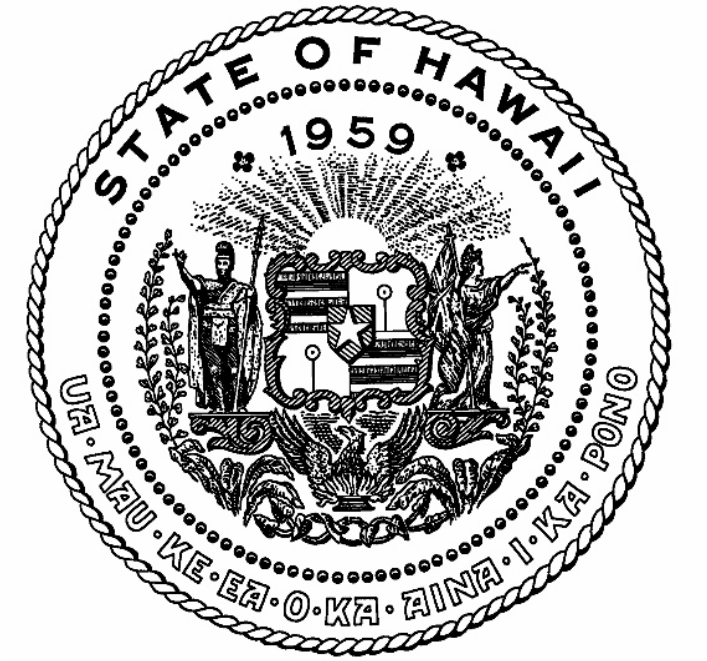
Hawaii Employer-Union Health Benefits Trust Fund

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. 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.

October 2015

Aloha Retirees,

We are pleased to present the 2016 Retiree Benefit Plans Reference Guide. Inside you will find detailed information about the health benefit plans available to you beginning January 1, 2016. The retiree benefit plans and rates contained in this Reference Guide are for the calendar year January 1, 2016 through December 31, 2016.

We appreciate the dedication and hard work you provided as a State or County employee that has earned you these retiree benefits. The EUTF Board of Trustees and EUTF staff are working hard to provide you with the best health benefit plans to take care of your health care needs in retirement.

This Reference Guide and the information contained herein will help you navigate and understand the benefits available to you and your eligible spouse and/or dependents. For your added convenience, you may also visit the EUTF website at eutf.hawaii.gov for information on plans and the benefits being offered. You may also call the EUTF and speak with one of our helpful staff at 586-7390 or toll free at 1-800-295-0089.

Thank you for your service,

Celeste Nip, Chair
EUTF Board of Trustees

The EUTF administers health and life insurance plans for all eligible State and County active employees, retirees and their eligible dependents. Due to a decision by Judge Sakamoto in December 2010 related to the HSTA VEBA members who statutorily were required to become enrolled in EUTF plans, EUTF created new plans exclusively for the HSTA VEBA members, both active and retirees, that matched their standard of benefits they received under their HSTA VEBA plans. Throughout this Guide there are descriptions of plans for those HSTA VEBA members, referred to as HSTA VB plans. Additionally, there are descriptions for EUTF's plans for all other State and Counties retirees, referred to as EUTF plans. If there is uncertainty by the reader of which plans are being referenced in this Guide, contact EUTF Customer Call Center at (808) 586-7390 or toll-free at 1-800-295-0089 for clarification.

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 808-586-7390 or toll free at 1-800-295-0089 for special needs assistance.

TABLE OF CONTENTS

Plan Changes – What's New? 4

Open Enrollment Instructions 4

2016 Open Enrollment Informational Sessions for Retirees 6

Retiree and Dependent Eligibility 7

Enrollment 9

Checklist for New Retirees 12

Premium Payment – Determination of Employer Contribution for Retiree Plans 14

Administrative Appeals (not related to Claim Filing and Appeals Information for Self-Insurance Plan Administered Benefits) 15

Retiree Benefit Plan Summaries 17

Medical Plan Options 17

Medical Plan Coverage Chart (HMSA and Kaiser) - EUTF 19

Medical Plan Coverage Chart (HMSA and Kaiser) - HSTA VB 20

PPO and HMO Prescription Drug Plans – EUTF 21

PPO and HMO Prescription Drug Plans – HSTA VB 22

Non-Medicare Retiree Prescription Drug Plan Provisions – EUTF & HSTA VB 23

Introduction to MEDICARE and EUTF and HSTA VB Plans 27

Medical Plan Coverage Chart (HMSA and Kaiser) - EUTF 30

UnitedHeathcare Group Medicare Advantage (PPO) Plan - EUTF 31

Medical Plan Coverage Chart (UnitedHealthcare [UHC]) – EUTF 33

Coordination of Medicare Benefits (HMSA and UHC) – EUTF 34

Medical Plan Coverage Chart (HMSA and Kaiser) - HSTA VB 35

Coordination of Medicare Benefits (HMSA) – HSTA VB 36

Medicare Part D Prescription Drug Plans – EUTF 37

Medicare Part D Prescription Drug Plans – HSTA VB 38

Medicare Part D Prescription Drug Plan Provisions – EUTF & HSTA VB 39

EUTF and HSTA VB Medicare Part D Prescription Drug Plan 41

EUTF Medicare Part B Reimbursement 46

Dental Plan Benefits (Hawaii Dental Service [HDS]) – EUTF 49

Dental Plan Benefits (Hawaii Dental Service [HDS]) – HSTA VB 50

Vision Plan Benefits (Vision Service Plan [VSP]) – EUTF & HSTA VB 51

Life Insurance (USAble Life) – EUTF & HSTA VB 52

Common Qualifying Events That Allow Enrollment Changes for Retirees 53

Required Notices 57

EUTF Important Notices 59

HIPAA Notice: Notice of Privacy Rules 72

EUTF Monthly Retiree Rates .....

HSTA VB Monthly Retiree Rates .....

COBRA Retiree Open Enrollment .....

EUTF Monthly Retiree COBRA Rates .....

HSTA VB Monthly Retiree COBRA Rates .....

For More Information .....

Welcome to Open Enrollment for EUTF Retiree Benefit Plans

The Open Enrollment period for EUTF Retiree Health and Life insurance plans will be from October 12, 2015 through October 30, 2015.

Why is Open Enrollment special?
Now is the time when you can stop and think about health coverage for yourself and your family and determine which plan offered will best meet your needs. During open enrollment you can:

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

Open enrollment is your only opportunity to make changes without a qualifying event such as needing to enroll a new dependent due to marriage or a birth. Paperwork must be submitted during the open enrollment period for changes to become effective January 1, 2016. So, **now is the time to think about health benefits.**

Here are the important dates:

- **Open Enrollment Election Period: October 12, 2015 through October 30, 2015**
- New coverage becomes effective: January 1, 2016
- Rates change effective: January 1, 2016
- The Base Monthly Contribution amount which sets the employer contribution may change January 1, 2016
- Plan Period: January 1, 2016 through December 31, 2016

Here's what you need to do now:

- **Know what you are enrolled in now:** What plans are you enrolled in? Who are the dependents enrolled on your plans?
- **If you or your dependent are eligible for Medicare or will be in 2016:** Review the Medicare section so you are aware of how this will affect your plans and the State's Medicare Part B enrollment requirements.
- **Learn what's being offered:** Read this Reference Guide to learn more about the plans and their cost. Attend an Open Enrollment Informational Session to get more details and talk to carrier representatives.
- **Make a decision about which plans best suit your needs**
- **Fill out the appropriate form:** Please refer to page 4 for complete enrollment instructions.

IF YOU DO NOT WANT TO MAKE ANY CHANGES – DO NOTHING. If you do not fill out a form, your current plan selections and eligible covered dependents will continue into the new plan year.

Plan Changes – What's New?

EUTF Plans

- The annual plan maximum is $2,000 per calendar year for EUTF retirees enrolled in the dental plan provided by HDS.
- HMSA covers screening colonoscopies for non-Medicare retirees and their dependents enrolled in the EUTF medical PPO plan (Medicare retirees already have screening colonoscopies as a covered benefit).

HSTA VB Plans

There are no changes to the HSTA VB plans. HSTA VB refers to plans created for HSTA retirees who were enrolled in the HSTA VEBA retiree plans prior to January 1, 2011 and maintained continuous enrollment. Active Employees currently enrolled into HSTA VB plans are not eligible to enroll into HSTA VB retiree plans when they retire.

Note: The enrollment of HSTA VEBA members into the health plans created as a result of Judge Sakamoto's decision in the Gail Kono lawsuit was done to comply with that decision and not to create any constitutional or contractual right to the benefits provided by those plans. Please note that the State has appealed the decision and reserves the right to move former HSTA VEBA members into regular EUTF plans if that decision is overturned or modified.

Open Enrollment Instructions

Step 1: **Review the choices available to you and decide whether you want to change** or keep your plans. If you decide to keep your current plans, do nothing. You are not required to complete any forms to keep your current plans.

Step 2: **Gather Information**: If you have questions about plan choices, please attend an Open Enrollment Informational Session. The schedule of sessions with location information is on page 6.

Representatives from the health plans and life insurance carrier will be on hand to present an overview of their plans and answer your questions.

Step 3: **Which Plans do you want to enroll in?** Review this Reference Guide and determine which selection of health plans best meets your needs. The EUTF website, eutf.hawaii.gov, includes links to insurance carriers' web pages along with the latest information regarding the open enrollment. Questions regarding specific plan provisions should be directed to the carriers.

Step 4: **How much will it cost you?** The premium rates which appear in this Guide show the full cost for each plan. If you pay a percentage of the cost, you will also need to reference the 2016 Base Monthly Contribution (BMC) amounts which should be available in December and can be found on the EUTF website at www.eutf.hawaii.gov.

Step 5: **Who do you need to cover?** You may add eligible dependents or drop dependents from your plan, including a spouse, domestic partner (DP), civil union partner (CUP) or

eligible children. Adding a spouse, domestic partner or civil union partner requires additional documentation. Please refer to page 9 for more information or visit the EUTF website at eutf.hawaii.gov to download forms. Refer to the Retiree and Dependent Eligibility section of this Guide found on page 7 for details on who can be enrolled as an eligible dependent.

Also, if your dependent is **eligible for Medicare**, he/she must be enrolled in Medicare Part B to be covered under your EUTF or HSTA VB retiree medical and/or prescription drug plans.

Step 6: **Complete the Enrollment Form: Make your selections on the Form EC-2 for EUTF Retirees or EC-2H for those already enrolled in the HSTA VB retiree plans and submit the completed and signed form to the EUTF, postmarked no later than October 30, 2015.**

A: To make changes to your personal information, such as your address, complete Section 1, Retiree Data, on the appropriate EC-2 or EC-2H form.

B: To change your plans or coverage selection, complete Section 3, Plan Selection, on the EC-2 or EC-2H form. Please mark all the coverages you want to be enrolled in, ***not*** just the ones you want to change. If no selection is made, EUTF will assume no changes are being made.

C: To change dependent information, including continuing, adding or dropping dependents or updating their data, complete Section 4, Dependent Information and Plan Selections, of the EC-2 or EC-2H form.

NOTE: If you are adding a dependent, you are required to submit your dependent's Social Security Number (SSN) at the initial enrollment (the SSN for a newborn must be submitted to the EUTF within 60 days of their birth).

Step 7: **THE MOST IMPORTANT STEP: REVIEW YOUR COMPLETED FORM.** Make sure these are the plans you want and the dependents you want to cover are eligible for coverage.

Last Step: **Submit the completed and signed form to the EUTF postmarked no later than October 30, 2015.**

FORMS SUBMITTED AFTER OCTOBER 30, 2015 WILL BE REJECTED.

The EUTF will send you an enrollment **confirmation notice** after processing is completed. The confirmation notice allows you to ensure that the changes you submitted were entered correctly. If you note an error, notify the EUTF within 10 days from the date of the confirmation notice.

IMPORTANT: If any of your dependents are no longer eligible due to a divorce, legal separation or your dependent enters the uniformed services, they cannot continue to be covered under EUTF or HSTA VB plans. You are required to notify the EUTF and make these terminations when these events occur. Do not wait for open enrollment to submit these terminations. If your dependent is reaching the maximum child age, disenrollment will occur automatically and an enrollment form is unnecessary.

2016 Open Enrollment Informational Sessions for Retirees

Live Sessions

Date	Island	Location	Session Times
October 12	Oahu	Windward Community College	9am, 11am
October 13	Maui	UH Maui College	9am
October 14	Lanai	Lanai Community Center	9am
October 15	Molokai	Kualapuu Community Center	9am
October 16	Oahu	Leeward Community College	9am, 11am
October 19	Hawaii - Kona	West Hawaii Civic Center	9am
October 20	Kauai	Kauai Community College	9am, 11am
October 21	Hawaii - Hilo	Aunty Sally Kaleohano's Luau Hale	1pm, 3pm
October 22	Oahu	State Capital	10am, 1pm

MOLOKAI

Kualapuu Community Center
1 Uwao Street
Kualapuu, Molokai, HI 96757

LANAI

Lanai Community Center
8th Street
Lanai City, HI 96763

KAUAI

Kauai Community College
OCET Room 106 C & D
3-1901 Kaumualii Highway
Lihue, Hawaii 96766

HAWAII - KONA

West Hawaii Civic Center
Community Meeting Hale Bldg G
74-5044 Ane Keohokalole Highway
Kailua-Kona, HI 96740

HAWAII - HILO

Aunty Sally Kaleohano's Luau Hale
799 Piilani Street
Hilo, HI 96720

MAUI

UH Maui College
Pilina Multi-Purpose Room
310 W. Kaahumanu Ave,
Kahului, HI 96732-1617

OAHU

Hawaii State Capital Room 309
415 S. Beretania Street
Honolulu, HI 96813

Windward Community College
Hale Akoakoa Room 101-105
45-720 Keaahala Road
Kaneohe, HI 96734

Leeward Community College
Education Building
Lecture Room 201A & 201B
96-045 Ala Ike Street
Pearl City, HI 96782

Webinar Session Schedule

Date	Session Time
October 15	1 PM
October 22	1 PM

How to Access the Webinar

1) Go to eutf.hawaii.gov
2) In the top menu bar select "Training Resources" and click on "Members"
3) Select the desired webinar

Retiree and Dependent Eligibility

Eligibility for coverage is determined by Hawaii Statute and by the Administrative Rules adopted by the EUTF Board of Trustees. Requests for enrollments, terminations, and other changes must be submitted directly to the EUTF.* If you have any questions concerning eligibility provisions, you should refer to the Administrative Rules posted on the EUTF website at eutf.hawaii.gov.

You may also call the EUTF Customer Service Call Center at 808-586-7390 or toll free at 1-800-295-0089 or email your inquiry to eutf@hawaii.gov.

