

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. BOX 2121
HONOLULU, HAWAII 96805-2121
Oahu (808) 586-7390
Toll Free 1(800) 295-0089
www.eutf.hawaii.gov

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SANDRA L. YAHIRO

February 12, 2014

ADDENDUM 3

TO

REQUEST FOR PROPOSALS

NO. 14-001

SEALED OFFERS FOR
MEDICAL BENEFITS

Changes are made to the following:

- Section V, Plan Comparison Summaries and Fee Proposal Forms

Section V, Plan Comparison Summaries and Fee Proposal Forms, INSERT the following pages (Active EUTF Supplemental Medical Table and Proposal Sheets # 18):

**ACTIVE
EUTF - SUPPLEMENTAL MEDICAL
TABLE AND PROPOSAL SHEETS #18**

TABLE 18- ACTIVE		
PLAN DESIGN	EUTF - SUPPLEMENTAL	NOTE ALL DEVIATIONS IN YOUR COMPANY'S PROPOSED BENEFITS
Carrier	ROYAL STATE	
General		
Annual Deductible Single/Family	None/None	
Annual Out-of-pocket limit - Single/Family	None	
Lifetime Benefit Maximum	None	
Policy Year Benefit Maximum	Medical services: \$3,100; Rx: \$200/\$600	
PHYSICIAN SERVICES		
Primary Care Office Visit	Co-pay Covered	
Specialist Office Visit	Co-pay Covered	
Routine physical exams	Co-pay Covered	
Screening Mammography	Co-pay Covered	
Immunizations	Co-pay Covered	
Well Baby Care Visits	Co-pay Covered	
Maternity	Co-pay Covered	
Second opinion – surgery	Co-pay Covered	
Emergency Room (ER care)	Co-pay Covered	
Ambulance	Co-pay Covered	
INPATIENT HOSPITAL SERVICES		
Room and Board	Co-pay Covered	
Ancillary Services	Co-pay Covered	
Physician Services	Co-pay Covered	
Surgery	Co-pay Covered	
Anesthesia	Co-pay Covered	

TABLE 18– ACTIVE (continued)

PLAN DESIGN	EUTF - SUPPLEMENTAL	NOTE ALL DEVIATIONS IN YOUR COMPANY’S PROPOSED BENEFITS
Carrier	ROYAL STATE	
General		
OUTPATIENT SERVICES		
Chemotherapy/Radiation Therapy	Co-pay Covered	
Surgery	Co-pay Covered	
Diagnostic Lab	Co-pay Covered	
Diagnostic X-ray	Co-pay Covered	
Anesthesia	Co-pay Covered	
MENTAL HEALTH SERVICES		
Inpatient Care	Co-pay Covered	
Outpatient Care	Co-pay Covered	
OTHER SERVICES		
Durable Medical Equipment	Co-pay Covered	
Home Health Care	Co-pay Covered	
Hospice Care	Co-pay Covered	
Nursing Facility – Skilled Care	Co-pay Covered	
Physical and Occupational Therapy	Co-pay Covered	
PRESCRIPTION DRUGS REIMBURSEMENT		
	Reimbursement up to \$15 per Rx; limited to \$200 per policy year for single coverage, \$600 per policy year for family coverage; Reimbursements count towards the Policy Year Maximum Benefit Payable.	

Supplemental Plan - Active EUTF - All Bargaining Units Except Bargaining Unit 12

Premium Rate Table (Insured With Risk Sharing-Dividend Eligible)

Complete the following table on a monthly, per capita tiered basis ONLY

Royal State Supplemental Plan	Contract Period 1	Contract Period 2	Contract Period 3
Benefit Costs			
Single			
Two-Party			
Family			
Administration and Retention Expressed as a percent of claims	_____ %	_____ %	_____ %
Total Premium*			
Single			
Two-Party			
Family			
Provide the percentage decrement to your proposed rates that would apply if the HSTA VB enrollment (comparable plan) is combined with the EUTF.			
Decrement applies to all tiers.	_____ %	_____ %	_____ %

* If the total benefit paid is less than the proposed benefit cost, the excess amount will be refunded to the EUTF.

NOTES:

- (1) The EUTF reserves the right to offer multiple options.
- (2) No adjustments to the proposed rates based on actual initial enrollment or subsequent enrollment changes are acceptable.

Supplemental Plan - Active EUTF - Bargaining Unit 12
Premium Rate Table (Insured With Risk Sharing-Dividend Eligible)
Complete the following table on a monthly, per capita tiered basis ONLY

Royal State Supplemental Plan	Contract Period 1	Contract Period 2	Contract Period 3
Benefit Costs			
Single			
Two-Party			
Family			
Administration and Retention Expressed as a percent of claims	_____ %	_____ %	_____ %
Total Premium*			
Single			
Two-Party			
Family			

* If the total benefit paid is less than the proposed benefit cost, the excess amount will be refunded to the EUTF.

NOTES:

- (1) The EUTF reserves the right to offer multiple options.
- (2) No adjustments to the proposed rates based on actual initial enrollment or subsequent enrollment changes are acceptable.

Authorized Signature

Title

Name of Company

Date

Self-Insured Supplemental Plan ASO Fee – EUTF ACTIVE

Target Claims, Retention and Fees Tables (Self Insured)

Complete the following table based upon enrollment census and claims assumptions provided.

Royal State Supplemental Plan	Contract Period 1	Contract Period 2	Contract Period 3
Claim Adjudication Fee			
Other*			
Total ASO Fees			
Total ASO Fees by Tier			
Single			
Two-Party			
Family			

* ID Cards, Wellness, Provider Directory, Booklets/SPDs, Data Reporting, Medical Info Line, Banking, Any Start-up Cost, etc.

Authorized Signature

Title

Name of Company

Date