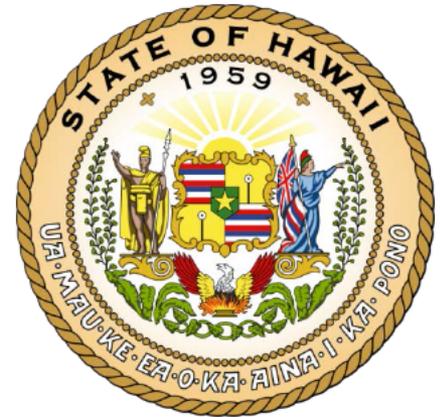


An Introduction to Your Health Benefits



Hawaii Employer-Union Health Benefits Trust Fund

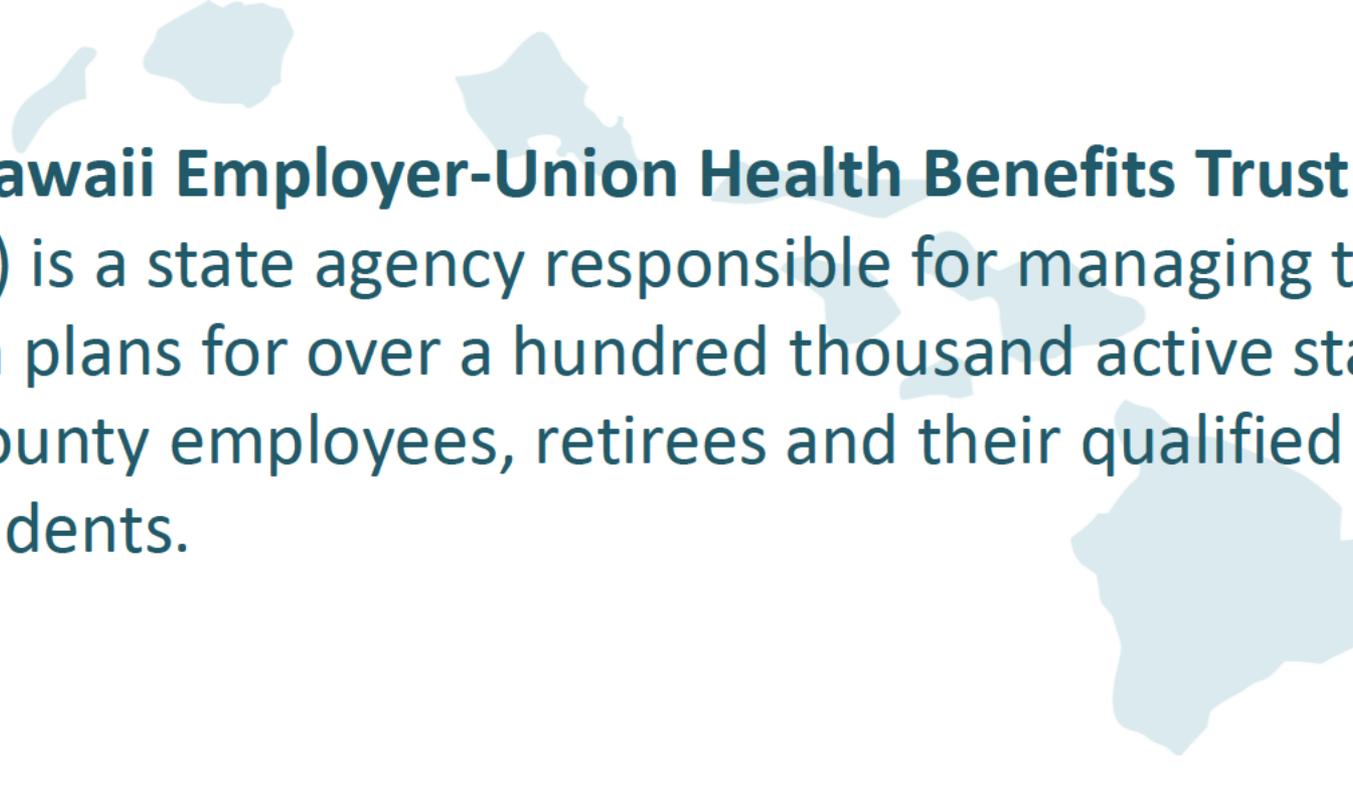


AGENDA

- **Hawaii Employer-Union Health Benefits Trust Fund**
- **Dependent Eligibility**
- **Health Plan Options**
- **Premiums and Contribution**
- **Enrollment Procedures**
- **Making Changes to Your Plans**
- **Contact Information**



Hawaii Employer-Union Health Benefits Trust Fund

A faint, light blue map of the Hawaiian Islands is visible in the background, centered behind the text.

