

# Open Enrollment Informational Session

**Hawaii Employer-Union Health Benefits Trust Fund**



This presentation is a brief summary and does not constitute a legal document or contract and is subject to change.

A close-up photograph of several large, vibrant green leaves, likely from a plant like a peace lily. The leaves are layered and show detailed vein patterns. A dark brown horizontal bar is overlaid across the middle of the image, containing white text.

# 2016 Retiree Open Enrollment

# Reference Guide

- Mailed to all Retirees' homes
- Available on our newly renovated website at *eutf.hawaii.gov*
- 2016 plan premiums
- Dependent eligibility criteria
- Health plan options
- EC-2/EC-2H Enrollment form
- Medicare Part B Premium Reimbursement Request and Direct Deposit Agreement Form

Hawaii Employer-Union Health Benefits  
Trust Fund

RETIREE BENEFIT PLANS  
REFERENCE GUIDE  
(EUTF and HSTA VB)



*Effective January 1, 2016 – December 31, 2016*

Retirees and their dependents who are or soon will be eligible for Medicare please note: Hawaii law requires that you enroll in Medicare Part B when you become eligible in order to enroll in any EUTF or HSTA VB retiree medical and/or prescription drug plan. Please see page 46 for more information on this important topic.

Disclaimer: This Reference Guide offers general information on your health and other benefit plans which are exclusively governed by Hawaii Statutes, the EUTF Administrative Rules as they are amended from time to time and the carrier plan documents all of which are available at [eutf.hawaii.gov](http://eutf.hawaii.gov). Nothing in this Reference Guide is intended to amend, change, or contradict these documents. This Reference Guide is not a legal document or contract and the information in the Reference Guide is not intended as legal advice or to create any legal or contractual liabilities.

# Open Enrollment

You can make the following changes:

- Enroll in plans
- Cancel plans
- Change plans
- Add or remove dependents
- Change coverage tiers (Self, Two-Party, or Family)
- Change personal information (e.g. address, phone#)

# Important Dates

- Election Period is from October 12, 2015 through October 30, 2015.
- New coverage, changes, and rate changes are effective January 1, 2016.
- If you do not want to make changes, no action is needed.
- Enrollment forms must be postmarked by October 30, 2015.

# HSTA VB

- Only available to those who are currently enrolled in the HSTA VB retiree plans (former VEBA members).
- HSTA VB members must complete an EC-2H enrollment form if making changes.
- HSTA VB members can switch to EUTF plans, but cannot switch back to HSTA VB plans.



# 2016 Plan Changes & Selection

# Plan Changes

## EUTF Medical Plan

- Colonoscopy screening for non-Medicare retirees effective 7/1/2015

## EUTF Dental Plan

- Annual Maximum increase to \$2,000 effective 1/1/2015

No changes to HSTA VB Plans



# Plan Selection

## Medical

HMSA PPO 90/10 Plan

HMO Kaiser Medical Plan/Senior Advantage Plan

UnitedHealthcare PPO Medicare Advantage Plan

## Prescription Drug

CVS Caremark/SilverScript

Kaiser Prescription Drug

## Dental & Vision

Hawaii Dental Service

Vision Service Plan

## Life Insurance

US Able Life



# EC-2/ EC-2H Enrollment Form

Available:

- In the 2016 EUTF Retiree Reference Guide
- Online at [eutf.hawaii.gov](http://eutf.hawaii.gov)

<b>EC-2</b> Rev. 04/2015	Hawaii Employer-Union Health Benefits Trust Fund <b>EC-2: Enrollment Form for Retirees</b>	PLEASE SUBMIT THIS FORM TO THE EUTF			
Please complete all applicable fields below. Social Security numbers are required to process new retirees and dependent enrollments. **					
<b>SECTION 1: RETIREE DATA</b>					
Name (Last, First, Middle Initial)	<input type="checkbox"/> Open Enrollment (effective 01/01/2016)	<input type="checkbox"/> Mid-Year Qualifying Event (describe)			
Home Phone (____)	Retiree's Social Security Number (SSN) or EUTF ID Number	Event Date: ____/____/____			
Work Phone (____)		Civil Union Partner (Civil Union Status)			
Mobile Phone (____)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> IRS Qualified <input type="checkbox"/> Not Qualified			
Email _____	Birth Date: (MM/DD/YYYY)	Civil Union Date: (MM/DD/YYYY)			
		<input type="checkbox"/> Check this box if status change			
Residence Address ( <input type="checkbox"/> Check this box if your address has changed)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Domestic Partner (DP Status)			
Street _____	Marriage Date: (MM/DD/YYYY)	<input type="checkbox"/> IRS Qualified <input type="checkbox"/> Not Qualified			
Line 2 _____	<input type="checkbox"/> Check this box if status change	DP Date: (MM/DD/YYYY)			
City _____ State _____ Zip Code _____		<input type="checkbox"/> Check this box if status change			
Mailing Address (if different from above)	If you are including your Spouse/Civil Union/ Domestic Partner and/or dependents in your health benefit plans, please complete Section 4				
Street _____					
Line 2 _____					
City _____ State _____ Zip Code _____					
Special Note: If your Spouse/Civil Union or Domestic Partner is a State or County Employee or Retiree, please provide the following: NAME: _____ SSN: _____ DOB: _____					
<b>SECTION 2: COVERAGE AND DEDUCTION START SELECTION</b>					
Skip this section if RETIREE does NOT pay towards health plan benefits. If events are filed within 30 days of the 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, Marriage, Civil Union, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student	Available Options for this Section <input type="checkbox"/> 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) <input type="checkbox"/> Coverage and premium contributions start 1st day of the first pay period following event <input type="checkbox"/> Coverage and premium contributions start 1st day of the second pay period following event (1 <sup>st</sup> or 15 <sup>th</sup> of the month)				
<b>SECTION 3: PLAN SELECTION</b>					
Make your selection by checking all the boxes of the appropriate benefit plans below. Select Self, Two-Party, Family or Cancel/Waive coverage. Choose only one box in each plan selection. If no selection is made, EUTF will assume no changes are being made.					
	Choose only one box in each plan selection				
Type	Carrier Selection	Cancel/Waive	Self	2-Party	Family
Medical	PPO-90/10 HMSA Medical No Prescription Drug Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPO	UnitedHealthcare Medicare Advantage Grp. 13840-Medicare A&B required No Prescription Drug Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (All enrollees must be enrolled in Medicare Parts A&B)
Prescription Drug	CVS Caremark Prescription Drug (Not a valid selection with Kaiser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO-Kaiser Medical (Includes Kaiser Prescription Drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	Vision Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	USABle Life	<input type="checkbox"/>	<input type="checkbox"/>	Not available to spouse/partner or dependents	
EC-2 Rev. 10/15			Page 3 of 4		

<b>EC-2</b> Rev. Oct 2015	Hawaii Employer-Union Health Benefits Trust Fund	PLEASE SUBMIT THIS FORM EC-2 TO THE EUTF
	<b>EC-2: Enrollment Form for Retirees</b>	
<b>SECTION 1: RETIREE DATA</b>		Please complete all applicable fields below. Social Security numbers are required to process new retirees and dependent enrollments. **

Name (Last, First, Middle Initial)  
John J Kealoha

Home Phone (808) 555-6666

Work Phone (\_\_\_\_) \_\_\_\_\_

Mobile Phone (808) 323-0000

Email johnjkealoha808@gmail.com

Residence Address ( Check this box if your address has changed)

Street 888 Retirement Lane

Line 2 \_\_\_\_\_

City Pau Hana State HI Zip Code 96888

Mailing Address (if different from above)

Street \_\_\_\_\_

Open Enrollment (effective 01/01/2016)

Retiree's Social Security Number (SSN) or EUTF ID Number  
555-66-7777

Gender  Male  Female  
 Birth Date: (MM/DD/YYYY)  
07/01/1950

Marital Status  Married  Single  
 Marriage Date: (MM/DD/YYYY)  
 Check this box if status change  
07/01/1992

If you are including your Spouse/Civil Union/ Domestic Partner and/or dependents in your health benefit plans, please complete Section 4

Mid-Year Qualifying Event (describe)  
 \_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Civil Union Partner (Civil Union Status)  
 IRS Qualified  Not Qualified  
 Civil Union Date: (MM/DD/YYYY)  
 Check this box if status change  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Domestic Partner (DP Status)  
 IRS Qualified  Not Qualified  
 DP Date: (MM/DD/YYYY)  
 Check this box if status change  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Special Note: If your Spouse/Civil Union or Domestic Partner is a State or County Employee or Retiree, please provide the following:

NAME:

SSN:

DOB:

**SECTION 3: COVERAGE AND USE/STOP ON START SELECTION**

# Leave Blank

**SECTION 3: PLAN SELECTION** Make your selection by checking all the boxes of the appropriate benefit plans below.  
Select Self, Two-Party, Family or Cancel/Waive coverage. Choose only one box in each plan selection. If no selection is made, EUTF will assume no changes are being made.

Choose only one box in each plan selection

Type	Carrier Selection	Cancel/Waive	Self	2-Party	Family
Medical	PPO-90/10 HMSA Medical No Prescription Drug Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO UnitedHealthcare Medicare Advantage Grp. 13840-Medicare A&B required No Prescription Drug Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (All enrollees must be enrolled in Medicare Parts A&B)
Prescription Drug	CVS Caremark Prescription Drug (Not a valid selection with Kaiser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO-Kaiser Medical (Includes Kaiser Prescription Drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coverage and premium conditions start 1st day of the account pay period following event  
 ✓ (1<sup>st</sup> or 15<sup>th</sup> of the month)

### SECTION 3: PLAN SELECTION

Make your selection by checking all the boxes of the appropriate benefit plans below.  
 Select Self, Two-Party, Family or Cancel/Waive coverage. Choose only one box in each plan selection. If no selection is made, EUTF will assume no changes are being made.

Choose only one box in each plan selection

Type	Carrier Selection	Cancel/Waive	Self	2-Party	Family
Medical	PPO-90/10 HMSA Medical No Prescription Drug Coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO UnitedHealthcare Medicare Advantage Grp. 13840-Medicare A&B required No Prescription Drug Coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug	CVS Caremark Prescription Drug (Not a valid selection with Kaiser)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO-Kaiser Medical (Includes Kaiser Prescription Drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Dental	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vision	Vision Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life	USABLE Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not available to spouse/partner or dependents	

(All enrollees must be enrolled in Medicare Parts A&B)

Retiree's Name John J Kealoha

**SECTION 4: DEPENDENT INFORMATION AND PLAN SELECTIONS** Please list all dependents enrolled or who you want to add/delete from your plan.

