

September 2020

**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, 2020**

The Board of Trustees, at their meeting of September 1, 2020, adopted the following changes:

**I. COBRA Program**

**Effective October 1, 2020**, the rates for the COBRA Program will be changed as follows:

A. Actives

	<u>Effective 10/01/20</u>	
	<u>Single</u>	<u>Family</u>
<b>Core Coverage *</b>		
UHA & PPO Drug	\$ 602.55	\$ 1,547.97
Kaiser	\$ 678.39	\$ 1,356.78
<b>Full Coverage **</b>		
UHA & PPO Drug with HDS	\$ 635.81	\$ 1,636.66
UHA & PPO Drug w/Gentle Dental	\$ 627.78	\$ 1,614.55
Kaiser with HDS	\$ 711.64	\$ 1,445.47
Kaiser with Gentle Dental	\$ 703.62	\$ 1,423.36

\* 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 19<sup>th</sup> to 29<sup>th</sup> month)

	<u>Effective 10/01/20</u>	
	<u>Single</u>	<u>Family</u>
<b>Full Coverage *</b>		
UHA & PPO Drug with HDS	\$ 935.01	\$ 2,406.86
UHA & PPO Drug w/Gentle Dental	\$ 923.21	\$ 2,374.34
Kaiser with HDS	\$ 1,046.54	\$ 2,125.70
Kaiser with Gentle Dental	\$ 1,034.73	\$ 2,093.18

\* 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 10/01/20</u>	
	<u>Single</u>	<u>Family</u>
<b>Core Coverage *</b>		
UHA & PPO Drug	\$ 602.55	\$ 1,547.97
Kaiser	\$ 678.39	\$ 1,356.78
<b>Full Coverage **</b>		
UHA & PPO Drug	\$ 606.24	\$ 1,558.12
Kaiser	\$ 682.07	\$ 1,366.93

\* 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>
<b>Full Coverage *</b>	
HMSA Akamai Advantage and EGWP	\$365.81 (effective 1/01/21)
Kaiser	\$430.77 (effective 10/01/20)

\* 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, 2020**, the rates for the Employee Self-Payment Program will be as follows:

	<u>Effective 10/01/20</u>	
	<u>Single</u>	<u>Family</u>
<b>Core Coverage *</b>		
UHA and PPO Drug	\$ 590.74	\$ 1,517.62
Kaiser	\$ 665.09	\$ 1,330.18

- \* 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.