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) is a state agency responsible for managing the health plans for over a hundred thousand active state and county employees, retirees and their qualified dependents.



Hawaii Employer-Union Health Benefits Trust Fund

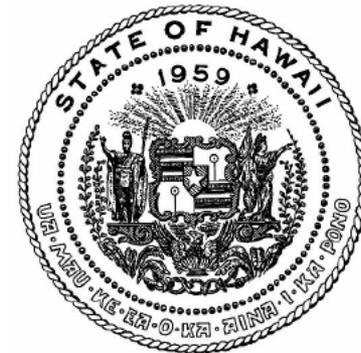
Reference guide:

- Available online at eutf.hawaii.gov
- Premiums & contribution amounts
- Dependent eligibility criteria
- Health plan options
- EC-1 enrollment form

Revised 4.6.15

Hawaii Employer-Union Health Benefits Trust Fund

REFERENCE GUIDE (EUTF and HSTA VB)



FOR ACTIVE EMPLOYEE BENEFIT PLANS *Effective July 1, 2015 through June 30, 2016*

Disclaimer: This Reference Guide offers general information on your health and other benefits plans. Your health benefits are exclusively governed by Hawaii Statutes and the EUTF Administrative Rules, as they are amended from time to time. Nothing in this Guide is intended to amend, change, or contradict the Hawaii Statutes and the EUTF Administrative Rules. This Guide is not a legal document or contract and the information in the Guide is not intended as legal advice or to create any legal or contractual liabilities.

This guide can be made available to individuals who have special needs or who need auxiliary aids for effective communication (i.e., large print or audiotape), as required by the Americans with Disabilities Act of 1990. Please contact the EUTF office at 800-596-7330 or toll free at 1-800-235-0093 for special needs.



Important EUTF Notices

The following required notices are available online at eutf.hawaii.gov.

- Creditable Coverage Notice
- Notice of HIPAA Privacy Rules
- HIPAA Use and Disclosure of Protected Health Information
- Availability of Summary Health Information: The Summary of Benefit and Coverage (SBC) Document(s)
- COBRA Coverage Reminders
- Caution: If You Decline Medical Coverage Offered Through The EUTF
- HIPAA Privacy Notice Reminder From EUTF
- Important Notice from EUTF about Prescription Drug Coverage for People with Medicare
- Important Reminders To Provide The Plan With TIN or SSN of Each Enrollee In A Health Plan
- Medicare Notice of Creditable Coverage Reminder
- Mid-Year Changes To Your Health Care Benefit Elections
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Newborns' and Mothers' Health Protection Act Notice
- Premium Assistance Under Medicaid & The Children's Health Insurance Program (CHIP)
- Qualified Medical Child Support Order (QMCSO) and Medical Support Notice
- Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice Reminder



Dependent Eligibility



Dependent Eligibility

- Legal spouse or partner (domestic or civil union)
- Children by birth, adoption, legal guardianship, foster child
- Children are covered until age 26 for medical and prescription drug plans
- Children are covered until age 19 for dental and vision plans
 - Covered until age 24 if unmarried and a full-time student



Dependent Eligibility

Dual Enrollment is not allowed

- You cannot be enrolled in an EUTF plan as both an employee-beneficiary and dependent-beneficiary
- Children cannot be enrolled by more than one employee-beneficiary
- If you and your spouse/partner are both employee-beneficiaries, only one of you may enroll in an EUTF Two-Party or Family plan



Health Plan Options



Health Plan Options

Medical

- HMSA
- Kaiser Permanente
- Royal State National

Prescription Drug

- CVS Caremark (HMSA subscribers)
- Kaiser Prescription Drug

Dental & Vision

- Hawaii Dental Service
- Vision Service Plan

Life Insurance

- US Able Life



Health Plan Options

HMSA

EUTF 90/10 Plan

EUTF 80/20 Plan

EUTF 75/25 Plan

EUTF HMO Plan

Health plans include prescription drug coverage through CVS Caremark and chiropractic coverage through ChiroPlan Hawaii