List all eligible dependents you wish to cover and check the plan selections desired. Relationship\* Key: SP=Spouse, CU=Civil Union Partner, DP=Domestic Partner, CH=your Child or your Spouse's Child, CUCH=Civil Union Partner's Child, DPCH= Domestic Partner's Child, GC=Guardianship/Foster child, SC = Step 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-2 for new birth. Please be sure to submit an EC-2 to update our records for your newborn once the information is received/issued by SSA.

Continue Coverage	Add	Delete	Dependent: Last Name (if known), First Name, Middle Initial	Birth Date (MM/DD/YYYY)	Social Security Number**	Relationship *	Gender M / F	Medical	Drug	Dental	Vision
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jane J Kealoha	10/11/1951	555-44-3333	sp	F	<input checked="" type="checkbox"/>	<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"/>

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 regarding Dependent and Student Certification on "Instructions for Completing Form EC-2" for more information.

I certify that my spouse/partner and/or dependent children meet eligibility requirements for enrollment in the EUTF/HSTA VB plans. \_\_\_\_\_  
 (initials)

Civil Union Partner Certification – See Section regarding Civil Union Partner Certification on "Instructions for Completing Form EC-2" for specific instructions.  
 I have attached all documentation as required in the Civil Union Partner Enrollment Instructions. JJK (initials)

Domestic Partner Certification – See Section regarding Domestic Partner Certification on "Instructions for Completing Form EC-2" for specific instructions.

**Proof Documents**

- Marriage/ Civil Union/ Domestic Partnership Documentation
- Birth Certificate
- Student Certification

I have attached all documentation as required in the Civil Union Partner Enrollment Instructions. \_\_\_\_\_ (initials)

Domestic Partner Certification – See Section regarding Domestic Partner Certification on "Instructions for Completing Form EC-2" for specific instructions.

I have attached all documentation as required in the Domestic Partner Enrollment Instructions. \_\_\_\_\_ (initials)

## SECTION 5: MEDICARE

HRS Chapter 87A-23(4) requires all Medicare eligible retirees and their dependents to enroll in Medicare Part B as a condition of receiving contributions and participating in the EUTF retiree benefit plans. If you or your dependent(s) are Medicare eligible and are not enrolled in Medicare Part B, you must enroll immediately and provide EUTF with a copy of your Medicare card. If you are already enrolled, be sure EUTF has a copy of your Medicare card.

## SECTION 6: UNITEDHEALTHCARE MEDICARE ADVANTAGE PLAN (UHC)

If you or any of your dependents are enrolling in the UnitedHealthcare Medicare Advantage Plan, YOU MUST COMPLETE THE INFORMATION BELOW (the information is on your red, white and blue Medicare card):

Retiree – Name of Beneficiary: John J Kealoha Medicare Claim # 555-66-7777-B

Do you have End Stage Renal Disease (ESRD)  Yes  No

Spouse/Partner – Name of Beneficiary: Jane J Kealoha Medicare Claim # 555-44-3333-B

Do you have End Stage Renal Disease (ESRD)  Yes  No

If the above information is not completed, your enrollment into the UnitedHealthcare Medicare Advantage Plan may be rejected resulting in no medical coverage.

## SECTION 7: RETIREE & SPOUSE/PARTNER 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

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.

Retiree Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Spouse/Partner – Name of Beneficiary: \_\_\_\_\_ Medicare Claim # \_\_\_\_\_

Do you have End Stage Renal Disease (ESRD)  Yes  No

If the above information is not completed, your enrollment into the UnitedHealthcare Medicare Advantage Plan may be rejected resulting in no medical coverage.

**SECTION 7: RETIREE & SPOUSE/PARTNER 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

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.

Retiree Signature: John J Kealoha Date Signed: 10/28/2015

Retiree Spouse/Partner Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_ (Signature & date required if enrolling in UHC)

Please submit your signed EC-2 form by mail to:

EUTF  
P.O. Box 2121  
Honolulu, HI 96805-2121

Customer Service Call Center

Oahu (808) 586-7390  
Toll Free 1(800) 295-0089

Or you may hand deliver to: EUTF, 201 Merchant Street, Suite 1520, Honolulu, HI 96813

EC-2 Rev. 10/15

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**Deadline to submit EC-2/EC-2H form is  
October 30, 2015 (Postmark)**



# Medicare



# Mandatory Medicare Part B Enrollment

- Submit a copy of your Medicare ID card to EUTF within 60 days from the day you turn 65 or become eligible for Medicare.
- Medicare Part B premium reimbursement is available only for retirees and eligible spouse/partner who pay Medicare Part B premiums.
- EUTF does not reimburse penalties.
- No reimbursement for beneficiaries who do not pay a Part B premium (e.g. Enrolled in MSP or Medicaid).



**FAILURE TO ENROLL IN MEDICARE PART B WILL RESULT IN YOU & YOUR DEPENDENT'S DISENROLLMENT FROM THE EUTF MEDICAL AND/OR PRESCRIPTION DRUG PLAN**

# Mandatory Medicare Part B Enrollment

## Medicare Part B reimbursement

- Premium reimbursement is **quarterly**
- Complete the Medicare Part B Premium Request and Direct Deposit Agreement form
  - *Checking account – Submit voided check*
  - *Savings account – Form must be signed by your bank*
- Reimbursement will begin the **later of:**
  - *Effective date of Medicare Part B coverage*
  - *1<sup>st</sup> day of the month EUTF receives a copy of your Medicare Part B card*

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND ("EUTF")

**Medicare Part B Premium Reimbursement Request and Direct Deposit Agreement**

I request reimbursement for my Medicare Part B Premium. A copy of my Medicare card is attached. (For initial requests only).

I certify that my Medicare Part B premiums are not paid by any other entity, e.g. the Medicare Savings Program or Medicaid. Should my Part B premiums be paid by another entity in the future, I will notify the EUTF within 30 days of being notified by the other entity.

If my enrollment in Medicare Part B stops, I will notify the EUTF within 30 days. I understand that disenrollment from Medicare Part B means I will no longer be eligible for Part B premium reimbursement, as well as medical and prescription drug coverage.

Retiree's Name:	SSN or EUTF ID Number:
Retiree's Mailing Address:	Phone:

**SECTION A – Deposit Authorization**  
Hawaii law (Act 239, 24H3006) requires all individuals who become eligible for Medicare Part B reimbursements on or after July 1, 2016 to designate a financial institution account into which the State of Hawaii EUTF shall be authorized to deposit their quarterly Medicare Part B reimbursements.

By signing in Section B, (Who hereby authorizes the State of Hawaii EUTF to automatically and directly deposit the Medicare Part B premium reimbursements to my/our account at the financial institution named below:

**SECTION B – Account Information (see your financial institution for help in completing this section)**

Name of Account Holder(s):

Name of Financial Institution	Routing Number
Account Name	Account Number
Financial Inst.	Financial Inst. Address
Name of Agent	Signature(s)

**SECTION C – Agree**

By signing in Section C, I/We hereby authorize the State of Hawaii EUTF to automatically and directly deposit the Medicare Part B premium reimbursements to my/our account at the financial institution named below:

I agree to the disclosure by the Financial Institution to the EUTF of any information that the EUTF requests to facilitate administration or enforce the transactions as provided in Sections A and C.

I agree not to hold the EUTF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me/us or by Financial Institution or due to an error on the part of Financial Institution in depositing funds to the account.

**SECTION D – Signature of All Account Holders**

Authorized Signature (Primary):	Date:
Authorized Signature:	Date:

\*Please attach a VOIDED check and return this form to the EUTF.

Rev. 7/2015

# Enrollment in Non-Medicare Plans

Medicare requires that you are enrolled in only one Medicare Part D or Medicare Advantage Plan.

EUTF Medicare plan options include:

- Medicare Part D prescription drug plan administered by SilverScript (CVS)
- UnitedHealthcare Medicare Advantage PPO Plan
- EUTF Kaiser Permanente Senior Advantage Plan

**ENROLLMENT IN A NON-EUTF MEDICARE ADVANTAGE OR NON-EUTF MEDICARE PART D PLAN WILL RESULT IN YOU AND/OR YOUR DEPENDENT'S DISENROLLMENT FROM EUTF MEDICARE PLANS.**



# Base Monthly Contribution

# Employer Contribution

Base Monthly Contribution amounts for 2015:

<u>Maximum Allowable</u>	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
<i>Non-Medicare</i>	\$736.60	\$1,484.72	\$2,173.06
<i>Medicare</i>	\$524.72	\$1,051.70	\$1,531.78

- May be adjusted every January 1
- Based on Medicare Part B premium increase or decrease
- New Medicare Part B premiums currently not available for 2016

# Employer Contribution

Changes in premium cost between Non-Medicare to Medicare

Non-Medicare (Under age 65)		Medicare (Age 64 or older)	Premium cost
HMSA Medical	➔	HMSA Medicare Medical	Decrease
Kaiser Medical	➔	Kaiser Senior Advantage*	Increase
CVS Caremark	➔	SilverScript (Medicare Part D)*	Increase

\*Newly enrolled Medicare beneficiaries must be certified by CMS before they can be enrolled into EUTF Medicare plan options.

# Employer Contribution Table

Years of Credited Service (excluding sick leave)	If You Were Hired:		
	On or Before 7/1/1996	On or Between 7/1/96 – 6/30/01	**On or After 7/1/2001 (self only)
Less than 10 years	50%	0%	0%
10 yrs less than 15	100%	50%	50%
15 yrs less than 25	100%	75%	75%
25 yrs or more	100%	100%	100%

The employer's contribution is equal to the Base Monthly Contribution multiplied by the applicable percentage not to exceed the actual premium.

*\*\*If you were hired on or after 07/01/2001, the monthly employer-sponsored contribution will be calculated on the Base Monthly Contribution for a single rate ONLY. You may obtain coverage for your spouse, domestic partner, or civil union partner but you will be responsible for the premium cost.*

# Employer Contribution

Base Monthly Contribution amounts for 2015:

<u>Maximum Allowable</u>	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
<i>Non-Medicare</i>	\$736.60	\$1,484.72	\$2,173.06
<i>Medicare</i>	\$524.72	\$1,051.70	\$1,531.78

## Employer Contribution 100%

You will pay nothing as long as the BMC exceeds the combine medical, prescription drug, dental and vision premiums.