***Effective August 18, 2014, the EUTF Administrative Rules were amended and Retirees now have enrollment deadlines that follow the same guidelines as Active Employee's enrollment deadlines. This requires in most cases (other than Retirement and Birth which have a 60-day enrollment deadline) that the enrollment form (EC-2/EC-2H) must be submitted to the EUTF within 30 days from the date of a mid-year qualifying life event (loss of coverage, acquisition of coverage, marriage, etc.).**

In addition, the practice of reinstating a member whose EUTF or HSTA VB plans have been cancelled due to non-payment of their EUTF or HSTA VB premiums has been changed. EUTF will no longer reinstate a member's plans if they are cancelled due to non-payment and you must wait until the next open enrollment period to reenroll into all EUTF or HSTA VB plans (see EUTF Administrative Rule 4.13 (b) Reinstatement of Enrollment) with the exception of the group life plan for retiree-beneficiaries only.

Retiree Eligibility: The following persons are eligible to enroll in the benefit plans offered or sponsored by the EUTF for Retirees:

- A retired employee. You do not need to be covered under an EUTF or HSTA VB Active Employee Plan at the time of retirement to be eligible to enroll in the EUTF or HSTA VB retiree plans. EUTF must receive a copy of your Employees' Retirement System (ERS) Retirement Estimate letter which indicates your ERS membership date and your earned membership service for retirement eligibility.
- The surviving spouse, Domestic Partner or Civil Union Partner (DP/CUP) of a deceased retired employee, provided the spouse or DP/CUP does not remarry or enter into another domestic or civil union partnership.
- The unmarried child of a deceased retired employee, provided the child is under age 19 with no surviving parent.

Dependent Eligibility: The following persons are eligible for coverage as dependents in the benefit plans offered or sponsored by the EUTF for Retirees:

- The Retiree's legal Spouse, Domestic Partner or Civil Union Partner (DP/CUP).

  Note: A spouse or partner who is eligible for Medicare must be enrolled in Medicare Part B to be covered by an EUTF or HSTA VB retiree medical and/or prescription drug plan.
- You or your spouse's or DP's/CUP's unmarried children under age 19. This includes children by birth, marriage or adoption. Dependent children by legal guardianship are covered to age 18.
- You or your spouse's or DP/CUP's unmarried children under the age of 24 provided they are full-time students attending an accredited college, university or technical school. This includes children who are away at school and dependent upon you for support.
- An unmarried child, regardless of age, who is incapable of self-support because of mental or physical incapacity that existed prior to the child reaching the age of 19.

- An unmarried child for whom an employee-beneficiary must provide health benefit coverage under the terms of a qualified medical child support order (QMCSO).

NOTE: The Affordable Care Act, including the dependent eligibility provisions extending coverage to age 26, does not apply to retiree-only plans such as the EUTF or HSTA VB retiree plans. For more information on this, please refer to Healthcare.gov.

Special Eligibility Requirements for Domestic and Civil Union Partners

Domestic Partner: Person in a spouse-like relationship with an employee-beneficiary who meets the following requirements:

1. Intends to remain in a domestic partnership with each other indefinitely.
2. Have a common residence and intend to reside together indefinitely.
3. Jointly and severally responsible for each other's basic living expenses incurred in the domestic partnership such as food, shelter and medical care.
4. Neither are married or a member of another domestic or civil union partnership.
5. Not related by blood in a way that would prevent them from being married to each other in the State of Hawaii.
6. Both at least 18 years of age and mentally competent to contract.
7. Consent to the domestic partnership has not been obtained by force, duress or fraud.
8. Both sign and file a declaration of domestic partnership (affidavit) with the EUTF.

Civil Union Partner: A person who has entered into a legal civil union partnership with an employee-beneficiary which is recognized by a state government. Documentation of the civil union must be provided with the application to enroll.

NOTE: There may be Federal and State Income Tax consequences with employer paid coverage for domestic partners. There may be Federal Income Tax consequences with employer paid coverage for civil union partners. If your domestic partner or civil union partner does not qualify as your dependent for tax purposes, a portion of the premium paid for your domestic partner will be deemed taxable income and reported to you on the appropriate federal or state tax form. If your civil union partner does not qualify as your dependent for tax purposes, a portion of the premium paid for your civil union partner will be deemed taxable income and reported to you on the appropriate federal tax form. Consult your tax advisor to determine your domestic or civil union partner's status. If you determine that your domestic partner or civil union partner is a dependent, submit a completed Affidavit of "Dependency" for Tax Purposes (available along with information/instructions on the EUTF website at eutf.hawaii.gov) to the EUTF.

Enrollment

To enroll you must complete an EUTF Enrollment Form for Retirees EC-2 or EC-2H (to make changes only for HSTA VB enrollees) (see the perforated pages at the end of this Guide). The plan year for retiree plans begins January 1 and ends December 31 of each year.

Retirees who are already enrolled in HSTA VB plans who change to the EUTF plans may NOT change back to HSTA VB plans in the future. Additionally, retirees enrolled in the HSTA VB plans may not enroll in some HSTA VB plans and some EUTF plans – they must be enrolled in all HSTA VB plans or all EUTF plans.

ID Cards
After you enroll for the first time, you will receive identification cards from the plans as follows:

- HMSA, CVS/Caremark, SilverScript and HDS will issue two identical ID cards showing the name of the subscriber.
- Kaiser and UHC issue an ID card for each enrolled member of a family upon initial enrollment.
- ChiroPlan Hawaii under Royal State National, USAble and VSP - ID cards are not required to obtain services.

Dual Family Enrollment (Two EUTF (or HSTA VB) Retiree Two-Party or Family Enrollments) Is Not Allowed
If both you and your spouse or DP/CUP are eligible to enroll in either EUTF (or HSTA VB) retiree or EUTF (or HSTA VB) active employee plans, only one of you may enroll in an EUTF (or HSTA VB) 2-Party or Family plan. If no other dependents are involved, both may enroll in EUTF (or HSTA VB) Self plans. Dual enrollment in EUTF (or HSTA VB) 2-party or family plans is not allowed under EUTF Administrative Rule 4.03. The dual enrollment rule does not apply if your other coverage is not provided by the EUTF such as if your spouse or DP/CUP has coverage outside of the EUTF through a non-EUTF employer.

Special Enrollment Period Due to a Qualifying Event (See Common Qualifying Events That Allow Enrollment Changes for Retirees section of this Guide.)
You are eligible to make changes other than during the Open Enrollment period for the following reasons:

1. You marry and want to enroll your spouse and/or newly eligible dependent children. A copy of your marriage certificate is required.
2. You need to enroll a newborn or newly adopted child. In order to add a newly adopted child to your coverage, you must provide appropriate documents verifying the adoption in order to have the application accepted. To enroll a newborn you do not need to attach a copy of the birth certificate or submit the social security number to your EC-2 or EC-2H. A copy of the birth certificate is required only if the child has a different last name from the retiree. A social security number is required within 60 days of the date of birth.
3. You have a change in family status involving the loss of eligibility of a family member (e.g., separation; divorce; death; child marries; no longer lives with you; loses student status or turns age 19 or 24 if a student).
4. Your spouse's, or DP’s/CUP’s, or eligible dependent's employment status changes resulting in a loss of health coverage. A copy of the Loss of Coverage Letter from the previous employer/carrier

detailing type of coverage lost (i.e. medical, dental, prescription drug, etc.), date of Loss of Coverage, name(s) of covered dependent(s).

5. You move out of your plan's service area.

To change your coverage, you must complete Form EC-2 or EC-2H and submit it to the EUTF within 30 days of the date of the event, except in the case of newborns where you have 60 days to submit your EC-2/EC-2H Form. Generally, deletion of dependents is effective on the first day of the first pay period following the occurrence of the event. Dependent children are automatically terminated as of the end of the pay period they attain age 19 or 24 if they are full-time students and do not require the completion of an application to delete coverage.

If events are filed with the EUTF within 30 days of qualifying event date, some events allow for a selection of the Coverage and Premium Contribution Start Dates. Except in the cases of Birth, Newly Retired or New Survivors which allow 60 days; these events include: Adoption, Guardianship, New Eligible Student, Marriage, New Domestic Partner, New Civil Union Partner, Newly Eligible Student and Placement for Adoption.

End of Coverage

Common situations resulting in the loss of coverage are:

1. You do not make required premium payments (if applicable).
2. You die, subject to exceptions for your surviving spouse or DP/CUP and unmarried children under age 19.
3. You fail to comply with the EUTF Administrative Rules.
4. You file fraudulent claims.
5. Your surviving spouse or DP/CUP remarries.

Coverage for your dependents will end if:

1. Your dependent is no longer eligible for coverage such as due to a divorce, legal separation or overage children.
2. Your dependent enters the uniformed services.
3. Your surviving spouse or DP/CUP partner remarries, or enters into a new partnership.

Effective Date of Termination

In general, when an event causes you or your dependent's coverage to terminate, such termination will be effective on the first day of the first pay period following the occurrence of the event, e.g., divorce, end of domestic or civil union partnership, death, surviving spouse remarries, or child ceases to be eligible for coverage. There may be certain instances in which the effective date of termination is different. You may obtain additional information by referring to the EUTF Administrative Rules that are posted on the EUTF website at eutf.hawaii.gov.

Rejection of Enrollment

Enrollment in EUTF or HSTA VB benefit plans is contingent on meeting all eligibility criteria detailed in the EUTF Administrative Rules. Any enrollment application may be rejected if it is incomplete or does not contain all information required.

An enrollment application shall be rejected if:

1. The application seeks to enroll a person who is not eligible to enroll in the benefit plan for which enrollment is requested;

2. The application is not filed within the time limitations prescribed by the rules;
3. The application contains an intentional misstatement or misrepresentation of a material fact or contains other information of a fraudulent nature;
4. The employee-beneficiary owes past due contributions or other amounts to the EUTF;
5. Acceptance of the application would violate applicable federal or state law or any other provision of the rules; or
6. Centers for Medicare and Medicaid Services (CMS) deem you not eligible.

Retirees will be notified of the rejection of any enrollment application.

MEDICARE AND ENROLLMENT IN EUTF OR HSTA VB PLANS

Medicare eligible retirees and their dependents must enroll in Medicare Part B to be covered or continue to be covered under an EUTF or HSTA VB retiree medical and/or prescription drug plan. A spouse/domestic partner (DP)/civil union partner (CUP) or disabled child who is enrolled as a dependent under an EUTF or HSTA VB retiree medical and/or prescription drug plan must also enroll in Medicare Part B when they become eligible for Medicare.

Medicare Part B Premium Reimbursement

Retirees and their spouses or DPs/CUPs who are enrolled in Medicare Part B and are paying Medicare Part B premiums are eligible for Medicare Part B premium reimbursements. This does not apply to dependent children or active employees eligible for Medicare who are covered by EUTF or HSTA VB active employee plans. However, if you are an active employee enrolled in Medicare Part B and covered by an EUTF or HSTA VB **retiree** plan through your spouse or DP/CUP, your spouse or DP/CUP is entitled to Medicare Part B reimbursement for you. Note: if your Medicare Part B premium is being paid by another entity, such as the Medicare Savings Program, you are not eligible for a reimbursement from EUTF.

For additional information on Medicare and EUTF or HSTA VB plans, please refer to the sections for Medicare eligible participants, which are included at the end of the Guide:

- EUTF Medicare Part B Reimbursement
- EUTF and HSTA VB Medicare Part D Prescription Drug Plan

Checklist for New Retirees

IMPORTANT PLEASE READ

1. **Applying for your EUTF Retiree Health Insurance Benefits:**
   The Hawaii Employer-Union Benefits Trust Fund (EUTF) administers your health and life insurance benefits. After filing your retirement application with Employees' Retirement System (ERS), please submit an EC-2 form to the EUTF to enroll in your retiree health and life insurance benefits plans. EUTF also requires a copy of your "estimated pension options statement". If you and/or your dependent spouse/civil union or domestic partner (partner) is 65+, you must submit a copy of your Medicare Part B card and Medicare Part B Premium Reimbursement Request and Direct Deposit Agreement (DDA) form (a copy of this form can be found in the back of this guide. You may also call the EUTF or visit the EUTF website at www.eutf.hawaii.gov, for a copy of the form).

2. **Completing the EC-2 (Enrollment Change) Form:**
   Instructions on how to complete the EC-2 form are on the back of the EC-2 form. Complete the EC-2 form, sign and submit it to EUTF. **Please do not submit** the EC-2 form until you are certain that you are going to retire. The EC-2 form and instructions are located at the end of this Guide.

3. **EUTF rules specify that if both you and your spouse are employees and/or retirees of the State or counties, you can enroll in only one family plan/two-party plan or two self plans.**

   a. If your spouse/partner is an employee of the State of Hawaii or one of the counties, is currently enrolled in EUTF or HSTA VB plans and you want to cover him/her on your retiree plan, he/she must notify his/her Department Personnel Office to cancel their plan which will allow them to enroll into your retiree plans.

   b. If your spouse/partner is a retiree of the State of Hawaii or one of the counties and you are the only dependent listed on your spouse/partner's retiree plan, it is requested that you split your plans and enroll in two (2) self-only plans because it is usually less costly for the State or counties to pay contributions for two (2) self-only plans as opposed to one (1) two-party plan. Please check the rates located in the back section of this guide to determine if it is less costly. If you and your spouse/partner decide to enroll in two (2) self-only plans, you will both have to fill out an EC-2 form to enroll into self-only plans. In addition, both you and your spouse/partner should enroll in the life insurance plan which is paid for by the employer for retiree-beneficiaries only.

4. **Federal Medicare Part B (Age 65 or qualified disabled):**
   When you and/or your dependent become eligible to enroll in Medicare Part B, you must provide a copy of your Medicare Part B card, along with a completed DDA form (a copy of this form can be found in the back of this Guide. You may also call the EUTF or visit the EUTF website at www.eutf.hawaii.gov, for a copy of the form). Medicare Part B premium is reimbursable to all retirees and their spouses/partners, provided you are paying for your Medicare Part B premium and it is not being paid by another entity such as the Medicare Savings Program or Medicaid. Reimbursement

begins the effective date of your Medicare Part B coverage or the first of the month that you provide EUTF with a copy of your Medicare Part B card, whichever is later. If you pay a higher income-related adjusted premium (IRMA), you must provide the EUTF with a copy of the letter from the Social Security Administration (SSA) which indicates the IRMA premium.

IMPORTANT!
If you do not provide EUTF with a copy of your Medicare Part B card within 60 days after you and/or your spouse/partner become eligible for Medicare or retire and are age 65+, **your medical and/or prescription drug plans will be cancelled retroactively to the date you became eligible for Medicare or the date of your retirement.**

5. **Canceling your Retirement:**
   If you decide to cancel your retirement or change the date of your retirement, you must notify your Department Personnel Office immediately and have them send EUTF an EC-1 form to re-activate your employee plans.

6. **Life Insurance**:
   If you wish to update your beneficiary or if you are enrolling into the EUTF or HSTA VB Life Insurance Plan for the first time, please complete a USAble Life Beneficiary Designation Form which can be found on the USAble website at www.usablelife.com/portal/eutf.

7. **Questions:**
   If you have any questions regarding claims or benefit information, please contact the insurance carriers listed in the back of this guide.

