AFL Hotel & Restaurant Workers Health & Welfare Trust Fund Benefit and Risk Management Services 560 N. Nimitz Highway, Suite 209 Honolulu, HI 96817-5315

January 2009

TO: All Hotel Bargaining Unit Participants

AFL Hotel and Restaurant Workers Health and Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: COMPREHENSIVE MEDICAL PLAN AND COBRA PROGRAM RATES

I. COMPREHENSIVE MEDICAL PLAN

A. <u>If Hospitalized On the Effective Date</u>

Effective as of July 1, 2008, the section entitled "If Hospitalized on the Effective Date", on page 57 of the Summary Plan Description is revised as follows:

"If you are confined in a hospital or other inpatient facility on your effective date (i.e., the day on which your coverage under this Plan begins) and you had no other insurance or coverage prior to this coverage, the Plan will cover the confinement from your effective date of eligibility under this Plan. However, if you had other insurance or coverage immediately prior to your effective date under this Plan, which extends coverage for any services related to the hospitalization or other inpatient facility, the Plan will provide coordination of benefits with your existing coverage until the termination of your existing coverage. Thereafter, the Plan will provide coverage in accordance with the plan document and plan of benefits.

B. <u>Mental Illness and Alcohol or Drug Dependence Benefits</u>

Effective January 1, 2009, Marriage and Family Therapists will be added as an eligible provider for "Mental Illness and Alcohol or Drug Dependence Benefits".

C. Human Papilloma Virus (HPV) Vaccine

Effective January 1, 2008, the Human Papilloma Virus Vaccine will be revised to <u>include</u> coverage for the following:

"For females ages 13 through 18 years of age, the Human Papilloma Virus (HPV) quadrivalent vaccine is covered at 50% of Eligible Charges for services of a Participating or Non-Participating Provider when the first dose is administered to a 13 through 18 year old female with the second or third dose administered prior to 19 years of age."

NOTE: There is no change to the current coverage of HPV immunization benefits for females 11 through 12 years of age.

D. <u>Immunization Agents from Pharmacies</u>

Effective immediately, a number of community physicians will no longer stock immunization vaccines at their offices. Your physician may request that you pick up these immunization vaccines at the pharmacy and bring them to the physicians' office for administration of the vaccine.

To limit your up-front costs, HMA has contracted with Longs Drugs pharmacies (statewide) to be a participating <u>medical</u> provider under the Comprehensive Medical Plan for the obtaining of immunization vaccines. <u>This benefit is covered under the medical plan and not the prescription drug plan</u>. Under this special arrangement, Longs Drugs will submit the claims for immunization vaccines directly to HMA for reimbursement at the participating provider benefit level of 80% of Eligible Charges. Your copayment to Longs Drugs will be 20% of the Eligible Charge.

If your physician requests that you pick up your immunization vaccine from the pharmacy:

- 1. Have your doctor call any Longs Drugs pharmacy statewide to order your immunization.
- 2. Go to Longs Drugs and pick up your immunization vaccine.
- 3. Notify the pharmacist that you are an AFL Hotel and Restaurant Worker Health and Welfare Trust Fund member to be certain that you are charged the proper copayment.

When you pick up your immunization vaccine from a Longs Drugs pharmacy, your copayment will be 20% of the Eligible Charge for the vaccine.

If you pick up your immunization vaccine other than from a Longs Drugs pharmacy, you will have to pay the entire cost and file for reimbursement with HMA.

If you use a Longs Drugs pharmacy to obtain your immunization agents, you will limit your out-of-pocket and upfront costs.

II. COBRA PROGRAM RATES

Effective **February 1, 2009**, the COBRA coverage and rates offered by the Trust Fund are as follows:

	Effective
	February 1,
	2009
A. ACTIVES – Full Coverage ¹	
Indemnity with HDS Dental	\$560.52
Kaiser with HDS Dental	\$499.37
Indemnity with Gentle Dental	\$541.05
Kaiser with Gentle Dental	\$479.90

¹ Full coverage includes medical, prescription drug, dental, vision, EAP and death benefits.

Б	DETIDEES	Effective <u>February 1,</u> <u>2009</u>
В.	<u>RETIREES</u>	
	1. Medical and Prescription Drug ¹	
	Retirees under 65: Indemnity (per individual) Kaiser (per individual)	\$301.16 \$360.17
	Retirees 65 and older: HMSA (per individual) * Kaiser Sr. Advantage (per individual)	\$223.05 \$236.99

 ^{*} Includes HMSA 65C Plus medical and Group Medicare Drug Plan (Part D drug)

2.	Dental Benefit ²	
	HDS Dental (composite) Gentle Dental (composite)	\$30.60 \$21.93
3.	Vision Benefit ³	
	Indemnity (composite)	\$ 3.61

- Retirees with less than 15 years of credited service receive medical and prescription drug benefits
- ² Retirees with 15 or more years but less than 20 years of credited service receive medical, prescription drug, and dental benefits
- Retirees with 20 or more years of credited service and those retired prior to 9/16/95 receive medical, prescription drug, dental, and vision benefits

III. STUDENT COVERAGE SELF-PAYMENT PROGRAM

Effective **February 1, 2009**, the student coverage self-payment program rates are as follows:

	Effective
	February 1,
	2009
Medical and Prescription Drug	
Indemnity	\$254.01
Kaiser	\$241.12

IV. EMPLOYEE SELF-PAYMENT PROGRAM

Effective **February 1**, **2009**, the employee self-payment program rates are as follows:

	Effective
	<u>February 1,</u>
	<u>2009</u>
Medical and Prescription Drug	
Single	\$292.80
Family	\$512.40

Should you have any questions regarding the above changes or need assistance with your coverage, please contact the Trust Fund Office at 523-0199, or for neighbor islands, call toll free at 1 (866) 772-8989.