## Employer Contribution 50% to 75%

Complete retiree rate sheet. Will be available on EUTF website in December.

## Employer Contribution 0%

You will pay premiums listed in reference guide.

# Premium Example *(2015 BMC example)*

Lani will be retiring November 1, 2015 and does not qualify for Medicare.

Non-Medicare total  
BMC amount  
**\$736.60**

Lani's ERS Pension Statement shows:

- Total Earned Years of Service ..... 15 years
- Membership Date ..... July 1, 1997

75% of BMC  
\$736.60  
X .75  
**\$552.45**

Lani selected the following coverages for herself:

- HMSA 90/10 .....\$469.86
- CVS Caremark Drug Coverage .....\$198.10
- HDS Dental .....\$36.06
- VSP Vision .....\$5.48
- Life Insurance .....\$0.00

Total cost for plans  
selected  
**\$709.50**

\$709.50  
- \$552.45  
**\$157.05**

Lani's total monthly premium is

# EUTF Contact Information

- **Call**

Phone: 808-586-7390

Toll-Free: 1-800-295-0089

- **E-mail**

[eutf@hawaii.gov](mailto:eutf@hawaii.gov)

- **Website**

[eutf.hawaii.gov](http://eutf.hawaii.gov)

(Please visit our newly renovated website)

- **Mailing Address**

P.O. Box 2121

Honolulu, HI 96805-2121

- **Walk-In**

Oahu: City Financial Tower  
201 Merchant Street, Suite 1520  
Honolulu, HI 96813  
(No Validated Parking)

- **Office Hours:**

Monday – Friday (State except holidays)  
7:45am - 4:30pm

 DELTA DENTAL<sup>®</sup>

**HDS**  
Hawaii Dental Service



# 2016 EUTF and HSTA VB Retiree Open Enrollment Sessions

## EUTF Retiree 2016 Plan Benefits



- **100% coverage** for diagnostic and preventive services
- **60% coverage** for basic services such as fillings, root canals and oral surgery
- **60% coverage** on all major work such as crowns, bridges, dentures and implants
- **Plan Maximum**  
\$2,000 per person effective every January through December

## HSTA VB Retiree 2016 Plan Benefits

- **100% coverage** for diagnostic and preventive services
- **60% coverage** for basic services such as fillings, root canals and oral surgery
- **60% coverage** on all major work such as crowns, bridges, dentures and implants
- **Plan Maximum**  
\$1,000 per person effective every January through December

## Helping you Manage your Costs

- Your participating dentist may submit a preauthorization request to HDS **before** providing services.
- With HDS's response, your dentist should explain to you the treatment plan, the dollar amount your plan will cover and the amount you will pay.
- This preauthorization will reserve the funds for the specified services against your Plan Maximum. It will also help you to plan your dental services accordingly, should you reach your Plan Maximum.

## EUTF Members

### Login:

(Password is case-sensitive)

[Forgot password?](#)

[Forgot user name?](#)

**New user? Need to register?**

[Dental Plans](#)

[Members](#)

[Dentists](#)

[Employers](#)

[Brokers/Consultants](#)

[Career Opportunities](#)

[HDS Foundation](#)

[Oral Health and Wellness](#)

[About Us](#)

Current Location: [Hawaii Dental Service](#) > [Members](#) > [EUTF Members](#)

Fri. Feb. 14, 2014

### Aloha EUTF Members!

Thank you for visiting our Web site for up-to-date information on your HDS dental plan.

Sign up for an HDS Online account and get 24/7 access to your:

- Benefits and eligibility
- Claims information
- Rate the service you received from your dentist
- See your very own tooth chart and the services received on each tooth
- Print your own membership card
- Print a summary report of your HDS services for tax purposes

To sign up for an HDS Online account, [click here](#).

### Dental Plan Brochure

To view your dental brochure, click on the appropriate link below:

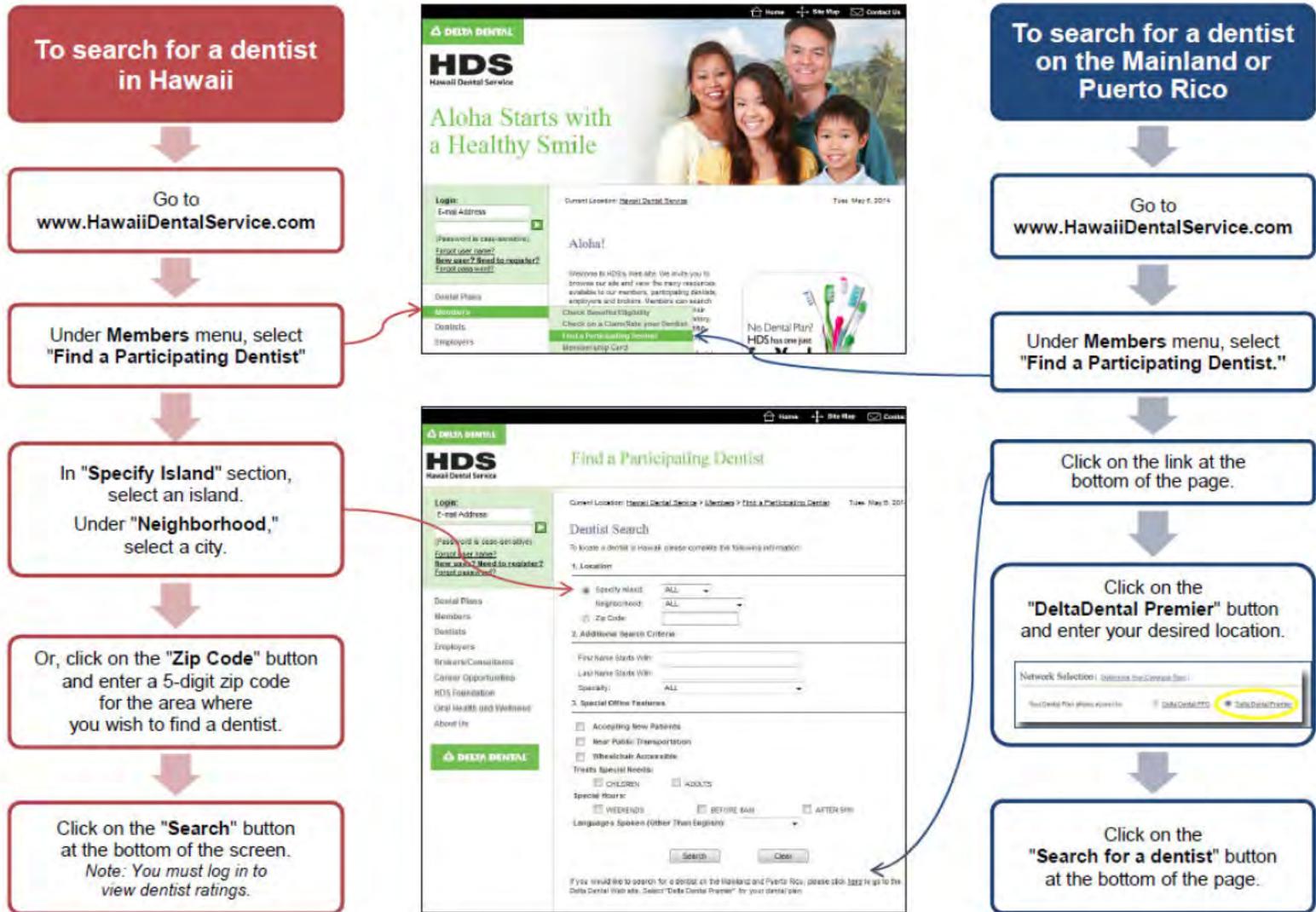
- [EUTF and HSTA VB Actives – HDS Dental Plan Brochure/Summary of Benefits](#)
- [HSTA VB Supplemental – HDS Dental Plan Brochure/Summary of Benefits](#)
- [EUTF and HSTA VB Retirees – HDS Dental Plan Brochure/Summary of Benefits](#)

## Choose Your Own Dentist



- More than 9 out of 10 Hawaii dentists participate with HDS.
- 9 out of 10 dentist specialists in Hawaii participate with HDS.
- Nationwide coverage for members who work/live/travel outside the State of Hawaii.

# How to Find an HDS Participating Dentist



## Website Features

- **Rate your dentist**



- **24/7 access** to your benefits and claims information
- **View** your own tooth chart
- **Print** your own membership card
- **Print** a summary report of your HDS services for tax purposes

 DELTA DENTAL

**HDS**  
Hawaii Dental Service

**Mobile Access**

**On the Go with HDS!**

**More flexibility**

**More freedom**

**CONNECT WITH US**

[www.HawaiiDentalService.com](http://www.HawaiiDentalService.com)



## Dentist by One



*The American Academy of Pediatric Dentistry recommends that a child should go to the dentist within six months of getting the first tooth – and no later than their first birthday.*

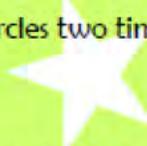


### Baby's First Visit to the Dentist

At the first check-up, the dentist will:

- Check your child for cavities
- Show you how to brush and floss your baby's teeth
- Teach you about food, drinks and habits that can cause cavities
- Talk about fluoride 
- Check your child's bite, growth and development
- Give you information to prevent accidents as your baby grows

### How to Care for Your Baby's Smile

- **Clean**—Clean your baby's gums with a damp washcloth after eating and drinking.
- **Brush**—Once the first tooth shows up, use a soft toothbrush and water to brush your baby's teeth and gums. Brush in soft gentle circles two times a day. 
- **No bottle in bed**—Don't let your baby fall asleep with a bottle of milk or sugary drinks at nap time or at night.
- **Give water**—Give your child water. Do not give your child drinks with added sugar, such as soda or juice. 
- **Don't share** forks, spoons or food—If you put food or eating utensils in your mouth, do not put them in your child's mouth because sharing spreads germs that can cause cavities.