8. **EUTF Contact Information:**

   Location: 201 Merchant Street, City Financial Tower Suite 1520

   Mailing Address: P. O. Box 2121, Honolulu, HI 96805-2121

   Telephone: 808-586-7390 or Toll-free 1-800-295-0089

   Email: EUTF@hawaii.gov

   Website: eutf.hawaii.gov

Premium Payment – Determination of Employer Contribution for Retiree Plans

The amount of the employer premium contribution is determined by statute and is based on three factors:

- The date the employee was hired;
- The length of service taking into account breaks in service, and
- The Base Monthly Contribution (BMC) amount which determines the amount the employer will contribute towards your retiree coverage.

Certification of the retiree's service credit date and length of service is provided to you by the Employees' Retirement System (ERS) and determines what percentage of the Base Monthly Contribution will be available for a retiree to cover plan premiums. You will need to provide EUTF a copy of the ERS's pension statement.

The BMC amount is calculated annually and may change every January 1. The BMC is adjusted annually by the percentage increase or decrease in the Medicare Part B premium rate from the previous year.

The percentage determined by years of service is multiplied times the BMC for the year to determine the monthly employer contribution. This includes premium for medical, prescription drug, dental and vision care. The retiree pays the difference between the total monthly premium for the plans selected and the amount of the employer contribution set by the BMC calculation.

It is important to note that plan premiums usually increase each year and at some point some plans rates may exceed 100% of BMC. All retirees including those in the 100% category should review the plan premium rates and the BMC amount annually to determine if they will be required to contribute to the cost of coverage.

The Base Monthly Contribution is more fully described in Chapter 87A, Hawaii Revised Statutes (HRS).

Years of Credited Service (excluding sick leave)	**Employer's Contribution Percentage of the Base Monthly Contribution* If You Were Hired:**		
	On or Before 6/30/96	**On or Between 7/1/96 – 6/30/01**	**On or After 7/1/01****
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 percentage of the Base Monthly Contribution for the year determines the maximum employer contribution payable. Any difference between the employer contribution and total premium for plans selected will be paid by the retiree.

**If you were hired on or after 07/01/01, the monthly employer-sponsored contribution will be applied to the self only BMC.

Administrative Appeals (not related to Claim Filing and Appeals Information for Self-Insurance Plan Administered Benefits)

Under EUTF Administrative Rule 2.04, a person aggrieved by one of the following decisions by the EUTF may appeal to the EUTF Board of Trustees (Board) for relief from that decision:

1. A determination that the person is not an employee-beneficiary, dependent-beneficiary or qualified beneficiary, or that the person is not eligible to enroll in or be covered by a benefit plan offered or sponsored by the EUTF;
2. A determination that the person cannot make a change in enrollment, a change in coverage, or a change in plans;
3. A cancellation or termination of the person's enrollment in or coverage by a benefit plan, including long term care, offered or sponsored by the EUTF; or
4. A refusal to reinstate the person's enrollment in or coverage by a benefit plan, including long term care, offered or sponsored by the EUTF.

The first step in the appeal process is an appeal to the EUTF administrator. In order to appeal to the administrator for relief, an aggrieved person must file a written appeal in the EUTF's office within one hundred and eighty days (180) of the date of the advocate decision with respect to which relief is requested. The written appeal shall be filed in duplicate. Unless otherwise provided by applicable federal or state law, neither the EUTF administrator nor the Board shall be required to hear any appeal that is filed after the one hundred and eighty day (180) period has expired. The written appeal need not be in any particular form but should contain the following information:

1. The aggrieved person's name, address, and telephone number;
2. A description of the decision with respect to which relief is requested, including the date of the decision;
3. A statement of the relevant and material facts; and
4. A statement as to why the aggrieved person is appealing the decision, including the reasons that support the aggrieved person's position or contentions.

If the aggrieved person is dissatisfied with the EUTF administrator's action or if no action is taken by the administrator on the aggrieved person's written appeal within thirty (30) days of its being filed in the EUTF's office, the second step in the appeal process is for the aggrieved person to file a written appeal to the Board. A written appeal to the Board must be filed in duplicate in the EUTF's office within ninety (90) days of the administrator's actions. If no action is taken by the administrator within thirty (30) days of the written appeal to the administrator being filed in the Funds office, then the written appeal to the board must be filed in duplicate in the Fund's office within one-hundred twenty (120) days of the written appeal to the administrator being filed in the Fund's office. The written appeal need not be in any particular form but shall contain the following information:

1. The aggrieved person's name, address and telephone number;
2. A statement of the nature of the aggrieved person's interest, e.g., employee-beneficiary or dependent-beneficiary;
3. A description of the decision with respect to which relief is requested, including, the date of the decision;
4. A complete statement of the relevant and material facts;
5. A statement of why the aggrieved person is appealing the decision, including a complete statement of the position or contentions of the aggrieved party; and
6. A full discussion of the reasons, including any legal authorities, in support of the aggrieved party's position or contentions.

Subject to applicable federal and state law, the Board may reject any appeal that does not contain the foregoing information.

The Board at any time may request the aggrieved person or any other party to the proceeding to submit a statement of additional facts or a memorandum, the purpose of which is to clarify the party's position or a specific factual or legal issue.

The Board shall grant or deny the appeal within forty-five (45) days of the date of the posted mark of the request for appeal. The Board shall not be required to hold a hearing on any appeal unless otherwise required by applicable federal or state law. If required to hold a hearing, or if it decides to voluntarily hold a hearing on an appeal, subject to applicable federal or state law, the Board may set such hearing before the Board, a special, or standing committee of the board, a hearings officer, or any other person or entity authorized by the Board to hear the matter in question. Please note that nothing in the EUTF Administrative Rules requires the Board to hear or decide any matter that can be lawfully delegated to another person or entity for a hearing and decision.

At any time, an aggrieved person may voluntarily waive his or her rights to the administrative appeal provided by the EUTF Administrative Rules by submitting such a waiver in writing to the EUTF's office. The Board may require the aggrieved person to make such a waiver by signing a form prescribed by it.

For emergency appeals of eligibility, please refer to the EUTF Administrative Rule 2.05 for information on this appeal process.

Retiree Benefit Plan Summaries

The following section provides condensed summaries of the health plans and life insurance coverage available for retirees. Remember that certain limitations and exclusions apply to all insurance plans. More complete information on the plans can be obtained directly from the carriers or from the EUTF website at eutf.hawaii.gov. If there should be any discrepancy between the information provided in this Reference Guide and that contained in the carriers' Guide to Benefits, the language in the carriers' Guide to Benefits will take precedence.

Medicare has a significant impact on EUTF and HSTA VB medical and prescription drug plans; therefore, there are two sections of information in this guide:

- Non-Medicare Retirees or Dependents: Medical and Prescription Drug Plans
- Medicare Retirees or Dependents: Medical and Medicare Part D Prescription Drug Plans

Please refer to the section that applies to your Medicare enrollment status.

Following the Medicare Part D prescription drug section there is additional information on Medicare enrollment and how you may be reimbursed for your Medicare Part B premium.

Dental, Vision and Life Insurance plans are the same for Medicare or non-Medicare retirees. The plan summaries for these plans follow the Medicare information.

Medical Plan Options

Understanding the Plan Designs

Medical coverage is important to everyone. The EUTF offers the following medical plan options, including prescription drug:

- Preferred Provider Organization (PPO) Plans: HMSA 90/10 PPO plan and UnitedHealthcare Group Medicare Advantage (PPO) plan (Medicare-eligible retirees only)
- Health Maintenance Organization (HMO) Plans: Kaiser Comprehensive HMO

Preferred Provider Organization Plans (PPO): A PPO plan is a medical plan that is based on a network of preferred medical providers who have contracts with the carrier. Coverage is also available if you go to a provider who is not in the network. A PPO gives you the flexibility to visit the providers you choose – inside or outside of the Plan's network. With the HMSA PPO plan, your out of pocket medical costs will be lower if you receive care from an in-network provider or facility. The numbers in the plan title – 90/10 – refer to the percent of eligible charges that the carrier pays for most network services – 90% - and the amount the employee is responsible for is 10%. It's important to note that when you participate in a PPO, you are responsible for asking if your medical provider is in the network or not. With the HMSA PPO plan, if you use an out-of-network provider, your out of pocket costs may be higher. Also, you'll often be responsible for submitting your own claims. Services provided by an out-of-network provider will impact your total cost. In addition to possible higher copayments, you are responsible for the difference between the provider's billed charge and the Plan's eligible charge.

For Medicare-eligible retirees, the UnitedHealthcare Group Medicare Advantage PPO plan works differently. With this PPO plan, you pay the same copay or coinsurance for **both** in- and out-of-network services. You can use any provider anywhere in the United States as long as they participate in Medicare and accept payment from UnitedHealthcare. In most instances, out-of-network providers

are willing to submit claims directly to UnitedHealthcare for payment. However, on occasion, it may be necessary for you to submit your own claim and receive reimbursement from UnitedHealthcare.

Health Maintenance Organization (HMO): Under an HMO, you agree to use the health care professionals and facilities associated with that HMO. Except in emergencies, HMO's do not cover the cost of services you receive from doctors or other providers outside of the HMO's network. With an HMO, there are no claim forms. After a copayment for each office visit, most medical expenses are covered at 100%. You must select a Primary Care Physician to coordinate your care.

Retirees and their dependents eligible for Medicare who are enrolled in the EUTF's Kaiser Comprehensive HMO plan are required to change their enrollment to the Kaiser Senior Advantage plan. Please contact Kaiser Permanente at 808-432-5955 (Oahu) or Toll-free at 1-800-966-5955 (neighbor islands) for more information and to learn how to enroll into the Kaiser Senior Advantage plan.

Important Information for Out-of-State Retirees Enrolled in Kaiser Permanente Medical Plan

Act 167, 2006 SLH changed the contribution method for health insurance premiums for retirees outside of Hawaii effective July 1, 2007. Therefore, the EUTF no longer offers group coverage for Kaiser Permanente members residing on the mainland. However, you may be able to enroll in an individual Kaiser Permanente medical plan of your choice if one is available in your area. You will be reimbursed for the premiums paid for an individual health insurance policy with Kaiser Permanente. Each Kaiser Permanente region has individual conversion options which ensure continuous coverage with no break in coverage and no medical screening. Rates and benefits vary by region.

Your premium reimbursement will be the lesser of:

(1) The actual cost of the personal health insurance policy; or

(2) The amount of the State of Hawaii or county contribution for the most comparable Kaiser health benefits plan.

Reimbursements are paid by the EUTF on a quarterly basis upon the presentation of documentation that the premiums for an individual health insurance policy have been paid by the employee-beneficiary.

During open enrollment, if you feel you need coverage outside of the State of Hawaii due to relocation, or if you spend longer periods of time out of state, you should consider enrolling in the EUTF's PPO plans, administered by HMSA or UHC.

Chiropractic Plan Benefits: HSTA VB PLAN ONLY

Royal State National Insurance Company, Ltd., through ChiroPlan Hawaii, Inc., is the provider of the chiropractic benefit. The chiropractic benefit is packaged with all HSTA VB retiree medical plans.

The plan benefit includes the initial exam, any necessary x-rays (when taken in a ChiroPlan provider's office), therapeutically necessary chiropractic treatment and therapeutic modalities. The co-payment is $12 per visit up to 20 visits per calendar year. Visits must be therapeutically necessary and chiropractic services must be received from a credentialed ChiroPlan Provider. A complete list of ChiroPlan providers and plan information may be obtained from the EUTF website at http://www.eutf.hawaii.gov. Please refer to the plan certificate for complete information on benefits, limitations and exclusions.

Medical Plan Coverage Chart (HMSA and Kaiser) - EUTF

This summary chart is intended to provide a condensed summary of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the HMSA or Kaiser Guide to Benefits, which may be obtained from HMSA or Kaiser directly or from the EUTF website at eutf.hawaii.gov. In the case of a discrepancy between the information provided in this Reference Guide and that contained in the carriers' Guide to Benefits, the language in the carriers' Guide to Benefits will take precedence.

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN Benefits will be administered as described in each plan's documents.			
Plan Provisions	**HMSA PPO**		**Kaiser HMO**
General			
Calendar Year Deductible Single/Family	$100 per person Maximum $300 per family		None/None
Calendar Year Out-of-pocket limit Single/Family	$2,500 per person Maximum $7,500 per family		$2,000 per person Maximum $6,000 per family
Lifetime Benefit Maximum	None		None
	Your Copayment		
	In-Network	**Out-of-Network**	
Physician Services			
Primary Care Office Visit	10%*	30%	$15
Specialist Office Visit	10%*	30%	$15
Routine physical exams	Not Covered	Not Covered	No Charge
Mammography	20%*	30%*	No Charge
Second opinion – surgery	10%*	30%	$15
Emergency Room (ER care)	10%*	10%*	$50 in area / 20% out
Ambulance	20%	30%	20%
Inpatient Hospital Services			
Room & Board	10%*	30%	No Charge
Ancillary Services	10%*	30%	No Charge
Physician services	10%*	30%	No Charge
Surgery	10%*	30%	No Charge
Anesthesia	10%*	30%	No Charge
Outpatient Services			
Chemotherapy	20%	30%	$15
Radiation Therapy	20%*	30%	$15
Surgery	10%* (Cutting)	30%	$15
Allergy Testing	20%	30%	$15
Other Diag. Lab, X-ray & Psych Testing	20%*	30%	$15
Anesthesia	10%*	30%	No Charge; $15 office visit copay applies
Mental Health Services			
Inpatient care	10%*	30%	No Charge
Outpatient Care	10%*	30%	$15
Other Services			
Durable Medical Equipment	20%	30%	20%
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge
Nursing facility - skilled care	10%*, 120 days per year	30%, 120 days per year	No Charge, 100 days per benefit period
Physical & Occupational Therapy	20%	30%	$15

*Deductible does not apply.

Medical Plan Coverage Chart (HMSA and Kaiser) - HSTA VB

This summary chart is intended to provide a condensed summary of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the HMSA or Kaiser Guide to Benefits, which may be obtained from HMSA or Kaiser directly or from the EUTF website at eutf.hawaii.gov. In the case of a discrepancy between the information provided in this Reference Guide and that contained in the carriers' Guide to Benefits, the language in the carriers' Guide to Benefits will take precedence.

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN
Benefits will be administered as described in each plan's documents.

Plan Provisions	HMSA PPO		Kaiser HMO
General			
Calendar Year Deductible Single/Family	$100 per person Maximum $300 per family		None/None
Calendar Year Out-of-pocket limit Single/Family	$2,000 per person Maximum $6,000 per family		$2,000 per person Maximum $6,000 per family
Lifetime Benefit Maximum	$2,000,000		None
	Your Copayment		
	In-Network	**Out-of-Network**	
Physician Services			
Primary Care Office Visit	10%*	30%	$15
Specialist Office Visit	10%*	30%	$15
Routine physical exams	No Charge*; limited to combined CY dollar max depending on age scale	No Charge*; limited to combined CY dollar max depending on age scale	No Charge
Mammography	10%*	30%	No Charge
Second opinion – surgery	10%*	30%	$15
Emergency Room (ER care)	10%*	10%*	$50 in area / 20% out
Ambulance	10%*	30%	20%
Inpatient Hospital Services			
Room & Board	10%*	30%	No Charge
Ancillary Services	10%*	30%	No Charge
Physician services	10%*	30%	No Charge
Surgery	10%*	30%	No Charge
Anesthesia	10%*	30%	No Charge
Outpatient Services			
Chemotherapy	10%*	30%	$15
Radiation Therapy	10%*	30%	$15
Surgery	10%*	30%	$15
Allergy Testing	10%*	30%	$15
Other Diag. Lab, X-ray & Psych Testing	10%*	30%	$15
Anesthesia	10%*	30%	No Charge; $15 office visit copay applies
Mental Health Services			
Inpatient care	10%*	30%	No Charge
Outpatient Care	10%*	30%	$15
Other Services			
Durable Medical Equipment	10%*	30%	20%
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge
Nursing facility - skilled care	10%*; 120 days per year	30%; 120 days per year	No Charge, 100 days benefit period
Physical & Occupational Therapy	10%*	30%	$15

*Deductible does not apply.

