TO: All Active Participants and OTS Retirees and Spouses

Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

SUBJECT: New COBRA Rates Effective December 1, 2023

The Board of Trustees, at their meeting of November 3, 2023, adopted the following changes:

COBRA Program

I.

<u>Effective December 1, 2023</u>, the rates for the COBRA Program will be changed as follows:

A. Actives

	Effective 12/01/23		
	<u>.</u>	<u>Single</u>	<u>Family</u>
Core Coverage *			
UHA & PPO Drug	\$	742.09	\$ 1,905.50
Kaiser	\$	806.16	\$ 1,612.29
Full Coverage **			
UHA & PPO Drug with HDS	\$	779.27	\$ 2,002.07
UHA & PPO Drug with HMSA	\$	777.85	\$ 1,998.27
Kaiser with HDS	\$	843.34	\$ 1,708.86
Kaiser with HMSA	\$	841.92	\$ 1,705.06

^{*} 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. <u>Disabled Actives (from 19th to 29th month)</u>

	Effective 12/01/23		
	<u>Single</u>	<u>Family</u>	
Full Coverage *			
UHA & PPO Drug with HDS	\$ 1,145.98	\$ 2,944.22	
UHA & PPO Drug with HMSA	\$ 1,144.59	\$ 2,940.50	
Kaiser with HDS	\$ 1,240.20	\$ 2,513.03	
Kaiser with HMSA	\$ 1,238.11	\$ 2,507.45	

^{*} 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>0 : 0 : :0:::000 </u>	Effective 12/01/23		
	<u> </u>	<u>Single</u>	<u>Family</u>
Core Coverage *			
UHA & PPO Drug	\$	742.09	\$ 1,905.50
Kaiser	\$	806.16	\$ 1,612.29
Full Coverage **			
UHA & PPO Drug with VSP	\$	744.96	\$ 1,913.17
Kaiser with VSP	\$	809.02	\$ 1,619.96

- * 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)

Per Individual

Full Coverage *

Humana & EGWP Drug	\$162.09 (effective 1/01/24)
Kaiser	\$411.72 (effective 12/01/23)

* 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 December 1, 2023, the rates for the Employee Self-Payment Program will be as follows:

	Effective 12/01/23		
	<u>Single</u>	<u>Family</u>	
Core Coverage *			
UHA and PPO Drug	\$ 727.54	\$ 1,868.14	
Kaiser	\$ 790.35	\$ 1,580.68	

* 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 (808) 842-0125, or for neighbor islands, call toll free at (866) 772-8989.