

HAWAII TEAMSTERS HEALTH & WELFARE TRUST

Benefit and Risk Management Services

560 N. Nimitz Highway, Suite 209

Honolulu, HI 96817-5315

February 2009

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

FROM: Board of Trustees

**SUBJECT: SUMMARY PLAN DESCRIPTION, COMPREHENSIVE MEDICAL
PLAN AND VISION CARE PROGRAM**

I. SUMMARY PLAN DESCRIPTION

A. If Hospitalized On the Effective Date

Effective September 1, 2008, the language entitled "If Hospitalized on Effective Date" on page 44 of the Supplemental Health Plan for OTS Retirees Summary Plan Description dated April 2000, has been revised as follows:

"If you are confined in a hospital or other inpatient facility on your effective date (i.e., the day on which your coverage under this Plan begins) and you had no other health insurance or coverage prior to this coverage, the Plan will cover the confinement from your effective date of eligibility under this Plan. However, if you had other insurance or coverage immediately prior to your effective date under this Plan which extends coverage for any services, to include hospitalization or other inpatient facility services, the Plan will provide coordination of benefits with your existing coverage until the termination of your existing coverage. Thereafter, the Plan will provide primary coverage in accordance with the plan document and plan of benefits."

II. COMPREHENSIVE MEDICAL PLAN

A. Mental Illness and Alcohol or Drug Dependence Services

Effective January 1, 2009, Marriage and Family Therapists will be added as an eligible provider for "Mental Illness and Alcohol or Drug Dependence Services".

III. VISION CARE PROGRAM

A. New Vision Care Provider

Effective April 1 2009, the following vision care provider will be added as a participating provider under the vision care program. The provider's name, address, telephone number and type of services available are as follows:

Provider's Name & Address

Fong Eyecare Center, LLC
725 Kapiolani Boulevard, Suite C204
Honolulu, Hawaii 96813
Phone: (808) 593-8939

Services Available

Eye Examinations,
Eyeglasses,
Contact Lenses and
Therapeutic
Pharmaceutical Agents

You are free to use any licensed care provider of your choice and receive the Trust's allowance 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 care claims must be received within 90 days from date of service.

Should you have any questions regarding the above changes, please contact the Trust Office at (808) 523-0199 on Oahu, or for neighbor islands, call toll free at 1-866-772-8989.