## Dedicated EUTF Customer Service Phone Line

### Call us!

- **Monday through Friday**  
from 7:00 a.m. to 6:00 p.m.
- **Saturdays**  
from 9:00 a.m. to 1:00 p.m.
  - *From Oahu, call 529-9310*
  - *Toll free at 1-866-702-3883*
- **Walk-in customer service**  
Monday through Friday  
from 7:30 am – 4:30 pm



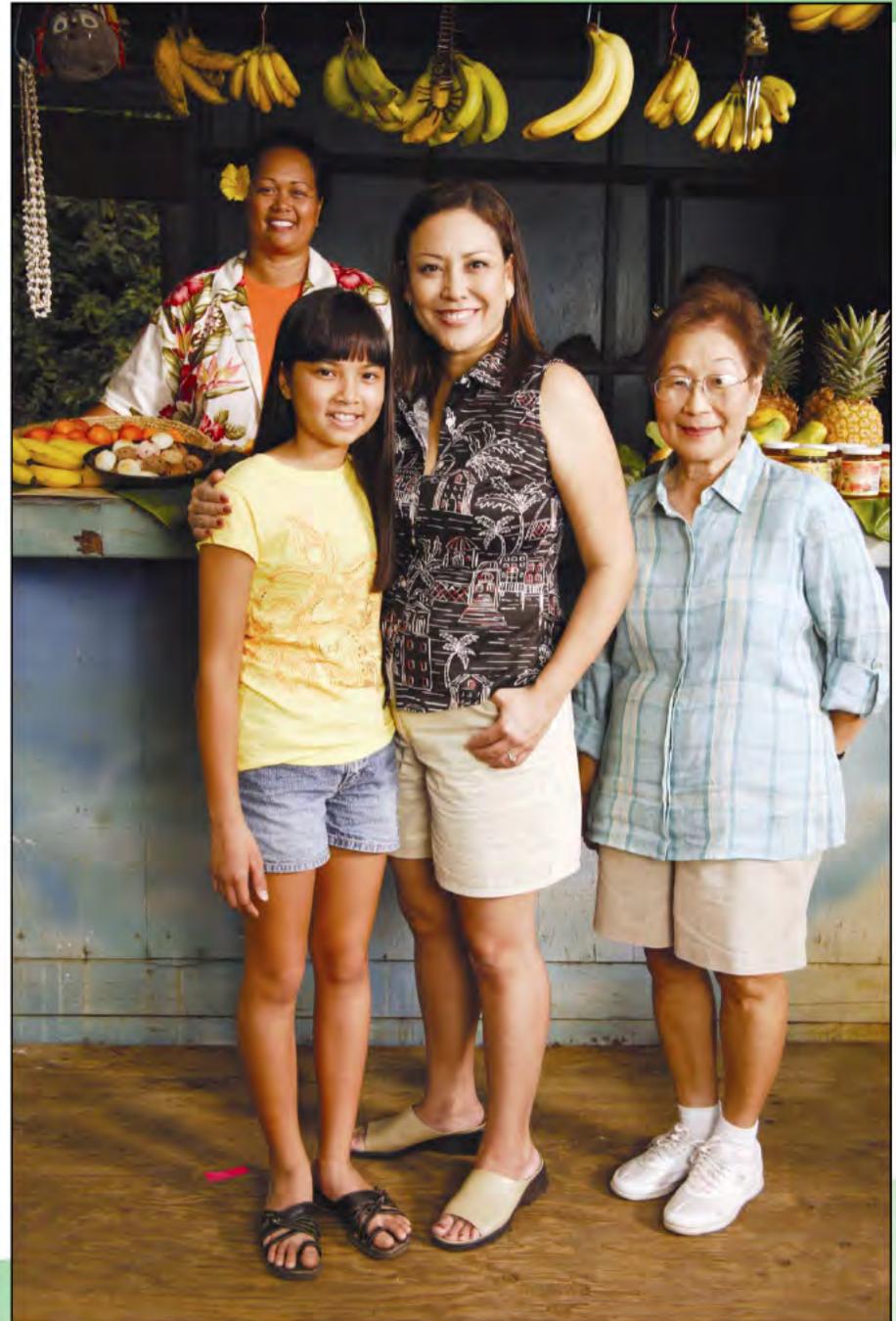
*Topa Financial Center – Bishop Street Tower  
700 Bishop Street, Suite 700*



 DELTA DENTAL®

**HDS**  
Hawaii Dental Service

A lifetime of  
healthy smiles  
for Hawaii's  
families





# 2016 EUTF Open Enrollment

Retired EUTF Members



Value, Quality,  
Choice

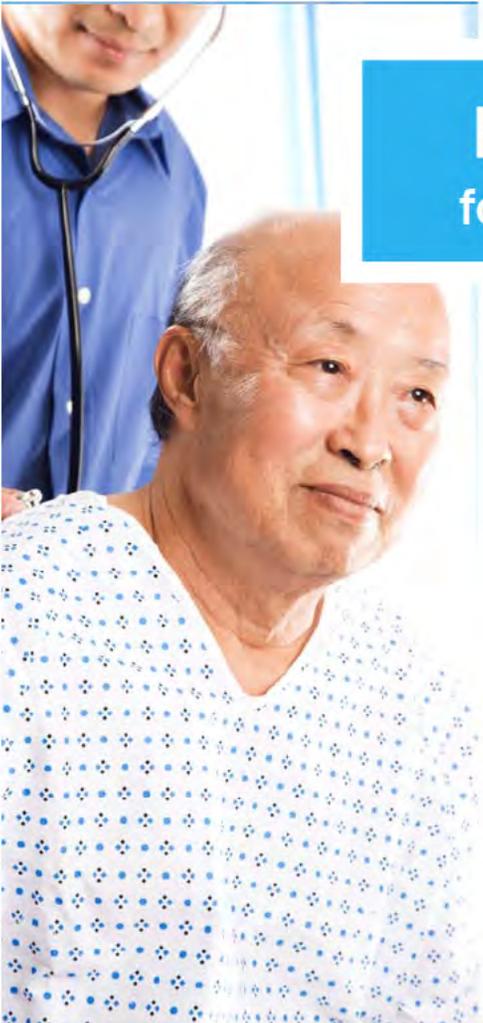


# HMSA's PPO Plan

## For EUTF Retirees

**hmsa** 





**PPO 90/10**  
for EUTF Retirees

- Choose your own doctors
- Choose from many doctors and hospitals
- Comprehensive benefits
- Lower out-of-pocket costs





**PPO 90/10**  
for EUTF Retirees

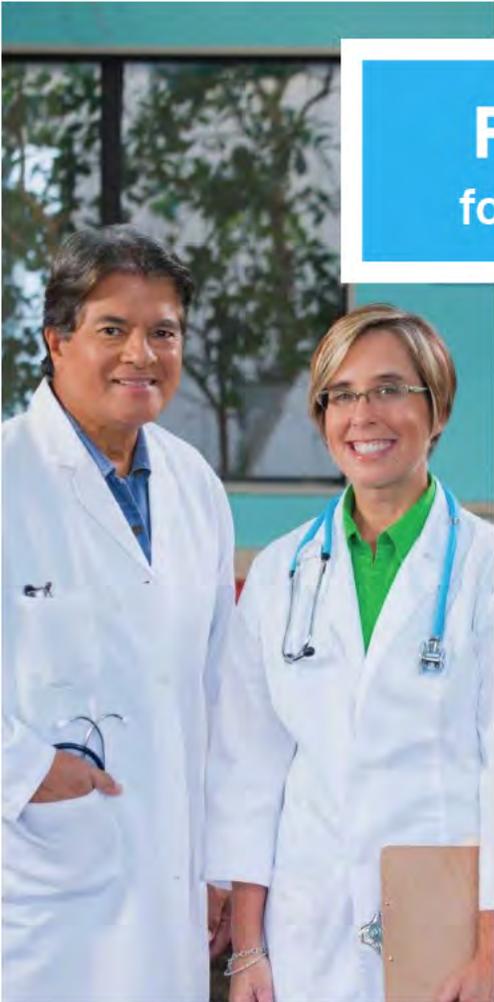
**Pays 90% of:**

- Doctor's office visits
- Hospitalization and surgery

**Pays 80% of:**

- Lab services





**PPO 90/10**  
for EUTF Retirees

**Pays 70% for nonparticipating:**

- Doctors
- Lab services

*You may pay more out of pocket.*



A pink piggy bank is positioned on the left side of the slide, with a stethoscope resting in front of it. The piggy bank is a classic pig shape, and the stethoscope is a standard medical instrument with a black tube and silver chest piece.

**PPO 90/10**  
for EUTF Retirees

## Annual out-of-pocket limit:

- Single: \$2,500
- Family: \$7,500





## What You Can Do to Maintain Good Health

- See your provider early
- Take advantage of preventive care benefits
  - Colonoscopy screening
  - Sigmoidoscopy screening





## Value, Quality, Choice

# Coordination of Medicare benefits

Service	Charge	Retiree in HMSA PPO plan owes	Retiree in competitor's PPO plan owes
Room & board	\$11,000	\$0	\$1,100
Pharmacy	\$4,000	\$0	\$800
Total	\$15,000	\$0	\$1,900





## Value, Quality, Choice



- Mainland coverage
- Worldwide coverage
- 1 (800) 810–BLUE (2583)
- BlueCard Worldwide® mobile app

**hmsa** 





Value, Quality,  
Choice

hmsa.com

- My Account
- HMSA's Online Care
- Track your claims
- Find a Doctor
- HMSA Well – Being Connect



hmsa 



Value, Quality,  
Choice



[hmsa.com](http://hmsa.com)





## Your Well-Being Toolkit

[hmsa.com/wbc](https://hmsa.com/wbc)

- Gallup – Healthways Well – Being 5™ survey
- Well – Being Hawaii blog
- Health education workshops
- Health coaching

