

# HAWAII TEAMSTERS TRUST FUNDS

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Hawaii Truckers- Teamsters Health & Teamsters Legal Teamsters Training  
Teamsters Union • Welfare Trust Fund • Services Plan • and Opportunity  
Pension Plan Program

August 31, 2007

TO: All OTS Retirees and Spouses  
Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

SUBJECT: KAISER HEALTH PLAN & SENIOR ADVANTAGE AND SELF-FUNDED  
VISION CARE BENEFITS

## I. KAISER HEALTH PLAN

Effective September 1, 2007, the Kaiser Health Plan changes are as follows:

### A. MEDICAL

1) Oral travel immunizations will no longer be a covered benefit.

### B. SENIOR ADVANTAGE (Retirees & Spouses Ages 65 and Over)

1) Outpatient Prescription Drugs

- a. For Senior Advantage members with Part D, your coverage levels and copayments have changed as follows:
- **Initial Coverage Level.** At the start of 2007, and while the total cost of your Part D covered drugs (paid by you and Kaiser Permanente) is less than \$2,400, you will pay a \$10 copayment for generic drugs on our formulary and \$40 copayment for brand-name drugs on our formulary. One copayment covers oral and injectable drugs based on the prescription quantity or a 30-day supply, whichever is less. There is no deductible.
  - **Coverage Gap.** During 2007, if the total cost of your Part D covered drugs (paid by you and Kaiser Permanente) reaches \$2,400 you will pay full price for generic and brand-name drugs on our formulary. (For example, if the Kaiser Permanente member price for a prescription is \$49.95, you will pay the full price of \$49.95).
  - **Catastrophic Coverage.** During 2007, when you have paid \$3,850 out-of-pocket for Part D covered drugs, you will pay a copayment of \$4.00 per prescription for generic drugs on our formulary and \$10.00 per prescription for brand-name drugs on our formulary for the rest of 2007.
- b. Medicare Part D will no longer be covering drugs used for the treatment of sexual dysfunction.

## II. SELF-FUNDED VISION CARE BENEFITS

Effective September 1, 2007, the self-funded vision care allowances will increase as follows:

|                               | <u>Current</u> | <u>Effective<br/>09/01/07</u> |
|-------------------------------|----------------|-------------------------------|
| <b>Eye Examinations</b>       |                |                               |
| Ophthalmologist (M.D.)        | \$ 41.00       | \$ 45.00                      |
| Optometrist (O.D.)            | \$ 41.00       | \$ 45.00                      |
| <b>Appliances</b>             |                |                               |
| Single Vision Lenses & Frames | \$ 88.00       | \$ 90.00                      |
| Multifocal Lenses & Frames    | \$105.00       | \$110.00                      |
| Frames Only                   | \$ 38.00       | \$ 40.00                      |
| Contact Lenses                | \$105.00       | \$110.00                      |

You are free to use any licensed vision care provider of your choice and receive the Trust Fund'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 Trust Office.

**REMINDER:**

*All vision care claims must be filed within 90 days from the date of service. Any claims filed after the 90-day period will be denied.*

Should you have any questions regarding any of the above changes, please call the Trust Office at \_\_\_\_\_.