

February, 2011

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

FROM: Board of Trustees

SUBJECT: Self-Funded Comprehensive Medical Plan, Self-Funded Prescription Drug Plan, and VSP Advantage Plan

I. Self-Funded Comprehensive Medical Plan

Effective March 1, 2011, the Eligible Charge for all out-of-state services shall not exceed 150% of the Hawaii Eligible Charges for the same services. This Eligible Charge limit applies to all participating and non-participating providers.

Effective March 1, 2011, all non-emergency out-of-state services require prior authorization. Under the Care Management Program, the member or his referring physician must call the HMA Health Services Department at 951-4621 (Neighbor Islands call toll free 1-866-377-3977) for out-of-state hospital admissions, services, or procedures before the services are received.

Failure to obtain prior authorization or if a member chooses to use a non-participating provider, the claim will be treated as a service from a non-participating provider, resulting in a lower plan payment (i.e. 80% instead of 90% of an Eligible Charge). The charges of a non-participating provider may be higher than the Eligible Charges of a participating provider, and the employee or dependent is responsible for the difference of the billed charges from the Eligible Charges.

For emergency or maternity admissions, you must notify the HMA Health Services Department within 48 hours or by the next working day, as stated on pages 28-29 of your Teamsters summary plan description (SPD) booklet dated May 2007 for Actives or on pages 24-25 of your Teamsters SPD booklet dated April 2009 for OTS Retirees.

II. Self-Funded Prescription Drug Plan

Effective immediately, Foodland pharmacies were added as participating pharmacies to the Central Fill and Point of Service networks. There are a total of six (6) designated Foodland pharmacies (2 on Oahu and 4 on the neighbor islands) that can assist you with filling your acute and maintenance prescriptions and refills.

For a complete listing of the participating pharmacies, please contact the Trust Office.

III. VSP Advantage Plan

The Board of Trustees, at their meeting of November 12, 2010, approved to replace the Self-Funded Vision Care Plan (administered by HMA) with the VSP Advantage Plan, **effective March 1, 2011**. The VSP Advantage Plan coverage is as follows (see attached summary of the VSP Advantage Plan):

	VSP In Network Schedule <u>You Pay</u>	VSP Out of Network Allowance Schedule <u>Plan Pays</u>
Eye Examination	\$10 copay	\$45
Single Vision Lenses	No copay	\$50
Bifocal Lenses	No copay	\$70
Trifocal Lenses	No copay	\$70
Frame	80% of charge in excess of \$90 allowance	\$40
Contact Lenses	Charges in excess of \$110 allowance	\$110

You do not need a member identification card to use the VSP plan. Simply advise the participating VSP doctor that you have VSP through the Trust.

Also, attached is the VSP Vision Care Advantage Network Doctor List. For a current provider listing please visit www.vsp.com or contact VSP's customer service:

VSP Customer Service

Telephone: 1-800-877-7195 (toll free)

Hours: Monday-Friday 5:00am-7:00pm PST

Saturday 7:30am-2:30pm PST

Should you have any questions regarding the above changes or need assistance with your coverage, please contact the Trust Office at 523-0199, or for neighbor islands, call toll free at 866-772-8989.