**hmsa** 





**Value, Quality,  
Choice**

**Get healthy, save money!**



*Curves*



Still & Moving Center

*Move your body. Still your mind. Find joy!*



Value, Quality,  
Choice



*Island Scene* magazine

hmsa 



Value, Quality,  
Choice



WELCOME TO

# HEALTH CARE: Plain & Simple

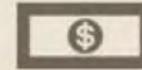
*Language you can understand*



UNDERSTAND  
HEALTH CARE



CHOOSE  
THE RIGHT PLAN



GET  
MY MONEY'S WORTH



BE  
HEALTHY

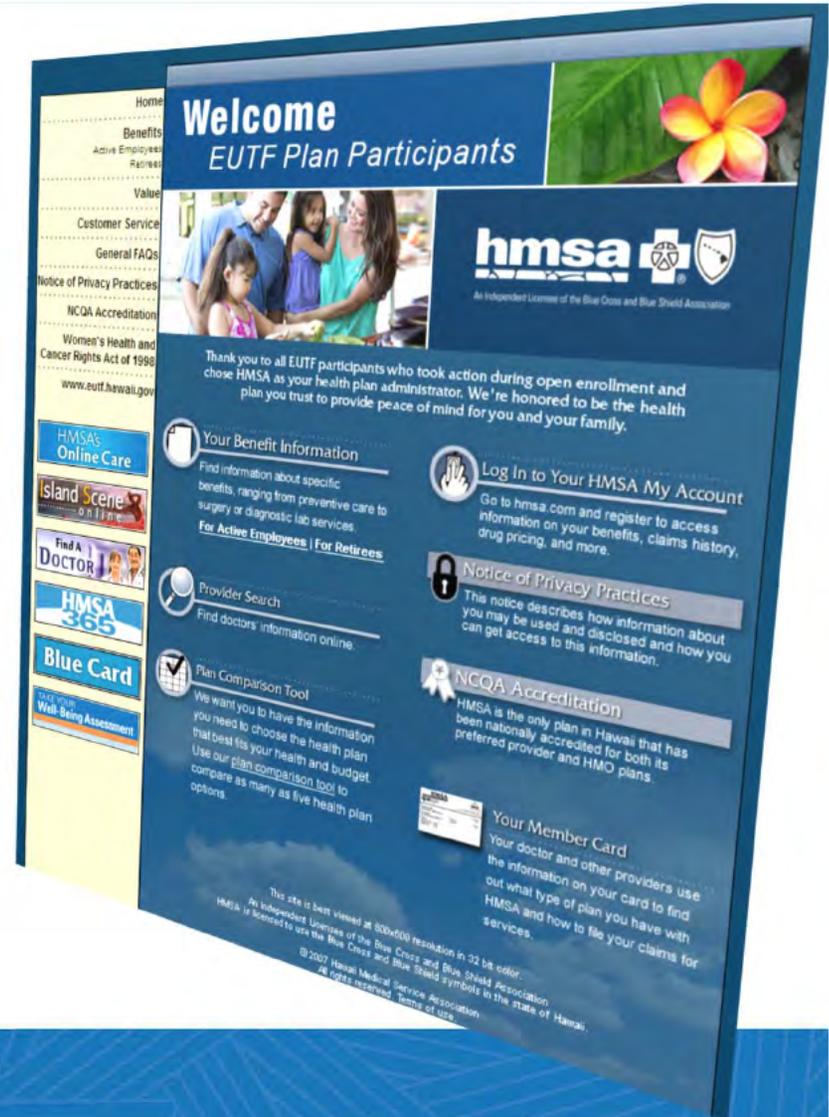
hmsa 





**Value, Quality,  
Choice**

**For more  
information  
[hmsa.com/eutf](http://hmsa.com/eutf)**



## Value, Quality, Choice



- Oahu: 948—6499
- Neighbor Islands: 1 (800) 776—4672 toll—free
- HMSA Centers or offices

**hmsa** 



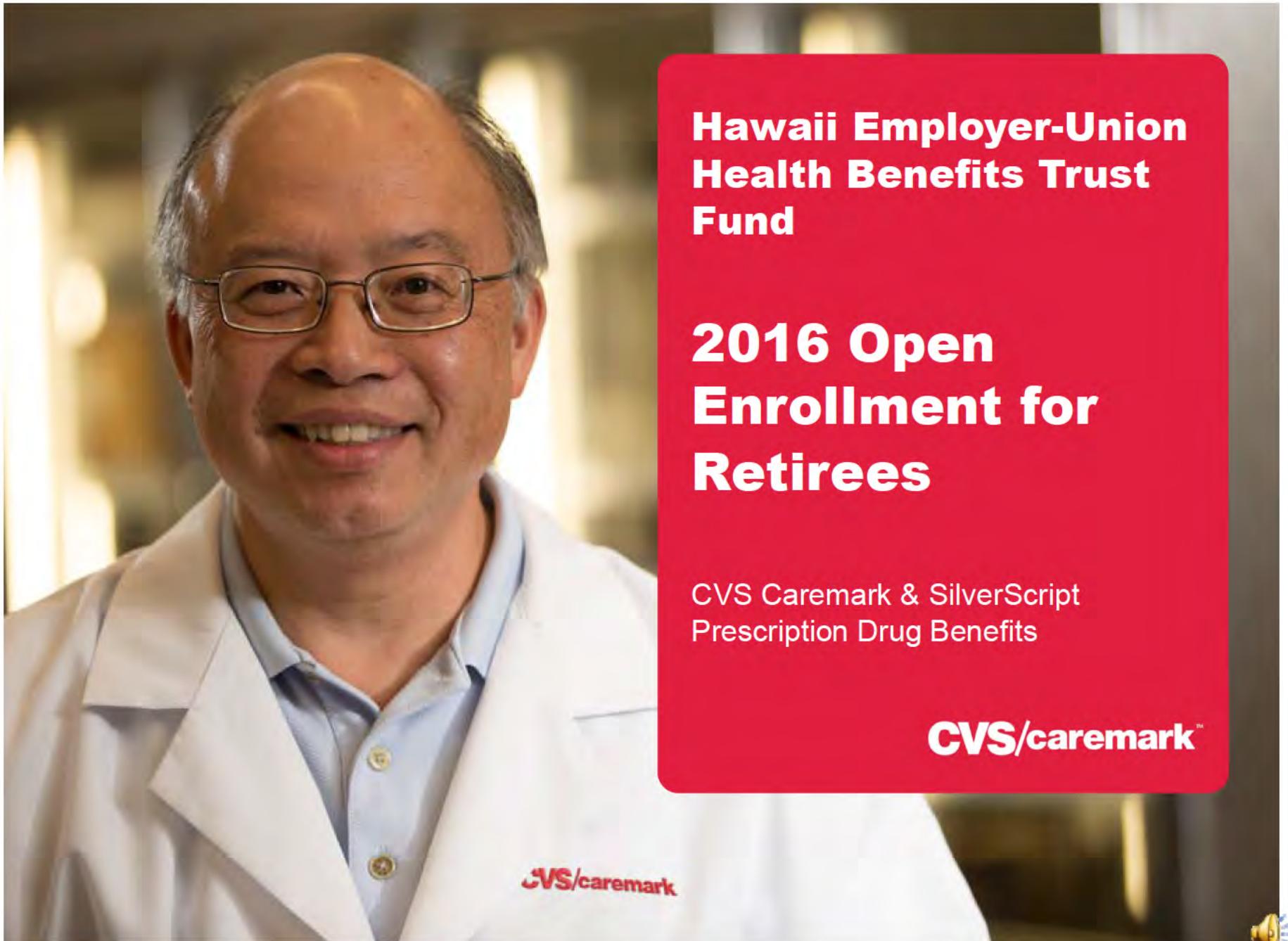


[hmsa.com/eutf](https://hmsa.com/eutf)

# Mahalo

**hmsa** 





## **Hawaii Employer-Union Health Benefits Trust Fund**

## **2016 Open Enrollment for Retirees**

CVS Caremark & SilverScript  
Prescription Drug Benefits

**CVS/caremark™**



# Agenda

- CVS Health
- CVS/caremark plan highlights for non-Medicare retirees
- SilverScript plan highlights for Medicare retirees
- Tools and Resources
- Questions?



## CVS Health

- Network of more than 68,000 pharmacies nationwide. Hawaii's network includes over 225 pharmacies statewide with over 60 Longs Drugs pharmacies. New store openings: Waikiki, Poipu, and Aina Haina this year.
- Twelve stores have pharmacy services 24-hours a day, 7-days a week.
- Seven Minute Clinics on Oahu –  
Expansions on Oahu and on the island of Hawai'i in 2016.
- Customer service in downtown Honolulu



*Longs Drugs*



## 2016 Plan Highlights EUTF Non-Medicare Retirees

	Retail (30-day supply)	Retail or Mail (90-day supply)
Generic	\$5	\$10
Preferred Brand	\$15	\$30
Non-Preferred Brand	\$30	\$60
Specialty Drug	20%/\$250 max	NA

- Specialty Drugs - \$2,000 annual out of pocket maximum per calendar year. Claims for specialty drugs prescribed in an outpatient or home setting must be submitted to CVS Caremark.
- Generic Step Therapy Programs
- Maintenance Medications –
  - Filled in a 90 day supply
  - A 90-day supply of maintenance medications can be filled at Longs, or any retail network pharmacy, or through mail.
  - You may fill an initial prescription of a 30-day supply of a maintenance medication up to three times at any retail network pharmacy.



## 2016 Plan Highlights

### HSTA VB Non-Medicare Retirees

	Retail (30-day supply)	Retail or Mail (90-day supply)
Generic	\$5	\$9
Formulary Brand	\$15	\$27

- The copayment for specialty medications are based on a 30-day supply at either a generic or brand tier copayment.
- Claims for specialty medications that are prescribed in an outpatient or home setting must be submitted to CVS Caremark.



## Added Value & Savings

- ExtraCare Health Card – Earn rewards for purchases at Longs Drugs, and receive 20% off CVS branded health care related items.
- We encourage you to continue using mail-order services to save the plan money.
- Using generic medications could save you between **\$25-\$50** in copays depending on your prescription.



## Easy & Convenient Mail Service

- CVS/caremark Hawaii Mail Service is located on the island of Oahu.
- Saves you time - we will mail your prescriptions at no charge to your home or office.
- Saves money.

Call toll-free at 1-855-801-8263

Mail in your paper prescription

P.O. Box 30980

Honolulu, Hawaii 96819-9930

Order your medications online

[caremark.com](http://caremark.com)



## Save money using generic medications

- Generics are affordable and effective in treating health conditions.
- Request for generic medications when possible. Generics provide a cost-saving opportunity for both you and EUTF. This is an excellent way for you to manage your prescription expenses.
- To encourage the use of generic medications, EUTF has a step therapy program that may require you to use a generic medication first. If you or your doctor requests a brand-name medicine when a generic alternative medicine is available, your copayment will be higher because you will pay the generic co-pay plus the difference in the cost between the brand-name medicine and the generic medicine



## Generic Step Therapy Program

- Applies to EUTF retirees, and for certain drug classes for HSTA VB retirees
- You pay more if you choose a brand-name drug over a generic option if one is available
- If you fill the brand-name drug, you will pay the generic copay\* plus the cost difference between the generic and brand-name medications

### Example:

Generic medication cost = **\$35**

Brand-name medication with a generic option available cost = **\$200**

$$\begin{array}{rcccl} \mathbf{\$165} & + & \mathbf{\$5} & = & \mathbf{\$170 \text{ total}} \\ \text{Cost Difference} & & \text{Copay} & & \text{Out-of-pocket cost} \\ & & (30\text{-day Supply}) & & \end{array}$$



## 2016 Plan Highlights

SILVERSCRIPT™



## SilverScript – IMPORTANT NOTES

- EUTF will enroll you into the SilverScript plan when you become eligible for Medicare.
- There are many Medicare plans available in the market that are NOT affiliated with EUTF.
- EUTF's open enrollment coincides with Medicare's annual open enrollment; therefore you may receive promotional material from these plans that are NOT affiliated with EUTF.
- Centers for Medicare & Medicaid (CMS) does not allow you to enroll in more than one (1) Medicare Part D plan.
- Enrollment into another Medicare Part D plan may automatically terminate your EUTF prescription drug benefits, and potentially your medical benefits for bundled plans (HSTA VB)



## 2016 SilverScript Plan Highlights EUTF Medicare Retirees

Retail or Mail	30-Day Supply	60 or 90 Day Supply
Generic	\$5	\$10
Preferred Brand	\$15	\$30
Non-Preferred Brand	\$30	\$60
Specialty Drug	20%/\$250 max	NA

- Specialty Drugs: \$2,000 annual maximum per calendar year
- EUTF SilverScript members have continuous coverage in the 'gap' and will pay the applicable copayment for most of your prescription drugs.



