

November 2024

TO: All Active Participants and OTS Retirees and Spouses
Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

SUBJECT: New COBRA Rates Effective September 1, 2024

The Board of Trustees of the Hawaii Teamsters Health and Welfare Trust adopted the following changes:

I. COBRA Program

Effective September 1, 2024, the rates for the COBRA Program will be changed as follows:

A. Actives

	<u>Effective 09/01/2024</u>	
	<u>Single</u>	<u>Family</u>
Core Coverage *		
UHA & PPO Drug	\$ 725.88	\$ 1,878.42
Kaiser	\$ 806.15	\$ 1,612.29
Full Coverage **		
UHA & PPO Drug with HDS	\$ 765.05	\$ 1,975.48
UHA & PPO Drug with HMSA	\$ 758.42	\$ 1,958.59
Kaiser with HDS	\$ 843.33	\$ 1,708.86
Kaiser with HMSA	\$ 838.68	\$ 1,692.46

* 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 19th to 29th month)

	<u>Effective 09/01/2024</u>	
	<u>Single</u>	<u>Family</u>
Full Coverage *		

UHA & PPO Drug with HDS	\$ 1,125.07	\$ 2,905.11
UHA & PPO Drug with HMSA	\$ 1,115.32	\$ 2,880.28
Kaiser with HDS	\$ 1,240.19	\$ 2,513.03
Kaiser with HMSA	\$ 1,233.36	\$ 2,488.92

* 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 09/01/2024</u>	
	<u>Single</u>	<u>Family</u>
Core Coverage *		
UHA & PPO Drug	\$ 725.88	\$ 1,878.42
Kaiser	\$ 996.29	\$ 1,992.57
Full Coverage **		
UHA & PPO Drug with VSP	\$ 728.89	\$ 1,886.08
Kaiser with VSP	\$ 999.29	\$ 2,000.23

* 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>
Full Coverage *	
Humana & EGWP Drug	\$170.23 (effective 01/01/25)
Kaiser	\$418.88 (effective 01/01/25)

* 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 September 1, 2024, the rates for the Employee Self-Payment Program will be as follows:

	<u>Effective 09/01/24</u>	
	<u>Single</u>	<u>Family</u>
Core Coverage *		
UHA and PPO Drug	\$ 711.65	\$ 1,841.59
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.

