



HAWAII TEAMSTERS TRUST FUNDS

615 PIIKOI STREET, SUITE 601 - HONOLULU, HAWAII 96814-3140
PHONE: TRUST OFFICE (808) 847-0886 - ADMINISTRATIVE OFFICE (808) 591-8466
FAX (808) 593-8661-NEIGHBOR ISLANDS DIAL DIRECT 1 (800) 232-9669

Hawaii Truckers-
Teamsters Union Pension Plan • Teamsters Health &
Welfare Trust Fund • Teamsters Legal
Services Plan • Teamsters Training
and Opportunity
Program

MARCH 2003

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

FROM: BOARD OF TRUSTEES

SUBJECT: COBRA RATES, SELF-PAYMENT PROGRAM FOR EMPLOYEES OF
DELINQUENT EMPLOYERS, STUDENT SELF-PAY, RE-EMPLOYMENT
PROVISION FOR THE SUPPLEMENTAL HEALTH PLAN FOR OTS
RETIREES AND VISION CARE PROVIDERS

I. COBRA RATES

Effective **MARCH 1, 2003**, the following is the schedule of rates for the COBRA continuation of coverage for Active employees:

<u>BENEFIT</u>	<u>SINGLE</u>	<u>FAMILY</u>
CORE COVERAGE - Medical & Prescription Drug only		
Indemnity	\$163.73	\$442.07
Kaiser	\$217.06	\$578.56
FULL COVERAGE - Medical, Prescription Drug, Dental & Vision		
Indemnity with HDS	\$187.83	\$507.14
Indemnity with DCCH	\$183.89	\$496.49
Kaiser with HDS	\$241.16	\$643.64
Kaiser with DCCH	\$237.21	\$632.98

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 RE: COBRA RATES, SELF-PAYMENT PROGRAM FOR EMPLOYEES OF DELINQUENT
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<u>BENEFIT</u>	<u>SINGLE</u>	<u>FAMILY</u>
DENTAL ONLY		
HDS	\$ 22.06	\$ 59.57
DCCH	\$ 18.12	\$ 48.91

II. SELF-PAYMENT PROGRAM FOR EMPLOYEES OF DELINQUENT EMPLOYERS

Effective **OCTOBER 1, 2002**, when you become ineligible for benefits as a result of your employer failing to make the required contribution, you can continue your coverage for medical and prescription drug benefits for not more than six (6) consecutive months by making self-payments to the Trust. After the six (6) consecutive months are up, if your employer continues to be delinquent, you may elect the COBRA option to continue coverage.

The amount that you must pay is based on the cost of the benefits as determined by the Board of Trustees, from time to time.

Your payment for the Employee Self-Payment Program must be received by the Trust Office 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) 591-8466 or neighbor islands (800) 232-9669 if you wish to make a self-payment. The Trust Office will tell you the amount of your payment and explain the payment procedure.

<u>BENEFIT</u>	<u>SINGLE</u>	<u>FAMILY</u>
CORE COVERAGE - Medical & Prescription Drug only		
Indemnity	\$160.52	\$433.40
Kaiser	\$212.80	\$567.22

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III. STUDENT SELF-PAYMENT PROGRAM

Effective **OCTOBER 1, 2002**, when eligibility for a dependent child who is a full-time student terminates because that person no longer qualifies as a full-time student, he or she may continue coverage by electing one of the following two options: 1) Student Coverage Self-Payment Program, or 2) COBRA Program. If they select the Student Coverage Self-Payment Program, they give up their option to use the COBRA program.

Under the Student Coverage Self-Payment Program, the student may continue single coverage for medical and prescription drug benefits for not more than twelve (12) consecutive months or through age 23, whichever occurs sooner, by making self-payments to the Trust. The Student Coverage Self-Payment Program rates will be established annually by the Board of Trustees.

Your payment for the Student Coverage Self-Payment Program must be received by the Trust Office 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) 591-8466 or neighbor islands (800) 232-9669 if you wish to make a self-payment. The Trust Office will tell you the amount of your payment and explain the payment procedure.

