

December, 2010

TO: All Active Participants and OTS Retirees and Spouses
Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

SUBJECT: Self-Payment Program, COBRA Program, Vision Care Program, and Medicare Part D Premium Reimbursement

The Board of Trustees, at their meeting on November 12, 2010, adopted the following changes:

I. SELF-PAYMENT PROGRAM

Effective March 1, 2011, if you choose to continue your benefits under the Self-Payment Program, the amount you will need to pay monthly is as follows:

A. Employee Self-Payment Program

	<u>Single</u>	<u>Family</u>
Indemnity	\$293.57	\$786.77

Coverage under the Employee Self-Payment Program includes medical and prescription drug benefits. (Does not include 2% administration charge.)

B. Student Self-Payment Program

	<u>Single Only</u>
Indemnity	\$278.90

Coverage under the Student Self-Payment Program includes medical and prescription drug benefits. (Does not include 2% administration charge.)

II. COBRA PROGRAM

Effective March 1, 2011, if you choose to continue your benefits under the COBRA Program, the amount you will need to pay monthly is as follows:

A. Actives

1. Core Coverage

	<u>Single</u>	<u>Family</u>
Indemnity	\$299.44	\$802.51

Core coverage for actives under the COBRA Program covers medical and prescription drug benefits.

2. Full Coverage

	<u>Single</u>	<u>Family</u>
Indemnity with HDS	\$329.79	\$881.15
Indemnity with Gentle Dental	\$322.46	\$861.59

Full coverage for actives under the COBRA Program includes medical, prescription drug, dental, vision, and chiropractic benefits.

B. Disabled Actives (from 19th to 29th month)

Full Coverage

	<u>Single</u>	<u>Family</u>
Indemnity with HDS	\$484.98	\$1,295.81
Indemnity with Gentle Dental	\$474.21	\$1,267.05

Full coverage for disabled actives under the COBRA Program includes medical, prescription drug, dental, vision, and chiropractic benefits.

C. OTS Retirees under Age 65

1. Core Coverage

	<u>Single</u>	<u>Family</u>
Indemnity	\$299.44	\$802.51

Core coverage for OTS retirees under age 65 under the COBRA Program includes medical and prescription drug benefits.

2. Full Coverage

	<u>Single</u>	<u>Family</u>
Indemnity	\$301.46	\$807.82

Full coverage for OTS retirees under age 65 under the COBRA Program includes medical, prescription drug, and vision benefits.

D. OTS Retirees Age 65 and over

1. Core Coverage

	<u>Effective 1/01/11 Per Individual</u>	<u>Effective 3/01/11 Per Individual</u>
HMSA Akamai Advantage and EGWP	\$155.56	-
Kaiser	-	\$252.26

Core coverage for OTS retirees age 65 and over under the COBRA Program includes medical and prescription drug benefits.

2. Full Coverage

	<u>Effective 1/01/11 Per Individual</u>	<u>Effective 3/01/11 Per Individual</u>
HMSA Akamai Advantage and EGWP	\$159.48	-
Kaiser	-	\$256.17

Full coverage for OTS retirees age 65 and over under the COBRA Program includes medical, prescription drug, and vision benefits.

III. VISION CARE PROGRAM

Current Providers

- A. Seoul Optical, a current participating provider, has moved and relocated its office. **Effective immediately**, Seoul Optical's new contact information is as follows:

Seoul Optical
641 Keeaumoku Street, Suite 17
Honolulu, Hawaii 96814
Phone: (808) 941-1004

- B. Paradise Optical, a current participating provider, has moved and relocated its office. **Effective immediately**, Paradise Optical's new contact information is as follows:

Paradise Optical
98-1277 Kaahumanu Street, Suite 105
Aiea, Hawaii 96701
Phone: (808) 488-6869

You are free to use any licensed care provider of your choice and receive the Trust'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 Office.

REMINDER

All vision claims must be filed within 90 days from the date of service.

FOR OTS RETIREES AND SPOUSES RESIDING OUTSIDE THE STATE OF HAWAII ONLY

IV. MEDICARE PART D PREMIUM REIMBURSEMENT

The Trust will reimburse you for your Medicare Prescription Drug premium, up to \$32.34 per month for the calendar year 2011, on a quarterly basis.

If your spouse is eligible for Medicare and also enrolls in an approved Medicare Prescription Drug Plan, the Trust will reimburse you for your spouse's Medicare Prescription premium, up to \$32.34 per month for the calendar year 2011, on a quarterly basis.

Reminder: In order for you to receive this reimbursement, you must submit the following documentation to the Trust:

1. A copy or description of the approved Medicare Prescription Drug Plan in which you (or your spouse) are enrolled;
2. Confirmation of your enrollment (or your spouse's enrollment) in the Medicare Prescription Drug Plan;
3. Proof of payment for your Medicare Part D premium (i.e. receipt from insurance carrier, copy of cancelled check or money order, etc.); and

4. A completed “Application for Out-of-State Medicare Part D Premium Reimbursement” form, which is available upon request from the Trust office (see attached).

Important Note: If you do not provide all the required documentation, the Trust will **not** make any reimbursement payment to you.

Should you have any questions regarding the above changes or need assistance with your coverage, please contact the Trust Office at 842-0392, or for neighbor islands, call toll free at (866) 772-8989.