration fee will be charged for visits to receive radioisotopes for the treatment of cancer and to receive radiation therapy (formerly \$0 co-payment).
3. **HOSPICE** Hospice care will be covered for two (2) 90-day benefit periods, followed by an unlimited number of 60-day periods (formerly a limit of 210 days). A Kaiser physician must certify that the member is terminally ill at the beginning of each period.
4. **SERIOUS MENTAL ILLNESS** When prescribed by a Kaiser physician, services for "serious mental illness" will be provided in accordance with State law. State law defines "serious mental illness" to mean schizophrenia, schizo-affective disorder, and bipolar mood disorder.
5. **TERMINATION** Kaiser may terminate the membership of a member who moves outside the Hawaii service area.

TO: ALL ACTIVE AND OTS RETIRED PARTICIPANTS – HAWAII TEAMSTERS HEALTH & WELFARE TRUST
RE: KAISER PLAN CHANGES, DENTAL CARE CENTERS OF HAWAII (DCCH), AND VISION CARE PROVIDER
AUGUST 2001
PAGE 2 OF 2

- 6. PRESCRIPTION DRUGS** Co-payment will increase from \$7.00 to \$8.00.
- ◆ **BRAND NAME OR NON-FORMULARY DRUGS** The Health Plan rates will be charged if a brand name drug that has a generic equivalent or a non-formulary drug is requested. These drugs are not covered under the Prescription Drug rider.

II. DENTAL CARE CENTERS OF HAWAII (DCCH)

Effective **SEPTEMBER 1, 2001**, office visit fee will increase from \$7.00 to **\$8.00**.

III. VISION CARE PROVIDER

Effective **JULY 1, 2001**, David S. Hironaga, O.D., a participating vision care provider, is now dispensing eyeglasses and contact lenses, in addition to rendering eye examinations at the following location:

**DOWNTOWN VISION CENTER
1157 BETHEL STREET
HONOLULU HI 96813
TELEPHONE: (808) 522-0700**

* * * * *