Health Plan Options



Kaiser Permanente

Standard Plan

Comprehensive Plan

Health plans include prescription drug coverage through Kaiser Permanente and chiropractic coverage through ChiroPlan Hawaii

Health Plan Options



Royal State National

Supplemental Plan

Plan includes prescription drug coverage reimbursement and chiropractic coverage through ChiroPlan Hawaii

Health Plan Options



Other Plans

Dental - Hawaii Dental Service

Vision - Vision Service Plan

Life Insurance - USAble Life

Health Plan Options



Summary of Benefits and Coverage (SBC) available online eutf.hawaii.gov

HMSA: EUTF 80/20

Coverage Period: 07/01/2015 - 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: All Coverage Tiers | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://www.hmsa.com> or by calling 1-800-776-4672.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$2,500 person/ \$5,000 family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not include in the out-of-pocket limit?	Premiums, balance-billed charges, prescription drug copayments, payments for services that exceed a benefit maximum, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <u>specific</u> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See http://www.hmsa.com/search/providers or call 1-800-776-4672 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 8. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-776-4672 or visit us at <http://www.hmsa.com>.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view <http://www.hmsa.com/sbc> or call 1-800-776-4672 to request a copy. For TTY assistance, call 711.





Premiums and Contribution



Premiums and Contribution

Determining employee's share

Premiums and contribution table

- Listed by employer and bargaining unit
- Benefit plan option
- Type of enrollment
- Monthly employee contribution

Monthly Premiums

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU's 00, 02, 03, 04, 08, *09, *11, 13

EFFECTIVE JULY 1, 2014

BU'S 00, 02, 03, 04, 08, 13: FOR CITY AND COUNTY OF HONOLULU, HONOLULU BOARD OF WATER SUPPLY, COUNTY OF KAUAI, COUNTY OF HAWAII, HAWAII DEPARTMENT OF WATER SUPPLY, HAWAII PUBLIC CHARTER SCHOOLS, STATE OF HAWAII

*BU09: FOR STATE OF HAWAII

*BU 11: FOR CITY AND COUNTY OF HONOLULU, COUNTY OF KAUAI, COUNTY OF HAWAII, COUNTY OF MAUI, STATE OF HAWAII

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Percent Employer	Total
MEDICAL PLANS						
PPO - 90/10 Plan - HMSA Medical	Self	\$116.75	\$233.50	\$271.42	53.8%	\$504.92
Prescription Drug - CVS Caremark	Two-Party	\$285.65	\$571.30	\$663.96	53.4%	\$1,235.26
RSN Chiropractic	Family	\$361.60	\$723.20	\$838.48	53.7%	\$1,561.68
PPO - 80/20 Plan - HMSA Medical	Self	\$98.12	\$196.24	\$271.42	58.0%	\$467.66
Prescription Drug - CVS Caremark	Two-Party	\$240.42	\$480.84	\$663.96	57.6%	\$1,144.80
RSN Chiropractic	Family	\$303.94	\$607.88	\$838.48	58.0%	\$1,446.36
PPO - 75/25 Plan - HMSA Medical	Self	\$86.39	\$172.78	\$271.42	61.1%	\$444.20
Prescription Drug - CVS Caremark	Two-Party	\$211.96	\$423.92	\$663.96	60.7%	\$1,077.88
RSN Chiropractic	Family	\$267.64	\$535.28	\$838.48	61.0%	\$1,373.76
HMSA HMO	Self	\$139.90	\$279.80	\$271.42	49.2%	\$551.22
Prescription Drug - CVS Caremark	Two-Party	\$341.87	\$683.74	\$663.96	48.9%	\$1,337.70
RSN Chiropractic	Family	\$433.31	\$866.62	\$838.48	49.2%	\$1,705.10
HMO - Kaiser Comprehensive Medical	Self	\$103.83	\$207.66	\$271.42	58.7%	\$479.08
Kaiser Prescription Drug	Two-Party	\$254.81	\$509.62	\$663.96	56.2%	\$1,163.58
RSN Chiropractic	Family	\$322.65	\$645.30	\$838.48	56.5%	\$1,483.78
HMO - Kaiser Standard Medical	Self	\$33.91	\$67.82	\$271.42	80.0%	\$339.24
Kaiser Prescription Drug	Two-Party	\$84.89	\$169.78	\$663.96	79.4%	\$823.74
RSN Chiropractic	Family	\$105.87	\$211.74	\$838.48	79.8%	\$1,050.22
Supplemental - Royal State National	Self	\$8.50	\$17.00	\$25.50	60.0%	\$42.50
Supplemental Prescription Drug	Two-Party	\$21.12	\$42.24	\$63.34	60.0%	\$105.58
RSN Chiropractic	Family	\$23.47	\$46.94	\$70.40	60.0%	\$117.34
DENTAL PLAN						
HDS Dental	Self	\$6.42	\$12.84	\$19.24	60.0%	\$32.08
	Two-Party	\$12.83	\$25.66	\$38.50	60.0%	\$64.16
	Family	\$21.11	\$42.22	\$63.34	60.0%	\$105.56
VISION PLAN						
VSP Vision	Self	\$1.28	\$2.56	\$3.84	60.0%	\$6.40
	Two-Party	\$2.37	\$4.74	\$7.08	59.9%	\$11.82
	Family	\$3.09	\$6.18	\$9.26	60.0%	\$15.44
LIFE INSURANCE						
Royal State National Life Insurance	Employee	\$0.00	\$0.00	\$4.12	100.0%	\$4.12



