

PARTICIPANT NOTICES

When the Board of Trustees makes decisions to implement or change benefits, they must communicate the changes to their members through a 'Participant Notice.' A new Summary Plan Description (SPD) will NOT be re-printed for each change. Therefore, it is very important that when Participant Notices are issued, you make note of the changes in your SPD. We recommend that you file these notices along with your SPD and your other important medical documents.

Please read the enclosed Participant Notices carefully and make note of any changes in your SPD.



HAWAII LABORERS TRUST FUNDS

1440 KAPIOLANI BLVD., SUITE 800 - HONOLULU, HAWAII 96814 - Fax (808) 441-8750

PHONE (808) 441-8600-NEIGHBOR ISLANDS DIAL DIRECT 1 (888) 520-8078

ANNUITY - HEALTH & WELFARE - LECET - PENSION - TRAINING - VACATION

February 9, 2009

TO: All Active Construction Participants of the
Hawaii Laborers Health and Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: COMPREHENSIVE MEDICAL PLAN AND CHIROPRACTIC CARE
PROGRAM

I. COMPREHENSIVE MEDICAL PLAN (SELF-FUNDED)

A. Contraceptives

Effective April 1, 2009, non-oral contraceptives will be a covered benefit under the Comprehensive Medical Plan as follows:

Non-Oral Contraceptives. The Plan will pay 50% of Eligible Charges for injections, cervical caps, diaphragms, implants and intrauterine device (IUD) rendered by a Participating or Non-Participating Provider. The IUD benefit service is limited to one (1) implant every five (5) years.

II. CHIROPRACTIC CARE PROGRAM

A. New Chiropractic Care Provider

Effective March 1, 2009, the following chiropractic care provider will participate with the Hawaii Laborers Health and Welfare Trust Fund for chiropractic services:

Daniel Weisbecker, D.C.
94-1036 Waipio Uka Street, Suite 103B
Waipahu, Hawaii 96797
Phone: (808) 671-7887

B. Terminating Chiropractic Care Provider

Effective February 28, 2009, at the end of business day, the following chiropractic provider will no longer be participating with the Hawaii Laborers Health and Welfare Trust Fund:

Allan S. Tsutsui, D.C.

You are free to use any licensed care provider of your choice and receive the Trust's allowances for covered services. However, by receiving services from a participating provider, you limit your out-of-pocket costs for covered services. For a complete listing of participating chiropractic care providers, please contact the Trust Office.

REMINDER:

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

Should you have any questions regarding the above changes or would like to request additional information, please contact the Trust Fund office at 441-8700 on Oahu, and for neighbor islands, at 1-888-520-8078.



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June 12, 2009

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

FROM: Board of Trustees

SUBJECT: VISION CARE PROGRAM AND CHIROPRACTIC CARE PROGRAM

I. VISION CARE PROGRAM

A. New Vision Care Providers

Effective June 1, 2009, the following vision care providers will participate with the Hawaii Laborers Health and Welfare Trust Fund's vision care program:

<u>Provider's Name & Address</u>	<u>Services Available</u>
1. Fong Eyecare Center, LLC 725 Kapiolani Boulevard, Suite C-204 Honolulu, Hawaii 96813 Phone: (808) 593-8939	Eye Examinations Eyeglasses Contact Lenses
2. Paradise Optical Company Pearlridge Center 98-1005 Moanalua Road, Suite 501 Aiea, Hawaii 96701 Phone: (808) 488-6869	Eyeglasses and Contact Lenses
3. Reid Saito, O.D., LLC 1029 Kapahulu Avenue, Suite 402 Honolulu, Hawaii 96816 Phone: (808) 735-7633	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.

II. CHIROPRACTIC CARE PROGRAM

A. New Chiropractic Care Provider

Effective June 1, 2009, the following chiropractic care provider will participate with the Hawaii Laborers Health and Welfare Trust Fund for chiropractic services:

Ned Moriarty, D.C.
dba Chiropractic Oahu
45-1144 Kamehameha Hwy., Suite 200D
Kaneohe, Hawaii 96744
Phone: (808) 699-9322

You are free to use any licensed care provider of your choice and receive the Trust's allowance for covered services. However, by receiving services from a participating provider, you limit your out-of-pocket costs for covered services. For a complete listing of participating chiropractic care providers, please contact the Trust Office.

Should you have any questions regarding the above changes or would like to request additional information, please contact the Trust Fund office at 441-8700 on Oahu, and for neighbor islands, at 1-888-520-8078.





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September 2009

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

FROM: Board of Trustees

SUBJECT: **STUDENT SELF PAYMENT PROGRAM, KAISER HEALTH PLAN,
INDEMNITY PRESCRIPTION DRUG PLAN, CHIROPRACTIC CARE
PROGRAM AND VISION CARE PROGRAM**

The Board of Trustees, at their meeting on July 28, 2009, adopted the following changes:

I. STUDENT SELF-PAYMENT PROGRAM

Effective **October 1, 2009**, the following Student Self-Payment Program will be available to all full-time student dependent children of Actives Construction and Actives Non-Construction members:

"When your dependent child, who is a full-time student, loses eligibility for coverage because he or she no longer qualifies as a full-time student, coverage may be continued by electing one of the following options:

- 1) the Student Coverage Self-Payment Program or*
- 2) the COBRA Program.*

If the Student Coverage Self-Payment Program is selected, your dependent gives up the right to continue coverage under the COBRA Program.