PPO and HMO Prescription Drug Plans – EUTF

COVERAGE	PPO Prescription Drug Plan (administered by CVS Caremark)*		HMO Prescription Drug Plan (Kaiser)
	Participating Pharmacy**	Non-participating Pharmacy***	Copayment up to
RETAIL & MAIL PRESCRIPTION PROGRAM (30/90 day supply) **Maintenance medications must be filled in a 90-day supply after the first 3-30 day initial fills. +**			
Generic	$5/$10 copayment	$5 + 20% of eligible charges	$15/$30 mail only
Preferred Brand Name	$15/$30 copayment	$15 + 20% of eligible charges	$15/$30 mail only
Other Brand Name	$30/$60 copayment	$30 + 20% of eligible charges	$15/$30 mail only
Injectables and Specialty Drug	20% of eligible charges; Up to $250 maximum per prescription fill; $2,000 out-of-pocket maximum per calendar year; $30 copay oral oncology specialty medications. Specialty drugs are not available through mail-order and only dispensed up to a 30-day supply.		Injectables: $15 / Not available thru mail-order Specialty Drugs: $15/$30 mail- order for eligible drugs
Insulin			
Preferred Insulin	$5/$10 copayment	$5 + 20% of eligible charges	$15 Not available through mail-order
Other Insulin	$15/$30 copayment	$15 + 20% of eligible charges	$15 Not available through mail-order
Diabetic Supplies			
Preferred Diabetic Supplies	No copayment	No copayment	$15/$30 mail only
Other Diabetic Supplies	$15/$30 copayment	$15 + 20% of eligible charges	$15/$30 mail only

*This plan is the prescription drug coverage for the HMSA PPO medical plan options and is administered by CVS Caremark.

**See page 23 for 90-day supply copayment changes effective 7/1/16 due to the Retail 90 network.

***If you receive services from a non-participating (out-of-network) pharmacy you will pay full price for the prescription and must file a claim for reimbursement. You are responsible for the copayment (including the penalty %) and any difference between the actual charge and the eligible charge.

+Note: Maintenance medication can be filled through mail-order, at Longs Drugs/CVS, or at any retail network pharmacy.

PPO and HMO Prescription Drug Plans – HSTA VB

COVERAGE	PPO Prescription Drug Plan (administered by CVS Caremark)*		HMO Prescription Drug Plan (Kaiser)
	Participating Pharmacy	Non-participating Pharmacy**	Copayment up to
RETAIL & MAIL PRESCRIPTION PROGRAM (30/90 day supply)			
Generic and Insulin	$5/$9 copayment	$5 + 30% of eligible charges	$10/$20 mail only. Insulin not available through mail-order
All covered Brand Name	$15/$27 copayment	$15 + 30% of eligible charges	$10/$20 mail only
Specialty Drug & Injectables	Specialty medications are subject to the applicable Brand/Generic copayment. Specialty drugs are not available through mail-order and only dispensed up to a 30-day supply		Injectables: $10 / Not available thru mail-order Specialty Drugs: $10/$20 mail- order for eligible drugs
Lancets, Strips and Meters	No copayment		50% coinsurance

*This plan is the prescription drug coverage for the HMSA PPO medical plan options and is administered by CVS Caremark.

**If you receive services from a nonparticipating (out-of-network) pharmacy you will pay full price for the prescription and must file a claim for reimbursement. You are responsible for the copayment (including the penalty %) and any difference between the actual charge and the eligible charge.

Non-Medicare Retiree Prescription Drug Plan Provisions – EUTF & HSTA VB

The PPO Prescription Drug plan for all **non-Medicare eligible retiree** participants includes many programs that offer a financial incentive for participants to use the generic or Preferred Brand medication without compromising care as these medications have been determined to provide the same level of effectiveness. Preferred medications are usually priced lower than Non-Preferred brand name medications and have lower copayments.

What's New
Effective 7/1/16, the CVS/caremark prescription plan will add a Retail 90 network for EUTF plans. Members that fill a 90-day supply of medication at a Retail 90 network pharmacy or through the mail pharmacy will pay 2x the 30-day supply copayment. Members that fill a 90-day supply of medication at a non-Retail 90 pharmacy will pay 3x the 30-day supply copayment.

Web Service
Members can register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready. If you are not currently a member, please visit the CVS Caremark website at www.caremark.com/eutf for plan information.

Customer Care
For assistance with questions about your plan, finding a participating pharmacy, ordering a new ID card, refilling your mail order, etc. you may call CVS Caremark toll free 1-855-801-8263 to speak with a Hawaii representative.

Coordination of Benefits
Some participants may be enrolled in additional prescription drug coverage outside of their EUTF or HSTA VB benefits. If this applies to you, please contact CVS Caremark Customer Care at 1-855-801-8263 to advise if your EUTF or HSTA VB plan is secondary. When you go to the pharmacy, let them know that your EUTF or HSTA VB plan is secondary and they will be able to coordinate benefits for you at the Point of Sale. You also have the option to send in a paper claim form for reimbursement. Below is a list of the required documentation to submit a paper claim for reimbursement. Please note that Coordination of Benefits does not guarantee 100% coverage of your medication. All EUTF and HSTA VB plan parameters and guidelines will still apply and may conflict with your other benefits in some cases.

Required Documentation for Paper Claims:

- Pharmacy receipt including:
  - Patient's name
  - Date of fill
  - Prescription number
  - Name of medication
  - Metric quantity
  - Day supply
  - Pharmacy name & address or pharmacy NABP number
- Completely filled out paper claim form with patient signature

All paper claim reimbursement requests should be mailed to:

NON-MEDICARE RETIREES

Utilization Management Programs
In an ongoing effort to effectively manage the prescription drug benefit, certain medications are subject to clinical guidelines as part of the prescription benefit plan design.

EUTF and HSTA VB Non-Medicare Retirees

The prescription drug plans for EUTF and HSTA VB non-Medicare retirees include the following clinical programs:

1. **Quantity Limitations** – Ensures participants receive the medication in the quantity considered safe by the Food and Drug Administration (FDA), medical studies and input, review, and approval from the **CVS Caremark** National Pharmacy and Therapeutics (P&T) Committee.

2. **Generic Step Therapy Program (GSTP)** - Generic Step Therapy Program (GSTP) - The EUTF encourages the use of generic medications as an alternative to certain brand medications as an affordable and effective form of treatment to many health conditions. In an effort to promote use of generic medications, CVS Caremark has a generic step therapy program in place for all non-Medicare retirees. For certain non-preferred brand drugs, GSTP may require that you try a generic drug treatment prior to the use of a brand drug. In some situations you may pay a higher copayment, please contact CVS Caremark Customer Care at 1-855-801-8263 for more information. Also see section labeled – Dispensed as Written Program (DAW 1 and/or 2) on page 25 of this guide.

3. **Prior Authorization** – Authorization process to ensure medical necessity of targeted drugs/classes before they are covered by the plan.

4. **Specialty Drug Program** - Specialty medications you receive at your doctor's office or specialty medication that is self-administered in a home setting are covered under the pharmacy drug benefit. Specialty medications you receive at an inpatient hospital setting or in a hospital based outpatient treatment center are covered under your medical plan. Specialty medications may be obtained from a specialty pharmacy or any retail pharmacy that participates in the CVS Caremark network that will supply the medication. CVS Caremark has a specialty pharmacy called CarePlus, located here in Hawaii. Members or physicians can contact CarePlus Pharmacy toll free at 1-800-896-1464 for assistance in ordering specialty medications. At your doctor's office visit, please present your drug card to your physician prior to treatment to ensure your medication is covered under the pharmacy drug benefit. Please refer to your medical plan description for additional information about coverage for specialty drugs.

   EUTF participates with CVS Caremark's Specialty Guideline Management (SGM) Program. SGM uses evidence-based care plans and medication management outreach programs to help participants use these complex medications properly. All specialty medications require prior authorization. Physicians may call SGM at 808-254-4414 to obtain prior authorization.

   If you have questions about your prescription drug benefits, call CVS Caremark at 1-855-801-8263. Representatives are available 24-hours a day to assist with your questions. You can also view the CVS Caremark Specialty Drug List found on caremark.com for a full listing of specialty therapeutic classes and medications.

NON-MEDICARE RETIREES

EUTF Non-Medicare Retirees

In addition to the programs listed above for both EUTF and HSTA VB Non-Medicare Retirees, the following benefits and programs also apply to the CVS Caremark prescription drug plan for EUTF non-Medicare retirees only:

Dispensed as Written (DAW 1&2) Program
The Dispensed as Written Program requires participants use a generic equivalent medication, when available, in place of the associated brand name medication. The standard generic co-payment will apply. However, if a participant or their physician chooses to use a brand medication rather than the generic equivalent, then the co-payment becomes the standard generic co-payment plus the difference in the cost of the generic and brand medication.

High cost bulk powders and creams used in compound medications are excluded from the plan.

Voluntary Mail Order Program for Maintenance Medications
Maintenance medications are those prescriptions taken for an extended period of time to treat such chronic conditions as high blood pressure, diabetes, heart disease, or high cholesterol. The Maintenance Mail Order Program is voluntary, but the requirement to fill maintenance medications in a 90-day supply is still required when you fill your prescription for maintenance medications at the CVS Caremark Mail Order Facility, or through a retail pharmacy in the CVS Caremark network. Participants are allowed (3) 30-day fills at the retail pharmacy for each new medication or new dosage amount in order to determine if the medication or dosage is correct. When you fill a prescription for a 90-day supply of a maintenance medication either through the mail order facility or through a retail pharmacy, you will pay two copayments for a three-month supply. The cost to the plan is the lowest if you use the mail-order facility to fill your prescriptions for maintenance medications. You are encouraged to use mail order services to keep plan costs lower.

Specialty Preferred Drug Plan Design – This program requires the use of preferred specialty medications prescribed for the treatment of Multiple Sclerosis, Rheumatoid Arthritis, and Growth Hormone Therapy. For coverage of non-preferred specialty medications, your physician may call 808-254-4414 to obtain prior authorization.

Other Specialty: Medications that fall within the Tier 4 (specialty drugs) will be subject to a 20% participant co-insurance up to a maximum $250 co-payment per prescription fill. There is a $2,000 out-of-pocket maximum per person, per calendar year for specialty drug copayments. Exception: Oral oncology medications provided under the Specialty Drug Program will have a Tier 3 copayment instead of a Tier 4 copayment.

NON-MEDICARE RETIREES

HSTA VB Non-Medicare Retirees

In addition to the programs listed above for both EUTF and HSTA VB Non-Medicare Retirees, the following program also applies to the HSTA VB non-Medicare retiree prescription drug plan:

Dispensed as Written (DAW 2) Program

The Dispensed as Written Program requires participants use a generic equivalent medication, when available, in place of the associated brand name medication. The standard generic co-payment will apply. However, if a participant chooses to use a brand medication rather than the generic equivalent, then the co-payment becomes the standard generic co-payment plus the difference in the cost of the generic and brand medication.

Introduction to MEDICARE and EUTF and HSTA VB Plans

The following is a brief review of Medicare coverage and enrollment. For full details, please contact the Centers for Medicare and Medicaid Services (CMS) at 1-800-MEDICARE or www.cms.gov.

What is Medicare?

Medicare is the federal government's health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare too, including those who have disabilities and those who have permanent kidney failure or amyotrophic lateral sclerosis (Lou Gehrig's disease). The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

Medicare has four parts:

- Medicare Part A – Hospital insurance that helps pay for patient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.
- Medicare Part B – Medical insurance that helps pay for doctors' services and many other medical services and supplies that are not covered by hospital insurance.
- Medicare Part C – Medicare Advantage plans are available in many areas. They are private insurance plans offered by organizations that contract with Medicare. People with Medicare Parts A and B can choose to receive all of their health care services through one of these contracted organizations under Medicare Part C.
- Medicare Part D – Prescription drug coverage that helps pay for medications doctors prescribe for treatment.

Who is eligible for Medicare?

Medicare Part A – Hospital Insurance
Medicare Part A is available at no premium cost for most people age 65 or older who are citizens or permanent residents of the United States. You are eligible at age 65 if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or
- You or your spouse or DP/CUP (living or deceased, including divorced spouses) worked long enough in a job where Medicare taxes were paid; or
- You are the dependent parent of a fully insured deceased child.

If you do not meet these requirements, you may be able to get Medicare hospital insurance by paying a monthly premium. You can sign up for Medicare Part A when you first become eligible and after that, usually, only during designated enrollment periods.

Medicare Part B – Medical Insurance
Medicare Part B requires a monthly premium payment.
Anyone who is eligible for free Medicare Part A can enroll in Medicare Part B. However, if you are not eligible for premium-free Medicare Part A, you can still purchase Medicare Part B if you are age 65 or older and you are –

- A U.S. citizen; or
- A legal resident who has lived in the United States for at least 5 consecutive years.

MEDICARE RETIREES

You are not required to purchase Medicare Part A coverage in order to purchase Medicare Part B coverage and the monthly premium is the same for Medicare Part B whether or not you are enrolled in Medicare Part A. Some beneficiaries with higher incomes will pay a higher monthly Medicare Part B premium.

Please note that Hawaii law requires retirees and their dependents who are eligible for Medicare Part B to enroll in order to be covered by EUTF or HSTA VB retiree medical and/or prescription drug plans.

Medicare Part C – Medicare Advantage Plans
If you have enrolled for Medicare Parts A and B, you can join a Medicare Advantage plan.

Medicare Advantage plans include:

- Medicare Health Maintenance Organization (HMO) plans;
- Medicare Preferred Provider Organization (PPO) plans;

The EUTF and HSTA VB Kaiser Medicare Retiree plan (Senior Advantage) and the EUTF UnitedHealthcare Group Medicare Advantage plan are Medicare Part C plans.

Medicare Part D – Prescription Drug Coverage
Anyone who has Medicare Part A (hospital insurance), Medicare Part B (medical insurance) or a Medicare Part C (Advantage plan) is eligible for Medicare Part D (prescription drug coverage).

Please note: The EUTF and HSTA VB retiree prescription drug plans are Medicare Part D plans and are therefore governed by Medicare rules. Medicare requires that you can only be enrolled in one Medicare Part D plan at a time. Therefore, if you enroll in a non-EUTF Medicare Part D plan, you and your dependents will be cancelled from the EUTF retiree prescription drug plan. HSTA VB retirees who disenroll from the HSTA VB prescription drug plan will also be cancelled from their HSTA VB medical, vision and chiro plans, which are bundled plans. If your EUTF or HSTA VB plans are cancelled you will lose the employer premium contribution and will not be able to reenroll until the next EUTF Retiree Open Enrollment.

