

# AFL HOTEL AND RESTAURANT WORKERS TRUST FUNDS

677 Ala Moana Blvd., Suite 400A • Honolulu, Hawaii 96813-5416 • Fax (808) 523-5933  
Phone (808) 523-0199 • Neighbor Islands Dial Direct 1 (866) 528-9677  
HEALTH & WELFARE • PENSION • TRAINING

December 29, 2004

TO: All Hotel Industry Active and Retired Participants of the  
AFL Hotel & Restaurant Workers Health and Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: KAISER PLAN, COBRA AND SELF-PAYMENT PROGRAM RATES AND  
RETIREE COPAYMENTS

## I. KAISER PLAN CHANGES

Effective January 1, 2005, the Kaiser Plan will change as follows:

- | A. <u>Medical</u>                    | <u>Copayment</u>               |
|--------------------------------------|--------------------------------|
| 1. Office visits                     | \$12.00 per visit              |
| 2. Lab, x-ray and diagnostic testing | \$12.00 per department per day |

Note: Certain preventative services (such as screening mammography and routine pap smears) will be covered at no charge.

3. Substance Abuse

For inpatient and outpatient chemical dependency benefits, the copayment will be the same as any other physical disease or illness, except for residential chemical dependency benefits for which there is a copayment of 20% of charges and limited to 60 days per calendar year and two (2) treatment episodes per lifetime.

4. Prior Authorization Requirement

Written prior authorization from Kaiser is required for: referrals to outside providers, durable medical equipment and external prosthetics.

B. Prescription Drug

- |                                    |   |
|------------------------------------|---|
| 1. Copayment                       | \$10.00 per prescription  |
| 2. Mail Order Copayment            | \$20.00 per prescription  |
| 3. Contraceptive drugs and devices | 50% of charges for FDA-approved contraceptive drugs and devices |
| 4. Injectable drugs                | Will be covered per 30-day supply instead of per dose.          |

II. COBRA CONTINUATION OF COVERAGE

Effective January 1, 2005, the COBRA coverage and rates offered by the Trust Fund are as follows:

	<u>Effective January 1, 2005</u>
A. <u>ACTIVES (Hotel Industry) – Full Coverage</u> <sup>1</sup>	
Indemnity with HDS Dental	\$406.95
Kaiser with HDS Dental	\$451.56
Indemnity with DCCH Dental	\$389.77
Kaiser with DCCH Dental	\$434.39

<sup>1</sup> Full coverage includes medical, prescription drug, dental, vision, and death benefits.

	<u>Effective January 1, 2005</u>
B. <u>RETIREEES</u>	
1. <u>Medical &amp; Prescription Drug</u> <sup>1</sup>	
Retirees under 65:	
Indemnity Medical & Drug (composite)	\$509.38
Kaiser Medical & Drug (per individual)	\$309.15
Retirees 65 and older:	
Indemnity Medical & Drug (composite)	\$314.09
Kaiser Senior Advantage (per individual)	\$208.94

2.	Dental Benefit <sup>2</sup>	
	HDS Dental (composite)	\$ 30.47
	DCCH Dental (composite)	\$ 22.51
3.	Vision Benefit <sup>3</sup>	
	Indemnity (composite)	\$ 3.96

<sup>1</sup> Retirees with less than 15 years of credited service.

<sup>2</sup> Retirees with 15 or more years but less than 20 years of credited service.

<sup>3</sup> Retirees with 20 or more years of credited service.

### III. STUDENT COVERAGE SELF-PAYMENT PROGRAM

		Effective <u>January 1, 2005</u>
	Medical and Prescription Drug	
	Indemnity	\$183.62
	Kaiser	\$207.05

### IV. EMPLOYEE SELF-PAYMENT PROGRAM

		Effective <u>January 1, 2005</u>
	Indemnity Medical and Prescription Drug	
	Single	\$174.40
	Family	\$305.20

### V. CO-PAYMENTS FOR RETIREES WITH LESS THAN FIVE (5) YEARS OF CREDITED SERVICE

		Effective <u>January 1, 2005</u>
	Retiree ONLY	
	Medical and Prescription Drug	\$ 95.26
	Retiree with dependent(s)	
	Medical and Prescription Drug	\$323.89

NOTE: Retirees with less than five (5) years of credited service pay 50% of the cost for medical and prescription drug and retiree's spouse and dependent children pay 100% of the cost for medical and prescription drug.