Under the Student Coverage Self-Payment Program, the dependent child may continue single coverage for medical and prescription drug benefits for not more than 12 consecutive months, by making self-payments to the Trust Fund. The monthly payment rates for the Student Coverage Self-Payment Program are established annually by the Board of Trustees.

Payment must be received by the Trust Fund Office by the 15th day of the month prior to the month for which payment is being made. Payment for the first month of self-payment coverage must be made within 15 days of the notification from the Trust Fund Office of your loss of eligibility, or by the 30th day of the month, whichever is sooner. FAILURE TO MAKE SELF-PAYMENTS BY THE 15TH DAY OF THE MONTH SHALL RESULT IN THE LOSS OF COVERAGE. Contact the Trust Fund Office on Oahu at 441-8700 or neighbor islands 1 (888) 520-8078 if you wish to make a self-payment. The Trust Fund Office will tell you the amount of your payment and explain the payment procedure."

Student Coverage Self-Payment Program Rates – Effective 10/1/09

<u>Construction</u>	<u>Monthly Payment Per Student</u>
Indemnity	\$186.25
Kaiser	\$227.62

II. KAISER HEALTH PLAN

Effective **September 1, 2009**, the Kaiser Health Plan will change as follows:

A. Medical

1. Durable Medical Equipment

Hearing aids will be covered under the Durable Medical Equipment rider, devices, and hearing aid riders. (Previously, hearing aids were not covered under the durable medical equipment). Members will receive a \$500 total allowance for up to 2 hearing aids every 3 years. Hearing aids must be prescribed by and obtained at Kaiser Permanente designated providers.

B. Benefit Clarifications

1. Extra Services

In addition to medical services, Kaiser Permanente will make available to Members a variety of extra services that are not covered as benefits under the health plan. Examples may include certain non-covered health education classes and publications, discounts for fitness club memberships, and health promotion and wellness programs.

The preceding is only a summary of the change in coverage. Its contents are subject to the provisions of the Group Medical and Hospital Service Agreement. These documents are on file with the Hawaii Laborers Health and Welfare Trust Office. You may contact Kaiser Foundation Health Plan for specific questions about coverage or the Trust Office.

III. INDEMNITY PRESCRIPTION DRUG PLAN

A. Central Fill Program (Island of Oahu)

Effective **September 1, 2009**, Safeway pharmacies on Oahu will be added to the Central Fill Provider network for the Trust Fund, which is in addition to the current Times Pharmacies. Under the Central Fill Program, you may fill your long term prescriptions for up to a 60 day supply. The three (3) Safeway pharmacy locations which are being added to the Central Fill Provider network are:

1. Safeway Pharmacy
888 Kapahulu Avenue
Honolulu, Hawaii 96816
Phone: (808) 733-2606
2. Safeway Pharmacy
1121 S. Beretania Street
Honolulu, Hawaii 96814
Phone: (808) 592-6487
3. Safeway Pharmacy
200 Hamakua Drive
Kailua, Hawaii 96734
Phone: (808) 266-5220

IV. CHIROPRACTIC PROVIDERS

Effective September 1, 2009, the following chiropractic provider will participate with the Hawaii Laborers Health & Welfare Trust Fund for chiropractic services:

Clear Chiropractic, LLC
16576 Kea'au-Pahoa Road
P.O. Box 492612
Kea'au, Hawaii 96749
Phone: (808) 982-4801

For a complete listing of current chiropractic care providers, please contact the Trust fund Office.

REMINDER

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

IV. VISION CARE PROGRAM

A. Current Providers

1. Effective July 14, 2009, Roy K. Hirokawa, O.D. has **relocated** his Aiea office from 98-1005 Moanalua Road to the following address:

Roy K. Hirokawa, O.D.
Waimalu Plaza
98-1277 Kaahumanu Street, Suite 105
Aiea, Hawaii 96701
Phone: (808) 488-6869 (no change)

Dr. Hirokawa's other office location at 1334 Young Street remains the same.

2. Mid Pacific Eyecare, a current participating provider has notified the Trust Fund that Kristin K. Shimabukuro, O.D. has joined their practice and is available to render services effectively immediately.

