

# A.F.L. HOTEL AND RESTAURANT WORKERS TRUST FUNDS

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HEALTH & WELFARE • PENSION • TRAINING

January 5, 2007

**TO:** All Hotel Bargaining Unit Active and Retired Participants  
AFL Hotel and Restaurant Workers Health & Welfare Trust Fund

**FROM:** Board of Trustees

**SUBJECT:** KAISER PLAN CHANGES, HMSA 65C PLUS MEDICARE PART D SUPPLEMENTAL PLAN COPAY, GENTLE DENTAL, VISION CARE PROVIDERS, COBRA RATES, STUDENT SELF-PAYMENT PROGRAM RATES AND RETIREE COPAY

## I. KAISER PLAN

Effective January 1, 2007, the Kaiser Plan will be revised as follows:

### A. Medical

1. Office Visits / Laboratory, Imaging and Testing \$15.00 per visit (formerly \$14.00)
2. Travel immunizations Injectable travel immunizations will no longer be a covered benefit. (Note: Office visits to receive travel immunizations remain covered at your applicable office visit copay.)

### B. Prescription

1. Oral Travel Immunizations Oral travel immunizations will no longer be a covered benefit.

## II. HMSA 65C PLUS MEDICARE PART D SUPPLEMENTAL PRESCRIPTION DRUG COVERAGE COPAYMENT (Retirees & Spouses Age 65 and Over)

Effective January 1, 2007, the copayments for the HMSA SRx Medicare Part D Supplemental Drug Plan will be revised as follows:

	MEMBER COPAYMENT	
	<u>Current</u>	<u>Effective 01/01/07</u>
<b>RETAIL (POS) – 30 Days Supply</b>		
Generic Drugs	\$ 7.00	\$ 7.00
Brand Name Preferred Drugs	\$15.00	\$15.00
Brand Name Non-Preferred Drugs	\$30.00	<b>\$15.00</b>

**MAIL ORDER ONLY – 90 Days Supply**

Generic Drugs	\$10.00	\$10.00
Brand Name Preferred Drugs	\$30.00	\$30.00
Brand Name Non-Preferred Drugs	\$60.00	<b>\$30.00</b>

**III. GENTLE DENTAL (formerly DENTAL CARE CENTERS OF HAWAII)**

Effective January 1, 2007, the office visit copayment will increase from \$9.00 to \$10.00 per visit.

**IV. VISION CARE PROVIDERS**

Effective immediately, the following vision care providers are no longer practicing in the State of Hawaii:

1. Faulkner Institute
2. Colleen Ichiyama-Kong, O.D., LLC

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 costs for covered services. For a complete list of participating vision care providers, contact the Trust Fund Office.

**REMINDER**

*All vision claims must be filed within ninety (90) days from the date of service.*

**V. COBRA RATES**

Effective January 1, 2007, the COBRA coverage and rates offered by the Trust Fund are as follows:

	Effective January 1, 2007
A. <u>ACTIVES – Full Coverage</u> <sup>1</sup>	
Indemnity with HDS Dental	\$518.87
Kaiser w/ HDS Dental	\$475.27
Indemnity with DCCH Dental	\$498.89
Kaiser with DCCH Dental	\$455.29

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

Effective  
January 1, 2007

B. RETIREEES

1. Medical and Prescription Drug<sup>1</sup>

Retirees under 65:

Indemnity Medical & Drug (per individual)	\$382.17
Kaiser Medical & Drug (per individual)	\$287.01

Retirees 65 and older:

Indemnity Medical & Drug (per individual)	\$196.47
Kaiser Medical & Drug (per individual)	\$190.09

2. Dental Benefit <sup>2</sup>

HDS Dental (composite)	\$31.74
DCCH Dental (composite)	\$22.51

3. Vision Benefit<sup>3</sup>

Indemnity (composite)	\$3.73
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<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.

VI. **STUDENT COVERAGE SELF-PAYMENT PROGRAM**

**Effective January 1, 2007**, the student coverage self-payment program rates are as follows:

	<u>Effective January 1, 2007</u>
Medical and Prescription Drug	
Indemnity	\$232.94
Kaiser	\$227.96

VII. **COPAYMENTS FOR RETIREES WITH LESS THAN FIVE (5) YEARS OF CREDITED SERVICE**

**Effective January 1, 2007**, the co-payments for retirees with less than five (5) years of credited service is as follows:

	<u>Effective January 1, 2007</u>
Retiree ONLY	
Medical and Prescription Drug	\$105.89
Retiree with dependent(s)	
Medical and Prescription Drug	\$317.67

**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.

Should you have any questions on the above changes, please contact the Trust Fund Office at (808) 523-0199, for Neighbor Islands dial toll free at 1-866-528-9677.