

HAWAII TEAMSTERS TRUST FUNDS

1221 KAPIOLANI BLVD., SUITE 6C - HONOLULU, HAWAII 96814-3513
PHONE: TRUST OFFICE (808) 847-0886 - ADMINISTRATIVE OFFICE (808) 523-0199
FAX (808) 523-5933-NEIGHBOR ISLANDS TOLL FREE 1 (866) 528-9677

Hawaii Truckers-
Teamsters Union
Pension Plan • Teamsters Health &
Welfare Trust Fund • Teamsters Legal
Services Plan • Teamsters Training
and Opportunity
Program

January 3, 2007

TO: All **Active and Disabled Active** Participants of the Hawaii Teamsters
Health & Welfare Trust

FROM: Board of Trustees

SUBJECT: COBRA RATES, SELF-PAYMENT PROGRAM FOR EMPLOYEES OF
DELINQUENT EMPLOYERS, STUDENT SELF-PAY PROGRAM, AND
VISION CARE PROVIDERS

I. COBRA RATES

Effective March 1, 2007, the following is the schedule of rates for the
COBRA continuation of coverage for Active participants:

<u>Benefit</u>	<u>Single</u>	<u>Family</u>
Core Coverage - Medical & Prescription Drug only		
Indemnity	\$235.88	\$636.87
Kaiser	\$264.30	\$687.75
Full Coverage - Medical, Prescription Drug, Dental & Vision		
Indemnity with HDS	\$261.15	\$705.11
Indemnity with DCCH	\$256.92	\$693.68
Kaiser with HDS	\$289.58	\$755.98
Kaiser with DCCH	\$285.35	\$744.56
Dental Only		
HDS	\$ 23.22	\$ 62.68
DCCH	\$ 18.98	\$ 51.25

Effective March 1, 2007, the following is the schedule of rates for the COBRA continuation of coverage for Disabled Active participants (from 19th to 29th month):

<u>Benefit</u>	<u>Single</u>	<u>Family</u>
Full Coverage - Medical, Prescription Drug, Dental & Vision		
Indemnity with HDS	\$384.05	\$1,036.92
Indemnity with DCCH	\$377.82	\$1,020.12
Kaiser with HDS	\$425.85	\$1,111.74
Kaiser with DCCH	\$419.63	\$1,094.94

II. SELF-PAYMENT PROGRAM* FOR EMPLOYEES OF DELINQUENT EMPLOYERS

Under the **Employee Self-Payment Program**, the employee may continue coverage for not more than six (6) consecutive months in the event they become ineligible for benefits as a result of their employer failing to make the required contribution. They must enroll in the Employee Self-Payment Program within 30 days of notification of ineligibility and make self-payments to the Trust. After the six (6) consecutive months are up, if the employer continues to be delinquent, they may elect the COBRA option to continue coverage.

<u>Benefit</u>	<u>Single</u>	<u>Family</u>
Core Coverage - Medical & Prescription Drug only		
Indemnity	\$231.25	\$624.38
Kaiser	\$259.12	\$674.26

* Coverage includes medical and prescription drug benefits. Does not include 2% administration charge.

III. STUDENT SELF-PAYMENT PROGRAM*

Under the **Student Coverage Self-Payment Program**, the full-time student may continue single coverage for not more than twelve (12) consecutive months or through age 23, whichever occurs sooner, by making self-payments to the Trust. They must enroll in the Student Self-Payment Program within 30 days of notification of ineligibility. If the student selects the self-payment program, they give up their option to use the COBRA program.

<u>Benefit</u>	<u>Single</u>
Core Coverage - Medical & Prescription Drug only	
Indemnity	\$219.69
Kaiser	\$259.12

* Coverage includes medical and prescription drug benefits. Does not include 2% administration charge.

IV. VISION CARE PROVIDERS

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

1. Faulker Institute – Retired
2. Colleen Ichiyama-Kong, O.D., LLC – Terminated Practice

You are free to use any licensed vision 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 cost for covered services. For a complete list of participating vision care providers, contact the Hawaii Teamsters Health & Welfare Trust Office.

REMINDER

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

Should you have any questions on the above changes, please contact the Trust Office at (808) 523-0199.