



**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

**BOARD OF TRUSTEES**  
VACANT, CHAIRPERSON  
VACANT, VICE-CHAIRPERSON  
LINDA CURRIVAN MUSTO, SECRETARY-TREASURER  
RODERICK BECKER  
AUDREY HIDANO  
WESLEY MACHIDA  
CELESTE Y.K. NIP  
JAMES NISHIMOTO  
COLLEEN PASCO  
VIRGINIA PRESSLER  
CLIFFORD UWAINA  
JULIA ZEGHMI  
  
**ADMINISTRATOR**  
SANDRA L. YAHIRO

October 12, 2015

TO: COBRA Participants

FROM: Sandi Yahiro, Administrator

SUBJECT: 2016 Retiree Health Plan Premium Rates and Open Enrollment for  
COBRA Participants

The Trustees of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) approved health plan premium rates for 2016. These premium rates and any plan design changes will be effective January 1, 2016.

An open enrollment period will be conducted from **October 12, 2015 through October 30, 2015** to provide you with an opportunity to make changes to your COBRA health plan enrollments if you wish to do so. Changes submitted during this open enrollment period will be effective January 1, 2016. Your completed form must be postmarked to the EUTF **on or before October 30, 2015**.

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.

Enclosed you will find the 2016 Retiree Reference Guide (Guide) for January 1, 2016 through December 31, 2016. In the Guide you will find the COBRA rates for the period of January 1, 2016 through December 31, 2016.

Note: Separate invoices will be billed by each carrier selected.

### **Frequently Asked Questions**

#### ***Can I change plans now?***

Yes. Please complete and submit the COBRA OE Enrollment Form that can be found in the back of the enclosed Retiree Reference Guide.

#### ***If I want to make a change during the open enrollment, where do I send my completed COBRA OE Enrollment Form?***

Mail your completed COBRA OE form to EUTF. Our mailing address is:

**EUTF's Mission:** We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide service that is excellent, courteous, compassionate, and informative.

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

Your completed form must be postmarked to EUTF on or before **October 30, 2015**.

***If I do not complete a Continuation of Coverage COBRA OE Enrollment Form during the COBRA open enrollment period, will my health benefits terminate?***

No. You do not need to complete a COBRA OE Enrollment Form to continue your current coverage. However, if you do not make payment directly to the carriers by the first of each month, your coverage will be terminated.

***I want to make a change and if I forget to check any box next to the various choices, what happens?***

It will be assumed you do not want coverage and that you waived coverage.

***Can I select only medical and not prescription drug coverage?***

Yes. Unlike the Active Employee medical and prescription drugs plans, which are bundled, the Retiree plans are not, with the exception of the Kaiser medical and drug plans.

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

No.

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

Yes. The schedule of Open Enrollment Informational Sessions is in the enclosed Guide.

***If I have questions, who can I contact?***

We suggest you visit the EUTF website at [eutf.hawaii.gov](http://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 Coverage](#), or
- [Links to Carrier Websites](#)

If you still have questions, we prefer you email them to [eutf.cobra@hawaii.gov](mailto:eutf.cobra@hawaii.gov). In the subject line type: "URGENT – COBRA OE INQUIRY". EUTF can answer your questions pertaining to eligibility and timing of submission of forms. However, if you have questions related to the benefits in any plan, we recommend you contact the applicable insurance carrier. Their contact information is as follows:

<p><b>Hawaii Medical Service Association (HMSA):</b>  Oahu: (808) 948-6499, Toll-free: 1 (800) 766-4672  P. O. Box 860, Attention: Membership Services Dept.  Honolulu, HI 96808-0860</p>	<p><b>CVS Caremark (Billing handled by ARM, Ltd.):</b>  Toll-free: 1 (800) 392-1770  ARM Ltd.,  814 W. Northwest Highway  Arlington Heights, IL 60004</p>
<p><b>Kaiser Permanente (Kaiser):</b>  (808) 432-5955, Toll-free: 1 (800) 966-5955  711 Kapiolani Boulevard  Honolulu, HI 96813</p>	<p><b>SilverScript:</b>  Toll-free: 1 (800) 392-1770  ARM Ltd.,  814 W. Northwest Highway  Arlington Heights, IL 60004</p>
<p><b>Hawaii Dental Service (HDS):</b>  (808) 529-9310, Toll-free: 1 (866) 702-3883  700 Bishop Street Suite 700  Honolulu, HI 96813</p>	<p><b>Vision Service Plan (VSP):</b>  Toll-free: 1 (800) 400-4569 select #2  P.O. Box 997100  Sacramento, CA 95899</p>
<p><b>Royal State National Insurance Company (RSN):</b>  (808) 539-1600, Toll-free: 1 (800) 890-9022  819 S Beretania Street  Honolulu, HI 96813</p>	