Signing up for Medicare

When should I apply?
Medicare eligible retirees must enroll in Medicare Part B to continue to be covered under an EUTF or HSTA VB retiree medical and/or prescription drug plan. A spouse/civil union or domestic partner who is enrolled as a dependent under an EUTF or HSTA VB retiree medical and/or prescription drug plan must also enroll in Medicare Part B when they become eligible for Medicare, regardless of whether they are retired or actively employed.

Retirees who are less than 65 years old: Contact Social Security three months prior to your 65th birthday.

Retirees who are 65 at the time of retirement: Contact Social Security to enroll three months prior to your retirement date.

Initial enrollment period for Medicare Part B
You have a seven-month period in which to sign up for Medicare Part B (medical insurance). A delay on your part will cause a delay in coverage and result in higher premiums. If you are eligible at age

65, your initial enrollment period begins three months before your 65th birthday, includes the month you turn age 65 and ends three months after that birthday.

Failure to enroll in Medicare Part B during the initial enrollment period also means you will likely need to wait until the next Medicare Part B open enrollment period which is January 1 – March 31, with an effective date of July 1.

When does my enrollment in Medicare Part B become effective?
If you accept the automatic enrollment in Medicare Part B, or if you enroll in Medicare Part B during the first three months of the initial enrollment period, your Medicare Part B will start with the month you are first eligible. If you enroll during the last four months, your plan will start from one to three months after you enroll.

You must provide the EUTF with proof of your Medicare Part B enrollment within 60 days of becoming eligible. Failure to do so will result in cancellation of your EUTF or HSTA VB retiree medical and/or prescription drug plans.

Medigap & Other Medicare Advantage and Prescription Drug Plans
The EUTF or HSTA VB retiree medical and/or prescription drug plans cover many of the same benefits as a Medigap policy. Therefore, careful consideration should be taken before you enroll in a Medigap plan as enrollment in a non-EUTF Medigap or any other Medicare Advantage and Prescription Drug plan may jeopardize your enrollment in an EUTF or HSTA VB retiree medical or prescription drug plan.

Medicare enrollment and Active employment
While you are still an active employee with an EUTF employer, you are not required to enroll in Medicare. Medicare enrollment is only required for coverage under retiree plans. However, if you are enrolled in an EUTF or HSTA VB retiree medical and/or prescription drug plan as a dependent and are eligible for Medicare Part B, you are required to enroll in Medicare B even if you are still actively working.

If during your retirement, you are actively employed and covered by another employer's health plan, you will still be required to enroll in Medicare Part B in order to continue coverage under the EUTF or HSTA VB retiree medical and/or prescription drug plans.

Medicare Premium Payment and Reimbursement
Medicare is financed by a portion of the payroll taxes paid by workers and the employers. It is also financed in part by monthly premiums paid by the subscriber.

The Medicare Part B premium is usually deducted from the monthly Social Security pension. Retirees who are covered by EUTF or HSTA VB retiree medical and/or prescription drug plans are eligible for reimbursement of Medicare Part B premiums. However, if your Medicare Part B premium is paid for you from another source, such as the Medicare Savings Program, you are not eligible to receive Medicare Part B reimbursement from EUTF. Please refer to page 46 for more details.

Medical Plan Coverage Chart (HMSA and Kaiser) - EUTF

This summary chart is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the HMSA or Kaiser Guide to Benefits, which may be obtained from HMSA or Kaiser directly or from, eutf hawaii.gov. In the case of a discrepancy between this Reference Guide and the language contained in the Guide to Benefits, the language in the Guide to Benefits will take precedence.

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN Benefits will be administered as described in each plan's documents.			
Plan Provisions	**HMSA PPO**		**Kaiser HMO****
General	Your HMSA coverage coordinates with your Medicare coverage. See page 34 for examples		Kaiser Senior Advantage Plan
Calendar Year Deductible Single/Family	$100 per person, Maximum $300 per family		None/None
Calendar Year Out-of-pocket limit Single/Family	$2,500 per person Maximum $7,500 per family		$2,000 per person Maximum $6,000 per family
Lifetime Benefit Maximum	None		None
	Your Copayment		
	In-Network	**Out-of-Network**	
Physician Services			
Primary Care Office Visit	10%*	30%	$15
Specialist Office Visit	10%*	30%	$15
Routine physical exams	Not Covered	Not Covered	No Charge
Mammography	20%*	30%*	No Charge
Second opinion – surgery	10%*	30%	$15
Emergency Room (ER care)	10%*	10%*	$50
Ambulance	20%	30%	20%
Inpatient Hospital Services			
Room & Board	10%*	30%	No Charge
Ancillary Services	10%*	30%	No Charge
Physician services	10%*	30%	No Charge
Surgery	10%*	30%	No Charge
Anesthesia	10%*	30%	No Charge
Outpatient Services			
Chemotherapy	20%	30%	$15
Radiation Therapy	20%*	30%	$15
Surgery	10%* (Cutting)	30%	$15
Allergy Testing	20%	30%	$15
Other Diag. Lab, X-ray & Psych Testing	20%*	30%	No Charge
Anesthesia	10%*	30%	$15
Mental Health Services			
Inpatient care	10%*	30%	No Charge
Outpatient Care	10%*	30%	$15
Other Services			
Durable Medical Equipment	20%	30%	20%
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge, Home Care
Nursing facility - skilled care	10%*, 120 days per year	30%, 120 days per year	No Charge, 100 days per benefit period
Physical & Occupational Therapy	20%	30%	$15

*HMSA Deductible does not apply. **If you and/or your dependent are Medicare eligible, you must enroll in the Kaiser Senior Advantage Plan. Contact Kaiser Permanente for information about the Senior Advantage plan benefits and how to enroll.

See examples on page 34 for integration of Medicare benefits for EUTF retirees enrolled in the HMSA PPO plan.

UnitedHeathcare Group Medicare Advantage (PPO) Plan - EUTF

What is this plan?
As the name suggests, the plan is offered by UnitedHealthcare – one of the largest providers of Medicare coverage – and it is a Group Medicare Advantage plan which means that this plan is only available to EUTF Medicare-eligible retirees and Medicare-eligible dependents.

The plan is a Preferred Provider Organization or PPO plan which means that you have access to UnitedHealthcare's nationwide (Hawaii and Mainland) network of doctors and hospitals AND you also can use doctors and hospitals not in UnitedHealthcare's network as long as they participate in Medicare and accept this plan. In short, there are no network requirements.

Best of all, there is no difference in what you pay for either in-network or out-of-network services.

Other advantages of the UnitedHealthcare Group Medicare Advantage (PPO) plan

Here are some other reasons to consider the UnitedHealthcare Group Medicare Advantage (PPO) plan:

- Low plan premiums
- Benefits that go beyond Original Medicare such as:
  - Routine eye exams every 12 months
  - Routine hearing exams every 12 months
  - Hearing aid allowance of $500 every 36 months
  - A hearing aid discount program that may help you save significantly on the cost of hearing aids
  - A 24-hour nurse help line to help answer your health-related questions anytime day or night
  - A fitness benefit to help you stay fit and active
  - A caregiver support program to make caring for a loved one easier
  - Health and wellness programs to help you manage more complex health conditions easier, like diabetes and heart disease.

Other important things to know if you enroll in the UnitedHealthcare (UHC) Group Medicare Advantage (PPO) plan

- You can only be enrolled in one Medicare Advantage plan or Medicare prescription drug plan at a time.
  - If you enroll in more than one Medicare Advantage plan or Medicare prescription drug plan, you will be disenrolled in the other Medicare Advantage plan or Medicare prescription drug plan.
- If you enroll in the UHC plan and you want to cover your spouse, he/she must also enroll in the UHC plan and be enrolled in Medicare Parts A and B.
- If you are enrolled in a non-EUTF Medicare Part D prescription drug plan (not an EUTF prescription drug plan) and you enroll in the UHC plan, you may be disenrolled in the individual Medicare Part D prescription drug plan.
- If you are enrolled in an HSTA VB retiree plan and change to the EUTF UHC plan you will not be allowed to re-enroll in an HSTA VB retiree plan in the future.
- The UHC plan does not include prescription drug coverage, so if you enroll in the UHC plan and want prescription drug coverage you should also enroll in the EUTF prescription drug plan.

MEDICARE RETIREES

If you plan to enroll in the UnitedHealthcare (UHC) Group Medicare Advantage (PPO) plan during <u>open enrollment:</u>

You must:

- Be enrolled in Medicare Parts A and B
- Attach a copy of your Medicare card to your EC-2 Enrollment Form

If you plan to enroll your spouse/partner:

- Your spouse/partner must be enrolled in Medicare Parts A and B
- Your spouse/partner must sign the EC-2 Enrollment Form
- You must attach a copy of his/her Medicare card to your EC-2 Enrollment Form

If you plan to enroll in the UnitedHealthcare (UHC) Group Medicare Advantage (PPO) plan <u>when you retire:</u>

You must:

- Be enrolled in Medicare Parts A and B at your retirement date
- Attach a copy of your Medicare card to your EC-2 Enrollment Form
    - To avoid a break in coverage, your EC-2 must be signed and dated **prior** to the date of your retirement

If you plan to enroll your spouse/partner:

- Your spouse/partner must be enrolled in Medicare Parts A and B at your retirement date
- Your spouse/partner must sign your EC-2 Enrollment Form
- You must attach a copy of his/her Medicare card to your EC-2 Enrollment Form

Medical Plan Coverage Chart (UnitedHealthcare [UHC]) – EUTF

This summary chart is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the UnitedHealthcare Medicare Advantage PPO EOC (Evidence of Coverage), which may be obtained from UnitedHealthcare directly or from eutf.hawaii.gov. In the case of a discrepancy between this Reference Guide and the language contained in the EOC, the language in the EOC will take precedence. You can also call UnitedHealthcare for a complete pre-enrollment kit.

Plan Provisions	UnitedHealthcare Group Medicare Advantage (PPO)[3]	
Annual Deductible	$100	
Annual Out-of-pocket limit	$2,500	
Lifetime Benefit Maximum	None	
	Your Copayment	
	In-Network	**Out-of-Network**
Physician Services		
Primary Care Office Visit	10%[1]	10%
Specialist Office Visit	10%[1]	10%
Annual Wellness Visit	No Charge	No Charge
Mammography	20%[1]	20%
Second opinion – surgery	10%[1]	10%
Emergency Room (ER care)	$50[1]	$50[1]
Ambulance	20%	20%
Inpatient Hospital Services		
Room & Board	10%[1]	10%
Ancillary Services	10%[1]	10%
Physician services	10%[1]	10%
Surgery	10%[1]	10%
Anesthesia	10%[1]	10%
Outpatient Services		
Chemotherapy	20%[1]	20%
Radiation Therapy	20%[1]	20%
Surgery	10%[1]	10%
Allergy Testing	20%[1]	20%
Other Diag. Lab, X-ray & Psych Testing	20%[1]	20%
Anesthesia	10%[1]	10%
Mental Health Services		
Inpatient care	10%[1]	10%
Outpatient Care	10%[1]	30%
Other Services		
Durable Medical Equipment	20%	20%
Home Health care	No Charge	No Charge
Hospice Care	No Charge	No Charge
Nursing facility - skilled care	10%, 100 days per year[1]	10%, 100 days per year
Physical & Occupational Therapy	20%	20%
Routine Eye Examination every 12 months	10%[1,2]	10%[1,2]
Routine Hearing Exam – every 12 months	No Charge	No Charge
Hearing Aid Allowance – includes Digital hearing aids	$500 allowance every 36 months[1,2]	$500 allowance every 36 months[1,2]

[1]The Plan Deductible does not apply to this service.
[2] Covered Services that do not count towards out-of-pocket amount.
[3] Contact UnitedHealthcare for questions regarding the Medicare Advantage PPO plan.

Coordination of Medicare Benefits (HMSA and UHC) – EUTF

Below are example comparisons of how EUTF's Medicare plans (HMSA PPO and UHC PPO) coordinate with Medicare:

Example 1: Office Visit

Assumptions: Member went to a Participating Provider (for the UHC PPO Plan, the Provider does not have to be a Participating Provider), Charge is an Eligible Charge and the Provider accepts Medicare assignment. For the HMSA PPO Plan, Medicare pays at 80% after a $147.00 annual deductible. For the UHC PPO Plan, for an annual wellness exam and most preventative diagnostic services, the retiree would owe $0.

Claim	Service	Date of Service	Charge	Retiree in HMSA PPO Plan Owes	Retiree in UHC PPO Plan Owes
1	Office Visit	01/02/2016	$100.00	$ 10.00	$ 10.00
	Diagnostic Test	01/02/2016	$ 47.00	$ 9.40	$ 4.70
			$147.00	$ 19.40	$ 14.70
2	Office Visit	02/02/2016	$100.00	$ 0.00	$ 10.00
	Diagnostic Test	02/02/2016	$ 47.00	$ 0.00	$ 4.70
			$147.00	$ 0.00	$ 14.70

Example 2: Hospital Stay

Assumptions: Member went to a Participating Provider (for the UHC PPO Plan, the Provider does not have to be a Participating Provider), Charge is an Eligible Charge and the Provider accepts Medicare assignment. For the HMSA PPO Plan, Medicare pays at 100% after a $1,216.00 annual deductible for days 1-60 (per benefit period).

Claim	Service	Date of Service	Charge	Retiree in HMSA PPO Plan Owes	Retiree in UHC PPO Plan Owes
1	Room & Board	01/02/2016	$11,000	$ 0.00	$ 1,100.00
	Pharmacy	01/02/2016	$ 4,000	$ 0.00	$ 800.00
			$15,000	$ 0.00	$ 1,900.00

Example 3: Durable Medical Equipment

Assumptions: Member went to a Participating Provider (for the UHC PPO Plan, the Provider does not have to be a Participating Provider), Charge is an Eligible Charge, the Provider accepts Medicare assignment and the Plans $100 annual deductible has not been met. For the HMSA PPO Plan, Medicare pays at 80% after a $147.00 annual deductible.

Claim	Service	Date of Service	Charge	Retiree in HMSA PPO Plan Owes	Retiree in UHC PPO Plan Owes
1	Prosthesis	01/02/2016	$ 500.00	$ 100.00	$ 180.00

*Assumptions are used for illustration purposes only since Medicare deductibles and benefits are subject to change.

Medical Plan Coverage Chart (HMSA and Kaiser) - HSTA VB

This summary chart is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the HMSA or Kaiser Guide to Benefits, which may be obtained from HMSA or Kaiser directly or from, eutf hawaii.gov. In the case of a discrepancy between this Reference Guide and the language contained in the Guide to Benefits, the language in the Guide to Benefits will take precedence.

