

HAWAII TEAMSTERS TRUST FUNDS

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Hawaii Truckers-Teamsters Union Pension Plan Teamsters Health & Welfare Trust Fund

Teamsters Legal Services Plan Teamsters Training and Opportunity Program

March 25, 2003

To:

ALL PARTICIPANTS OF THE HAWAII TEAMSTERS HEALTH & WELFARE

TRUST ELIGIBLE FOR THE INDEMNITY PRESCRIPTION DRUG PLAN

RESIDING OUTSIDE THE STATE OF HAWAII

FROM:

BOARD OF TRUSTEES

SUBJECT:

INDEMNITY PRESCRIPTION DRUG PLAN

MAIL ORDER PROGRAM

Effective April 1, 2003, mail order prescriptions covered under the Indemnity Prescription Drug Plan will be filled through Caremark Pharmacy, a Hawaii-based Mail Order pharmacy located in Kailua, Oahu.

To use the Caremark Mail Order program:

Step 1: Obtain a new p

Obtain a new prescription from your doctor.

Step 2:

Fill out the attached Caremark Mail Order form.

Step 3:

Enclose your prescription and complete the credit card billing area or enclose a check for your co-payment (\$6 for generic or \$18 for brand name drug). Note: If you are not sure whether your prescription is a generic or a brand name drug, call HMA

prescription is a generic or a brand name drug, call HMA.

Step 4:

Mail these items in the pre-addressed Caremark envelope.

Step 5:

For first-time prescriptions, Caremark will mail your prescription to you within ten (10) days after receiving your order and check. For

refills, Caremark will mail your order within five (5) days.

To: ALL PARTICIPANTS OF THE HAWAII TEAMSTERS HEALTH & WELFARE TRUST

ELIGIBLE FOR THE INDEMNITY PRESCRIPTION DRUG PLAN RESIDING OUTSIDE THE

STATE OF HAWAII

RE: INDEMNITY PRESCRIPTION DRUG PLAN

MAIL ORDER PROGRAM

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If you have any questions on the above change or need a Caremark Mail Order form, contact the HMA Honolulu office, toll-free at 1-(866)-377-3977. If you have further questions, contact the Trust Fund office, toll-free at 1-(866) 727-8897.