

HAWAII TEAMSTERS HEALTH & WELFARE TRUST FUND

ALL ELIGIBLE ACTIVE PARTICIPANTS

OPEN ENROLLMENT

The Annual Open Enrollment period for the Hawaii Teamsters Health & Welfare Trust Fund is **July 1, 2018 through July 31, 2018, effective September 1, 2018**. If you wish to change plans, please visit, www.teamsterstrustbenefits.com . You may also visit your Trust Fund Office, Benefit & Risk Management Services (BRMS) at 560 N. Nimitz Hwy., Suite 209, Honolulu, Hawaii 96817-5315, or our Satellite office (located in the Union Hall); or contact 842-0392; neighbor islands (866) 772-8989, for further assistance.

Medical Plans

Two (2) choices are available – **University Health Alliance (“UHA”) Plan 600 (Fully Insured)** and the **Teamsters Self-Funded Comprehensive Medical HMO Plan**. The UHA Plan 600 is a preferred provider or “freedom of choice” plan. You may receive services from the doctor of your choice and payments are based on a percentage of Eligible Charges. Under this plan, your out-of-pocket costs are usually lower when you receive services from a participating provider. Under the Teamsters Self-Funded Comprehensive Medical HMO Plan, services are available through the Queen’s network of facilities and contracted providers. If you obtain services from a non-contracted provider, there is no coverage. Your co-payment is usually a fixed dollar amount. For a complete listing of participating providers with the UHA Plan 600 or the Self-Funded Comprehensive Medical HMO Plan please visit, www.teamsterstrustbenefits.com.

Dental Plans

Two (2) choices are available – **Hawaii Dental Service (HDS) and Gentle Dental (formerly Dental Care Centers of Hawaii) Plan**. The HDS Plan offers you freedom to choose your own dentist. You may select from a network of over 96% of the dentists statewide. Payments are based on a percentage of eligible fees. Visiting an HDS Member Dentist will lower your out-of-pocket costs. National coverage is also available through Delta Dental Plans Association, the largest dental benefits provider in the nation. The Gentle Dental Plan is a “dental HMO” plan. You must receive services at one of the following HFDC clinics: GMS Dental and Healthy Smiles Family Dental. Your copayment is usually a fixed dollar amount. The Plan will not pay for services from a non-Gentle Dental dentist, except when referred or if emergency care is required.

A Summary of Benefits and Coverage for the medical plan(s) are enclosed along with a comparison sheet for the dental providers.

Benefit & Risk Management Services, Inc.
Trust Administrator
On behalf of the
Board of Trustees

Enclosures
June 2018