## 2016 SilverScript Plan Highlights HSTA VB Medicare Retirees

Retail or Mail	30-Day Supply	60 or 90-Day Supply
Generic	\$3	\$9
Formulary Brand	\$9	\$27

Copayments for specialty medications are based on a 30-day supply at either the generic or brand tier copayment.

HSTA VB SilverScript members have continuous coverage in the 'gap' and will pay the applicable copayment for most of your prescription drugs.



# Tools & Resources

- CVS Caremark members can register online at [www.caremark.com/eutf](http://www.caremark.com/eutf)

SilverScript members can register online at

[EUTF.silverscript.com](http://EUTF.silverscript.com)

[HSTAVB.silverscript.com](http://HSTAVB.silverscript.com)

- View savings options based on prescription history
- Access family claims and savings opportunities
- Set up mail service
- Confirm if drugs need a prior authorization



Online services allows you to learn more about your plan, understand copay costs and find a lower cost medication



# Customer Care

**Customer Care representatives are available to take your calls 24 hours a day, 7 days a week**

Pre 65 Retirees – 1-855-801-8263

Medicare Retirees – 1-877-878-5715

## **Customer Service Office:**

Pauahi Tower

1003 Bishop Street, Suite 704

Hours of Operation: Monday – Friday 7:45 – 4:30



**Call our customer service team toll-free for any of your prescription questions.**



# CVS Health

Thank you for your time and attention, please come and visit us after the meeting if you have additional questions.

Have a great day!



# together in good health

see how easy healthy can be

2016 Open Enrollment  
Presentation for

## Hawaii Employer- Union Health Benefits Trust Fund



[kp.org/eutf](http://kp.org/eutf)

KAISER PERMANENTE®  thrive



# main reasons to choose **Kaiser Permanente**

# A healthy partnership



Choice of top doctors



Complete care

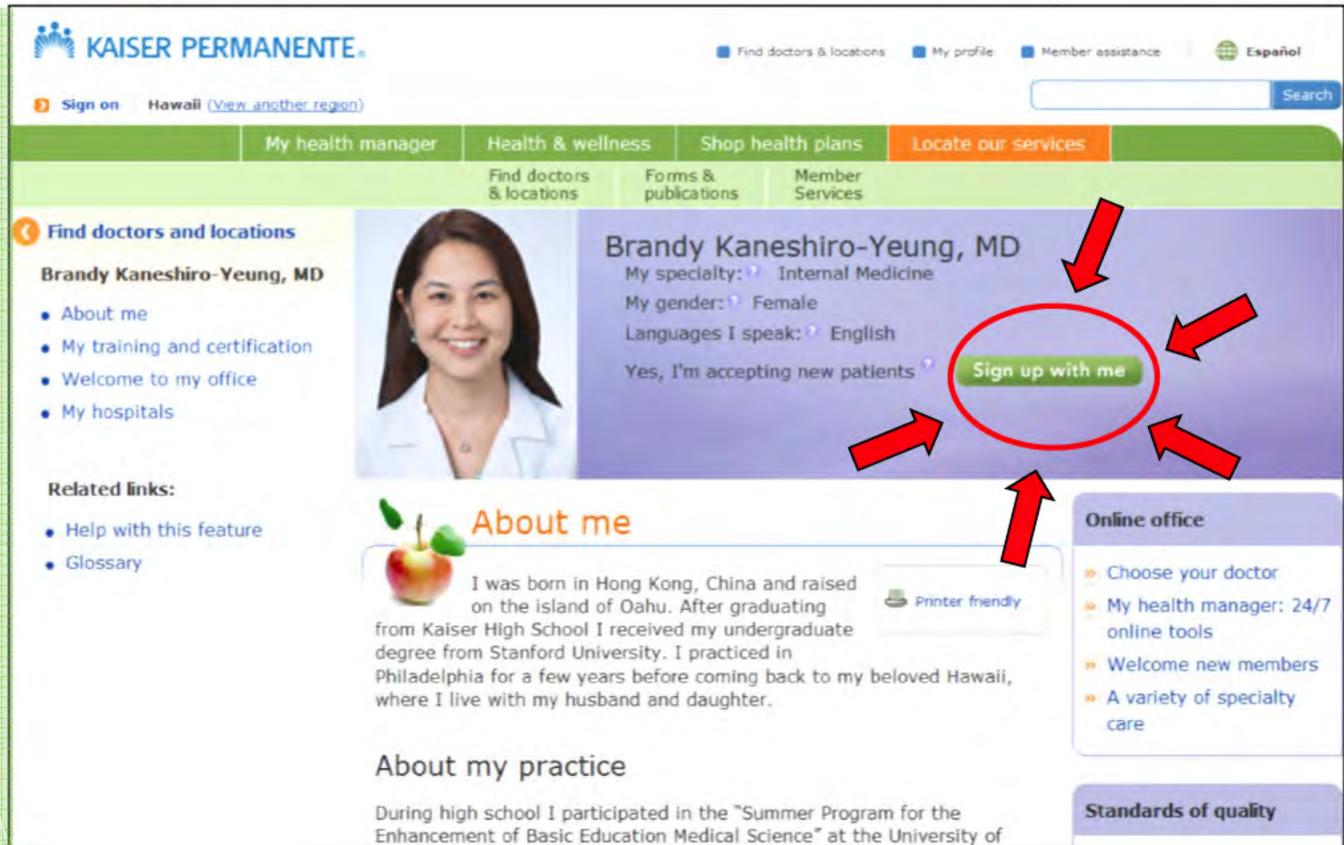


Care the way you want it



# Your choice of top doctors

Choose  
or  
change  
your  
doctor at  
any time



**KAISER PERMANENTE** Find doctors & locations My profile Member assistance Español

Sign on Hawaii (View another region) Search

My health manager Health & wellness Shop health plans Locate our services

Find doctors & locations Forms & publications Member Services

**Find doctors and locations**

**Brandy Kaneshiro-Yeung, MD**

- About me
- My training and certification
- Welcome to my office
- My hospitals

**Related links:**

- Help with this feature
- Glossary

**Brandy Kaneshiro-Yeung, MD**  
My specialty: Internal Medicine  
My gender: Female  
Languages I speak: English  
Yes, I'm accepting new patients

**Sign up with me**

**About me**

I was born in Hong Kong, China and raised on the island of Oahu. After graduating from Kaiser High School I received my undergraduate degree from Stanford University. I practiced in Philadelphia for a few years before coming back to my beloved Hawaii, where I live with my husband and daughter.

**Online office**

- Choose your doctor
- My health manager: 24/7 online tools
- Welcome new members
- A variety of specialty care

**Standards of quality**

**About my practice**

During high school I participated in the "Summer Program for the Enhancement of Basic Education Medical Science" at the University of

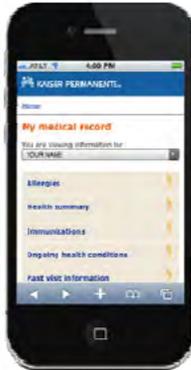
# Complete care

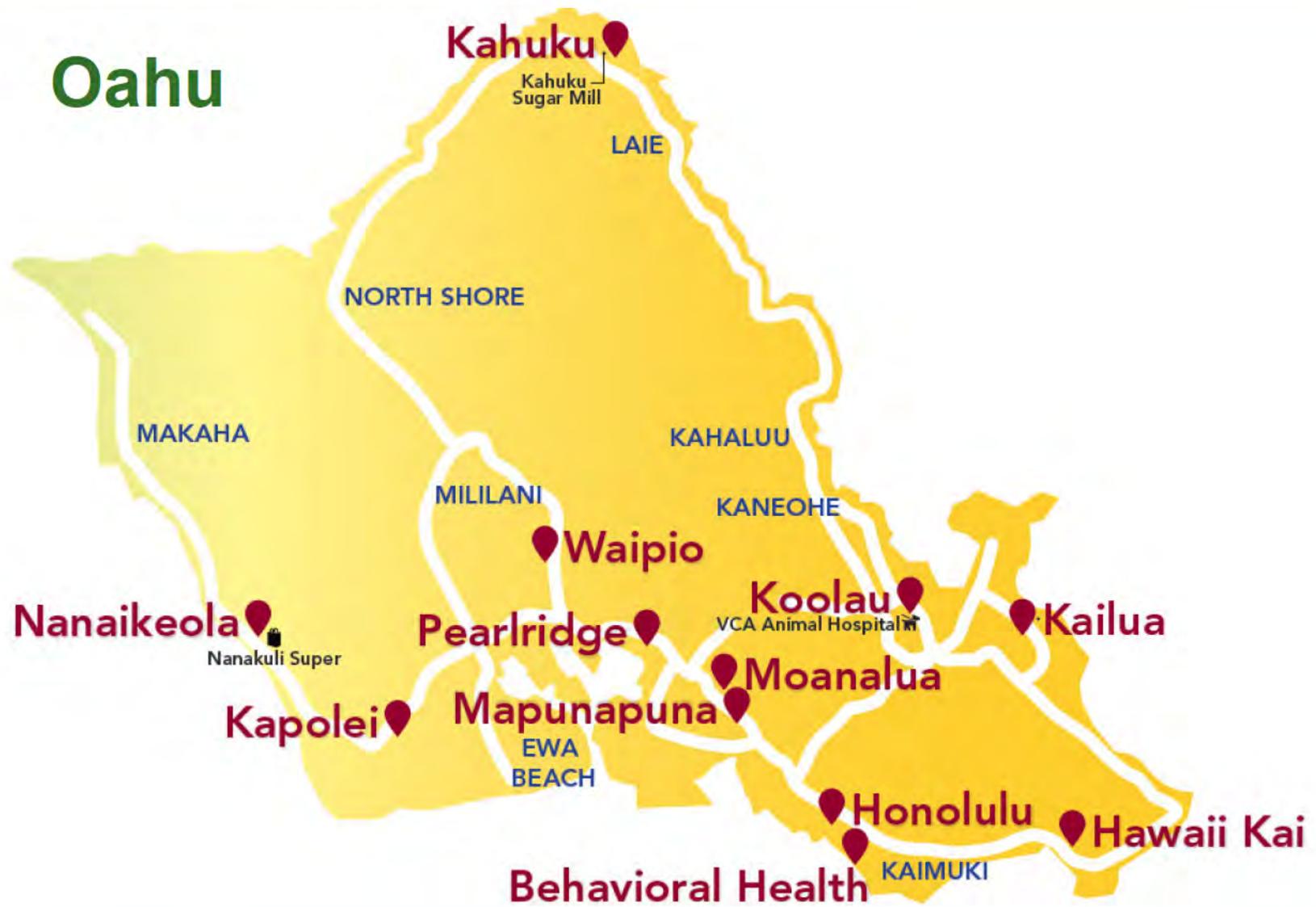


Our health plan is part of the same organization as our doctors, hospital, medical offices, pharmacies, and labs.