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN Benefits will be administered as described in each plan's documents.			
Plan Provisions	**HMSA PPO**		**Kaiser HMO****
General	HMSA coverage coordinates with your Medicare coverage. See page 36 for similar examples		
Calendar Year Deductible Single/Family	$100 per person Maximum $300 per family		None/None
Calendar Year Out-of-pocket limit Single/Family	$2,000 per person Maximum $6,000 per family		$2,000 per person Maximum $6,000 per family
Lifetime Benefit Maximum	$2,000,000		None
	Your Copayment		
	In-Network	**Out-of-Network**	
Physician Services			
Primary Care Office Visit	10%*	30%	$15
Specialist Office Visit	10%*	30%	$15
Routine physical exams	No Charge*; limited to combined CY dollar max depending on age scale	No Charge*; limited to combined CY dollar max depending on age scale	No Charge
Mammography	10%*	30%	No Charge
Second opinion – surgery	10%*	30%	$15
Emergency Room (ER care)	10%*	10%*	$50
Ambulance	10%*	30%	20%
Inpatient Hospital Services			
Room & Board	10%*	30%	No Charge
Ancillary Services	10%*	30%	No Charge
Physician services	10%*	30%	No Charge
Surgery	10%*	30%	No Charge
Anesthesia	10%*	30%	No Charge
Outpatient Services			
Chemotherapy	10%*	30%	$15
Radiation Therapy	10%*	30%	$15
Surgery	10%*	30%	$15
Allergy Testing	10%*	30%	$15
Other Diag. Lab, X-ray & Psych Testing	10%*	30%	No Charge
Anesthesia	10%*	30%	No Charge; $15 office visit copay applies
Mental Health Services			
Inpatient care	10%*	30%	No Charge
Outpatient Care	10%*	30%	$15
Other Services			
Durable Medical Equipment	10%*	30%	20%
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge, Home Care
Nursing facility - skilled care	10%*; 120 days per year	30%; 120 days per year	No Charge, 100 days benefit period
Physical & Occupational Therapy	10%*	30%	$15

*HMSA Deductible does not apply. **If you and/or your dependent are Medicare eligible, you must enroll in the Kaiser Senior Advantage Plan. Contact Kaiser Permanente for information about the Senior Advantage plan benefits and how to enroll.

See examples on page 36 for integration of Medicare benefits for HSTA VB retirees enrolled in the HMSA PPO plan.

Coordination of Medicare Benefits (HMSA) – HSTA VB

Below are example comparisons of how HSTA VB's Medicare plans (HMSA PPO) coordinate with Medicare:

Example 1: Office Visit

Assumptions: Member went to a Participating Provider, Charge is an Eligible Charge and the Provider accepts Medicare assignment. For the HMSA PPO Plan, Medicare pays at 80% after a $147.00 annual deductible.

Claim	Service	Date of Service	Charge	Retiree in HMSA PPO Plan Owes
1	Office Visit	01/02/2016	$100.00	$ 10.00
	Diagnostic Test	01/02/2016	$ 47.00	$ 4.70
			$147.00	$ 14.70
2	Office Visit	02/02/2016	$100.00	$ 0.00
	Diagnostic Test	02/02/2016	$ 47.00	$ 0.00
			$147.00	$ 0.00

Example 2: Hospital Stay

Assumptions: Member went to a Participating Provider, Charge is an Eligible Charge and the Provider accepts Medicare assignment. For the HMSA PPO Plan, Medicare pays at 100% after a $1,216.00 annual deductible for days 1-60 (per benefit period).

Claim	Service	Date of Service	Charge	Retiree in HMSA PPO Plan Owes
1	Room & Board	01/02/2016	$11,000	$ 0.00
	Pharmacy	01/02/2016	$ 4,000	$ 0.00
			$15,000	$ 0.00

Example 3: Durable Medical Equipment

Assumptions: Member went to a Participating Provider, Charge is an Eligible Charge, the Provider accepts Medicare assignment and the Plans $100 annual deductible has not been met. For the HMSA PPO Plan, Medicare pays at 80% after a $147.00 annual deductible.

Claim	Service	Date of Service	Charge	Retiree in HMSA PPO Plan Owes
1	Prosthesis	01/02/2016	$ 500.00	$ 100.00

*Assumptions are used for illustration purposes only since Medicare deductibles and benefits are subject to change.

Medicare Part D Prescription Drug Plans – EUTF

The EUTF's Medicare Part D prescription drug plan is administered by SilverScript, the Medicare Part D administrator for CVS Caremark. This plan is the prescription drug coverage for Medicare retirees enrolled in the PPO medical plan option and for stand-alone drug coverage. The Kaiser Medicare Part D prescription drug coverage is included under the Kaiser Senior Advantage Medical Program.

COVERAGE	PPO Prescription Drug Plan (Administered by SilverScript)	HMO Prescription Drug Plan (Kaiser)
	Participating Pharmacy	Copayment up to
RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)		
Generic	$5/$10/$10 copayment	$15/$30/$45 copayment
Preferred Brand Name	$15/$30/$30 copayment	$15/$30/$45 copayment
Non-Preferred Brand Name	$30/$60/$60 copayment	$15/$30/$45 copayment
Specialty Drug	20% coinsurance Up to a $250 copay max per fill, $2,000 out-of-pocket maximum per calendar year	$15/$30/$45 copayment
Insulin		
Covered Insulin Products	$5/$10/$10 copayment	$15/$30/$45 copayment
Diabetic Supplies		
Lancets, Strips and Meters	No copayment	$15/$30/$45 copayment
MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)	**SilverScript Mail Order**	
Generic	$5/$10/$10 copayment	$15/$30/$30 copayment
Preferred Brand Name	$15/$30/$30 copayment	$15/$30/$30 copayment
Non-Preferred Brand Name	$30/$60/$60 copayment	$15/$30/$30 copayment
Specialty Drug	Not Available	$15/$30/$30 copayment
Insulin		
Covered Insulin Products	$5/$10/$10 copayment	Not available through mail order
Diabetic Supplies		
Lancets, Strips and Meters	Not available through mail order	$15/$30/$30 copayment

Medicare Part D Prescription Drug Plans – HSTA VB

The HSTA VB's Medicare Part D prescription drug plan is administered by SilverScript, the Medicare Part D administrator for CVS Caremark. This plan is the prescription drug coverage for Medicare retirees enrolled in the PPO medical plan option and for stand-alone drug coverage. The Kaiser Medicare Part D prescription drug coverage is included under the Kaiser Senior Advantage Medical Program.

COVERAGE	**PPO Prescription Drug Plan (Administered by SilverScript)**	**HMO Prescription Drug Plan (Kaiser)**
	Participating Pharmacy	**Copayment up to**
RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)		
Generic and Covered Insulin Products	$3/$9/$9 copayment	$10/$20/$30 copayment
All Covered Brand Name	$9/$27/$27 copayment	$10/$20/$30 copayment
Specialty	Specialty medications are subject to the applicable Brand/Generic copayment	$10/$20/$30 copayment
Diabetic Supplies		
Lancets, Strips and Meters	No copayment	20%
MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)	**SilverScript Mail Order**	
Generic and Covered Insulin Products	$3/$9/$9 copayment	$10/$20/$20 copayment; Insulin not available through Mail Order
All Covered Brand Name	$9/$27/$27 copayment	$10/$20/$20 copayment
Specialty	Not available	$10/$20/$20 copayment
Diabetic Supplies		
Lancets, Strips and Meters	Not available through mail order	20%

Medicare Part D Prescription Drug Plan Provisions – EUTF & HSTA VB

EUTF's open enrollment period for all retirees is from October 12, 2015 through October 30, 2015. You will probably start receiving advertisements from other Medicare plans during this time. Please know that if you are happy with your coverage under the EUTF or HSTA VB Medicare Part D plan, you do not need to take any action. Medicare only allows you to enroll in one Medicare Part D plan. Therefore, if you enroll in a non-EUTF Medicare Part D plan, you may be terminated from the EUTF's or HSTA VB's Medicare Part D plan and UHC PPO medical or Kaiser Senior Advantage plan if applicable. Similarly, if you are already enrolled in a non-EUTF Medicare Part D prescription drug plan and enrolled in EUTF's or HSTA VB's plan, you may be disenrolled from your non-EUTF Medicare Part D plan.

If you are currently enrolled and want to remain on your current EUTF or HSTA VB Medicare Part D plan you do not need to take action. You will remain enrolled in the EUTF or HSTA VB Medicare Part D plan.

Effective January 1, 2016, the EUTF will implement formulary (drug) changes to the PPO Prescription Drug's preferred medication list for **Medicare retiree** participants as approved by the Centers for Medicare and Medicaid Services (CMS). Formulary changes and other plan changes are outlined in the Annual Notice of Change (ANOC) that is mailed directly to you in the month of September. The ANOC serves as your official notice of plan changes and is also available online at eutf.hawaii.gov, eutf.silverscript.com, or hstavb.silverscript.com. Please take the time to thoroughly review the plan documents, and you should also refer to the Evidence of Coverage (EOC) and Abridged Formulary List for additional details on your plan benefits. You may also contact SilverScript's Customer Care at 1-877-878-5715.

The following utilization management programs are built into the EUTF and HSTA VB SilverScript plan:

Prior Authorization
You or your physician must get a prior authorization for certain drugs. This means that you will need to get approval from the plan before SilverScript will agree to cover the drug. Sometimes the requirement for getting approval in advance helps guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan.

Quantity Limits
For certain drugs, SilverScript limits the amount of the drug that the plan will cover. For example, SilverScript provides 30 tablets per prescription for *Simvastatin tab 80 mg per 30 days.*

Step Therapy
In some cases, SilverScript requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript will not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

MEDICARE RETIREES

B vs. D Determination

In most cases, medications will be covered through the Medicare D prescription drug plan. There are some medications that will be covered under the Medicare B plan. To confirm if a medication will require this determination you can reference the formulary (drug list) or by calling SilverScript Customer Care at 1-877-878-5715

Temporary Fills during the first 90-days of the plan year

If the medication you are taking is affected by the plan changes that take effect on January 1, 2016, you may be eligible for a temporary supply of your medication during the first 90-days of the plan year. The EUTF and HSTA VB SilverScript plans will allow up to 3-30 day fills or 1-90 day temporary fill during this period. The 90-day transition period will allow you to consult with your physician on getting any required approvals or review other drug therapy options. Please refer to the EOC for details temporary fills.

To avoid paying a higher out-of-pocket co-payment for non-preferred medication, participants are encouraged to speak with their physician to determine if a generic or preferred medication is appropriate for their treatment. Any change in drug therapy will be on a voluntary basis and should be discussed with a physician.

EUTF and HSTA VB Medicare Part D Prescription Drug Plan

Attention: Medicare Eligible Members
If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you additional choices for prescription drug coverage through Medicare Part D. The EUTF sponsored prescription drug plan offers benefits that are as good, or better, than the standard Medicare Part D plan coverage. Your Notice of Creditable Coverage is available on the EUTF website. **If you enroll in another Medicare Part D plan, you may lose your EUTF or HSTA VB Medicare Part D plan and UHC PPO medical plan or Kaiser Senior Advantage plan if applicable, coverage through the EUTF.**

The EUTF and HSTA VB Prescription Drug Plan provided for Medicare eligible retirees and/or dependents is a MEDICARE PART D plan. You can only enroll in one Medicare Part D plan. If you enroll in a Medicare Part D plan other than the EUTF or HSTA VB plan, your EUTF or HSTA VB prescription drug plan, and **UHC PPO medical or Kaiser Senior Advantage plan if applicable, may be cancelled**.

The **Medicare Prescription Drug Program** (Medicare Part D) was established to provide prescription drug coverage for eligible Medicare individuals. Your employer is required to inform you whether or not your prescription drug plan is creditable or non-creditable.

Notice of Creditable Coverage (see page 57)
Since you are or may become eligible for Medicare during the next year, the EUTF is required by law to notify you regarding your rights to the Medicare Part D prescription drug coverage. If you are enrolled in an EUTF or HSTA VB plan, your prescription drug benefits are as good as or better than the standard Medicare Part D drug benefits. Although you have the right to join a Medicare Part D prescription drug plan, doing so may disrupt your regular medical coverage, and you do not have to do so at this time. Medicare will not penalize you if you decide to enroll in a Medicare Part D plan in the future, because the prescription drug coverage you now have through the EUTF is creditable coverage.

If you decide to join a Medicare Part D plan, you should compare the different drugs that are available under your current plan with EUTF (or HSTA VB) and the alternative plans. Not all Medicare Part D plans cover the same drugs, nor provide the coverage at the same cost.

EUTF will enroll all Medicare-eligible participants into the EUTF's, or HSTA VB's if applicable, Medicare Part D Prescription Drug benefit plan. Please contact the EUTF for information on the process involved. What this means to you is, if you are a Medicare-eligible participant, **you do not need to leave the EUTF or HSTA VB prescription drug plan and enroll in another Medicare Part D plan to obtain prescription drug benefits.**

If you are a Kaiser member and are Medicare eligible, you **must** change your enrollment to the Kaiser Senior Advantage plan. You will be required to complete a Kaiser Permanente Senior Advantage enrollment form. All Kaiser Medicare eligible members are enrolled in the Medicare Part D plan through Kaiser Senior Advantage.

MEDICARE RETIREES

Frequently Asked Questions and Answers:

Why do I receive communications and marketing materials for other non-EUTF Medicare Part D drug plans?
CMS allows all Medicare Part D plans to reach out to Medicare participants, beginning October 15 of each year. Other Medicare Part D plans may contact you to encourage enrollment in their plan during this time, thereby leaving (i.e., disenrolling from) the EUTF's or HSTA VB's Medicare Prescription Drug plan.

EUTF does not share information about you with any other non-EUTF Medicare Part D plans.

What happens if I choose to enroll in another Medicare Part D drug plan?
If you enroll in a non-EUTF Medicare Part D plan, you may be disenrolled from the EUTF or HSTA VB Medicare Part D plan, UHC PPO medical plan or Kaiser Senior Advantage plan if applicable, because Medicare allows you to enroll in only one Medicare Part D plan. If you are enrolled in the HSTA VB plans, you will also be disenrolled from the HSTA VB medical and HSTA VB vision plans which are bundled with the HSTA VB prescription drug plan.

Is the EUTF or HSTA VB Medicare plan as good as other Medicare Part D plans?
All Medicare Part D plans must offer a minimum coverage to meet the Medicare Standard Medicare Part D plan requirements. The EUTF and HSTA VB Medicare Part D plans exceed this minimum and offer participants richer, more generous, coverage than the Medicare Standard Part D plan. The chart on page 45 provides a comparison of benefits under the EUTF Medicare Part D plan and a Standard Medicare Part D plan. Overall, there are no existing Medicare Part D plans that we know of that provide better coverage than the EUTF's or HSTA VB's prescription drug plan.

What must I do if I enroll in a non-EUTF Medicare Part D plan?
Please notify the EUTF in writing that you have enrolled in another non-EUTF Medicare Part D plan.

What if I have the Kaiser Permanente Senior Advantage medical plan?
All Medicare eligible members are enrolled in the Medicare Part D plan through Kaiser Senior Advantage. The EUTF enhances the Kaiser Medicare Part D coverage with supplemental drug benefits that makes your current Kaiser prescription drugs coverage better than the standard Medicare Part D plan.

