



# GBS Administrators, Inc.

a Subsidiary of Gallagher Benefit Services, Inc.

## IMPORTANT OPEN ENROLLMENT INFORMATION FOR COBRA PARTICIPANTS

December 16, 2022



**New Plan Year Effective Date:** January 01, 2023

**Open Enrollment Changes are Due:** January 15, 2023

**COBRA Premium is Due:** January 01, 2023

**COBRA Premium Grace Period Expires:** January 31, 2023

*Grace Period expires at the later of dates above, or 45 days from your initial election date.*



As a COBRA participant, you can make changes in your coverage during open enrollment for the new plan year. This means you can add or drop dependents or coverages at this time. If you are adding a dependent to your coverage, you **MUST** complete the enclosed enrollment form.



### REVIEW YOUR HEALTHCARE OPTIONS

To assist you in making decisions regarding your healthcare coverage, a Summary of Benefits and Coverage (SBC) is included in your packet. The SBC summarizes important information about your health coverage options in a standard format. You may request additional paper copies, free of charge, by contacting a Gallagher Benefit Advocate at 1-800-235-0700 or by email: [askgbs-wa@ajg.com](mailto:askgbs-wa@ajg.com).

You can access all available COBRA information at the Aloha Air Cargo portal, through the COBRA tab:

**[c2mb.ajg.com/aloha/home/](https://c2mb.ajg.com/aloha/home/)**

### WHAT DO I NEED TO DO?

You must respond within 30 days from the date of this letter (please refer to the due dates at the top of this page), with any changes you want to make in your coverage. There is a checklist at the bottom of the enclosed Monthly Cost Outline page listing the steps you need to complete in order to continue your coverage.

The enclosed Employee Benefit Outline will briefly highlight key features of your plan(s). Please take the time to review these highlights.

The monthly cost to continue coverage is determined by who you cover under your plan. Please use the table on the Monthly Cost Outline to calculate your new rate.

### WHAT IF I DON'T COMPLETE THE FORMS?

If your current coverage is still offered, your current coverage will remain in effect and you will need to calculate your new rates and pay the new premiums no later than the end of the grace period. If the plan is no longer offered, your coverage will not continue without submission of the enrollment form.

### WHAT IF I'VE ALREADY MAILED MY PAYMENT - BUT USED OLD RATES?

You will need to calculate your new premium amount and pay the difference by end of the grace period.

### NEED HELP?

GBS Administrators and Gallagher Benefit Advocates are available to assist.

- We will work with the new carrier to process any open enrollment changes you make.
- We will send you confirmation of your open enrollment changes, as well as new payment coupons; however you should not wait for these coupons to make your payment or any additional payment you've calculated.
- As always, we are available to answer any questions you may have about this open enrollment.

**You can reach a Benefits Advocate at 1-800-235-0700.**

**The 30-day deadline applies to plan changes only.  
COBRA payments are still due as stated in the COBRA provisions.  
If you do not continue to make COBRA payments within your grace period, your policy will be terminated.**

Please note if the carrier providing coverage has changed, you are **REQUIRED** to submit a form.



**You can reach a Gallagher Benefit Advocate at 1-800-235-0700  
or email: [askgbs-wa@ajg.com](mailto:askgbs-wa@ajg.com).**



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## COBRA FAQs



COBRA is offered when you lose health insurance coverage due to a "Qualifying Event". The amount of time you can be enrolled on COBRA depends on which qualifying event causes you to lose coverage.

Your coverage will terminate prior to the maximum benefit period if your premium payment is not received timely.

### Qualifying Event Examples:

- Termination of employment - 18 months max benefit period
- Reduction of hours of employment - 18 months max benefit period
- Death of covered employee - 36 months max benefit period
- Divorce or legal separation - 36 months max benefit period
- Dependent child ceasing to be a dependent - 36 months max benefit period
- Medicare eligibility for covered employee - 36 months max benefit period



### WHEN DOES THE COBRA COVERAGE BEGIN?

Your coverage begins on the date of the "loss" or qualifying event. On your COBRA Continuation Coverage Election Notice, it is the "COBRA Effective Date". Each qualified beneficiary has an election period of 60 days to elect COBRA continuation coverage. Your 60-day window for election starts the later of your "COBRA Effective Date" or the "Notification Date" illustrated on your COBRA Continuation Coverage Election Notice. Your COBRA coverage will not reflect as active with your benefit carriers until both your election and premium payment have been received.



