

HAWAII TEAMSTERS HEALTH & WELFARE TRUST

Benefit and Risk Management Services

560 N. Nimitz Highway, Suite 209

Honolulu, HI 96817-5315

February 2009

TO: All Active Participants of the
Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

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

I. SUMMARY PLAN DESCRIPTION

A. Eligible Dependents

Effective September 1, 2008, the language for dependent full-time student coverage on Page 19, Paragraph 3, of the Summary Plan Description for Actives dated May 2007, has been revised as follows:

“Dependent children who are full-time students will continue to be covered for medical, prescription drug (if applicable), vision (if applicable), and dental benefit from ages 19 through 23, provided coverage is continuous. Dependent children of newly hired employees who were covered under the employee’s plan immediately preceding coverage under the Trust will be covered for medical, prescription drug (if applicable), vision (if applicable) and dental benefits from ages 19 through 23, provided coverage is continuous and satisfactory proof of prior coverage is submitted to the Trust within 30 days of eligibility. Once a break in coverage occurs due to marriage, temporarily ceasing to be a full-time student, etc., a dependent child is no longer eligible to be covered as a dependent. To obtain such coverage, you must provide the Trust Office with 1) the name and age of each dependent student and 2) the name of the school, college or university that the student is attending by completing a student certification. In addition, the school, college or university must submit certification that the student is a full time student within 45 days after the beginning of each semester.”

B. If Hospitalized On the Effective Date

Effective September 1, 2008, the language entitled “If Hospitalized on Effective Date” on page 51 of the Summary Plan Description for Actives dated May 2007, 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. HDS DENTAL PLAN

Effective January 1, 2009, the annual plan maximum for dental benefits was increased to \$1,500.00 per person per calendar year (formerly \$1,250.00 per person per calendar year).

IV. 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:

<u>Provider’s Name & Address</u>	<u>Services Available</u>
Fong Eyecare Center, LLC 725 Kapiolani Boulevard, Suite C204 Honolulu, Hawaii 96813 Phone: (808) 593-8939	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.