



HAWAII TEAMSTERS TRUST FUNDS

615 PIIKOI 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 26, 2003

**TO: ALL ACTIVE PARTICIPANTS OF THE HAWAII TEAMSTERS
HEALTH & WELFARE TRUST**

FROM: BOARD OF TRUSTEES

RE: KAISER PLAN AND VISION CARE PROVIDERS

I. KAISER PLAN CHANGES

Effective **SEPTEMBER 1, 2003**, unless otherwise stated, the Kaiser Plan will be changed as follows:

CO-PAYMENT

MEDICAL

1. Diagnostic Lab, X-ray and Radiology \$10.00 per department per day (formerly no charge)
2. Transplants
 - a. The 12-month wait period on heart-lung, lung, and simultaneous kidney-pancreas transplants has been eliminated.
 - b. Coverage for small bowel, and small bowel-liver transplants has been added.

PRESCRIPTION DRUG

1. Co-payment for 30-day supply \$9.00 (formerly \$8.00)
2. Co-payment for 90-day supply \$18.00 (formerly \$24.00)

As a reminder, a newborn delivered by a non-Kaiser Permanente physician at a non-Kaiser Permanente facility must be enrolled in the Kaiser Foundation Health Plan within 31 days of birth and meet all other enrollment requirements. In

To: All Active Participants of the Hawaii Teamsters Health & Welfare Trust
From: Board of Trustees
Re: Kaiser Plan and Vision Care Providers
August 26, 2003

addition, if a newborn is admitted to a non-Kaiser Permanente facility, Kaiser must be notified within 48 hours, or as soon as reasonably possible. The only services covered by Kaiser for a newborn at a non-Kaiser Permanente facility are emergency services or services referred by a Kaiser Permanente physician.

Effective **immediately**, Kaiser has made the following clarifications:

1. In vitro fertilization is not excluded for members who had had voluntary surgically induced sterility.
2. Support groups (such as for the bariatric surgery program) are not covered benefits.
3. Services that fall under the non-Kaiser Permanente emergency services benefit only include those services necessary before the member is stable for transfer to a Kaiser Permanente facility.
4. If you are called to active duty and wish to remain covered through USERRA (Uniformed Services Employment and Re-employment Rights Act of 1994), you must submit an USERRA election form to the Trust Office within 60 days after being called to active duty.
5. Drugs to shorten the duration of the common cold are excluded as a prescription drug benefit.

II. DCCH DENTAL PLAN

Effective **SEPTEMBER 1, 2003**, the office visit co-payment will increase from \$8.00 to **\$9.00**.

III. VISION CARE PROVIDERS

A. NEW PROVIDER

Effective **AUGUST 1, 2003**, a new vision care provider has been added under the Vision Care Program. The provider's name, address and telephone number are as follows:

To: All Active Participants of the Hawaii Teamsters Health & Welfare Trust
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August 26, 2003

SHERILYNE M. TARUMOTO, O.D.
SHERILYNE M. TARUMOTO, O.D., INC.
1040 SOUTH KING STREET #401
HONOLULU HI 96814
TELEPHONE: 593-0909

Effective **SEPTEMBER 1, 2003**, two new vision care providers have been added under the Vision Care Program. The providers' name, address and telephone numbers are as follows:

ROBERT K. ANCHETA, O.D.
ROBERT K. ANCHETA, INC.
3751-A HANAPEPE ROAD
HANAPEPE HI 96716
TELEPHONE: 335-9737

STEFAN BOURNAKEL, O.D.
DR. STEFAN BOURNAKEL OPTOMETRIST INC
275 WEST KAAHUMANU AVENUE #1010
KAHULUI HI 96732
TELEPHONE: 877-4766

B. CURRENT PROVIDER

Effective **immediately**, Dr. Seulyn Lee Au, O.D., has closed her Maui office, Dr. Au may still be seen at her other office location which include Ala Moana Center, Pearlridge Downtown, Windward Mall, and Kahala Mall.

You are still free to go to any licensed vision care provider of your choice and receive the Trust's allowance 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 Hawaii Teamsters Health & Welfare Trust Office at 847-0886; neighbor islands dial toll-free 1-866-727-8897.

REMINDER

To add a spouse or dependent child, you must submit proper documentation, in writing, to the Trust Office within 30 days of the date of marriage, birth, adoption, or placement of adoption. **If you do not add a dependent within this 30-day period, you will need to wait until the next open enrollment period to add any new dependents.**



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**TO: ALL OTS RETIRED PARTICIPANTS OF THE HAWAII TEAMSTERS
HEALTH & WELFARE TRUST**

FROM: BOARD OF TRUSTEES

RE: KAISER PLAN AND VISION CARE PROVIDERS

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