



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

SEPTEMBER 2002

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

FROM: BOARD OF TRUSTEES

RE: KAISER PLAN CHANGES AND VISION CARE PROVIDERS

I. KAISER PLAN CHANGES

Effective **September 1, 2002**, unless otherwise stated, the Kaiser Plan will be changed as follows:

A. MEDICAL PLAN

CO-PAYMENT

- | | |
|---|--|
| 1. Office visits to receive travel immunizations | \$10.00 per visit
(formerly not covered) |
| 2. Emergency services from non-Kaiser Permanente physicians | |
| a. Within Hawaii service area | \$25.00 per visit
(Formerly 20% of charges) |
| b. Outside of Hawaii service area | 20% of charges
(No change) |
| 3. Diabetes equipment and diabetes supplies prescribed by Kaiser Permanente physician and on Health Plan formulary (effective July 1, 2001) | 50% of charges
(formerly not covered) |

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B. PRESCRIPTION DRUG PLAN

CO-PAYMENT

- | | |
|-----------------------------|-------------------------|
| 1. Travel immunizations | |
| a. Oral immunizations | \$8.00 per prescription |
| b. Injectable immunizations | 50% of charges |

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 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 changes and clarifications:

1. Physical exams required by outside agencies (such as those for parole or on court order) are not covered.
2. Take home supplies (such as bandages, antiseptics, and gauze) are not covered.
3. Transportation (other than covered ambulance services), lodging, and living expenses are not covered.
4. Outpatient surgery and procedures performed in the ambulatory surgery center, ambulatory surgery room, same day surgery, and operating room are provided upon the payment of the applicable office visit charge per visit, which is currently \$10.00.
5. Abortion drug are covered according to the abortion benefit under the Medical Plan and not the Prescription Drug Plan.
6. Drugs to enhance athletic performance are not covered.
7. Air ambulance is only covered when it is for the purpose of transporting a member to receive medically necessary acute care and the member's condition requires air ambulance services for safe transport.

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8. Skilled nursing facility (SNF) coverage is limited to 60 days per Benefit Period regardless if those services are received from a SNF or other facility (such as a hospital).
9. Members who move outside the Hawaii service area only have coverage for emergency services. If a member visits another Kaiser Permanente Region for less than 90 consecutive days, coverage may be available under Kaiser's visiting member program.
10. Coverage for implanted internal prosthetics, devices, and aids is available at 50% of charges.

II. VISION CARE PROVIDERS

A. NEW PROVIDERS

Effective **OCTOBER 1, 2002**, two (2) new vision care providers have been added under the Vision Care Program. Their name, address and telephone number and type of service available are as follows:

1. Family Vision Care, Inc.
(Kibert T. Kato, O.D.)
563 Farrington Highway #205
Kapolei HI 96707
Telephone: 693-8789
2. Nelson O. Yoshioka, Jr., O.D., Inc.
(Cheryl C. Niitani, O.D., Sherilyne M. Tarumoto, O.D., Nelson O.
Yoshioka, Jr., O.D.)
850 Kamehameha Highway #114
Pearl City HI 96782
Telephone: 455-3333

The providers will render eye examinations and dispense eyeglasses and contact lenses. The only co-payments payable by participants would be for contact lenses and non-covered items.

B. CURRENT PROVIDERS

Effective **immediately**, the following vision care provider has the following changes:

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1. Drs. Kubo & Sato, O.D., has opened two (2) new offices, which are located in Honolulu. The three (3) office locations are as follows:
 - a. 94-1231 Ka Uka Boulevard
Waipahu HI 96797
Telephone: 678-1987
 - b. 525 Alakawa Street
Honolulu HI 96817
Telephone: 526-6101
 - c. 333 A Keahole Street
Honolulu HI 96825
Telephone: 395-6578

You are still free to go to any licensed vision 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 cost for covered services. For a complete list of participating vision care providers, contact the Hawaii Teamsters Health & Welfare Trust Office at 847-0886.

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