B. New Providers

Effective September 1, 2009, the following providers will be added as participating providers under the Trust Fund's Vision Care Program. They are as follows:

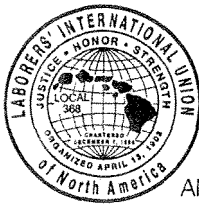
<u>Provider Name & Address</u>	<u>Services</u>
1. Ronald Winkleman, O.D. 525 Alakawa Street Honolulu, Hawaii 96817 Phone: 526-6106	Eye Examinations and Therapeutic Pharmaceutical Agents
2. Jay K. Honda, O.D. and Julie I. Honda, O.D. (a) 75-166 Kalani Street, Suite 102 Kailua-Kona, Hawaii 96740 Phone: (808) 329-3535 (b) 81-937 Haleki'i Street, Suite 2 Kealahou, Hawaii 96750 Phone: (808) 322-3300	Eye Examinations, Eyeglasses, Contacts and Therapeutic Pharmaceutical Agents

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 Hawaii Laborers Health & Welfare Trust Fund Office.

REMINDER

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

Should you have any questions or need assistance with your coverage or enrollment, please contact the Trust Fund office at (808) 441-8700 on Oahu or for neighbor islands toll free at 1 (888) 520-8078.



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December 2009

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

FROM: Board of Trustees

SUBJECT: **SELF-PAYMENT PROGRAM RATES, COBRA PROGRAM RATES,
CHIROPRACTIC CARE PROVIDER AND VISION CARE PROVIDER**

I. SELF-PAYMENT PROGRAM RATES

A. Active Self-Payment Program

Effective **December 1, 2009**, the rates for the Active Self-Payment Program will be changed as follows:

	<u>Single</u>	<u>Family</u>
Indemnity	\$211.11	\$506.66
Kaiser	\$228.09	\$638.66

Coverage under the Self-Payment Program includes medical and prescription drug benefits only.

B. Student Coverage Self-Payment Program

Effective **December 1, 2009**, the rates for the Student Coverage Self-Payment Program will be changed as follows:

	<u>Single</u>
Indemnity	\$211.11
Kaiser	\$228.09

Coverage under the Student Coverage Self-Payment Program includes medical and prescription drug benefits only.

II. COBRA PROGRAM RATES

Effective **December 1, 2009**, the rates for the COBRA Program will be changed as follows:

	<u>Single</u>	<u>Family</u>
Indemnity		
w/ HDS Dental	\$243.42	\$584.23
w/ Gentle Dental	\$236.86	\$568.48
Kaiser		
w/ HDS Dental	\$260.41	\$716.22
w/ Gentle Dental	\$253.85	\$700.47

Coverage under the COBRA Program includes medical, prescription drug, chiropractic, acupuncture, vision and dental benefits.

III. CHIROPRACTIC PROVIDER

A. NEW PROVIDER

Effective **December 1, 2009**, the following chiropractic provider will participate with the Hawaii Laborers Health & Welfare Trust Fund for chiropractic services:

1. Philip Miranda, D.C.
74-5620 Palani Road, Suite 102
Kailua-Kona, Hawaii 96740
Phone: (808) 331-1205

For a complete listing of current chiropractic care providers, please contact the Trust fund Office.

REMINDER

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

IV. VISION CARE PROVIDER

A. NEW PROVIDER

Effective December 1, 2009, the following provider will be added as participating providers under the Trust Fund's Vision Care Program. They are as follows:

<u>Provider's Name & Address</u>	<u>Services Available</u>
1. Kathy Iida, O.D. 46-056 Kamehameha Hwy Suite 1-6 Kaneohe, Hawaii 96744 Phone: (808) 236-2666	Eye Examinations, Eyeglasses & Contact Lenses

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 Hawaii Laborers Health & Welfare Trust Fund Office.

REMINDER

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

Should you have any questions or need assistance with your coverage or enrollment, please contact the Member Services Department at the Trust Fund office at (808) 441-8700 on Oahu or for neighbor islands toll free at (888) 520-8078.



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May 2010

TO: All Active Construction and Non-Construction Participants
Hawaii Laborers Health & Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: Michelle's Law, Chiropractic Care Program, and Vision Care Program

The Board of Trustees, at their meeting on January 26, 2010, adopted the following changes:

I. **Michelle's Law**

Effective January 1, 2010, when a serious illness or injury interrupts the ability of a dependent child who is covered as a full-time student from continuing to attend school, federal law requires health plans to provide up to one (1) year of continued coverage as though such dependent child was still attending school. However, such coverage shall not extend beyond the normal termination date for student coverage which, under this plan, ends when the dependent child reaches age 24. At the end of the extension period or upon the termination of student coverage, the student may continue coverage under the COBRA Program, if applicable. In order to obtain this special extension due to serious illness or injury, you must notify the Trust Fund office and furnish the required documentation as requested by the Trust Fund office.

