

HAWAII TEAMSTERS TRUST FUNDS

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

October 24, 2006

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

FROM: Board of Trustees

SUBJECT: PLAN AMENDMENT AND VISION CARE PROVIDERS

I. SUSPENSION OF CONTINUED BENEFITS IN THE EVENT OF A STRIKE

Effective September 1, 2006, in an effort to preserve the Trust Fund's assets for continued benefits for all active participants, the Trustees have approved a one (1) year temporary suspension of continued benefit coverage in the event of a strike. The provision for continued benefit coverage for up to three (3) months in the event of a strike will be reinstated effective September 1, 2007, unless the Trustees take action to further suspend the provision for an extended period.

II. VISION CARE PROVIDERS

A. CURRENT PROVIDERS

Effective immediately, Paul R. Lin, O.D. has relocated his office and will be rendering eye exams only. His new office location and phone number is as follows:

Paul R. Lin, O.D., LLC
700 Keeaumoku Street
Honolulu, Hawaii 96814
Phone: 949-3937

Big Island Vision Center has notified the Fund that Elaine Icban, O.D., has joined their practice and is available to render services to their participants in Hilo effective immediately.

B. NEW PROVIDERS

Effective September 1, 2006, two (2) new vision care providers have been added under the Vision Care Program. The names, addresses, and phone numbers are as follows:

<u>Provider's Name & Address</u>	<u>Services Available</u>
1. Drs. Dewey W.K. Taylor G.M. OpTOMETrist 45-939 Kamehameha Hwy., Suite 203 Kaneohe, Hawaii 96744 Phone: 241-3063	Eye Examinations, Eyeglasses, Contact Lenses
2. Michael D. Vanlangeveld & Assoc. dba INSPECS at Ward Warehouse 1050 Ala Moana Blvd., Suite A-8 Honolulu, Hawaii 96814 Phone: 591-6601 dba INSPECS at Pearlridge Center 98-1005 Moanalua Road, Suite 876 Aiea, Hawaii 96701	Eye Examinations, Eyeglasses, Contact Lenses

The copayments that you will be required to pay are as follows:

1. trifocal and progressive multifocal lenses,
2. frames not within the group of frames designated as being fully covered,
3. contact lenses, and
4. non-covered items.

REMINDER:

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

You are free to use any licensed care provider of your choice and receive the Fund'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 any questions regarding your benefits or for a complete list of participating chiropractic and vision care providers, contact the Fund's office at (808) 523-0199.