### WILL YOU BILL ME FOR MY COBRA PREMIUM (PAYMENT)?

A coupon booklet will be sent to you as a courtesy and is not required for payment. It is your responsibility to ensure payments are made each month even if you have not received the coupon booklet. Payments are due the 1st of the month for coverage to be effective that same month.



### CAN I PAY MY COBRA PREMIUM WITH A CREDIT CARD?

No, your payment must be made by check or money order. Make sure your COBRA account number is on your check or money order. Your COBRA account number is the ten digit number at the top of your COBRA Election Form. If you are interested in sending automatic payments to GBS Administrators, please contact your bank to determine if they offer a monthly auto pay service.



### WHO DO I MAKE CHECKS PAYABLE TO?

GBS Administrators, Inc.  
Mailing Address: PO Box 1128, Spokane, WA 99210



### WHEN WILL I RECEIVE A NEW ID CARD?

Typically, if your COBRA qualifying event date is mid plan year, you will not receive a new card. You can continue to use your old card as your COBRA benefit plan will be the same plan you had as an active employee. Cards are not reissued unless there are significant changes to the plan (i.e.: new carrier, or plan type).



### WILL MY DEDUCTIBLE AND COINSURANCE START OVER?

Typically, when your COBRA qualifying event date is mid-plan year, the deductible and coinsurance you have satisfied as an active employee is retained on your COBRA benefit. Check with your carrier for additional plan details regarding coverage and limitations.

If you received services during the election period and they were denied because your benefit was showing as terminated, your providers can reprocess the claims once your COBRA enrollment and initial premium have been received and processed by GBS Administrators.

{ To overnight payments, contact the Benefit Advocate Center for a physical address at: 1-800-542-3737 }



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## MONTHLY COST OUTLINE FOR COBRA PARTICIPANTS OF Aeko Kula

EFFECTIVE January 1, 2023

The following plans are available to you, please make your selection:

Coverage Level	Medical/Vision HMSA 753 PPP (PPO) Full-Time	Medical/Vision HMSA 753 PPP (PPO) Part-Time	Medical/Vision HMSA 739 CompMed Full-Time	Medical/Vision HMSA 739 CompMed Part-Time
Employee Only	<input type="checkbox"/> 632.16	<input type="checkbox"/> 546.60	<input type="checkbox"/> 611.00	<input type="checkbox"/> 525.44
Employee + Spouse	<input type="checkbox"/> 1264.23	<input type="checkbox"/> 1093.13	<input type="checkbox"/> 1221.86	<input type="checkbox"/> 1050.76
Employee + Child	<input type="checkbox"/> 1264.23	<input type="checkbox"/> 1093.13	<input type="checkbox"/> 1221.86	<input type="checkbox"/> 1050.76
Employee + Children	<input type="checkbox"/> 1895.94	<input type="checkbox"/> 1639.71	<input type="checkbox"/> 1832.35	<input type="checkbox"/> 1576.12
Employee + Spouse + Child	<input type="checkbox"/> 1895.94	<input type="checkbox"/> 1639.71	<input type="checkbox"/> 1832.35	<input type="checkbox"/> 1576.12
Employee + Spouse + Children	<input type="checkbox"/> 1895.94	<input type="checkbox"/> 1639.71	<input type="checkbox"/> 1832.35	<input type="checkbox"/> 1576.12
Spouse Only	<input type="checkbox"/> 632.16	<input type="checkbox"/> 546.60	<input type="checkbox"/> 611.00	<input type="checkbox"/> 525.44
1 Child Only	<input type="checkbox"/> 632.16	<input type="checkbox"/> 546.60	<input type="checkbox"/> 611.00	<input type="checkbox"/> 525.44
2 Children Only	<input type="checkbox"/> 1264.23	<input type="checkbox"/> 1093.13	<input type="checkbox"/> 1221.86	<input type="checkbox"/> 1050.76
3 Children Only	<input type="checkbox"/> 1895.94	<input type="checkbox"/> 1639.71	<input type="checkbox"/> 1832.35	<input type="checkbox"/> 1576.12
Spouse & 1 Child	<input type="checkbox"/> 1264.23	<input type="checkbox"/> 1093.13	<input type="checkbox"/> 1221.86	<input type="checkbox"/> 1050.76
Spouse & 2+ Children	<input type="checkbox"/> 1895.94	<input type="checkbox"/> 1639.71	<input type="checkbox"/> 1832.35	<input type="checkbox"/> 1576.12
Overage Dependent	<input type="checkbox"/> 632.16	<input type="checkbox"/> 546.60	<input type="checkbox"/> 611.00	<input type="checkbox"/> 525.44