II. **Chiropractic Care Program**

A. **New Provider**

Effective March 1, 2010, the following chiropractic care provider will be added as a participating provider under the chiropractic care program. The name, address, and telephone number for the provider are as follows:

Douglas T. Teraoka, D.C.
Momyer Chiropractic
1314 S. King Street, #1564
Honolulu, Hawaii 96814
Phone: (808) 591-9339

P.N. #5

HAWAII LABORERS HEALTH & WELFARE TRUST FUND

PARTICIPATING VISION CARE PROVIDERS

Oahu

- | | |
|--|---|
| 1. D.K. Abe, Inc., dba Precision Vision | 37. Lui, Lai & Associates dba MidPacific Eyecare |
| 2. Calvn Alonzo, O.D., Inc. | 38. Thomas H. Maeda, Jr., M.D., Inc. |
| 3. Seulyn Lee Au, O.D. | 39. Matsuyama & Matsuyama, O.D., Inc. |
| 4. Joyce H. Cassen, M.D. | 40. Michael A. McMann, M.D. |
| 5. Nancy Chen, M.D., Inc. | 41. Wayne N. Miwa, O.D. |
| 6. K. Paul Chin, O.D. | 42. Christine Murabayashi, O.D. |
| 7. Duane K.W. Ching, O.D. | 43. Ken Nagahiro, O.D. |
| 8. CJ Creations Optique * | 44. Earle H. Nakagawa, O.D. |
| 9. Stephen E. Clason, M.D. | 45. Todd Nakagawa, O.D. |
| 10. CNS Optics Hawaii Inc., dba Shades of California * | 46. Ralph Nakamoto, O.D. |
| 11. Charles R. Dean, O.D. | 47. Patrick H. Nam, O.D. |
| 12. Dream Vision, Inc.
dba Dream Vision Eye Care | 48. Pacific Eye Surgery Center, Inc. |
| 13. Edwin Y. Endo, O.D. | 49. Paradise Optical Company * |
| 14. The Eyeglass Shoppe * | 50. George Plechaty, M.D. |
| 15. Eyes Plus, Inc. | 51. Retina Eye Institute, LLC and Juliana Boneta, O.D. |
| 16. Family Eye Care Associates-Kapolei | 52. Reid K. Saito, O.D., LLC |
| 17. Family Vision Care, Inc. | 53. Scott M. Saki, O.D. |
| 18. Fong Eyecare Center, LLC** | 54. Stanley K. Sato, O.D. (eye exams only) |
| 19. Dirk V. Fujii, Optometrist Inc. | 55. Traci L. Schmalte, O.D., Inc. |
| 20. Wendi N. Harada, O.D.** | 56. Seoul Optical * |
| 21. Layne Hashimoto, O.D. | 57. Robb T. Shibayama, O.D., Inc. (eye exams only) |
| 22. Roy K. Hirokawa, O.D. | 58. Glenn S.D. Shigezawa, O.D. |
| 23. David S. Hironaga, O.D. | 59. Styleyes |
| 24. Honolulu Vision Center, Inc. | 60. Sherilyne M. Tarumoto, O.D., Inc. |
| 25. Patricia K. Ichimura, O.D. | 61. Kevin K. Tsuda, O.D.** |
| 26. Kathy Iida, O.D.** | 62. Michael D. Vanlangeveld & Assoc., dba INSPECS |
| 27. JK Optical, Inc. * | 63. Vision Care Centers of Hawaii |
| 28. Kailua Optical * | 64. Ronald Winkelman, O.D. (eye exams only) ** |
| 29. Isaac J. Kaopua, Jr., O.D. | 65. Drs. Dewey W.K. & Taylor G.M.
OpTOMETrist |
| 30. Kato + Shoji Optometrists | 66. Keith Yamamoto A Yamamoto Optician * |
| 31. Melvin E. Kau, O.D. | 67. Eugene K.L. Young, O.D. |
| 32. Neal M. Kubo, O.D. | 68. Carlton K. Yuen, M.D. dba Aloha Vision Consultants, LLC |
| 33. Iris Y. Kuwabara, O.D. | |
| 34. Robert Lee, Jr., M.D. (eye exams only) | |
| 35. Paul R. Lin, O.D., LLC | |
| 36. Samuel C. Lo, M.D., A Prof. Corp. | |

Kauai

1. Robert K. Ancheta, Inc.
2. Eye Care Center of Kauai, Inc.
3. Stan J. Schiller, O.D.

Maui

1. John J. Gillmore, O.D.

Hawaii

1. Big Island Optical, Inc.
2. Big Island Vision Center
3. Jay K. Honda, O.D. and Julie I. Honda, O.D. **
4. Optical Dispensers of Hilo, Inc.

* Provider is an optician and only provides lenses and frames

** Provider able to prescribe Therapeutic Pharmaceutical Agents



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June 1, 2010

TO: All Participants
Hawaii Laborers Health and Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: NMHPA and Vision Care Program

The Board of Trustees, at their meeting of April 27, 2010, adopted the following changes:

I. **Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)**

Effective April 1, 2009, the "**Maternity Services Special Notes**" section of the Summary Plan Description dated April 2009 is revised as follows:

- The Eligible Charge for delivery includes prenatal and postnatal care.
- In accordance with the Newborns' and Mothers' Health Protection Act of 1996 (NMHPA), hospital stays in connection with childbirth for the mother and newborn child will be a minimum of 48 hours following a normal vaginal delivery or a minimum of 96 hours following a cesarean delivery, unless, after consultation with the mother, the attending provider discharges the mother or newborn earlier. However, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay in excess of 48 hours following a normal vaginal delivery (or 96 hours following a cesarean delivery).

