



# HAWAII TEAMSTERS TRUST FUNDS

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

MARCH 2004

**TO: ALL ACTIVE PARTICIPANTS AND OTS RETIREES OF THE  
 HAWAII TEAMSTERS HEALTH & WELFARE TRUST**

**FROM: BOARD OF TRUSTEES**

**RE: COBRA CONTINUATION OF COVERAGE RATES**

**I. COBRA RATES**

Effective **MARCH 1, 2004**, the following are the schedules of rates for the various COBRA continuation of coverage:

<b>ACTIVES</b>		
	<u>SINGLE</u>	<u>FAMILY</u>
<b>CORE COVERAGE</b>		
• INDEMNITY	\$178.06	\$480.77
• KAISER	\$230.47	\$612.42
<b>FULL COVERAGE</b>		
• INDEMNITY W/HDS	\$202.11	\$545.70
• INDEMNITY W/DCCH	\$198.95	\$537.16
• KAISER W/HDS	\$254.52	\$677.35
• KAISER W/DCCH	\$251.36	\$668.81
<b>DENTAL ONLY</b>		
• HDS	\$22.20	\$59.93
• DCCH	\$19.03	\$51.39

<b>DISABLED ACTIVES</b>		
	<u>SINGLE</u>	<u>FAMILY</u>
<b>FULL COVERAGE</b>		
• INDEMNITY W/HDS	\$297.23	\$802.50
• INDEMNITY W/DCCH	\$292.58	\$789.95
• KAISER W/HDS	\$374.30	\$996.11
• KAISER W/DCCH	\$369.65	\$983.55

Core Coverage includes medical and prescription drug benefits.  
 Full Coverage includes medical, prescription drug, dental and vision benefits.

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<b>RETIREES AND SPOUSES UNDER AGE 65</b>
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	<u>SINGLE</u>	<u>FAMILY</u>
<b>CORE COVERAGE</b>		
• INDEMNITY	\$240.01	\$420.02
• KAISER	\$230.47	\$620.87
<b>FULL COVERAGE</b>		
• INDEMNITY	\$242.09	\$423.66
• KAISER	\$232.55	\$624.52

Core Coverage includes medical and prescription drug benefits.  
Full Coverage includes medical, prescription drug and vision benefits.

<b>EMPLOYEE SELF-PAYMENT PROGRAM *</b>
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	<u>SINGLE</u>	<u>FAMILY</u>
INDEMNITY	\$174.57	\$471.34
KAISER	\$225.95	\$600.41

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

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.

The Trust Office must receive your payment for the Employee Self-Payment Program by the 15<sup>th</sup> of the month prior to the month for which payment is being made. Payment for the first month of self-pay coverage must be made within 15 days of your notification from the Trust Office of your loss of eligibility, or by the 30<sup>th</sup> of the month, whichever is sooner. **Failure to make self-payments by the 15<sup>th</sup> of the month shall result in the loss of coverage.** Contact the Trust Office on Oahu at (808) 847-0886 or neighbor islands (800) 727-8897 if you wish to make a self-payment. The Trust Office will tell you the amount of your payment and explain the payment procedure.

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**STUDENT SELF-PAYMENT PROGRAM \***

	<u>SINGLE ONLY</u>
INDEMNITY	\$165.85
KAISER	\$225.95

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

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.

The Trust Office must receive your payment for the Student Coverage Self-Payment Program by the 15<sup>th</sup> of the month prior to the month for which payment is being made. Payment for the first month of self-pay coverage must be made within 15 days of your notification from the Trust Office of your loss of eligibility, or by the 30<sup>th</sup> of the month, whichever is sooner. **Failure to make self-payments by the 15<sup>th</sup> of the month shall result in the loss of coverage.** Contact the Trust Office on Oahu at (808) 847-0886 or neighbor islands (800) 727-8897 if you wish to make a self-payment. The Trust Office will tell you the amount of your payment and explain the payment procedure.

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