Health Plan Selection

Health Plan Selection



Things to Consider

EMPLOYEE CONTRIBUTION



DEDUCTIBLES



IN-NETWORK/OUT-OF-NETWORK



CO-INSURANCE/CO-PAYMENT

% vs \$

MAXIMUM OUT-OF-POCKET

MOOP

Health Plan Selection



Maximum Out-of-Pocket (MOOP)

- Financial protection
- Insurance keeps track of your out-of-pocket cost
- Once MOOP is reached, benefits increase to 100%
- Resets every calendar year
- ACA merged medical and prescription drug MOOP



Kalani is considering enrolling in the HMSA 90/10 or 80/20 plan.



HMSA PPO Plans	HMSA 90/10	HMSA 80/20
Annual Employee Premium Contribution	\$10,356	\$7,308
Kalani's family estimates 12 doctor visits during the calendar. Their doctors charge \$100 per visit. Total \$1,200	Co-Insurance 10% \$120	Co-payment \$14 \$168
Maximum Out-Of-Pocket (MOOP)	\$4,000 Not met	\$5,000 Not met
Total Estimated Annual Cost:	\$10,476	\$7,476

Total estimated annual savings under the HMSA 80/20 plan: \$3,000

Kimo is considering enrolling in the HMSA 90/10 or 80/20 plan.



HMSA PPO Plans	HMSA 90/10	HMSA 80/20
Annual Employee Premium Contribution	\$10,356	\$7,308
Kimo's family anticipates \$30,000 in medical expenses from January 2016 - April 2016	Co-Insurance 10% \$3,000	Co-Insurance 20% \$5,000
Maximum Out-Of-Pocket (MOOP)	MOOP \$4,000 Not met	MOOP \$5,000 Met*
Total Estimated Annual Cost:	\$13,356	\$12,308

**Total annual estimated savings under the HMSA 80/20 plan: \$1,048
100% family coverage for remainder of the calendar year**

Health Plan Selection



Questions to ask yourself

Are all my doctors In-Network?



How much are my employee contributions?



What will my out-of-pocket be this year?



What are the plan's maximum out-of-pocket?

MOOP



Enrollment Procedures

Enrollment Procedures



EC-1 enrollment forms are available on our website at eutf.hawaii.gov

State of Hawaii
Hawaii Employer-Union Health Benefits Trust Fund

Search this site

Home Forms Board Meeting Schedule Meet the Trustees Links to Carrier Websites Active Rates Retiree Rates

Click

Agenda from the EUTF!

well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and cost-effective. We provide service that is excellent, courteous, compassionate and informative.

