

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

March, 2010

TO: All Kaiser Bargaining Unit Participants
AFL Hotel & Restaurant Workers Health & Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: Kaiser Plan 2010 Changes, Self-Payment Program, COBRA Program, Michelle's Law, GINA, Prescription Drug Plan, and Vision Care Program

The Board of Trustees, at their meeting on February 16, 2010, adopted the following changes:

I. Kaiser Plan 2010 Changes

Effective January 1, 2010, the Kaiser Plan for the Retirees will be changed as follows:

Medical Plan

- | | |
|---------------------------------|---|
| 1. Emergency Services | \$75.00 copayment per visit
(formerly \$50.00) |
| 2. Hospital Inpatient Services | \$75.00 copayment per day
(formerly \$50.00) |
| 3. Supplemental Charges Maximum | \$2,500 per member and \$7,500 per family
unit (3 or more members)
(formerly \$2,000 per member and \$6,000
per family unit) |
| 4. Lifetime Maximum | \$3,000,000 per member
(formerly unlimited) |

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 AFL Hotel & Restaurant Workers Health & Welfare Trust Fund office. You may contact Kaiser Permanente or the Trust Fund office about your coverage. For details on extra services that is not part of

the health plan, please refer to Kaiser Permanente's website and individual mailings.

II. Self-Payment Program

Effective March 1, 2010, the rates for the Self-Payment Program will be changed as follows:

Employee Self-Payment Program

Coverage includes medical and prescription drug

	<u>Effective 3/01/10</u>	
	<u>Single</u>	<u>Family</u>
Indemnity	\$292.80	\$512.40

Student Self-Payment Program

Coverage includes medical and prescription drug

	<u>Effective 3/01/10</u>
Indemnity	\$279.01
Kaiser	\$329.97

III. COBRA Program

Effective March 1, 2010, the rates for the COBRA Program will be changed as follows:

Actives

Full Coverage includes medical, prescription drug, dental, vision, and death benefits

	<u>Effective 3/01/10</u>
Indemnity	
w/ HDS Dental	\$609.03
w/ Gentle Dental	\$589.56
Kaiser	
w/ HDS Dental	\$748.09
w/ Gentle Dental	\$728.62

Retirees

Retirees with less than 15 years of credited service receive medical and prescription drug benefits. 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.

	<u>Effective 3/01/10</u>
<u>Medical and prescription drug</u>	
Retirees < 65	
Indemnity	\$275.67
Kaiser	\$398.84
Retirees ≥ 65	
HMSA *	\$249.79
Kaiser Sr. Advantage	\$266.08
* Coverage includes HMSA 65C Plus medical, Srx Medicare Part D, and the supplemental self-funded drug plan	
<u>Dental</u>	
HDS Dental	\$31.52
Gentle Dental	\$21.93
<u>Vision</u>	
Indemnity	\$3.21

IV. 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 Student Self-Payment Program or 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.

V. Genetic Information Nondiscrimination Act of 2008 (GINA)

Pursuant to federal regulation **effective January 1, 2010**, the AFL Hotel & Restaurant Workers Health & Welfare Trust Fund has adopted a policy not to collect nor use genetic information in the administration of the benefits of this Trust Fund.

VI. Prescription Drug Plan (Self-Funded)

Mail Order Program

Effective August 1, 2009, the Mail Order Program for participants that reside in the State of Hawaii will be CVS Longs Drugs for a 90-day supply with a generic drug copayment of \$9.00 and a brand name drug copayment of \$28.00.

For retirees and dependents who reside outside the State of Hawaii, you may continue to use the Walgreens Mail Order Program for maintenance prescription drugs for a 60-day supply at a generic drug copayment of \$9.00 and a brand name drug copayment of \$28.00.

Attached is an updated listing of the pharmacy network for the Prescription Drug Plan (Self-Funded).

VII. 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

Robb T. Shibayama, O.D., Inc., a current participating provider, has informed the Trust that Leila Miyamoto, O.D. and Heather Teeter, O.D. have joined their practice and is available to render services, **effective January 1, 2010**.

C. New Provider

Effective April 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:

<u>Provider's Name & Address</u>	<u>Services Available</u>
Nelson Iwata, O.D., Inc. 4211 Waiālae Avenue, Suite 5090 Honolulu, Hawaii 96814 Phone: (808) 722-4112	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. 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 from the date of service.

Should you have any questions on 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.