II. **Vision Care Program**

A. Terminated Provider

Based on information obtained from the State Department of Commerce and Consumer Affairs (DCCA), the business of Robert K. Ancheta, O.D. has been involuntarily dissolved as of December 1, 2009. Thus, Robert K. Ancheta, O.D. is no longer a participating provider under the vision care program, **effective immediately**.

B. Current Provider

Dream Vision Eye Care, a current participating provider, has informed the Trust Fund of the following changes, **effective immediately**:

1. Clifton Otto, M.D. is no longer a provider with Dream Vision Eye Care.
2. Sherilyne M. Tarumoto, O.D. has joined Dream Vision Eye Care and is available to render services.

C. New Provider

Effective June 1, 2010, the following vision care provider will be added as a participating provider under the vision care program. The name, address, telephone number, and type of services available for the provider are as follows:

Provider's Name & Address

Services Available

Nelson Iwata, O.D., Inc.
4211 Waiialae Avenue, Suite 5090
Honolulu, Hawaii 96814
Phone: (808) 739-6011

Eye Examinations and
Therapeutic
Pharmaceutical Agents

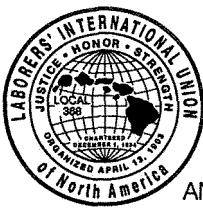
Please note that Nelson Iwata, O.D., Inc. does not provide eyeglasses and contact lenses but agrees to refer members to opticians who are participating vision care providers of the Trust Fund.

You are free to use any licensed 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 costs for covered services. Please see enclosed listing of participating vision care providers.

REMINDER

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

Should you have any questions regarding the above changes or need assistance with your coverage, please contact the Trust Fund office at: (808) 441-8700, or for neighbor islands, call toll free at: 1 (888) 520-8078.



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September 1, 2010

TO: All Participants
Hawaii Laborers Health and Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: Kaiser Prescription Drug Plan, Mental Health Parity and Addiction Equity Act, GINA, and Chiropractic Care Program

The Board of Trustees, at their meeting of July 28, 2010, adopted the following changes:

I. Kaiser Prescription Drug Plan

Effective September 1, 2010, the Kaiser Plan will change as follows:

The drug benefit copay increased from \$10 to \$12 for participants enrolled in the Kaiser drug plan.

II. Mental Health Parity and Addiction Equity Act of 2008

In accordance with the Mental Health Parity and Addiction Equity Act of 2008, **effective September 1, 2010**, the following Comprehensive Medical Plan Mental Illness and Alcohol or Drug Dependence Services benefit limitations will change as follows:

- A. The maximum of 30 days per calendar year for hospital and facility services for mental illness and alcohol or drug dependence is removed. Hospital and facility services for mental illness and alcohol or drug dependence are included in the hospital inpatient services maximum of 365 days per calendar year for all covered services.
- B. The maximum of 30 inpatient visits per calendar year for mental illness and alcohol or drug dependence is removed. An inpatient visit for mental illness and alcohol or drug dependence is included in the physician services maximum of one (1) visit per day for an inpatient admission.
- C. The maximum of 24 outpatient visits per calendar year for mental illness and alcohol or drug dependence is removed, and there is no longer a limitation on outpatient visits per calendar year.

- D. The maximum of 30 inpatient psychological testing sessions for mental illness and alcohol or drug dependence is removed. An inpatient psychological testing session for mental illness and alcohol or drug dependence is included in the physician services maximum of one (1) visit per day for an inpatient admission.
- E. The maximum of 24 outpatient psychological testing sessions for mental illness and alcohol or drug dependence is removed, and there is no longer a limitation on outpatient visits per calendar year.
- F. The maximum of two (2) treatment episodes per lifetime for alcohol or drug dependence treatment is removed, and there is no longer a limitation on the number of treatment episodes per lifetime.

In addition, **effective September 1, 2010**, the Comprehensive Medical Plan no longer requires prior authorization for non-inpatient Mental Health/Substance Abuse Services. However, the Plan still requires prior authorization for all inpatient admissions, including those for Mental Health/Substance Abuse Services. Failure to obtain prior authorization may result in a reduction of benefits. To obtain prior authorization, you or your physician must notify the Claims Administrator (PAI) at 441-8711, or for neighbor islands, toll free at 1 (888) 520-8078.

The above revises the section entitled, "**Mental Illness and Alcohol or Drug Dependence Services**" of the Summary Plan Descriptions dated April 2009 for Actives - Construction, Actives and Retirees - Non-Construction, and Retirees - Construction.

III. **Genetic Information Nondiscrimination Act of 2008 (GINA)**

GINA is a Federal law that establishes limitations on the use of genetic information in the administration of employee benefit plans. Under GINA, group health plans and health insurance issuers generally may not:

1. Adjust premium or contribution amounts for the covered group on the basis of genetic information;
2. Request or require an individual or a family member to undergo a genetic test;
3. Request, require, or purchase genetic information for underwriting purposes;
4. Request, require, or purchase genetic information with respect to any individual, prior to such individual's enrollment or coverage under the plan.

