

HAWAII TEAMSTERS HEALTH AND WELFARE TRUST

Southwest Service Administrators, Inc.

1221 Kapiolani Blvd., Suite 6C

Honolulu, Hawaii 96814-3513

www.southwestservicetpa.com

July 21, 2008

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

FROM: Board of Trustees

SUBJECT: HAWAII DENTAL SERVICE (HDS)

I. HDS DENTAL PLAN MAXIMUM

Effective July 1, 2008, the dental plan maximum amount for dental benefits will increase from \$1,000.00 per person to \$1,250.00 per person per calendar year.

Should have any questions, please contact the Trust Fund Office at 808-523-0199 or Toll Free 1(866) 528-9677.

Southwest Service Administrators, Inc.

Service Is Our Middle Name

808-523-0199 • Toll Free: 866-528-9677 • Fax: 808-523-5933 • www.southwestservicetpa.com

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

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

FROM: Board of Trustees

SUBJECT: VISION CARE PROVIDERS

I. VISION CARE PROVIDER

A. Current Vision Care Provider

Effective immediately, Dr. Dewey W.K. Tom has relocated his office from 45-939 Kam Highway, Kaneohe, to the following address:

45-955 Kam Highway
Kaneohe Bay Plaza, Suite 104
Kaneohe, Hawaii 96744
Telephone: (808) 247-3063

B. New Vision Care Providers

Effective July 1, 2008, the following vision care providers will participate with the Hawaii Teamsters Health & Welfare Trust Fund:

<u>Provider's Name & Address</u>	<u>Services Available</u>
1. Timothy Lee, M.D. and Layne Hashimoto, O.D. dba Eye Care Center of Kauai, Inc. 4366 Kukui Grove Street, Suite 101 Lihue, Hawaii 96766 Phone: (808) 246-0051	Eye Examinations Eyeglasses Contact Lenses
2. Thomas H. Maeda, Jr., M.D., Inc. Kuakini Medical Plaza, Suite 707 321 North Kuakini Street Honolulu, Hawaii 96817 Phone: (808) 528-2828	Eye Examinations Eyeglasses Contact Lenses
3. Todd Nakagawa, O.D. Family Eye Care Associates-Kapolei 1001 Kamokila Boulevard, Suite 1058 Kapolei, Hawaii 96707 Phone: (808) 674-0085	Eye Examinations Eyeglasses Contact Lenses

4. Wendi N. Harada, O.D., Inc.
46-056 Kamehamehema Hwy.
Kaneohe, Hawaii 96744
Phone: (808) 247-8391

Eye Examinations
Eyeglasses
Contact Lenses

You are free to use any licensed 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 listing of participating vision care providers, please contact the Trust Office.

REMINDER:

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

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Hawaii Truckers-
Teamsters Union
Pension Plan

• Teamsters Health &
Welfare Trust Fund

• Teamsters Legal
Services Plan

• Teamsters Training
and Opportunity
Program

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

FROM: Board of Trustees

SUBJECT: COMPREHENSIVE MEDICAL PLAN, USERRA UPDATE & VISION
CARE PROGRAM

I. COMPREHENSIVE MEDICAL PLAN

A. Summary Plan Description (SPD) Correction

The "Outpatient Laboratory and X-ray Services" benefit section on page 35 of your SPD for Actives dated May 2007 shall read as follows:

Participating Provider

Laboratory Services, Diagnostic
Tests, Other X-ray films and
Radiotherapy for nonmalignancy

You owe a copayment of
20% of Eligible Charges

Screening by Low-Dose
Mammography

You owe a copayment of
20% of Eligible Charges

II. UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 (USERRA) – UPDATE

A. The maximum amount of time that coverage may be continued through self-payments is 24 months (formerly 18 months). Your coverage will continue until your discharge from military service or 24 months, whichever occurs first.

III. VISION CARE PROGRAM

A. Current Vision Care Provider

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REMINDER:

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BENEFIT PLAN SOLUTIONS, INC.

Consultants ♦ Health Actuaries

May 30, 2008

RECEIVED

JUN 04 2008

TRUST FUND OFFICE

Southwest Service Administrators, Inc.

Ms. Jill Johnson
Account Manager
Southwest Service Administrators, Inc.
1221 Kapiolani Boulevard, Suite 6-C
Honolulu, Hawaii 96814

**SUBJECT: HAWAII TEAMSTERS HEALTH AND WELFARE TRUST
DRAFT PARTICIPANT NOTICE**

Dear Jill:

Enclosed is the draft participant notice for action taken by the Board of Trustees at their meeting on May 9, 2008 regarding the following items:

ACTIVES

1. Comprehensive Medical Plan
2. Uniformed Services Employment and Reemployment Rights Act (USERRA) – Updated language
3. Vision Care Program

OTS RETIREES

1. Vision Care Program

Once the participant notices have been finalized, please forward us copies of the actual notices issued for our files.

Should you have any questions, please feel free to contact me. Thank you.

Sincerely,

Paul A. Tom
Principal

PAT/MAT:rvt
Enclosures (2)
cc: Jared Kawashima, Esq.
Harris Nakamoto, HMA