# Care the way you want it





# Maui



# Big Island



## Highest rated Medicare health plan in the state



- **Highest-ranked Medicare plans in Hawaii for the 7<sup>th</sup> consecutive year**
- **Top 5<sup>th</sup> Medicare plan in the nation (among 408 plans)**

## Kaiser Permanente doctors among the Best Doctors®



- **112 Kaiser Permanente physicians were named among the state's top medical professionals**
- **Best Doctors has one of the toughest peer review processes in the nation**
- **Chosen by leading doctors in their own fields**

Kaiser Permanente Together in good health

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## Key points about your plan's benefits

## EUTF Retirees

Covered service	EUTF Non-Medicare	EUTF Medicare Senior Advantage
Preventive care	No charge	No charge
Doctor's office visits	\$15 per visit	\$15 per visit
Prescription drugs (30-day supply)	\$15 per prescription	\$15 per prescription
Lab & X-rays	\$15 per department per day	No charge
Hospitalization	No charge	No charge
Emergency care (worldwide)	\$50 at a Kaiser Permanente facility / 20% out of area	\$50 copay
Silver&Fit®	Not covered	No charge

This is only a summary of some benefits and their copays and coinsurance. Please see your Evidence of Coverage for more information, limitations, and exclusions for all benefits, including those not listed in this summary.

## HSTA VB Retirees

Covered service	HSTA VB Non-Medicare	HSTA VB Senior Advantage
Preventive care	No charge	No charge
Doctor's office visits	\$15 per visit	\$15 per visit
Prescription drugs (30-day supply)	\$10 per prescription	\$10 per prescription
Lab & X-rays	\$15 per department per day	No charge
Hospitalization	No charge	No charge
Emergency care (worldwide)	\$50 at a Kaiser Permanente facility / 20% out of area	\$50 copay
Silver&Fit®	Not covered	No charge

This is only a summary of some benefits and their copays and coinsurance. Please see your Evidence of Coverage for more information, limitations, and exclusions for all benefits, including those not listed in this summary.

## Home fitness or fitness facility?

# It's your choice



## Getting started

Call our Care Transition Team  
**808-643-5744**

- Select a primary care physician
- Make an appointment
- Transfer your prescription
- Care transition assistance

Monday—Friday, 9 a.m. to 5 p.m. (except holidays)

[kp.org/eutf](https://kp.org/eutf)

## All other questions

Call our Customer Service Center

**808-432-5250** Oahu

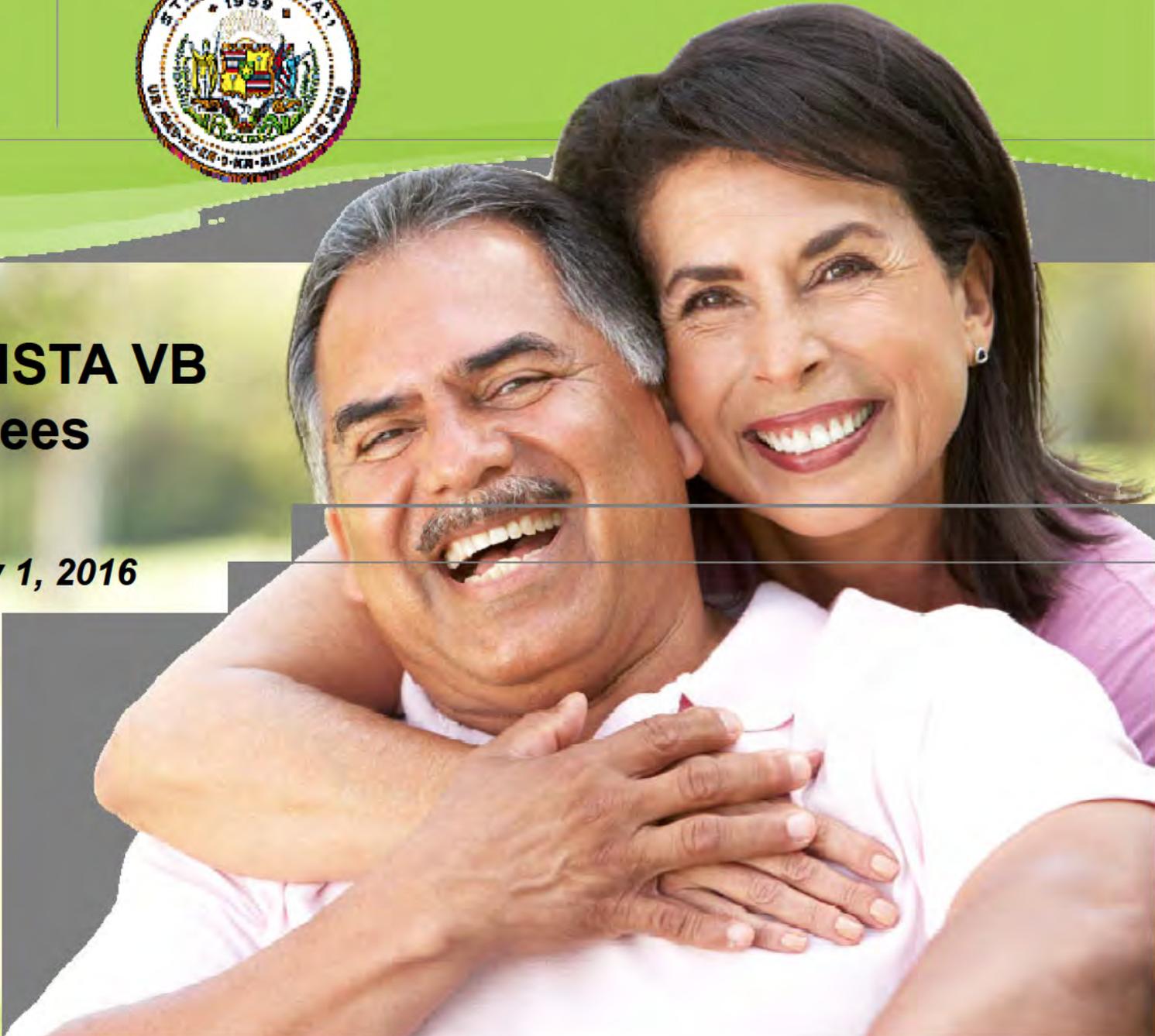
**1-844-276-6628** Neighbor islands (toll-free)

[kp.org/eutf](https://kp.org/eutf)



# **EUTF & HSTA VB Retirees**

*January 1, 2016*



# Your Plan at a Glance

- **WellVision Exam**
  - Thorough eye exam every calendar year
  - \$10 copay
- **Prescription glasses**
  - Lenses every calendar year
  - Frame every other calendar year
  - \$25 copay
- **Contacts**
  - You can choose contacts instead of glasses every calendar year



# Best Value for Your Dollar

Exam/Eyewear	Without VSP	With VSP
Eye Exam	\$154	\$10 Copay
Frame	\$120	\$25 Copay
Single Vision Lenses	\$86	
Anti-reflective Coating	\$110	\$61
Photochromic Adaptive Lenses	\$103	\$62
<b>Total</b>	<b>\$573</b>	<b>\$158</b>

Average Annual Savings  
**\$415**  
With A VSP Doctor

Comparison based on national averages for eye exams and most commonly purchased brands.

# WellVision Exam<sup>®</sup>

- Fully covered every calendar year, after \$10 copay
- A WellVision Exam typically includes:
  - A review of your medical and eye health history
  - An evaluation of the health of your eyes
  - A peripheral vision test



# Prescription Glasses

- Prescription glasses, covered after a \$25 copay
- Lenses every calendar year
  - Single vision, lined bifocal, and lined trifocal
  - Shatter-resistant polycarbonate lenses for children
- Frame every other calendar year
  - \$120 standard allowance
  - 20% savings on the amount above your allowance
  - **Extra \$20** toward your allowance when you choose a **featured frame brand\***

\*Brands/promotion subject to change



# Featured Frame Brands

- Anne Klein
- bebe<sup>®</sup>
- Calvin Klein
- Flexon<sup>®</sup>
- Lacoste
- Nautica
- Nike
- Nine West
- **And more!**

GET AN EXTRA  
\$20  
TO SPEND   
ON FEATURED FRAME BRANDS

- Visit [vsp.com/special offers](https://www.vsp.com/special-offers) to view all featured frame brands.

# Contacts

- You can choose contacts instead of glasses every calendar year.
- \$120 allowance for contacts and contact lens exam (fitting and evaluation).
- You can apply your benefit toward any contact lens brand of your choice.



# Savings

- Lens enhancements are covered after a copay, saving members an average of 35%-40%.
- 30% savings on additional glasses or sunglasses, including lens enhancements, on the **same day** from the **same VSP provider**
- 20% savings on additional glasses or sunglasses, including lens enhancements, **within 12 months** of your last eye exam from **any VSP provider**
- Average 15% off the regular price, or 5% off the promotional price of laser vision correction services through VSP contracted laser centers

Based on applicable laws, benefits may vary by location.