However, a doctor or health care professional, who is providing health care services to you, may request you to undergo a genetic test. Additionally, a group health plan and health insurance issuers may obtain and use the results of a genetic test to make a determination regarding payment for medically necessary health care services, provided that only the minimum amount of information necessary is requested. Finally, group health plans may request, but not require, that a participant or beneficiary undergo a genetic test for research purposes, if certain conditions are met, which includes:

1. The request is made in writing;
2. The research complies with Federal and State laws; and
3. The plan clearly indicates to the participant or the beneficiary that compliance with the request is voluntary on the part of the participant or the beneficiary.

IV. Chiropractic Care Program

A. New Provider

Effective September 1, 2010, the following chiropractic provider will participate with the Hawaii Laborers Health & Welfare Trust Fund for chiropractic services:

Shayne M. Guthrie, D.C.
dba Windward Family Wellness Center
47-388 Hui 'Iwa Street, Suite 16
Kaneohe, HI 96744
Phone: (808) 239-9355

For a complete listing of current chiropractic care providers, please contact the Trust Fund Office.

REMINDER

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

Should you have any questions regarding the above changes or need assistance with your coverage or enrollment, please contact the Trust Fund office at 441-8700 on Oahu, or for neighbor islands, call toll free at 1-888-520-8078.

NOTICE TO PARTICIPANTS AND BENEFICIARIES

HAWAII LABORERS HEALTH & WELFARE FUND IS A “GRANDFATHERED HEALTH PLAN” UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Trustees of the Hawaii Laborers Health & Welfare Fund believe this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 808-441-8700 on Oahu, or for neighbor islands, call toll free at 1-888-520-8078. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

For your convenience, we have included the table summarizing which protections do and do not apply to grandfathered health plans.

Application of the New Health Reform Provisions of Part A of Title XXVII of the PHS Act to Grandfathered Plans

PHS Act Section	Summary of Provision	Application to Grandfathered plans
§2701 Fair health insurance premiums	Health insurance issuers may not charge discriminatory premium rates. The rate may vary only by whether such plan or coverage covers an individual or family, rating area, actuarial value, age, and tobacco use.	Not applicable; also does not apply to large group insurance market coverage in States that do not allow such coverage to be offered through the State exchanges.
§2702 Guaranteed availability of coverage	Health insurance issuers in both the individual and group markets must accept every employer and individual in the State that applies for coverage, but are permitted to limit enrollment to annual open and special enrollment periods for those with qualifying lifetime events.	Not applicable
§2703 Guaranteed renewability of coverage	Requires guaranteed renewability of coverage regardless of health status, utilization of health services, or any other related factor. Coverage can only be cancelled under specific, enumerated circumstances.	Not applicable
§2704 Prohibition of preexisting condition exclusion or other discrimination based on health status	Group health plans and health insurance issuers offering group or individual coverage may not impose a preexisting condition exclusion or discriminate based on health status.	Applicable to grandfathered group health plans and group health insurance coverage. Not applicable to grandfathered individual health insurance coverage.
§2705 Prohibiting discrimination against individual participants and beneficiaries based on health status	Retains the HIPAA ¹ nondiscrimination provisions for group health plans and group health insurance issuers. Specifically, plans and group health insurance issuers may not set eligibility rules based on factors such as health status and evidence of insurability – including acts of domestic violence or disability. Provides limits on the ability of plans and issuers to vary premiums and contributions based on health status. The Affordable Care Act adds new provisions regarding wellness programs and extends all the nondiscrimination protections to the individual market.	The HIPAA nondiscrimination provisions are applicable to grandfathered group health plans and group health insurance issuers. The new Affordable Care Act extensions are not applicable to grandfathered group health plans and group health insurance coverage. Not applicable to grandfathered individual health insurance coverage.
§2706 Nondiscrimination in health care	Prohibits discrimination by group health plans and health insurance issuers against health care providers acting within the scope of their professional license and applicable State laws.	Not applicable
§2707 Comprehensive health insurance coverage	Requires health insurance issuers in the small group and individual markets (and large group markets in State exchanges) to include coverage which incorporates defined essential benefits, provides a specified actuarial value, and requires all policies to comply with limitations on allowable cost sharing.	Not applicable

¹ HIPAA is the Health Insurance Portability and Accountability Act of 1996.

