

September 2021

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

FROM: Board of Trustees

SUBJECT: New COBRA Rates Effective October 1, 2021

The Board of Trustees, at their meeting of August 20, 2021, adopted the following changes:

I. COBRA Program

Effective October 1, 2021, the rates for the COBRA Program will be changed as follows:

A. Actives

	<u>Effective 10/01/21</u>	
	<u>Single</u>	<u>Family</u>
Core Coverage *		
UHA & PPO Drug	\$ 649.03	\$ 1,663.74
Kaiser	\$ 725.68	\$ 1,451.35
Full Coverage **		
UHA & PPO Drug with HDS	\$ 685.78	\$ 1,759.82
Kaiser with HDS	\$ 762.43	\$ 1,547.42

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

** 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)

	<u>Effective 10/01/21</u>	
	<u>Single</u>	<u>Family</u>
Full Coverage *		
UHA & PPO Drug with HDS	\$ 1,008.49	\$ 2,587.97
Kaiser with HDS	\$ 1,121.22	\$ 2,275.62

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

C. OTS Retirees under Age 65

	<u>Effective 10/01/21</u>	
	<u>Single</u>	<u>Family</u>
Core Coverage *		
UHA & PPO Drug	\$ 649.03	\$ 1,663.74
Kaiser	\$ 725.68	\$ 1,451.35
Full Coverage **		
UHA & PPO Drug	\$ 652.80	\$ 1,673.90
Kaiser	\$ 729.45	\$ 1,461.51

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

** 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 (includes Medicare Part D Drug)

	<u>Per Individual</u>
Full Coverage *	
HMSA Akamai Advantage and EGWP	\$384.13 (effective 1/01/22)
Kaiser	\$423.13 (effective 10/01/21)

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

II. Employee Self- Payment Program

Effective October 1, 2021, the rates for the Employee Self-Payment Program will be as follows:

	<u>Effective 10/01/21</u>	
	<u>Single</u>	<u>Family</u>

Core Coverage *

UHA and PPO Drug	\$ 636.30	\$ 1,631.12
Kaiser	\$ 711.45	\$ 1,422.89

- * Core coverage under the Employee Self-Payment Program includes medical and prescription drug benefits. Does not include 2% administration charge.

Should you have any questions on 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.

