

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

August 31, 2007

**TO:** All Active Participants  
Hawaii Teamsters Health and Welfare Trust

**FROM:** Board of Trustees

**SUBJECT:** SELF-FUNDED PRESCRIPTION DRUG, SELF-FUNDED, SELF-FUNDED MEDICAL PLAN, KAISER HEALTH PLAN, HAWAII DENTAL SERVICE PLAN, GENTLE DENTAL PLAN AND SELF-FUNDED VISION CARE BENEFITS

## I. SELF-FUNDED PRESCRIPTION DRUG

Effective immediately, the "**Point of Service Program**" on Page 57 (copayment section) of your Summary Plan Description (SPD) for Actives dated May 2007 is revised as follows:

	For Islands <u>with</u> a <u>Central Fill Program</u>	For Islands <u>without</u> a <u>Central Fill Program</u>	
Generic Drugs	\$ 5.00	\$ 4.00	\$ 5.00
Brand Name Drugs	\$15.00	\$12.00	\$15.00
Days Supply	15 Days*	21 Days*	30 Days*

\* For prescription drugs that can only be dispensed in "unbreakable" packages, (e.g., creams, ointments, certain inhalers), the days supply limit shall be equivalent to the package size days supply, not to exceed a 30-day supply, with a single copayment charged to the member.

## II. SELF-FUNDED COMPREHENSIVE MEDICAL PLAN

A. Effective September 1, 2007, the Meningococcal vaccine will be added as a covered immunization under the plan for dependents from the age of 11 years old. Those younger than 11 years old, who are at increased risk due to immune compromise or other disorders, will require prior authorization.

B. Effective September 1, 2007, the Rotavirus vaccine will be added as a covered immunization under the plan when the first dose of the vaccine is administered to an infant by 12 weeks of age and the remaining two (2) doses of the vaccine is administered by 32 weeks of age.

### III. KAISER HEALTH PLAN

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

#### A. MEDICAL

- 1) Injectable travel immunizations will no longer be a covered benefit. (*Note: Office visits to receive travel immunizations remains covered at your applicable office visit copayment*)
- 2) Oral travel immunizations will no longer be a covered benefit.

### IV. HAWAII DENTAL SERVICE (HDS)

Effective September 1, 2007, the HDS plan design converts to the Evidenced Base Plan benefits. The changes are as follows:

#### A. X-RAY LIMITATIONS

- |                     |  |
|---------------------|--|
| 1) Bitewing X-rays: | Two (2) through age 14 and one (1) per calendar year thereafter. ( <i>Formerly twice per calendar year for all members</i> ) |
| 2) Full mouth X-ray | Once every five years for all members ( <i>Formerly once every three years for all members</i> )                             |

#### B. FLUORIDE

- |                     |   |
|---------------------|---|
| 1) Fluoride Varnish | Once per calendar year; limited to patients who are at high risk of caries due to root exposure, dry mouth syndrome, history of radiation therapy or other conditions as documented by the dentist. ( <i>Formerly not covered</i> ) |
|---------------------|---|

#### C. CLEANINGS/PERIODONTAL

- |                      |   |
|----------------------|---|
| 1) Diabetic Patients | Two (2) additional cleanings or periodontal maintenance per year. |
| 2) Expectant Mothers | One (1) additional cleaning or periodontal maintenance per year.  |

#### D. IMPLANTS

- |                       |  |
|-----------------------|--|
| 1) Endosteal Implants | The plan will recognize endosteal implants as an alternative benefit to a 3-unit bridge under prosthodontic benefits. Dental implants are tooth-root replacements that are surgically placed in the jaw. The plan benefit will be limited to the reimbursement of a 3-unit bridge and the member's annual plan maximum will also apply. The member will be responsible for any |
|-----------------------|--|

**V. GENTLE DENTAL PLAN (formerly DCCH)**

Effective September 1, 2007, the Gentle Dental Plan will be revised as follows:

- A. OFFICE VISITS \$10.00 co-payment per office visit.  
(Formerly \$9.00 co-payment per office visit)

During the month of September 2007, all members enrolled under Gentle Dental will have the option to change to Hawaii Dental Service (HDS), to be effective October 1, 2007. If you would like to change to Hawaii Dental Service (HDS), please contact the Trust Fund office no later than September 30, 2007.



**VI. SELF-FUNDED VISION CARE BENEFITS**

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

	<u>Current</u>	<u>Effective as of</u> <u>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 the 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 Contact the Trust office at (808) 523-0199 or for neighbor islands, toll free at 1 (866) 528-9677.