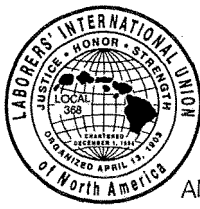
§2708 Prohibition on excessive waiting periods	Prohibits any waiting periods that exceed 90 days for group health plans and group health insurance coverage.	Applicable
§2709 ² Coverage for individuals participating in approved clinical trials	Prohibits health insurance issuers from dropping coverage because an individual (who requires treatment for cancer or another life-threatening condition) chooses to participate in a clinical trial. Issuers also may not deny coverage for routine care that they would otherwise provide because an individual is enrolled in a clinical trial.	Not applicable
§2711 No lifetime or annual limits	Prohibits group health plans and health insurance issuers offering group or individual health insurance coverage from establishing lifetime limits and annual limits on the dollar value of benefits. Prior to 2014, plans and issuers may establish certain restricted annual limits (as defined in regulations).	Prohibition on lifetime limits: Applicable Prohibition and limits on annual limits: Applicable to grandfathered group health plans and group health insurance coverage; not applicable for grandfathered individual health insurance coverage.
§2712 Prohibition on rescissions	Group health plans and health insurance issuers may not rescind health coverage after coverage begins except in the case of fraud or intentional misrepresentation.	Applicable
§2713 Coverage of preventive health	Group health plans and health insurance issuers offering group or individual health insurance coverage must cover certain preventive services, immunizations, and screenings, without any cost sharing.	Not applicable
§2714 Extension of dependent coverage	Group health plans and health insurance issuers offering group or individual health insurance coverage that provide dependent coverage must continue to make such coverage available to children until age 26.	Applicable ³
§2715 Development and utilization of uniform explanation of coverage	Requires the Federal government to develop standards for use by group health plans and health insurance issuers in compiling and	Applicable

² After the amendments made by the Affordable Care Act, there are two PHS Act sections 2709. The first section 2709 was PHS Act section 2713 before the amendments made by the Affordable Care Act and was redesignated PHS Act section 2733 by section 1001(3) of the Affordable Care Act and then, as PHS Act section 2733, was again redesignated by section 1562(c)(10) of the Affordable Care Act as PHS Act section 2709. The second section 2709 was added by section 10103 of the Affordable Care Act and relates to coverage for individuals participating in approved clinical trials. Grandfathered health plans are subject to the first PHS Act section 2709 because as PHS Act section 2713 it was part of the PHS Act before the enactment of the Affordable Care Act. However, grandfathered health plans are not subject to the second PHS Act section 2709.

³ For a group health plan or group health insurance coverage that is a grandfathered health plan for plan years beginning before January 1, 2014, PHS Act section 2714 is applicable in the case of an adult child only if the adult child is not eligible for other employer-sponsored health plans coverage. The interim final regulations relating to PHS Act 2714, published in 75 FR 27122 (May 13, 2010), and these interim final regulations clarify that, in the case of an adult child who is eligible for coverage under the employer-sponsored plans of both parents, neither parent's plan may exclude the adult child from coverage based on the fact that the adult child is eligible to enroll in the other parent's employer-sponsored plan.

documents and standardized definitions	providing an accurate summary of benefits and explanation of coverage for applicants, policyholders or certificate holders, and enrollees. The explanation of coverage must describe any cost sharing, exceptions, reductions, and limitations on coverage, and give examples to illustrate common benefits scenarios.	
§2715A Provision of additional information	Requires group health plans and health insurance issuers offering group or individual health insurance coverage to disclose, to the Federal government and the State insurance commissioner, certain enrollee information such as claims payment policies and practices and enrollee rights. Requires such plans and issuers to provide information to enrollees on the amount of cost-sharing for a specific item or service.	Not applicable
§2716 Prohibition on discrimination in favor of highly-compensated individuals	Prohibits fully-insured group health plans from discriminating in favor of highly compensated individuals with respect to eligibility and benefits.	Not applicable
§2717 Ensuring quality of care	Requires the Federal government to develop guidelines for use by health insurance issuers to report information on initiatives and programs that improve health outcomes. Prohibits a wellness program from requiring the disclosure or collection of any information relating to the presence or storage of a lawfully possessed firearm or ammunition in the residence or the lawful use, possession or storage of a firearm or ammunition by an individual.	Not applicable
§2718 Bringing down cost of health care coverage (medical loss ratio provisions)	Requires health insurance issuers offering group or individual health insurance coverage to submit annual reports to the Federal government on the percentages of premiums that the coverage spends on reimbursement for clinical services and activities that improve health care quality, and to provide rebates to enrollees if this spending does not meet minimum standards for a given plan year.	Applicable to insured grandfathered plans
§2719 Appeals process	Group health plans and health insurance issuers offering group or individual health insurance coverage must provide an effective internal appeals process of coverage determinations and claims and comply with any applicable State external review process. If the State has not established an external review process that meets minimum standards or the plan is self-insured, the plan or issuer shall implement an external review process that meets standards established by the Federal government.	Not applicable
§2719A Patient protections	Group health plans and health insurance issuers offering group or individual health insurance coverage must permit an individual to select a participating primary care provider, or	Not applicable

	<p>pediatrician in the case of a child. Provides direct access to obstetrical or gynecological care without a referral. Prohibits prior authorization or increased cost sharing for out-of-network emergency services.</p>	
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HAWAII LABORERS TRUST FUNDS

