



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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September 29, 2014

TO: COBRA Participants of the State and Counties
FROM: Sandra Yahiro, Administrator *S. Yahiro*
SUBJECT: Open Enrollment Period for COBRA Participants

An Open Enrollment Period for COBRA Participants will be conducted from **October 1, 2014 through October 31, 2014** to provide you with an opportunity to make changes to your COBRA health plan enrollments if you wish to do so. During open enrollment you can:

- Add a plan, change from one plan to another, or drop a plan
- Add a dependent or drop a dependent
- Change coverage tiers such as changing from single to family or family to 2-party
- Now is also a good time to tell us if you've had a change of address

Plan changes properly submitted during this open enrollment period will be effective (**January 1, 2015**). Your completed form must be postmarked to EUTF **on or before October 31, 2014**. Please note that if you do **NOT** want to make changes you do **NOT** need to complete the EUTF COBRA OE Enrollment Form or HSTA COBRA OE Enrollment Form if applicable during open enrollment and make a selection. Submit your signed form to the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) by mail at:

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
ATTN: COBRA OE Unit
P.O. Box 2121
Honolulu, HI 96805-2121

The premium rates included for EUTF COBRA retirees (Attachment #2) and HSTA VB COBRA retirees (Attachment #3 for HSTA VB retirees only) are approved for the period of **January 1, 2015 through December 31, 2015**. Separate invoices will be billed by each carrier selected.

Please contact the EUTF Customer Service Call Center at 808-586-7390 or toll free at 1-800-295-0089 if you have any questions or email your inquiry to eutf.cobra@hawaii.gov.

Attachments #1: Frequently Asked Questions, Attachments #2: EUTF Monthly Retiree COBRA Rates, Attachments #3: HSTA VB Monthly Retiree COBRA Rates (Provided for HSTA VB Retirees only)

Frequently Asked Questions

Can I change plans now?

Yes, you can make changes to your plan during the Open Enrollment beginning October 1 to October 31, 2014. Please complete and submit the appropriate COBRA enrollment form dated October 2014.

If I do not complete a Continuation of Coverage COBRA Election Form during the COBRA open enrollment period, will my health benefit terminate?

You do not need to complete a COBRA Enrollment Form to continue your current coverage. However, if you did not make payment directly to the carriers by the first of the month, your coverage will be terminated. If you did make payment by the first of the month, your COBRA health benefits will continue.

Will EUTF be conducting any open enrollment sessions that we can attend?

Yes. Please see page 7 of the Retiree Benefit Plans Reference Guide for a schedule of the informational sessions for the month of October 2014.

I want to make changes and if I forget to check any of the boxes next to the various choices, what happens?

EUTF will assume you do not want (waive) that coverage.

If I do not want to make changes, do I still need to complete a COBRA Retiree OE Enrollment Form?

No.

I hear there is a new medical plan option under UnitedHealthcare for EUTF Retirees. Can I enroll in this plan option under COBRA?

No. This medical plan is NOT available under COBRA.

If I want to make a change during the open enrollment, where do I send my completed COBRA enrollment form?

Your completed form must be postmarked to EUTF on or before October 31, 2014. Mail your completed form to EUTF at:

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
ATTN: COBRA OE Unit
P.O. Box 2121
Honolulu, HI 96805-2121

If I have questions, who can I contact?

We suggest you visit the EUTF website at: eutf.hawaii.gov first to see if the information you need is available there. Click on the following links that may be pertinent:

- COBRA Continuation of Coverage
- Links to Carrier Websites

If you have questions related to the benefits in the plan, we recommend you contact the applicable insurance carrier. Their contact information is:

Hawaii Medical Service Association (HMSA)

www.hmsa.com/portal/eutf

808-948-6499

Toll Free: 1-800-776-4672

(Monday -Friday 8:00 am- 4:00 pm)

Hawaii Dental Service (HDS)

www.hawaiidental-service.com

808-529-9310

Toll Free: 1-866-702-3883

(Monday -Friday 7:30 am-4:30 pm)

Kaiser Permanente (Kaiser)

my.kp.org/eutf/

808-432-5955

Toll Free: 1-800-966-5955

(Monday -Friday 8:00 am-5:00 pm,
Saturday 8:00 am-12:00 pm)

Vision Service Plan (VSP)

www.vsp.com

808-532-1600

1-800-522-5162 (Neighbor Island)

(Monday-Friday 7:30am -4:30 pm)
Toll Free: 1-866-240-8420

CVS Caremark (CVS)

www.caremark.com

1-855-801-8263 (CVS- Pre 65 Retirees)

SilverScript (SSI)

1-877-878-5715 (Medicare Retirees)

(CVS & SilverScript 24 hours a day 7 days a week)

If you still have questions, we prefer you email your questions to:

eufcobra@hawaii.gov

EUTF can answer your questions about completing the enrollment form, eligibility, required supporting documents, and timing of submission of forms.

**Hawaii Employer-Union Health Benefits Trust Fund
EUTF Monthly Retiree COBRA Rates**

Benefit Plan	Type of Enrollment	Regular COBRA
		1/1/2015 - 12/31/2015
<i>MEDICAL PLANS - MEDICARE</i>		
HMSA PPO Medicare	Self	\$ 197.33
	Two Party	384.56
	Family	570.08
Medicare Prescription Drug	Self	\$ 179.19
	Two-Party	348.94
	Family	517.36
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$ 406.08
	Two-Party	792.25
	Family	1,174.35
<i>MEDICAL PLANS - NON-MEDICARE</i>		
HMSA PPO Non-Medicare	Self	\$ 432.72
	Two-Party	843.25
	Family	1,250.05
Non-Medicare Prescription Drug	Self	\$ 154.96
	Two-Party	301.82
	Family	447.49
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$ 661.25
	Two-Party	1,340.93
	Family	1,980.72
<i>DENTAL PLAN</i>		
HDS Dental	Self	\$ 30.84
	Two-Party	60.16
	Family	73.68
<i>VISION PLAN</i>		
VSP Vision	Self	\$ 5.43
	Two-Party	10.85
	Family	14.57

**Hawaii Employer-Union Health Benefits Trust Fund
HSTA VB Monthly Retiree COBRA Rates**

Benefit Plan	Type of Enrollment	Regular COBRA
		1/1/2015 - 12/31/2015
<i>MEDICAL PLANS - MEDICARE</i>		
HMSA PPO Medicare	Self	\$ 179.52
	Two Party	349.98
	Family	518.79
Medicare Prescription Drug	Self	\$ 182.42
	Two-Party	355.23
	Family	526.69
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$ 414.51
	Two-Party	808.80
	Family	1,198.93
<i>MEDICAL PLANS - NON-MEDICARE</i>		
HMSA PPO Non-Medicare	Self	\$ 384.83
	Two-Party	749.84
	Family	1,111.64
Non-Medicare Prescription Drug	Self	\$ 183.33
	Two-Party	357.06
	Family	529.42
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$ 663.90
	Two-Party	1,345.05
	Family	1,986.23
<i>DENTAL PLAN</i>		
HDS Dental	Self	\$ 34.48
	Two-Party	67.20
	Family	82.33
<i>VISION PLAN</i>		
VSP Vision	Self	\$ 5.43
	Two-Party	10.85
	Family	14.57
<i>CHIROPRACTIC PLAN</i>		
Royal State Chiro	Self	\$ 1.46
	Two-Party	2.93
	Family	3.10