How do SilverScript and Kaiser choose prescription drugs for their preferred drug lists (formulary)?
Pharmacy Benefit Managers such as SilverScript and health plans like Kaiser Permanente have committees of pharmacists and other health care providers who continually review drug data and studies on new and existing drugs. Based on this data they create prescription drug lists of those medications that have been shown to be the most effective at the most reasonable cost for each therapeutic class of medications.

CMS requires two drugs in every therapeutic category and class. CMS thoroughly evaluates the submitted formulary design to ensure that it contains adequate access to medically necessary drugs and does not discriminate against any groups of beneficiaries.

If I enroll in a non-EUTF Medicare Part D plan, will I be reimbursed for my Medicare Part D premiums?
No.

MEDICARE RETIREES

What happens to my spouse's/domestic or civil union partner's EUTF or HSTA VB coverage if my spouse or DP/CUP chooses to enroll in a non-EUTF Medicare Part D plan?
If you are enrolled in the EUTF or HSTA VB prescription drug plan and your spouse or DP/CUP opts out of the plan, your spouse or DP/CUP will be disenrolled from the EUTF or HSTA VB Medicare Part D plan.

I have multiple medical and prescription drug plans through different employers. How is it determined how much each plan pays and how much I pay?
Coordinating benefits between multiple plans follows standard nationally recognized rules for Coordination of Benefits. When Medicare is involved, the rules have been set by federal legislation which dictates when Medicare is the primary or secondary payer. Whether one plan is primary or secondary depends on the insured's status and type of plan such as active employee or retiree; insured subscriber or dependent; Medicare or non-Medicare. Additionally each drug plan may have its own rules such as requiring mail order which must be satisfied for any benefits to be available from that plan. Sometimes these rules conflict and it is not possible to receive payment from both plans.

When you and/or your dependent become eligible for Medicare and are enrolled into the EUTF or HSTA VB Medicare prescription drug (Part D) plan as well as a non-EUTF group health plan (active employer plan), your Medicare Part D plan becomes secondary coverage to the non-EUTF group health plan. Medicare Part D coverage follows federally mandated secondary payer rules that may differ from other non-Medicare plans such as the EUTF or HSTA VB non-Medicare retiree prescription drug plan, and you may find that you have to pay a copayment even though you have dual coverage (more than one drug plan). Please contact SilverScript for more information on coordination of benefits and how their plan will coordinate with your non-EUTF active employer plan.

SilverScript will send you a notice if CMS identifies that you have other prescription drug coverage and/or other health insurance coverage. This notice will require you to review and correct and misrepresented information so that SilverScript may correctly pay your claims.

I am enrolled in the Kaiser medical plan. What will happen if I enroll in a Medicare Part D plan other than Kaiser.
If you enroll in Medicare Part D with another carrier, you will be automatically terminated from the Kaiser medical plan. The Medicare Part D prescription drug plan is part of the Senior Advantage plan. You cannot have one without the other.

If I'm enrolled in the EUTF or HSTA VB Medicare Part D drug plan, am I required to get my maintenance drugs by mail order?
No.

I am a retiree enrolled in the HSTA VB plan. If I enroll in a non-EUTF Medicare Part D prescription drug plan, will I lose medical, vision, and chiropractic benefits?
Yes. These are bundled coverages and cannot be enrolled in or disenrolled from separately. Once you disenroll from HSTA VB plans, you will not be able to re-enroll in any HSTA VB plans in the future.

MEDICARE RETIREES

Is the SilverScript preferred drug list (formulary) the same as the formulary for the CVS Caremark plan for non-Medicare retirees?

No. There are prescription drugs that may not be included under the Medicare Part D plan but are covered under the EUTF or HSTA VB non-Medicare retiree plan. The formulary lists for the SilverScript plans are different from the EUTF and HSTA VB non-Medicare retiree plans. However, in April 2013, EUTF added a supplemental coverage to the SilverScript plans to more closely match the formulary drug lists of the non-Medicare plans.

MEDICARE RETIREES

Table Comparison of EUTF's Prescription Drug Plans vs. a Standard Medicare Part D Plan

PLAN FEATURE	EUTF MEDICARE PART D PLAN				KAISER SENIOR ADVANTAGE PLAN
ANNUAL DEDUCTIBLE:	$0				
COPAYMENTS:	GENERIC	PREFERRED	NON-PREFERRED	INJECTABLES AND SPECIALTY	
RETAIL 30 DAYS	$5	$15	$30	20%	$15
RETAIL 90 DAYS	$10	$30	$60	20%	$45
MAIL ORDER 90 DAYS	$10	$30	$60	NOT A BENEFIT	$30
SPECIALTY:	$250 MAXIMUM COPAY PER FILL				
MAXIMUM ANNUAL OUT-OF-POCKET:	AFTER A PERSON HAS SPENT $4,850* IN ELIGIBLE OUT-OF-POCKET DRUG COSTS IN A YEAR, YOU QUALIFY FOR THE CATASTROPHIC COVERAGE. PLEASE REFER TO YOUR 2016 EVIDENCE OF COVERAGE BOOKLET.				

PLAN FEATURE	STANDARD CMS APPROVED MEDICARE PART D PLAN	
ANNUAL DEDUCTIBLE:	$360	
	COST OF COVERED DRUGS	
CO-INSURANCE:	YOU PAY:	MEDICARE PAYS:
UP TO $360	100%	0%
FROM $361 TO $3,309	25%	75%
FROM $3,310 TO $4,849	100%	0%
OVER $4,850	5%	95%
MAXIMUM ANNUAL OUT-OF-POCKET:	AFTER A PERSON HAS SPENT $4,850* IN ELIGIBLE OUT-OF-POCKET DRUG COSTS IN A YEAR, MEDICARE PAYS 95% OF THE DRUG COSTS FOR THE REMAINDER OF THE YEAR.	

*$4,850 subject to change annually per CMS

EUTF Medicare Part B Reimbursement

WHAT: When you become eligible for Medicare, **you must enroll in Medicare Part B** to continue your retiree medical and/or prescription drug benefits through the EUTF. The EUTF will reimburse you quarterly for the cost of the Medicare Part B premium. These payments do not include reimbursements for any penalty premium payments charged by Medicare. Note if your Medicare Part B premium is being paid for by the Medicare Savings Program or some other entity, you are not eligible for a reimbursement from the EUTF.

WHO: Applies to all retirees and their spouses/DPs/CUPs enrolled in EUTF or HSTA VB retiree medical and/or prescription drug plans who are eligible to enroll in Medicare Part B, and for whom their Medicare Part B premium is not being paid for by another entity such as the Medicare Savings Program or Medicaid. Spouses/DPs/CUPs who are still working but enrolled in an EUTF or HSTA VB retiree medical and/or prescription drug plan as a dependent are also required to enroll in Medicare Part B.

HOW: The following must be submitted to the EUTF to receive reimbursement of Medicare Part B premium:

1) Copy of your Medicare card showing enrollment in Medicare Part B;
2) Medicare Part B Premium Reimbursement Request and Direct Deposit Agreement (DDA) form; and,
3) Copy of the letter you receive from the Social Security Administration indicating the amount of your monthly Medicare Part B premium if you pay more than the standard premium.

Your reimbursement will begin the later of the start date on your card or the 1st day of the month in which the EUTF receives a copy of your card, no earlier. The DDA form can be found at the back of this Guide and on the EUTF website at www. eutf.hawaii.gov.

FREQUENTLY ASKED QUESTIONS:

Why am I required to enroll in Medicare Part B when I am eligible?

The requirement for all State and County retirees and dependents to enroll in Medicare Part B was set forth in Act 88, 2001 Session Laws of Hawaii. This Act created Chapter 87A, Hawaii Revised Statutes (HRS), which includes the following statute:

> Section 87A-23(4): *"All employee-beneficiaries or dependent-beneficiaries who are eligible to enroll in the Medicare Part B medical insurance plan shall enroll in that plan as a condition of receiving contributions and participating in benefits plans under this chapter. This paragraph shall apply to retired employees, their spouses or DPs/CUPs, and the surviving spouses or DPs/CUPs of deceased retirees and employees killed in the performance of duty;"*

However, Section 87A-23(5) allows the EUTF Board to determine which retirees and dependents may continue to participate in the EUTF or HSTA VB retiree medical and/or prescription drug plans even though they are not enrolled in Medicare Part B. Under this exception, the EUTF Board has allowed the following to continue to participate in EUTF or HSTA VB retiree medical and/or prescription drug plans even if they are not enrolled in Medicare Part B: (a) retirees that attained age 65 prior to the enactment of the law that required all eligible Medicare participants to enroll in Medicare Part B; and (b) retirees who are not citizens of the United States or lawfully admitted aliens who have not lived in the United States for at least five years and are ineligible to be enrolled in Medicare.

How and when will I be reimbursed for my Medicare Part B premiums?
Under current law, the amount of your Medicare Part B reimbursement is the amount you are charged by Medicare (minus any penalties for late enrollment). Generally, your reimbursement will be deposited quarterly during the first week of April, July, October and January for the prior quarter. If you became eligible for Medicare Part B after July 1, 2006, your reimbursements must be direct deposited into your financial institution account. A DDA form must be submitted to the EUTF.

Must I sign up for Medicare Part B if I am or my spouse or DP/CUP is still working and covered by another non-EUTF employer group health insurance?
In this situation, your active employee plan will be the primary plan and the EUTF or HSTA VB retiree medical and/or prescription drug plan will be secondary. You may be advised to delay enrollment in Medicare due to your active employee plan. However, if you wish to enroll in an EUTF or HSTA VB retiree medical and/or prescription drug plan, you must enroll in Medicare Part B. See FAQ on page 46.

What will happen if my spouse or DP/CUP or I fail to enroll in Medicare Part B when eligible?
EUTF Administrative Rule 5.04 (a) states;

> *"If an employee-beneficiary becomes eligible to enroll and fails to enroll in the federal Medicare Part B medical insurance plan, the employee-beneficiary's enrollment in the medical and prescription drug plans offered or sponsored by the Fund and the medical and prescription drug plan coverages for dependent-beneficiaries under that enrollment shall be cancelled."*

If the spouse or DP/CUP fails to enroll, then only the spouse or DP/CUP will be cancelled from medical and prescription drug plans offered by the EUTF. If your spouse or DP/CUP wants to continue coverage under your retiree plan, your spouse or DP/CUP is required to enroll in Medicare Part B even though he/she is still working. If you fail to enroll, you, your spouse and any other dependents will also be canceled from the medical and prescription drug plans. Enrollment in Medicare Part B is required to be eligible for coverage under the EUTF or HSTA VB retiree medical and/or prescription drug plans.

I didn't apply for Medicare when I turned 65 even though I did not have health coverage from my job or through my spouse's or DP's/CUP's employer. What should I do?
If you missed the initial enrollment (a seven-month period starting three months before your 65th birthday and ending three months after your birth month), you may be required to wait to apply for Medicare until the general enrollment period during January and March of each year. Your coverage will start the following July. You must contact the Social Security Administration to apply for Medicare by calling 1-800-772-1213 or visit their website at SocialSecurity.gov. You will pay a 10 percent Medicare Part B premium penalty for each year you delayed signing up. Your EUTF Medicare Part B reimbursements will not include payment for any penalty amounts.

Will I be charged a higher Medicare B premium if I delay Medicare Part B enrollment due to being covered under an active employee plan as the subscriber or dependent?
No. If you don't enroll in Medicare Part B when you first become eligible because you or your spouse or DP/CUP were working and had group health plan coverage through that employer, you can sign up for Medicare Part B during a special enrollment period when that coverage ends. However, you will also need to waive enrolling in EUTF or HSTA VB retiree plans since Medicare Part B enrollment is required.

MEDICARE RETIREES

If my Medicare B premium is higher than the standard amount, will EUTF reimburse that amount?
If you are notified by Medicare that your Medicare Part B premium will have an income-related monthly adjustment amount, in other words your Medicare Part B premium is higher than the standard rate due to your higher income level, you will be reimbursed for the higher amount. However, you MUST promptly* send the EUTF a copy of the letter from the Social Security Administration informing you of the higher Medicare premium. *(Within 2 years)

EUTF automatically re-sets your Medicare Part B reimbursement to the Medicare standard rate every January 1st. Every year Medicare reviews your income and sets your Medicare B premium accordingly. So, every year you must notify EUTF of your higher than standard Medicare B premium in order to receive the full reimbursement.

Where is a retiree's spouse's or DP/CUP's Medicare reimbursement deposited?
Both the retiree's Medicare reimbursement and the spouse's or DP's/CUP's Medicare reimbursement must be deposited in the same account at the financial institution designated. The retiree must be an account holder on the designated account.

Dental Plan Benefits (Hawaii Dental Service [HDS]) – EUTF

BENEFIT	PLAN COVERS
PLAN MAXIMUM per calendar year per member (Jan 1 – Dec 31)	$2,000
DIAGNOSTIC	
Examinations - twice per calendar year	100%
Bitewing X-rays - twice per calendar year through age 14; once per calendar year thereafter	100%
Other X-rays (full mouth X-rays limited to once every 5 years)	100%
PREVENTIVE	
Cleanings – twice per calendar year	100%
• Diabetic Patients – four Cleanings or *Periodontal Maintenance per calendar year	
• Expectant Mothers – three Cleanings or *Periodontal Maintenance per calendar year	
*Periodontal Maintenance benefit level	*60%
• Fluoride (twice per calendar year through age 19)	100%
• Fluoride – high risk – once per calendar year	100%
Space maintainers (through age 17)	100%
Sealants (through age 18) – one treatment application, once per lifetime only to permanent molars with no prior occlusal restorations, regardless of the number of surfaces sealed.	100%
RESTORATIVE	
Amalgam (silver-colored) fillings	60%
Composite (white-colored) fillings – limited to the anterior (front) teeth	60%
Crowns and gold restorations (once every 5 years when teeth cannot be restored with amalgam or composite fillings)	60%
Note: Composite (white) and porcelain (white) restorations on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent – the patient is responsible for the cost difference up to the amount charged by the dentist.	
ENDODONTICS	60%
Pulpal therapy	
Root canal treatment, retreatment, apexification, apicoectomy	
PERIODONTICS	60%
Periodontal scaling and root planing (once every two years)	
Gingivectomy, flap curettage and osseous surgery (once every three years)	
Periodontal Maintenance – twice per calendar year after qualifying periodontal treatment	
PROSTHODONTICS	60%
Fixed bridges (once every 5 years; ages 16 and older)	
Dentures (complete and partial – once every 5 years; ages 16 and older)	
Implants Services	
ORAL SURGERY	60%
ADJUNCTIVE GENERAL SERVICES	60%
Palliative treatment (for relief of pain but not to cure)	100%

The annual plan maximum is $2,000 per calendar year for EUTF retirees enrolled in the dental plan provided by HDS.

The HDS public website at www.HawaiiDentalService.com includes a section exclusively for EUTF members. In this section, you will find valuable information on your HDS dental plan including your dental benefits and plan brochure.

Sign up for an online account today to check on your eligibility for services, view information on past services, find a participating dentist in Hawaii or on the Mainland, print an ID card, rate your dentist, and receive paperless benefit statements from the convenience of your home computer or smartphone.