  

Coverage Level	Medical/Vision Kaiser Permanente HMO - Full-Time	Medical Kaiser Permanente HMO - Part-Time	Dental HDS (Hawaii Dental Service) Base \$1000	Dental HDS (Hawaii Dental Service) Buy Up \$1500
Employee Only	<input type="checkbox"/> 652.71	<input type="checkbox"/> 569.11	<input type="checkbox"/> 27.88	<input type="checkbox"/> 35.03
Employee + Spouse	<input type="checkbox"/> 1305.42	<input type="checkbox"/> 1138.21	<input type="checkbox"/> 55.75	<input type="checkbox"/> 70.11
Employee + Child	<input type="checkbox"/> 1305.42	<input type="checkbox"/> 1138.21	<input type="checkbox"/> 55.75	<input type="checkbox"/> 70.11
Employee + Children	<input type="checkbox"/> 1958.13	<input type="checkbox"/> 1707.32	<input type="checkbox"/> 83.63	<input type="checkbox"/> 110.98
Employee + Spouse + Child	<input type="checkbox"/> 1958.13	<input type="checkbox"/> 1707.32	<input type="checkbox"/> 83.63	<input type="checkbox"/> 110.98
Employee + Spouse + Children	<input type="checkbox"/> 1958.13	<input type="checkbox"/> 1707.32	<input type="checkbox"/> 83.63	<input type="checkbox"/> 110.98
Spouse Only	<input type="checkbox"/> 652.71	<input type="checkbox"/> 569.11	<input type="checkbox"/> 27.88	<input type="checkbox"/> 35.03
1 Child Only	<input type="checkbox"/> 652.71	<input type="checkbox"/> 569.11	<input type="checkbox"/> 27.88	<input type="checkbox"/> 35.03
2 Children Only	<input type="checkbox"/> 1305.42	<input type="checkbox"/> 1138.21	<input type="checkbox"/> 55.75	<input type="checkbox"/> 70.11
3 Children Only	<input type="checkbox"/> 1958.13	<input type="checkbox"/> 1707.32	<input type="checkbox"/> 83.63	<input type="checkbox"/> 110.98
Spouse & 1 Child	<input type="checkbox"/> 1305.42	<input type="checkbox"/> 1138.21	<input type="checkbox"/> 55.75	<input type="checkbox"/> 70.11
Spouse & 2+ Children	<input type="checkbox"/> 1958.13	<input type="checkbox"/> 1707.32	<input type="checkbox"/> 83.63	<input type="checkbox"/> 110.98
Overage Dependent	<input type="checkbox"/> 652.71	<input type="checkbox"/> 569.11	<input type="checkbox"/> 27.88	<input type="checkbox"/> 35.03

Total New Monthly Premium for all plans (please add columns together)

\$

**Please note that the above rates include a 2% COBRA administration fee and if COBRA coverage is extended due to disability there is an additional 48% administration charge.**

\_\_\_\_\_  
Your Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Open Enrollment Checklist

\_\_\_\_ Review carrier information and make your decision about coverage for the next year.

\_\_\_\_ Fill out any applicable enrollment form(s).

\_\_\_\_ Calculate your new monthly premium.

\_\_\_\_ Complete Monthly Cost Outline and return to GBS Administrators.

\_\_\_\_ Send in your premium payment if you have not already done so. Or, if you have already paid the previous rate, then send in the difference between it and the new rate you calculated.

\_\_\_\_ Mail the above to GBS Administrators, Inc. PO Box 1128, Spokane, WA 99210