

**ALASKA TEAMSTER-EMPLOYER
WELFARE TRUST**

RETIREE MONTHLY SELF-PAYMENT RATES <i>Effective January 1, 2018</i>	
Medicare Supplemental Plan F	\$200.00
Medicare Part D	\$123.00
Medicare Retiree Life Insurance	\$30.00
<i>Medicare Eligible Retirees & Spouses transitioned to TEAMStar Medicare Supplemental Plan F; underwritten by United American)</i>	

COBRA SELF-PAYMENT RATES <i>Effective March 1, 2018</i>	
Single Individual (Employee; Spouse; or Child)	\$861.35
Employee & Children	\$1636.57
Employee & Spouse	\$1722.70
Employee, Spouse & Child(ren)	\$2497.92

If you are receiving a monthly benefit through the Alaska Teamster-Employer Pension Plan, you may arrange to have the monthly self-payment for the Retiree Health Plan or the COBRA self-payment deducted *directly* from your retirement check. Self-payment rates are adjusted annually.

Please contact the Trust Customer Service Office at 907-751-9700 or 800-478-4450 (*toll free*) if you have any questions.