(Last updated July 20, 2015)

E-mail: eutf@hawaii.gov | Oahu: (808) 586-7390 | Toll Free: 1-800-295-0089 | Fax: (808) 586-2161

Meeting Minutes & Newsletters

- Board Meetings 6/22/15
- Committee Meetings 6/19/15
- Board/Committee Schedule
 - July 2015 to June 2016 (PDF) 7/20/15
- Meeting Agenda
- Newsletters 10/20/09

Notices

- Creditable Coverage Notice (PDF) 1/26/15
- Notice of HIPAA Privacy Rules (PDF) 12/19/14
- HIPAA Use and Disclosure of Protected Health Information (PDF) 10/21/14
- Important Employee Benefits Notices 2/12/15

Reports

- Report to the 2015 Legislature Required by Act 226, SLH2013, Relating to the Hawaii Employer-Union Health Benefits Trust Fund 2/21/14

What's New

- Solicitation for Services No. 15-001 Sealed Offers for Insurance Broker Services (PDF) 5/29/15
- EUTF Board of Trustees Enhance Retiree Dental Plan – Effective January 1, 2015 (PDF) 4/7/15
- Active Employees Open Enrollment 2015
 - Active Employees Reference Guides – Effective July 1, 2015 (PDF) 5/28/15
 - Active Employees Flyer (PDF) 3/3/15
 - Active Employees Information Sessions Schedule (PDF) 3/3/15
 - Carrier Summary Benefits and Coverage
 - Active Employee Open Enrollment Presentation for 2015 (PDF) 4/23/15
- Important Information for State Employees with Same-Sex Spouses 2/21/14

Active Employees' Resource

- Active Employees' Open Enrollment 2015 5/28/15
- Memorandum To All State and County Employees, Subject: Amendments to EUTF's Administrative Rules Dated 09/26/2014 (PDF) 9/29/14
- Common Qualifying Events That Allow Enrollment or Changes for Active Employees 10/9/14
- Active Rates & Contributions: Effective July 1, 2015 3/16/14
- EUTF Active Forms 6/26/15
- HSTA VB Active Forms 6/26/15
- Enrollment Notices & Reference Guides 3/2/15
- 2015 EUTF Pre-Retiree Slides (PDF) 5/15/15

Retirees' Resource

- COBRA Retiree Open Enrollment 2015 10/1/14
- Employee Contribution Tables

Enrollment Procedures



Section 1: Employee Data

Please complete the applicable fields

EC-1 <small>Rev. Mar 2015</small>	Hawaii Employer-Union Health Benefits Trust Fund EC-1: Enrollment Form for Active Employees DUE DATE: This form must be submitted to your Personnel Officer or Departmental Personnel Office within 30 days (60 days for newborns) of the event date.	PLEASE SUBMIT THIS EC-1 FORM TO YOUR PERSONNEL OFFICE
SECTION 1: EMPLOYEE DATA		
<small>Please complete all applicable fields below. Social security numbers are required to process new hires and dependent(s) enrollments. ** See Section 4 on "Instructions for Completing Form EC-1"</small>		
<p>Name (Last Name, First Name, Middle Initial) <u>John K Kealoha</u></p> <p>Home Phone (____) _____ Mobile Phone (808) <u>555-5555</u> Work Phone (____) _____ Email <u>Johnkkealoha808@email.com</u></p> <p>Residence Address (<input type="checkbox"/> Check this box if your address has changed) Street <u>555 Kealoha Street</u> Line 2 <u>Apt 1000</u> City <u>Honolulu</u> State <u>HI</u> Zip Code <u>96800</u></p> <p>Mailing Address (if different from above) Street _____ Line 2 _____ City _____ State _____ Zip Code _____</p> <p>Special Note: If your Spouse or Civil Union Partner or Domestic Partner is a State or County Employee or Retiree, please provide the following: NAME: _____ SSN: _____ DOB: _____</p>	<p><input checked="" type="checkbox"/> New Hire/Newly Eligible Date of Hire/Newly Eligible (MM/DD/YYYY) <u>07 / 01 / 2015</u></p> <p><input type="checkbox"/> Open Enrollment (effective 07/01/2015)</p> <p><input type="checkbox"/> Termination of Employment Date of Termination (MM/DD/YYYY) _____ / _____ / _____</p> <p>Employee's Social Security Number (SSN) or EUTF ID Number <u>555-55-5555</u></p> <p>Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: (MM/DD/YYYY) <u>06 / 19 / 1960</u></p>	<p><input type="checkbox"/> During the Plan Year Qualifying Event (describe) _____</p> <p>Event Date: ____ / ____ / ____</p> <p>Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single Marriage Date: (MM/DD/YYYY) <u>02 / 14 / 1980</u></p> <p><input type="checkbox"/> Civil Union Civil Union Date: (MM/DD/YYYY) <input type="checkbox"/> Check this box if status change _____ / ____ / ____</p> <p>Domestic Partner (DP Status) <input type="checkbox"/> IRS Qualified <input type="checkbox"/> Not Qualified Notary Date: (MM/DD/YYYY) _____ / ____ / ____</p>

