HAWAII TEAMSTERS TRUST FUNDS

1221 KAPIOLANI BLVD., SUITE 6C - HONOLULU, HAWAII 96814-3513 PHONE: TRUST OFFICE (808) 847-0886 - ADMINISTRATIVE OFFICE (808) 523-0199 FAX (808) 523-5933-NEIGHBOR ISLANDS TOLL FREE 1 (866) 528-9677

Hawaii Truckers-Teamsters Union Pension Plan

Teamsters Health & Welfare Trust Fund

Teamsters Legal Services Plan Teamsters Training and Opportunity Program

May 29, 2007

TO:

All Actives and OTS Retirees

Hawaii Teamsters Health & Welfare Trust

FROM:

Board of Trustees

SUBJECT:

HUMAN PAPILLOMA VIRUS (HPV) IMMUNIZATION AND VISION CARE

PROVIDERS

I. HUMAN PAPILLOMA VIRUS (HPV) IMMUNIZATION

Effective May 1, 2007, the Human Papilloma Virus (HPV) Quadrivalent vaccine will be added as a covered benefit under the plan only when the first dose is administered to an 11 to 12 year old girl, with the second or third dose administered prior to 13 years of age.

Under all other circumstances, this immunization will not be eligible for coverage under the plan.

II. VISION CARE PROVIDERS

<u>Effective immediately</u>, the following vision care providers are no longer participating or practicing in the State of Hawaii:

- 1. Stefan Bournakel, O.D.
- 2. Darryl Kunimura, O.D.
- 3. Elaine Icban, O.D.

Effective May 1, 2007, two (2) new vision care providers will be added under the vision care program. The name, address, telephone number and types of services available for these providers are as follows:

PROVIDER NAME AND ADDRESS

SERVICES AVAILABLE

 Dream vision dba Dream Vision Eye Care 1221 Kapiolani Boulevard, Suite 120 Honolulu, Hawaii 96814

Phone: (808) 596-4445

Eye Examinations, Eye Glasses, Contact Lenses



 Glenn P. Belisle, O.D. dba Kauai Optometric Center 901 Kuhio Highway, Suite B Kapaa, Hawaii 96746 Phone: (808) 822-3733

Eye Examinations, Eye Glasses, Contact Lenses

4414 Kukui Grove Street, Suite 101 Lihue, Hawaii 96766 Phone: (808) 245-6811

You are free to use 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 costs for covered services. For a complete list of participating vision care providers, contact the Trust office.

REMINDER:

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

Should you have any questions regarding the above changes or need assistance with your coverage, please contact the Trust Office at (808) 523-0199 or for neighbor islands, toll free at 1 (866) 528-9677.