

March, 2010

TO: **All OTS Retirees and Spouses Residing Outside the State of Hawaii**
Hawaii Teamsters Health & Welfare Trust

FROM: Board of Trustees

SUBJECT: Medicare Prescription Drug (Part D) Coverage

The Board of Trustees, at their meeting on February 12, 2010, approved the 2010 rate for the Medicare Part D premium reimbursement.

Medicare Part D Premium Reimbursement

The Trust will reimburse you for your Medicare Prescription Drug premium, up to \$31.94 per month for the calendar year 2010, 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 \$31.94 per month for the calendar year 2010, 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 523-0199, or for neighbor islands, call toll free at 1-866-772-8989.