Enrollment Procedures



SECTION 2: COVERAGE AND DEDUCTION START SELECTION

If events are filed within 30 days of a qualifying event date, some events allow for a selection of the Coverage and Premium Contribution Start Dates. If your event is listed below, please select one of the three options, otherwise skip this section.

Qualifying Events for this Section

Adoption, Birth, Guardianship, New Eligible Student, Marriage, Domestic Partner, Civil Union, New Hire, Newly Eligible, Reinstatement in Employment, Return from Authorized Leave of Absence (if not currently enrolled)

Available Options for this Section

- Coverage starts day of the event & premium contributions start 1st day of the pay period in which the effective date of coverage occurs (**if no selection is made, this option will be used**)
- Coverage and premium contributions start 1st day of the **first** pay period following event
- Coverage and premium contributions start 1st day of the **second** pay period following event

Section 2: Coverage and Deduction Start Selection

Option 1:

Date of Hire*

Option 2:

First day of the first pay period

Option 3:

First day of the second pay period

*If no selection is made option 1 will be used



Enrollment Procedures

Section 2:

- Option 1*

- Coverage begins on the date of hire.
- Contribution start date will be the first day of the pay period in which the event occurs.

April						
	1	2	3	4	5	6
7	8	9	10	11	12	13
		16	17	18	19	20
21	22	23	24	25	26	27
		29	30			



Pay Period

May						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

*If no selection is made option 1 will be used



Enrollment Procedures

Section 2:

- Option 2
 - Coverage and contributions begin on the first day of the first pay period following the event.

April						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Pay Period



Enrollment Procedures

Section 2:

- Option 3
 - Coverage and contributions begin on the first day of the second pay period following the event.

April						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Pay Period

Enrollment Procedures



Section 3: Plan Selection

Mark all plans you want to enroll in.

You may select one medical/prescription drug plan, dental plan, and vision plan.

Life insurance is 100% employer paid and is for employees only.

SECTION 3: PLAN SELECTION

Make your selection by checking all the boxes of the appropriate benefit plans below. Select Self, 2-Party, Family or Cancel/Waive. You may only choose one medical/prescription drug plan. If no selection is made, EUTF will assume no changes are being made.

Medical/Prescription Drug Plan		You may only choose one medical/prescription drug plan			
Type	Carrier Selection	Cancel/Waive	Self	2-Party	Family
PPO	FPO-30/10 HMSA Medical, CVS Prescription Drug, Chiro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FPO-30/20 HMSA Medical, CVS Prescription Drug, Chiro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FPO-75/25 HMSA Medical, CVS Prescription Drug, Chiro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO-HMSA CVS Prescription Drug, Chiro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HMO-Kaiser Standard Prescription Drug, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HMO-Kaiser Comprehensive Prescription Drug, Chiro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental	Supplemental- Royal State National Insurance Company (Includes Supplemental Drug Coverage), Chiro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*** To be eligible for coverage under the Royal State Supplemental plan, you and your eligible dependent(s) must be covered under another non- EUTF health plan. See Section 5 on "Instructions for Completing Form EC-1"				
Other Plans		Cancel/Waive	Self	2-Party	Family
Dental	Hawaii Dental Service <small>if enrolling new dependent ages 19-23 attach student verification</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision	Vision Service Plan <small>if enrolling new dependent ages 19-23 attach student verification</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life	USAtle Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For STATE Employees ONLY: Premium Conversion Plan		<input checked="" type="checkbox"/> Enroll	<input type="checkbox"/> Change Amount	<input type="checkbox"/> Cancel PCP	<input type="checkbox"/>
For COUNTY Employees ONLY: Premium Conversion Plan – Please contact your DPO for more information on available options.					



