

HAWAII TEAMSTERS TRUST FUNDS

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Hawaii Truckers-
Teamsters Union
Pension Plan

Teamsters Health &
Welfare Trust Fund

Teamsters Legal
Services Plan

Teamsters Training
and Opportunity
Program

January 12, 2006

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

FROM: BOARD OF TRUSTEES

RE: COBRA RATES

I. COBRA RATES

ACTIVES

Effective **MARCH 1, 2006**, the following are the schedules of rates for the various COBRA continuation of coverage:

	<u>SINGLE</u>	<u>FAMILY</u>
CORE COVERAGE (MEDICAL & PRESCRIPTION DRUG ONLY)		
• INDEMNITY	\$207.18	\$559.39
• KAISER	\$246.19	\$683.45
FULL COVERAGE (MEDICAL, PRESCRIPTION DRUG, DENTAL & VISION)		
• INDEMNITY W/HDS	\$232.44	\$627.58
• INDEMNITY W/DCCH	\$229.21	\$618.87
• KAISER W/HDS	\$271.44	\$751.64
• KAISER W/DCCH	\$268.22	\$742.94
DENTAL ONLY (AVAILABLE TO AIRPORT GROUP INTERNATIONAL ONLY)		
• HDS	\$23.22	\$62.68
• DCCH	\$19.99	\$53.98

The first payment must be received within 45 days of the election to continue coverage. Subsequent payments must be made monthly and received by the Trust Fund Office within 30 days after the first day of the period covered by the payment.

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 HEALTH & WELFARE TRUST
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DISABLED ACTIVES

Effective **MARCH 1, 2006**, the following is the schedule of rates for the COBRA continuation of coverage for Disabled Active employees (from 19th to 29th month):

FULL COVERAGE (MEDICAL, PRESCRIPTION DRUG, DENTAL & VISION)	<u>SINGLE</u>	<u>FAMILY</u>
• INDEMNITY W/HDS	\$341.82	\$ 922.91
• INDEMNITY W/DCCH	\$337.08	\$ 910.11
• KAISER W/HDS	\$399.18	\$1,105.25
• KAISER W/DCCH	\$394.44	\$1,092.56

The first payment must be received within 45 days of the election to continue coverage. Subsequent payments must be made monthly and received by the Trust Fund Office within 30 days after the first day of the period covered by the payment.

SELF-PAYMENT PROGRAM * FOR EMPLOYEES OF DELINQUENT EMPLOYERS

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.

CORE COVERAGE (MEDICAL & PRESCRIPTION DRUG ONLY)	<u>SINGLE</u>	<u>FAMILY</u>
• INDEMNITY	\$203.12	\$548.42
• KAISER	\$241.36	\$670.05

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

The Trust Office must receive your payment for the Employee Self-Payment Program by the 15th 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 30th of the month, whichever is sooner. **Failure to make self-payments by the**

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15th of the month shall result in the loss of coverage. Contact the Trust Office on Oahu at (808) 847-0886 or neighbor islands (866) 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.

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.

SINGLE ONLY

CORE COVERAGE

(MEDICAL & PRESCRIPTION DRUG ONLY)

- | | |
|-------------|----------|
| • INDEMNITY | \$192.97 |
| • KAISER | \$241.36 |

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

The Trust Office must receive your payment for the Student Coverage Self-Payment Program by the 15th 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 30th of the month, whichever is sooner. **Failure to make self-payments by the 15th of the month shall result in the loss of coverage.** Contact the Trust Office on Oahu at (808) 847-0886 or neighbor islands (866) 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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