# Exclusive Member Extras

- Exclusive special offers from VSP and leading industry brands for **VSP members only**
- More than \$2,500 in savings on:
  - Glasses and sunglasses
  - Contact lenses
  - LASIK
  - Hearing aids
  - Much more
- Visit **[vsp.com/specialoffers](http://vsp.com/specialoffers)**

# VSP Providers

- Include VSP doctors and retail chains that participate in the VSP network
- Largest selection of designer frames
- Offer WellVision Exams that can detect signs of:
  - Diabetes
  - High blood pressure
  - Hypertension
- Eyecare and eyewear in one location



# Retail Chain Providers

- 4,600 retail chain locations on the VSP network
- Retail chains include:
  - Costco® Optical
  - Shopko Eyecare Centers
  - Cohen's Fashion Optical
  - Visionworks®
  - Wisconsin Vision
  - Heartland Vision
  - RxOptical®
  - Optyx

All company names and brands are trademarks or registered trademarks of their respective owners.



SHOPKO®

eyecare center

COHEN'S  
Fashion Optical

 Visionworks

WisconsinVision  
YOU WON'T BELIEVE YOUR EYES.™

HeartlandVision  
YOU WON'T BELIEVE YOUR EYES.™

RxOptical®  
The people who care for your eyes.

OPTYX

# Visits to Other Providers

- Log in to **vsp.com** or call us at **1-866-240-8420** before visiting your doctor. If your provider is out-of-network you can get details on how to submit a claim.
- You must file for reimbursement within 12 months of your date of service.
- You can get up to the following amounts for services received:

## Open Access Schedule of Reimbursements

Exam .....	\$45
Single Vision Lenses .....	\$45
Bifocal Lenses .....	\$65
Trifocal Lenses .....	\$85
Frame .....	\$47
Contacts .....	\$105

# Using your benefit is easy.

- Register at **vsp.com**.
  - Once your plan is effective, review your benefit information.
- Find an eyecare provider who's right for you.
  - To find a VSP provider, visit **vsp.com** or call **1-866-240-8420**.
- At your appointment, tell them you have VSP.
  - There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.



# We're here for you.

- Register and/or log into **vsp.com**
- Call VSP's **EUTF-specific** number at: **1.866.240.8420**
  - 24 hours a day, 7 days a week
- Visit the Hawaii VSP Office:  
1003 Bishop Street, Suite 890  
Monday – Friday 7:30 a.m. to 4:30 p.m.  
  
532.1600 (Oahu)  
1.800.522.5162 (toll-free from neighbor isles)





## **Your Unitedhealthcare 2016 benefit plan option for EUTF Medicare-eligible retirees**

Y0066\_150723\_085354



# Why UnitedHealthcare®?

## UnitedHealthcare® is here for you.

At UnitedHealthcare, we can help you understand what you can do to make the most of your plan. We help connect you to the care you need, when you need it. And we are dedicated to giving you the programs, resources and tools to help you live a healthier life.



# Your Medicare Advantage plan



## The advantages of a single plan.

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare. They include Part A and Part B coverage all in one plan. Medicare Advantage plans also generally offer additional benefits beyond doctor and hospital visits.



### All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



### All the benefits of Part B

- Doctor's visits
- Outpatient care
- Screenings and shots
- Lab tests



### Additional benefits

- May be bundled with the plan

# The UnitedHealthcare® Group Medicare Advantage (PPO) plan Overview

**Getting the health care coverage you may need.**

- ✓ Coverage for visiting doctors, clinics and hospitals in one plan
- ✓ Vision, hearing and foot care coverage beyond Original Medicare
- ✓ No referral needed to see a specialist
- ✓ Can see doctors outside the network for the same cost share as in-network providers as long as the provider accepts Medicare and the plan

# UnitedHealthcare Group Medicare Advantage (PPO) plan Benefit Highlights

	You Pay
<b>Annual medical deductible</b>	\$100 combined for in-network and out-of network
<b>Annual out-of-pocket maximum</b>	\$2,500 combined for in-network and out-of-network

# Benefit Highlights continued

Benefit Coverage	In-Network	Out-of-Network
Primary care provider (PCP) office visit	10% co-insurance	10% co-insurance
Specialist office visit	10% co-insurance	10% co-insurance
Emergency Room	\$50 co-pay (worldwide)	\$50 co-pay (worldwide)
Urgently needed care	\$35 co-pay	\$35 co-pay
Inpatient hospitalization	10% of the cost per admission	10% of the cost per admission
Outpatient surgery	10% co-insurance	10% co-insurance

# Benefit Highlights continued

## Preventive Services

Benefit Coverage	In- Network	Out-of-Network
Annual physical	\$0 co-pay	\$0 co-pay
Annual Wellness Visit	\$0 co-pay	\$0 co-pay
Preventive Services	\$0 co-pay for Medicare-covered preventive services	\$0 co-pay for Medicare-covered preventive services

# Benefit Highlights continued

## Additional benefits & services beyond Original Medicare

Benefit Coverage	In-Network	Out-of-Network
Routine Hearing Exam	\$0 co-pay 1 exam every 12 months	\$0 co-pay 1 exam every 12 months
Hearing Aids	Plan pays up to \$500 (every 36 months)	Plan pays up to \$500 (every 36 months)
Routine Eye Exams	10% of the cost (1 exam every 12 months)	10% of the cost (1 exam every 12 months)

# Additional Programs: Solutions for Caregivers



## Help make caring for a loved one easier.

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing:

- Information, education, resources
- On-site evaluation by a registered nurse
- Personal plan of care developed by a Geriatric Case Manager
- Access to Caregiver Partner website

# Additional Programs: Fitness



**Stay physically fit and active at no additional cost.**

**Join SilverSneakers® and enjoy:**

- Staying active with SilverSneakers® Fitness Program. Find the nearest location at [www.silversneakers.com](http://www.silversneakers.com).
- Classes, cardio equipment, resistance machines, free weights and heated pools (at certain locations). Amenities may vary at each location.

**Don't live near a fitness center?**

SilverSneakers Steps is a personalized fitness program for members who can't get to a SilverSneakers location. Once you enroll in Steps, you may select one of the four kits that best fits your lifestyle and fitness level-general fitness, strength, walking or yoga. The Steps wellness tools can help you be active at home or on the go.

# Additional Programs: NurseLine<sup>SM</sup>



## **You're never alone.**

Whether you have questions about a medication or have a health concern in the middle of the night, with NurseLine<sup>SM</sup> a nurse answers your call 24 hours a day.

### **Services include:**

- Help choosing a doctor
- Tips on how to help control diabetes, blood pressure or high cholesterol
- Reviewing your medications and exploring how to save money on prescriptions
- Connecting you with community resources for exercise
- Easy ways you can add fruits and vegetables to your diet
- Tips to help you quit smoking

# How to Enroll & What to Expect

- 1** If you are interested in enrolling, follow EUTF's instructions for enrollment. EUTF will send UnitedHealthcare your information and we will process your enrollment.
- 2** You will receive your new member ID card and you can start using as soon as your plan is effective.
- 3** You will receive a welcome guide that gives you more information on how your benefits work and how to get the most out of your plan.
- 4** Soon after you're a member, we will contact you to help us understand your unique health needs.
- 5** After your effective date, register online at [www.UHCRetiree.com](http://www.UHCRetiree.com)

Questions? Just give us a call!



Toll-Free **1-866-868-0324**, TTY **711**  
7 a.m. – 8 p.m. HST, Monday – Friday

**THANK YOU**

**We look forward to welcoming  
you to our Medicare family.**



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This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. <Benefits, premium and/or co-payments/co-insurance> may change on January 1 of each year.

You must continue to pay your Medicare Part B premium [,] [if not otherwise paid for under Medicaid or by another third party.]

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Healthways, SilverSneakers and SilverSneakers Steps are registered trademarks of Healthways, Inc. and/or its subsidiaries. © <2015> Healthways, Inc. All rights reserved.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.]



# EUTF Retiree Life Insurance

**US<sup>ABLE</sup> Life**  
Live life. You're covered.®

## USABLE Life – Who We Are

- **USABLE Life is an insurance provider of products & services that provide financial security & peace of mind**
- **Serving Hawaii employer groups, their employees and families for over 30 years**
- **Trusted and reliable name in the insurance industry**
- **Strong local presence with great local service!**
  - **EUTF Dedicated Customer Service Team**
  - **Local Full Service Office**



## Life Insurance Benefit

- **Retiree Life Insurance Benefit is \$2,235**
- **Repatriation of Remains Benefit**
  - **Payable if you pass away 200 miles or more away from home**
  - **Reimbursement of transportation expenses**
  - **Up to 10% of the total life insurance benefit (\$223)**

# USABLE Life Forms – Simple & Easy

- Beneficiary Designations
  - Only complete form to designate or make changes
- Easy Claims Process
  - Complete claim form
  - Attach copy of death certificate
  - Submit by mail, fax or email

AUTHORIZATION TO OBTAIN INFORMATION		
Date	Signature of Nearest Relative	Relationship To Deceased
BENEFICIARY'S STATEMENT		
I certify that the information furnished in support of this claim is true and correct.		
Beneficiary's Name (Please Print)		Relationship to Deceased
Beneficiary's Date of Birth	Beneficiary's Social Security #	Daytime Telephone
Address		City, State, Zip Code
Date	Beneficiary Signature	

**USABLE Life**  
Live life. You're covered.®

# Service You Can Count On

- Visit our full service office
  - First Hawaiian Center, 27<sup>th</sup> Floor  
(999 Bishop Street, Honolulu)
  - Open 7:45 a.m. to 4:30 p.m.
  - Monday – Friday except State-observed holidays
- Call our dedicated EUTF Customer Service Representatives
  - Toll Free Telephone: 1 (855) 207-2021
  - Telephone: (808) 538-8920
  - Fast service with minimal wait times

# Service You Can Count On

- Send an email
  - Customer Service: [EUTF.custserv@usablelife.com](mailto:EUTF.custserv@usablelife.com)
  - Claims: [EUTF.claims@usablelife.com](mailto:EUTF.claims@usablelife.com)
- Visit [www.usablelife.com/portal/eutf](http://www.usablelife.com/portal/eutf)
  - Easy to navigate
  - Retiree & Active Certificates available online
  - A few clicks to access:
    - ✓ Forms
    - ✓ Certificate
    - ✓ FAQs





*We look forward to taking care of you!*

**USABLE Life**  
Live life. You're covered.®