

December 10, 2007

TO: All Active Participants of the
Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

SUBJECT: COMPREHENSIVE MEDICAL PLAN, VISION CARE PROGRAM AND
CHIROPRACTIC BENEFITS

I. COMPREHENSIVE MEDICAL PLAN

A. Summary Plan Description (SPD) Correction

The "Physician Services" benefit section on page 31 of your SPD for Actives dated May 2007 shall read as follows:

SURGERY
Inpatient or Outpatient

PARTICIPATING PROVIDER

You owe a copayment of 10%
of Eligible Charges

B. 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. 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.

II. VISION CARE PROGRAM

A. Terminated Providers

Effective immediately, the following vision care providers are no longer participating under the vision care program:

1. Hawaiian Eye Land - terminated October 1, 2007
2. Nelson O. Yoshioka, Jr., O.D. - terminated November 12, 2007

You are free to use any licensed care provider of your choice and receive the Trust'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 listing of participating vision care providers, please contact the Trust Office.

III. CHIROPRACTIC BENEFITS (CHIROPLAN HAWAII)

Effective January 1, 2008, chiropractic benefits through ChiroPlan Hawaii has been added to the plan for all active members and their eligible dependents. The following chiropractic services will be available:

	<u>COPAYMENT/ PLAN ALLOWANCE</u>
• Initial Office Visit (First visit)	\$20.00 Copayment per visit
• Subsequent (follow-up) visits	\$15.00 Copayment per visit
• X-Rays (limited to one (1) series of film per body region per plan year)	Plan pays up to \$100.00 per plan year
• Maximum visits per calendar year	24 visits

Benefits are available only if services are received from a ChiroPlan Hawaii network provider. Chiropractic services must be therapeutically necessary, as determined by ChiroPlan Hawaii, in order to be a covered benefit. Preventive or maintenance care is not a covered service under the Plan.

How to Use the Plan:

1. To schedule an appointment, contact a ChiroPlan Hawaii provider of your choice and identify yourself as a Hawaii Teamsters Health and Welfare Trust member. A referral from a medical doctor is not required.
2. When you receive services from a ChiroPlan Hawaii network provider, you pay the provider a \$20.00 copayment for the first office visit and a \$15.00 copayment for follow-up visits thereafter, up to a maximum of 24 visits per calendar year. No copayment will be required for covered x-rays up to the plan limits stated above.

How to contact ChiroPlan Hawaii:

For assistance in finding a ChiroPlan Hawaii provider in your area, contact the ChiroPlan Hawaii office at 621-4774 on Oahu or for the neighbor islands, call toll free at 1 (800) 484-8845. You may also visit their website at www.chiroplanhawaii.com to obtain a provider listing.

Should you have any questions regarding the above changes or need assistance regarding your coverage, please contact the Hawaii Teamsters Health and Welfare Trust Office at (808) 523-0199 on Oahu, or for neighbor islands, toll free at (866) 528-9677.

Southwest Service Administrators, Inc.

Service Is Our Middle Name

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