Enrollment Procedures

Premium Conversion Plan (PCP)*

The State's Premium Conversion Plan (PCP) provides an opportunity to most health benefits plan participants to save some tax dollars and makes the most of their paychecks.

For more information on the Premium Conversion Plan, please contact The Department of Human Resource and Development (DHRD) for more information at www.hawaii.gov/hrd/main/har.

County employees should contact their personnel office for information on available options.

*The Premium Conversion Plan is not administered by the EUTF.

Enrollment Procedures



Section 4: Dependent Information and Plan Selection

Enter dependent information.

Certify that your dependents meet all eligibility requirements by putting your initials on the spaces provided.

Employee's Name John Kealoha

SECTION 4: DEPENDENT INFORMATION AND PLAN SELECTIONS

Please list all dependents you want enrolled

List all eligible dependents you wish to cover and check the plan selections desired. Relationship* Key: SP=Spouse, DP=Domestic Partner, CU=Civil Union Partner, CH=your Child or your Spouse's Child, DPCH= Domestic Partner's Child, CUCH=Civil Union Partner's Child, SC=Step Child, GC=Guardianship/Foster child, DC=Disabled Child if your child is age 19 or over and is also disabled. Social Security Number **: Social Security Number is not a required field when submitting an initial EC-1 for new birth. Please be sure to submit an EC-1 to update our records for your newborn once the information received/issued by the SSA.

Continue Coverage	Add	Delete	Dependent: Last Name, First Name, Middle Initial	Birth Date (MM/DD/YYYY)	Social Security Number**	Relationship*	Gender M/F	Medical/ Drug	Denta	Vision
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Jane Kealoha</u>	<u>12/ 01/ 1965</u>	<u>777-77-7777</u>	<u>SP</u>	<u>F</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detailed eligibility information is available at <http://eutf.hawaii.gov> in the EUTF Administrative Rules & Chapter 87A, Hawaii Revised Statutes. Dependent Certification and Student Certification— See Section 4 item 8 on Instructions for Completing Form EC-1* for more information.

I certify that my spouse, civil union or domestic partner and/or dependent children meet eligibility requirements for enrollment in the EUTF plans. JK (initials)

I certify that my dependent child is a full-time student and have attached all documentation as required in Section 4 regarding dependent and student certification in the "Instructions for Completing Form EC-1". _____ (initials)



Enrollment Procedures

Proof documents are required for dependents being enrolled in EUTF plans for the first time.

- Marriage/Civil Union Certificate
- Declaration of Domestic Partnership
- Birth Certificate*
- Student Certification

Must be submitted within 60 days

*Only applies if newborn has a different last name than employee

Enrollment Procedures



Section 5: Other Insurance Information

Complete ONLY if enrolling into the Royal State Supplemental Plan or leave blank

SECTION 5: OTHER INSURANCE INFORMATION

*** To be eligible for coverage under the Royal State Supplemental plan, you and your eligible dependent(s) must be covered under another non- EUTF health plan

If you or any of your dependents are covered under another non-EUTF health plan(s), please provide the type of plan, name of the plan, subscriber's name, effective date of the plan, and the health plan coverage (Self, 2-party, Family).

Type of Plan	Name of the Plan (Carrier's Name)	Subscriber's Name	Effective Date	Self	2-Party	Family
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Med, drug	Aetna	Jane Kealoha	11 / 01 / 2004	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enrollment Procedures



Section 6: Employee Authorization and Signature

Read, sign and date form.

EC-1 forms **MUST** be received by your personnel office within 30 days of your date of hire.

SECTION 6: EMPLOYEE AUTHORIZATION AND SIGNATURE

I am eligible for the coverage requested and declare that the individuals listed on this enrollment form are also eligible. I understand that the benefit elections made on this application are in effect for as long as I continue to meet EUTF's eligibility requirements, or until I elect to change them subject to the provisions of EUTF's plan rules. I have read the benefit materials, understand the limitations and qualifications of the EUTF benefits program and agree to abide by the terms and conditions of the benefit plans selected. I authorize my employer or finance officer to make the pre-tax or after-tax deductions, adjustments or cancellations from my salary, wages, or other compensation for the monthly employee contribution in accordance with applicable laws, rules and regulations.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages. This form supersedes all forms and submissions I previously made for EUTF coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that I am subject to penalty for perjury.

