

HAWAII TEAMSTERS HEALTH & WELFARE TRUST

Benefit and Risk Management Services

560 N. Nimitz Highway, Suite 209

Honolulu, HI 96817-5315

December 2008

TO: All **Active and Disabled** Participants of the Hawaii Teamsters Health & Welfare Trust enrolled in the COBRA or Self-Payment Programs

FROM: Board of Trustees

SUBJECT: COBRA PROGRAM, SELF-PAYMENT PROGRAM FOR EMPLOYEES OF DELINQUENT EMPLOYERS AND STUDENT SELF-PAY PROGRAM.

I. COBRA PROGRAM

A. ACTIVE PARTICIPANTS

Effective March 1, 2009, the following is the schedule of rates for the COBRA continuation of coverage for Active participants:

<u>BENEFIT</u>	<u>SINGLE</u>	<u>FAMILY</u>
Core Coverage - Medical & Prescription Drug only		
Indemnity	\$227.82	\$615.11
Kaiser	\$241.04	\$627.20
Full Coverage - Medical, Prescription Drug, Dental & Vision		
Indemnity with HDS	\$254.79	\$687.93
Indemnity with DCCH	\$249.19	\$627.80
Kaiser with HDS	\$268.01	\$700.02
Kaiser with DCCH	\$262.41	\$684.89

B. DISABLED ACTIVE PARTICIPANTS (from 19th to 29th month)

Effective March 1, 2009, the following is the schedule of rates for the COBRA continuation of coverage for Disabled Active participants (from 19th to 29th month):

<u>BENEFIT</u>	<u>SINGLE</u>	<u>FAMILY</u>
Full Coverage - Medical, Prescription Drug, Dental & Vision		
Indemnity with HDS	\$374.69	\$1,011.66
Indemnity with DCCH	\$366.45	\$ 989.42
Kaiser with HDS	\$394.13	\$1,029.43
Kaiser with DCCH	\$385.89	\$1,007.19

II. **SELF-PAYMENT PROGRAM FOR EMPLOYEES OF DELINQUENT EMPLOYERS***

Under the Self-Payment Program for Employees of Delinquent Employers, 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.

Effective March 1, 2009, the following is the schedule of rates for the Self-Payment Program for Employees of Delinquent Employers:

<u>BENEFIT</u>	<u>SINGLE</u>	<u>FAMILY</u>
Core Coverage - Medical & Prescription Drug only		
Indemnity	\$223.35	\$603.05
Kaiser	\$236.31	\$614.90

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

III. **STUDENT SELF-PAYMENT PROGRAM***

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.

Effective March 1, 2009, the following is the schedule of rates for the Student Self-Payment Program:

<u>BENEFIT</u>	<u>SINGLE</u>
Core Coverage - Medical & Prescription Drug only	
Indemnity	\$212.19
Kaiser	\$236.31

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

Should you have any questions on the above changes, please contact the Trust Office at (808) 523-0199 or for neighbor islands, toll free at 1 (866) 772-8989.