

September, 2010

TO: Active Participants and OTS Retirees and Spouses
Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

SUBJECT: Gentle Dental, Self-Funded Comprehensive Medical Plan, Self-Funded Prescription Drug Plan, Pacific Guardian Life, and Vision Care Program

The Board of Trustees, at their meeting of August 6, 2010, adopted the following changes:

I. Gentle Dental

Laboratory Fee Schedule "B" which applies to a member with less than 24 months of continuous enrollment under the Gentle Dental Plan has been increased 7% per year over the next two (2) years.

A copy of Laboratory Fee Schedule "B" can be obtained by calling the Trust office for those participants enrolled in the Gentle Dental Plan.

II. Self-Funded Comprehensive Medical Plan

In accordance with the Mental Health Parity and Addiction Equity Act of 2008, **effective September 1, 2010**, the following Comprehensive Medical Plan Mental Illness and Alcohol or Drug Dependence benefit limitations will change as follows:

- A. The maximum of 30 days per calendar year for hospital and facility services for mental illness and alcohol or drug dependence is removed. Hospital and facility services for mental illness and alcohol or drug dependence are included in the hospital inpatient services maximum of 365 days per calendar year for all covered services.
- B. The maximum of 30 inpatient visits per calendar year for mental illness and alcohol or drug dependence is removed. An inpatient visit for mental illness and alcohol or drug dependence is included in the physician services maximum of one (1) visit per day for an inpatient admission.
- C. The maximum of 12 outpatient visits per calendar year for mental illness and alcohol or drug dependence is removed, and there is no longer a limitation on outpatient visits per calendar year.

- D. The maximum of 30 inpatient psychological testing sessions for mental illness and alcohol or drug dependence is removed. An inpatient psychological testing session for mental illness and alcohol or drug dependence is included in the physician services maximum of one (1) visit per day for an inpatient admission.
- E. The maximum of 12 outpatient psychological testing sessions for mental illness and alcohol or drug dependence is removed, and there is no longer a limitation on outpatient visits per calendar year.
- F. The maximum of two (2) treatment episodes per lifetime for alcohol or drug dependence treatment is removed, and there is no longer a limitation on the number of treatment episodes per lifetime.

In addition, **effective September 1, 2010**, the Comprehensive Medical Plan no longer requires prior authorization for non-inpatient Mental Health/Substance Abuse Services. However, the Plan still requires prior authorization for all inpatient admissions, including those for Mental Health/Substance Abuse Services. Failure to obtain prior authorization may result in a reduction of benefits. To obtain prior authorization, you or your physician may contact the HMA Health Services Department at (808) 951-4621, or for neighbor islands, toll free at 1 (866) 377-3977.

The above revises the sections entitled, “**Authorizations and Requirements**” and “**Mental Illness and Alcohol or Drug Dependence Services**” of the Summary Plan Description dated May 2007 for Actives and of the Summary Plan Description dated April 2009 for OTS Retirees.

III. Self-Funded Prescription Drug Plan

The following is a correction to the Mail Order Program section of the notice issued to you in March 2010:

Effective immediately, in addition to the Walgreens Mail Order Program, the CVS Longs Drugs Mail Order Program is available for a **60-day supply** (not a 90-day supply) of maintenance prescription drugs with a generic drug copayment of \$6.00 and a brand name copayment of \$18.00.

IV. Pacific Guardian Life

The following is a correction to the Life Insurance Benefits (administered by Pacific Guardian Life) section of the Summary Plan Description dated May 2007 for Actives:

Coverage

If you are eligible for life insurance benefits, you will be covered for life insurance in accordance with the following schedule:

	<u>Benefit Amount</u>
Active employees (other than OTS non-clerical).....	\$2,000
Active employees - OTS non-clerical	\$4,000

V. Vision Care Program

Current Provider

The office phone number of Nelson Iwata, O.D., Inc., a current participating provider, has changed to (808) 739-6011, **effective immediately**.

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.

REMINDER

All vision claims must be filed within 90 days from the date of service.

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust office at 523-0199, or for neighbor islands, call toll free at 1-866-772-8989.