1440 KAPIOLANI BLVD., SUITE 800 - HONOLULU, HAWAII 96814 - FAX (808) 441-8750

PHONE (808) 441-8600 - NEIGHBOR ISLANDS DIAL DIRECT 1 (888) 520-8078

ANNUITY • HEALTH & WELFARE • LECET • PENSION • TRAINING • VACATION

December 2010

TO: Active Construction Participants
Hawaii Laborers Health and Welfare Trust Fund

FROM: Board of Trustees

**SUBJECT: Kaiser Health Plan, COBRA Program, Self-Payment Program,
Affordable Care Act, Vision Care Program, and Disability Credit
Benefits**

The Board of Trustees, at their meeting of October 27, 2010, adopted the following changes:

I. KAISER HEALTH PLAN

Effective September 1, 2010, the Kaiser Health Plan will change as follows:

1. Prescription Drugs	\$12.00 copayment per refill (formerly \$10.00)
2. CAA Internal prostheses (This covers internal prosthetics, pacemakers, stints, and the like.)	No copayment (formerly 20% copayment)

The preceding is only a summary of the change in coverage. Its contents are subject to the provisions of the Group Medical and Hospital Service Agreement. These documents are on file with the Hawaii Laborers Health and Welfare Trust Fund Office.

II. COBRA PROGRAM

Effective January 1, 2011, the rates for the COBRA Program will be changed as follows:

	<u>Single</u>	<u>Family</u>
Indemnity		
w/ HDS Dental	\$284.89	\$740.70
w/ Gentle Dental	\$274.71	\$714.23
Kaiser		
w/ HDS Dental	\$293.53	\$815.51
w/ Gentle Dental	\$283.35	\$789.04

Coverage under the COBRA Program includes medical, prescription drug, chiropractic, acupuncture, vision, and dental benefits.

III. SELF-PAYMENT PROGRAM

A. Self-Payment Program

Effective January 1, 2011, the rates for the Active Self-Payment Program will be changed as follows:

	<u>Single</u>	<u>Family</u>
Indemnity	\$253.03	\$657.88
Kaiser	\$261.67	\$732.69

Coverage under the Self-Payment Program includes medical and prescription drug benefits only.

B. Student Coverage Self-Payment Program

Effective January 1, 2011, the rates for the Student Coverage Self-Payment Program will be changed as follows:

	<u>Per Student</u>
Indemnity	\$253.03
Kaiser	\$261.67

Coverage under the Student Coverage Self-Payment Program includes medical and prescription drug benefits only.

IV. AFFORDABLE CARE ACT

Extension of Dependent Coverage Up to Age 26

Effective March 1, 2011, adult child dependents who are not eligible for other employer-sponsored health plan coverage other than a group health plan of a parent are eligible for dependent coverage up to age 26. This extension of coverage is available even if the child does not live with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. For this purpose, a child includes the Participant's natural child, stepchild, foster child or an adopted child. The new policy applies to both married and unmarried children, although a child's own spouse and child do not qualify for coverage. Individuals whose coverage ended, or who were denied coverage (or were not eligible for

coverage), because the availability of dependent coverage of children ended before attainment of age 26 and who are not eligible for other employer-sponsored health plan coverage other than a group health plan of a parent will be given a special enrollment opportunity to enroll in the Hawaii Laborers Health and Welfare Trust Fund.

V. VISION CARE PROGRAM

A. Terminated Provider

Duane K.W. Ching, O.D. has retired as of April 30, 2010. Thus, Duane K.W. Ching, O.D. is no longer a participating provider under the vision care program, **effective immediately**.

B. Current Provider

Seoul Optical, a current participating provider, has moved and relocated their office. **Effective immediately**, Seoul Optical's new contact information is as follows:

Seoul Optical
641 Keeaumoku Street, Suite 17
Honolulu, Hawaii 96814
Phone: (808) 941-1004

You are free to use any licensed 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 costs for covered services. For a complete listing of participating vision care providers, please contact the Trust Fund Office.

REMINDER

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

VI. DISABILITY CREDIT BENEFITS

Effective November 1, 2010, page 16 of the Summary Plan Description for Actives-Construction of the Hawaii Laborers Health and Welfare Trust Fund dated April 2009 (yellow booklet) is hereby revised as follows:

"In the event that you become disabled, you must notify the Trust Fund Office, in writing, no later than 45 days after the disability commenced. If you do not notify the Trust Fund Office within this 45 day period, retroactive disability credits will not be applied. Instead, disability credits will be applied on a prospective basis

from when notification is received. Furthermore, prospective disability credits will only be applied up to the six (6) consecutive months of disability credits allowed, beginning with the work month in which disability credits would have been applied had notification been timely.

Example: If you become disabled and unable to work on September 1, 2010, you must notify the Trust Fund Office and provide proper documentation no later than October 15, 2010 in order to obtain disability credits retroactive to September 1, 2010. However, if notification is received by January 5, 2011 disability credits will only be applied for the work months of January and February provided you are still disabled and unable to work and the required documentation is submitted.”

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust Fund office at 1-808-441-8700, or for neighbor islands, call toll free at 1-888-520-8078.