Employee Signature: John Kealoha Date Signed: 04/15/2015

Department ID#	Department	Division/School	Bargaining Unit
Date EC-1 Received in Employing Office	/ /	DPO Phone Number	DPO Fax Number
DPO (or employer designee's) Printed Name			Date of DPO (or employer designee's) Signature
DPO (or employer designee's) Signature:			/ /
Remarks:			

Confirmation Notice



- You will be mailed a Confirmation Notice.
- You have 10 calendar days from the date of the notice to report any errors.



HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. Box 2121
Honolulu, HI 96885-2121
Oahu (808) 536-7390
Toll Free 1(800)295-0089
www.eutf.hawaii.gov

Confirmation Notice

Date: February 22, 2012

JANE DOE
201 MERCHANT STREET, SUITE 1520
HONOLULU, HI 96813

HB #: 0000000
Agency/Department: Department of Budget & Finance

Bargaining Unit: 00
Distribution Code:

This Confirmation Notice details the enrollment activity you requested. Please carefully review its contents to make sure it does not contain any EUTF data entry errors. This Confirmation Notice may not be used to correct errors that you made on your enrollment form – only errors EUTF made inputting the data you entered on your enrollment form. If you believe changes were made by EUTF in error, you must notify EUTF within the next 10 calendar days of the date of this notice by returning this notice. Keep a copy for your records. If EUTF does not hear from you in writing within 10 calendar days of the date of this notice, the transaction requested will remain in effect as authorized and cannot be changed until the next Open Enrollment period unless the change would be permitted as a qualifying life event under EUTF plan rules. Changes to your original selections are not permitted.

The EUTF received or processed this **Medicare Enrollment** event on **01/01/2012**.

YOUR BENEFIT PLAN ENROLLMENTS As of 01/01/2012

Plan Type	Benefit Plan	Coverage Type	Effective Date	Pay Period Deduction
Medical	Waive	N/A	07/01/2003	\$.00
Dental	Dental	Two-Party	07/01/2007	\$.00
Vision	Vision	Two-Party	07/01/2007	\$.00
Prescription Drug	Waive	N/A	01/01/2009	\$.00
Life	Life Insurance	Self	01/01/2012	\$.00

Your Total Pay Period Deduction: \$.00

NOTE: The Pay Period Deduction amount listed above does not reflect changes that may be made after July 1, 2011 as a result of collective bargaining.



Making Changes To Your Plan

Common Qualifying Life Events



- Birth
- Adoption, Legal Guardianship, Foster Child
- Marriage, Civil Union, Domestic Partnership
- Newly Eligible/No Longer Eligible Student
- Divorce
- Death
- Loss of Coverage
- Acquisition of Coverage

Making Changes to Your Plan



Complete EC-1 Enrollment form

- Forms are available online at eutf.hawaii.gov

Submit EC-1 form within 30 days of Qualifying Life Event

- Birth - 60 days

Submit Proof Documents within 60 days

- Do not wait for proof documents to submit EC-1 form
- Contact EUTF if proof documents will take longer than 60 days



Making Changes to Your Plan

Open Enrollment allows employees to make the following changes:

- Add, remove, or change plans
- Add or remove dependents
- Change coverage tiers (Self, Two-Party or Family)

Open Enrollment occurs in the Spring

- Coverage and premium changes take effect July 1

EUTF Contact Information



- **Location:**
Oahu: City Financial Tower
201 Merchant Street, Suite 1520
Honolulu, HI 96813
(No Validated Parking)
- **Hours:**
Monday – Friday (except state holidays)
7:45am - 4:30pm
- **Phone:**
Oahu: 808-586-7390
Toll-Free: 1-800-295-0089
- **Mailing Address:**
P.O. Box 2121
Honolulu, HI 96805-2121
- **Website:**
<http://eutf.hawaii.gov>
- **Email:**
eutf@hawaii.gov