# HAWAII TEAMSTERS TRUST FUNDS

560 N. NIMITZ HIGHWAY, SUITE 209 – HONOLULU, HAWAII 96817 PHONE: TRUST OFFICE (808) 842-0392 – ADMINISTRATIVE OFFICE (808) 523-0199 FAX (808) 523-5933 – NEIGHBOR ISLANDS TOL FREE 1 (866) 7728989

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

Teamsters Legal Services Plan Teamsters Training and Opportunity Program

July 2011

TO: All Active Participants and Retirees Under Age 65

**Enrolled in the Kaiser Health Plan** 

Hawaii Teamsters Health and Welfare Trust

**FROM:** Board of Trustees

SUBJECT: Self-Funded HMO Plan (through Queen's Health Systems)

## IMPORTANT NOTICE

The Board of Trustees, at their meeting of May 6, 2011, acted to replace the Kaiser Health Plan with a Self-Funded HMO Plan (through Queen's Health Systems), **effective**September 1, 2011. All participants enrolled in the Kaiser Health Plan prior to September 1, 2011 will automatically be enrolled in the Self-Funded HMO Plan effective September 1, 2011, provided you continue to be eligible in the Hawaii Teamsters Health and Welfare Trust.

Enclosed please find a brief summary comparison of the medical and prescription drug benefits between the Self-Funded HMO Plan and the Teamsters Kaiser Health Plan for your use.

Services are available through the Queen's network of facilities and contracted physicians. If you obtain services from a non-contracted provider, there is no coverage.

The medical benefits of the Self-Funded HMO Plan (through Queen's Health Systems) will be administered by HMA, Inc. A Provider Directory by Island is enclosed for your assistance in finding a new Primary Care Physician. For questions regarding the Self-Funded HMO Plan please contact:

#### HMA, Inc.

1440 Kapiolani Boulevard, Suite 1020 Honolulu, Hawaii 96814

### **HMA Connection Line (enclosed)**

Telephone: 951-4641 or 1 (877) 384-2875 (toll free)

Website: <u>www.teamsters-hma.com</u>
Email: <u>teamsters@imxinc.com</u>

The prescription drug benefits of the Self-Funded HMO Plan will be administered by Catalyst Rx. Enclosed is the Participating Pharmacy Directory for your use. If you have any questions regarding your prescription drug benefits, please contact:

#### **Catalyst Rx**

1600 Kapiolani Boulevard, Suite 1322 Honolulu, Hawaii 96814

#### **Catalyst Rx Customer Service**

Telephone: 1 (888) 869-4600 Website: <u>www.catalystrx.com</u>

A new membership identification card will be mailed to you by August 15, 2011.

To release your medical records from Kaiser, please complete the enclosed Kaiser Permanente "Authorization for Release of Protected Health Information Form". After reviewing the Self Funded HMO Directory, you will need to designate a new Primary Care Physician to send your medical records. Once chosen, please provide the Physician's name on the "Authorization for Release of Protected Health Information Form" and forward to: 1) your current Primary Care Physician; or 2) Kaiser Moanalua Medical Center Business Services. Kaiser will require the authorization form be signed in front of their representative along with a valid ID. In addition, please notify HMA, Inc. of your new Primary Care Physician. The estimated time to release medical records is three weeks; therefore your prompt attention in executing this form will expedite your transition. Medical records sent directly to your new Primary Care Physician will be at no cost; however should you request your records be provided to you; there will be a cost per page assessed to you by Kaiser.

Should you have any questions regarding your coverage, please contact the Trust office:

Teamsters Satellite Office: (808) 842-0392 Main Office: (808) 523-0199 Neighbor Island: (866) 772-8989