

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 31, 2004

To: ALL MEMBERS OF THE HAWAII TEAMSTERS HEALTH & WELFARE

TRUST FUND

FROM: BOARD OF TRUSTEES

The Kaiser Plan that was to be effective September 1, 2004, has been renegotiated. These renegotiations have resulted in Kaiser agreeing to the following changes effective September 1, 2004:

- 1. Hospital Inpatient Services at No Charge
- 2. Office co-pay at \$12.00
- 3. Lab & x-ray at \$12.00 per department per day
- 4. Prescription drug co-pay at \$10.00

A brief summary of the benefits of the renegotiated Kaiser Plan, E12, is provided on the following page. This Kaiser E12 Plan is in effect as of September 1, 2004.

As a result of these negotiations and the modifications to the proposed Kaiser Plan, you will have the opportunity to change healthcare plans.

If you decide to change healthcare plans, you have until Friday, September 17, 2004 to have a letter postmarked or telephone Nicole Solatorio at the Trust Fund Satellite Office located at 1817 Hart Street, Honolulu, HI 96819; telephone 847-0886, to notify her of your desire to change from the Comprehensive Plan to the Kaiser E12 Plan or from the Kaiser E12 Plan to the Comprehensive Plan.

If you would like to stay in the health plan you are currently enrolled in, you do not need to contact the Trust Fund Satellite office. Contact the Trust Fund Satellite Office only if you would like to change medical healthcare plans.

If you do change healthcare plans, your enrollment in your new healthcare plan will begin October 1, 2004. Your healthcare benefits for the month of September 2004 will be provided under the healthcare plan you selected during the recent (July 2004) open enrollment period. As stated above, if you selected Kaiser as your healthcare plan, your benefits will be provided under the Kaiser E12 Plan, effective September 1, 2004.

To: FORMER KAISER PLAN MEMBERS WHO SWITCHED TO THE COMPREHENSIVE

PLAN DURING THE RECENT OPEN ENROLLMENT

FROM: HAWAII TEAMSTERS HEALTH & WELFARE TRUST FUND

August 31, 2004

PAGE 2

PREPARED FOR HAWAII TEAMSTERS & ALLIED WORKERS LOCAL 996 HEALTH & WELFARE TRUST KAISER E12 PLAN

Brief Summary of Benefits

Brief Sufficially Of Bellefits	
BENEFITS	TEAMSTERS H & W TRUST KAISER PLAN E12 (9/04 - 8/05)
ANNUAL COPAYMENT MAXIMUM	\$1,500 per person \$4,500 per family (3 or more)
	MEMBER PAYS
PHYSICIAN SERVICES	
Office Visits	\$12 per visit
HOSPITAL INPATIENT SERVICES	
Room & Care	No Charge
SURGICAL SERVICES	
Outpatient	\$15 per visit
DIAGNOSTIC LAB	\$12 co-payment per day
X-RAY AND RADIOTHERAPY	\$12 co-payment per day
MATERNITY SERVICES	
Outpatient	\$15 per visit
MENTAL ILLNESS /ALCOHOL OR DRUG DEPENDENCE SERVICES	
Inpatient (30 days per calendar year)	20% of applicable charges
Outpatient (for the 1 st – 24 th visit)	20% of applicable charges
SKILLED NURSING FACILITY	No Charge First Sixty (60) Days
HOSPICE CARE SERVICES	No Charge First Sixty (60) Days
OUTPATIENT DRUGS	\$10 co-payment