



NEIL ABERCROMBIE  
GOVERNOR

**STATE OF HAWAII**  
**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
P.O. BOX 2121  
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SUNSHINE P.W. TOPPING  
CLIFFORD UWAIINE

**ADMINISTRATOR**  
BARBARA CORIELL

April 29, 2011

**ADDENDUM 3**  
**TO**  
**REQUEST FOR PROPOSALS**  
**No. 11-02**

**TO FURNISH VISION SERVICE BENEFITS**

Claim Summary for Actives and Retirees (see attachments).

**CLAIM SUMMARY**

**CLIENT NAME: HI EMPLOYER UNION HEALTH TRUST**

**PERIOD COVERED: APRIL 2010 THROUGH MARCH 2011**

	<u>NUMBER OF SERVICES</u>
<b>EMPLOYEES</b>	
EXAMS	14377
SINGLE VISION	4219
BIFOCAL	4192
TRIFOCAL	205
CONTACT LENSES	6145
FRAMES	7164
<b>DEPENDENTS</b>	
EXAMS	10983
SINGLE VISION	4163
BIFOCAL	1756
TRIFOCAL	64
CONTACT LENSES	4483
FRAMES	5034
<b>EMPLOYEES AND DEPENDENTS</b>	
EXAMS	25360
SINGLE VISION	8382
BIFOCAL	5948
TRIFOCAL	269
CONTACT LENSES	10628
FRAMES	12198
MISC ADJUSTMENTS	1
TOTAL	62786

**CLAIM SUMMARY**

**CLIENT NAME: HI EMPLOYER-UNION TRUST RETIREE**

**PERIOD COVERED: APRIL 2010 THROUGH MARCH 2011**

**NUMBER OF  
SERVICES**

**EMPLOYEES**

EXAMS	9517
SINGLE VISION	2192
BIFOCAL	7360
TRIFOCAL	503
CONTACT LENSES	1284
FRAMES	7457

**DEPENDENTS**

EXAMS	4599
SINGLE VISION	1200
BIFOCAL	2881
TRIFOCAL	206
CONTACT LENSES	959
FRAMES	3288

**EMPLOYEES AND DEPENDENTS**

EXAMS	14116
SINGLE VISION	3392
BIFOCAL	10241
TRIFOCAL	709
CONTACT LENSES	2243
FRAMES	10745
MISC ADJUSTMENTS	1
TOTAL	41447