<u>BENEFIT</u>	<u>SINGLE</u>
CORE COVERAGE - Medical & Prescription Drug only	
Indemnity	\$152.50
Kaiser	\$212.80

IV. RE-EMPLOYMENT PROVISIONS FOR SUPPLEMENTAL HEALTH PLAN FOR OTS RETIREES

Effective **OCTOBER 1, 2002**, page 13 of the Supplemental Health Plan for OTS Retirees SPD is amended to read as follows:

When you retiree from Oahu Transit Services, Inc. (OTS), your coverage under the Hawaii Teamsters Health and Welfare Trust Fund will cease and you and your

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spouse may be eligible for benefits under the Supplemental Health Plan for OTS Retirees provided you meet the following requirements:

1. Retire on or after July 1, 1984
2. Be at least 62 years of age at the time of retirement, and
3. Be fully vested by the Western Conference of Teamsters Pension Plan.

Your eligible dependent includes your spouse. Coverage for your spouse will continue as long as you are eligible.

Benefits for retirees shall cease upon the earliest of the following events: 1) death of the retiree, 2) suspension of benefits because of reemployment (see REEMPLOYMENT), or 3) termination of the Trust, or with respect to any particular benefits under the Trust, termination or reduction of that benefit. **Benefits for retirees under the Trust are not vested and are not guaranteed for the life of the retiree.**

RE-EMPLOYMENT

If, after you retire from Oahu Transit Service (OTS), you are gainfully employed for 20 or more hours per week for four (4) consecutive weeks, you will not be eligible for retiree benefits from the Supplemental Health Plan for OTS Retirees while you are gainfully employed. Upon termination of gainful employment, you will have the option to re-enroll in the Supplemental Health Plan for OTS Retirees, if you exercise this option within 30 days of the termination of gainful employment.

V. VISION CARE PROVIDERS

A. NEW PROVIDERS

Effective **MARCH 1, 2003**, two (2) corporations have been added under the Vision Care Program. Their name, address and phone number and type of service available are as follows:

- | | |
|--|---|
| 1. Matsuyama & Matsuyama, O.D., Inc.
(Wayne Matsuyama, O.D.)
(Gerald Matsuyama, O.D.)
(Lillian Takamura, O.D.)
1109 12 th Avenue
Honolulu, Hawaii 96816
Phone: 734-1988 | 2. Styleyes
(Wayne Matsuyama, O.D.)
(Gerald Matsuyama, O.D.)
(Lillian Takamura, O.D.)
Westridge Center
Aiea, Hawaii 96701
Phone: 486-3937 |
|--|---|

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The providers will render eye examinations and dispense eyeglasses and contact lenses. The only copayment payable by participants would be for contact lenses and non-covered items.

B. CURRENT PROVIDERS

Effective immediately, Seulyn Lee Au, O.D. has opened a fifth office, which is located in Kahala Mall, the five (5) office locations are as follows

Seulyn Lee Au, O.D.

- a. Ala Moana Center (inside LensCrafters)
1450 Ala Moana Boulevard, #3265
Honolulu, Hawaii 96814
Phone: 941-1566
- b. Pearlridge Downtown, Phase II, \$410 (next to LensCrafters)
Aiea, Hawaii 96701
Phone: 486-2666
- c. Windward Mall (inside LensCrafters)
46-056 Kamehameha Highway, #1-6
Kaneohe, Hawaii 96744
Phone: 236-2666
- d. Kaahumanu Center - Maui
275 W. Kaahumanu Avenue, #1010
Kahului, Maui, Hawaii 96732
Phone: 877-4766
- e. Kahala Mall
4211 Waialae Avenue, #B-11
Honolulu, Hawaii 96816
Phone: 732-1566

You are still free to go to any licensed vision care provider of your choice and receive the Trust's allowance for covered services and supplies. However, by receiving services and supplies from a participating provider, you limit your out-of-pocket cost for covered services. For a complete list of participating vision care providers, contact the Hawaii Teamsters Health and Welfare Trust Office.

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REMINDER

TO ADD A SPOUSE OR DEPENDENT CHILD, YOU MUST ENROLL
SUBMIT PROPER DOCUMENTATION, IN WRITING, TO THE TRUST
OFFICE WITHIN 30 DAYS OF THE DATE OF MARRIAGE, BIRTH,
ADOPTION, OR PLACEMENT FOR ADOPTION. IF YOU DO NOT ADD A
DEPENDENT WITHIN THIS 30-DAY PERIOD YOU WILL NEED TO WAIT
UNTIL THE NEXT OPEN ENROLLMENT PERIOD TO ADD ANY NEW
DEPENDENTS.