To sign up for an online account and paperless benefit statements:

1) Go to www.HawaiiDentalService.com
2) Click on **"New User?"** at the top left of the screen.
3) Complete the "Member Registration" form.
4) Select **"Yes"** to "Request electronic Explanation of Benefits."
5) Click on **"Register User"** button.

Dental Plan Benefits (Hawaii Dental Service [HDS]) – HSTA VB

BENEFIT	PLAN COVERS
PLAN MAXIMUM per calendar year per member (Jan 1 – Dec 31)	$1,000
DIAGNOSTIC	
Examinations - twice per calendar year	100%
Bitewing X-rays - twice per calendar year through age 14; once per calendar year thereafter	100%
Other X-rays (full mouth X-rays limited to once every 5 years)	100%
PREVENTIVE	
Cleanings – twice per calendar year	100%
• Diabetic Patients – four Cleanings or *Periodontal Maintenance per calendar year	
• Expectant Mothers – three Cleanings or *Periodontal Maintenance per calendar year	
*Periodontal Maintenance benefit level	*60%
• Fluoride (once per calendar year through age 19)	100%
• Fluoride – high risk – once per calendar year	100%
Space maintainers (through age 17)	100%
Sealants (through age 18) – one treatment application, once per lifetime only to permanent molars with no prior occlusal restorations, regardless of the number of surfaces sealed.	100%
RESTORATIVE	
Amalgam (silver-colored) fillings	60%
Composite (white-colored) fillings – limited to the anterior (front) teeth	60%
Crowns and gold restorations (once every 5 years when teeth cannot be restored with amalgam or composite fillings)	60%
Note: Composite (white) and porcelain (white) restorations on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent – the patient is responsible for the cost difference up to the amount charged by the dentist.	
ENDODONTICS	60%
Pulpal therapy	
Root canal treatment, retreatment, apexification, apicoectomy	
PERIODONTICS	60%
Periodontal scaling and root planing (once every two years)	
Gingivectomy, flap curettage and osseous surgery (once every three years)	
Periodontal Maintenance – twice per calendar year after qualifying periodontal treatment	
PROSTHODONTICS	60%
Fixed bridges (once every 5 years; ages 16 and older)	
Dentures (complete and partial – once every 5 years; ages 16 and older)	
Implants (covered as alternate benefit) when one tooth is missing between two natural teeth	
ORAL SURGERY	60%
ADJUNCTIVE GENERAL SERVICES	60%
Palliative treatment (for relief of pain but not to cure)	100%

The annual plan maximum is $1,000 per calendar year for HSTA VB retirees enrolled in the dental plan provided by HDS.

The HDS public website at www.HawaiiDentalService.com includes a section exclusively for EUTF members. In this section, you will find valuable information on your HDS dental plan including your dental benefits and plan brochure.

Sign up for an online account today to check on your eligibility for services, view information on past services, find a participating dentist in Hawaii or on the Mainland, print an ID card, rate your dentist, and receive paperless benefit statements from the convenience of your home computer or smartphone.

To sign up for an online account and paperless benefit statements:

1) Go to www.HawaiiDentalService.com
2) Click on **"New User?"** at the top left of the screen.
3) Complete the "Member Registration" form.
4) Select **"Yes"** to "Request electronic Explanation of Benefits."
5) Click on **"Register User"** button.

Vision Plan Benefits (Vision Service Plan [VSP]) – EUTF & HSTA VB

Your coverage with VSP Doctors and Affiliate Providers:

Exam covered in full ..... every calendar year, after $10 Copay

Prescription Glasses

Lenses covered in full ..... every calendar year, after $25 Copay

- Single vision, lined bifocal and lined trifocal lenses
- Polycarbonate lenses for dependent children up to age 18

Frame..... every other calendar year

- $120 allowance, plus 20% off any out-of-pocket costs
- Or $65 allowance at Costco

~OR~

Contact Lenses ..... every calendar year

- $120 allowance (applies to cost of contacts and fitting & evaluation)

Extra Discounts and Savings from VSP Doctors*

Glasses & Sunglasses

- Average 35-40% savings on all non-covered lens options (such as tints, progressive lenses, anti-scratch coatings, etc.) UV coating is covered at no extra charge.
- 30% off additional glasses & sunglasses, including lens options, from the same VSP doctor on the same day as your Exam. Or 20% off from any VSP doctor within 12 months of your last Exam.

Retinal Screening

Guaranteed pricing on retinal screening as an enhancement to your Exam.

Contact Lenses

- 15% off cost of contact lens exam (fitting & evaluation)
- VSP has partnered with leading contact lens manufacturers to provide VSP members exclusive offers. Check out www.vsp.com for details.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from VSP-contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

**Costco Pricing applies; there are no additional discounts. All other affiliate provider locations 20% off additional glasses and 15% off contact lens services within one year. Discounts available only through a VSP Preferred Provider: LVC discounts, Retinal screening not to exceed pricing, contact lens rebates.*

You get the best value from your VSP benefit when you visit a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 12 months to submit a claim to VSP for partial reimbursement, less copays according to the following schedule:

Out-of-Network Reimbursement Amounts

Exam.....	Up to $45.00	Lined Trifocal Lenses	Up to $85.00
Single Vision Lenses.....	Up to $45.00	Frames	Up to $47.00
Lined Bifocal Lenses.....	Up to $65.00	Contacts.....	Up to $105.00

Before seeing an out-of-network provider, call us at 1-866-240-8420, or go on-line at www.vsp.com to search for a VSP doctor near you!

Life Insurance (USAble Life) – EUTF & HSTA VB

Your retiree life insurance benefit is $2,235.

In addition, your retiree life insurance includes the following added benefits:

- Repatriation of remains benefit – this benefit reimburses an individual who incurs expenses related to transporting your remains back to a mortuary near your primary place of residence if you pass away 200 miles or more away from home. The reimbursement amount is 10% of your life insurance benefit or approximately $223.

Beneficiary changes: Contact USAble Life at (808) 538-8920 or toll free at 1-855-207-2021 if you would like to change your beneficiary. Changes will be effective upon receipt by USAble Life. You may download the beneficiary designation form from their website at www.usablelife.com/portal/eutf. Their office is located at 999 Bishop Street, Suite #2701, Honolulu, Hawaii 96813 and opens from 7:45 am – 4:30 pm Hawaii Standard Time, Monday through Friday, except State observed holidays.

ALL RETIREES

Common Qualifying Events That Allow Enrollment Changes for Retirees

EVENT	WHEN EC-2/EC-2H MUST BE SUBMITTED TO EUTF	DOCUMENTATION REQUIRED TO BE ATTACHED TO EC-2/EC-2H	EFFECTIVE DATE (All plans except UnitedHealthcare's Medicare Advantage Plan)	EFFECTIVE DATE (UnitedHealthcare's Medicare Advantage Plan)	CAN I CHANGE PLANS (such as Kaiser to HMSA or UHC)?
Acquisition of Coverage (Retiree or dependent gets coverage from another plan and wishes to cancel EUTF or HSTA VB plans)	Within 30 days from effective date of acquiring coverage elsewhere	Letter from carrier or employer detailing type of coverages enrolled in (i.e., medical, dental, drug, vision), effective date of coverage, and names of covered insured and/or dependents (which ever applies).	End of pay period in which retiree acquires coverage from a non-EUTF plan, except when the retiree acquires coverage from the non-EUTF plan on the first or 16th of the month, in which case coverage ends at the end of the prior pay period	End of pay period in which retiree acquires coverage from a non-EUTF plan, except when the retiree acquires coverage from the non-EUTF plan on the first or 16th of the month, in which case coverage ends at the end of the prior pay period	N/A
Cancellation due to failure to comply with Rules	N/A	Proof of compliance documentation provided to EUTF	The date set forth in a notice to the retiree of his/her failure to comply with the Rules	The date set forth in a notice to the retiree of his/her failure to comply with the Rules	N/A
Death	As soon as reasonably practical	Death certificate or copy of obituary as soon as available	Date of death	Date of death	N/A
Divorce (Retiree must terminate spouse or civil union partner's coverage)	Within 30 days of date of divorce	Pages 1 and 2 of divorce decree, along with signature page. If children are involved, those pages that outline health benefits for children	First day of the first pay period following the divorce	First day of the first pay period following the divorce	No
Failure to Enroll in Medicare Part B (Retirees and their dependents who are eligible to enrollment in Part B must enroll)	N/A	N/A	Cancellation in the medical and prescription drug plan is effective the date the retiree or dependent first became eligible to enroll in Medicare Part B	Cancellation in the medical and prescription drug plan is effective the date the retiree or dependent first became eligible to enroll in Medicare Part B	N/A
Geographic Relocation (Retiree Enrolled in Kaiser and moves to an area where Kaiser is not available)	Within 30 days from the date of relocation	None	The date of the retiree's relocation.	The date of the relocation.	Yes

ALL RETIREES

EVENT	WHEN EC-2/EC-2H MUST BE SUBMITTED TO EUTF	DOCUMENTATION REQUIRED TO BE ATTACHED TO EC-2/EC-2H	EFFECTIVE DATE (All plans except UnitedHealthcare's Medicare Advantage Plan)	EFFECTIVE DATE (UnitedHealthcare's Medicare Advantage Plan)	CAN I CHANGE PLANS (such as Kaiser to HMSA or UHC)?
Legal Separation Retiree must terminate spouse's or civil union partner's EUTF or HSTA VB coverage)	Within 30 days of date of legal separation.	Court document establishing legal separation, including any pages regarding health benefits to children	First day of the pay period following the legal separation	First day of the pay period following the legal separation	No
Loss of Coverage (Dependent lost coverage from a non- EUTF plan, wishes to enroll in EUTF or HSTA VB plans, and the retiree is currently enrolled in an EUTF or HSTA VB plan)	Within 30 days from loss of other coverage	Loss of coverage letter from previous employer/ carrier detailing type of coverages lost (i.e., medical, dental, drug, vision), date of loss of coverage, and names of any covered dependents Copy of Dependent's Medicare Part A & B card, if eligible to enroll	Date of dependent's loss of coverage in a non-EUTF plan	First of the month following the Signature date on the EC-2 Enrollment Form. Dependent must be enrolled in Medicare Parts A and B	No
Marriage (Retiree wishes to enroll new spouse in EUTF or HSTA VB plans)	Within 30 days from date of marriage	Marriage Certificate within 60 days from date of marriage Copy of Spouse's Medicare Part A & B card, if eligible to enroll	The date of marriage, or the first day of the first pay period after the date of marriage, or the first day of the 2nd pay period after the date of marriage	First of the month following the signature date on the EC-2 Enrollment form New spouse must be enrolled in Medicare Parts A & B at time of enrollment	No
New Domestic Partner (Retiree wishes to enroll new domestic partner in EUTF or HSTA VB plans)	Within 30 days from date of notarized signature (event date is considered date of notarization)	Notarized Declaration of Domestic Partnership, Affidavit of Dependency (notarized if IRS qualified). Copy of Partner's Medicare Part A & B card, if eligible to enroll	The date the notary signs the Declaration of Domestic Partnership, or the first day of the first pay period after the notary signs, or the first day of the 2nd pay period after the notary signs	First of the month following the Signature date on the EC-2 Enrollment form. New domestic partner must be enrolled in Medicare Parts A & B at time of enrollment	No

ALL RETIREES

EVENT	WHEN EC-2/EC-2H MUST BE SUBMITTED TO EUTF	DOCUMENTATION REQUIRED TO BE ATTACHED TO EC-2/EC-2H	EFFECTIVE DATE (All plans except UnitedHealthcare's Medicare Advantage Plan)	EFFECTIVE DATE (UnitedHealthcare's Medicare Advantage Plan)	CAN I CHANGE PLANS (such as Kaiser to HMSA or UHC)?
New Civil Union Partner (Retiree wishes to enroll new civil union partner in EUTF or HSTA VB plans)	Within 30 days from date of civil union	Civil Union certification (on- line proof accepted), Affidavit of Dependency. Copy of Partner's Medicare Part A & B card, if eligible to enroll	The date of the civil union, or the first day of the first pay period after the date of the Civil Union, or the first day of the 2nd pay period after the date of the Civil Union	First of the month following the Signature date on the EC-2 Enrollment form. New civil union partner must be enrolled in Medicare Parts A & B at time of enrollment	No
Newly Eligible Student (retiree wishes to enroll child because child became full time student and is between the ages of 19 through 23)	Within 30 days from date of school start date	Student certification from an accredited college on school letterhead with registrar's signature confirming full time status. Transcripts not acceptable	Date child becomes full time student, or the first day of the first pay period after becoming a full time student, or the first day of the 2nd pay period after becoming a full time student	Students are not eligible unless enrolled in Medicare Parts A & B If enrolled in Parts A & B, effective date of coverage is the first of the month following the signature date on the EC-2 Enrollment Form	No
Failure to Pay (Retiree owes a shortage, but does not pay shortage by due date -- enrollment will be cancelled)	N/A	None	If enrollment is cancelled, retiree may only re-enroll during the next open enrollment period	If enrollment is cancelled, retiree may only re-enroll during the next open enrollment period	No
Surviving Spouse Remarries or Domestic Partner Enters Into Another Domestic Partnership (surviving spouse or domestic partner must be cancelled from EUTF's or HSTA VB's plans)	Within 30 days from the remarriage or the new domestic partnership	None	The first day of the pay period following the remarriage or new partnership	The first day of the pay period following the remarriage or new partnership	N/A

ALL RETIREES

EVENT	WHEN EC-2/EC-2H MUST BE SUBMITTED TO EUTF	DOCUMENTATION REQUIRED TO BE ATTACHED TO EC-2/EC-2H	EFFECTIVE DATE (All plans except UnitedHealthcare's Medicare Advantage Plan)	EFFECTIVE DATE (UnitedHealthcare's Medicare Advantage Plan)	CAN I CHANGE PLANS (such as Kaiser to HMSA or UHC)?
Termination of Domestic Partnership (Retiree must terminate domestic partner from EUTF or HSTA VB plans)	Within 30 days of termination of domestic partnership	Declaration of Termination of Domestic Partnership	First day of the pay period following the date of the termination of the domestic partnership	First day of the pay period following the date of the termination of the domestic partnership	No
Ineligible Student (Dependent child is no longer a full time student and is between the ages of 19 through 23)	As soon as the dependent child is no longer enrolled as a full-time student	None	First day of the pay period following the date the child was no longer enrolled as a full- time student	N/A	No
Birth (retiree wishes to add newborn to plans)	Within 60 days from date of birth	Birth certificate only if child has a different last name from the retiree. Social Security Number within 60 days of birth.	Retiree can choose: birth date, beginning of the next pay period after birth date, or beginning of 2nd pay period after birth date	No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents if already enrolled.	

Required Notices

All of the following required notices are available for viewing at EUTF's website at eutf.hawaii.gov.

If you wish to have hard copies of any of the following notices, send EUTF an email at eutf@hawaii.gov. Indicate which notice(s) you want to receive and include your name and mailing address. Or, you may call our Customer Service Call Center at 808-586-7390 or toll free at 1-800-295-0089. All requested notices will be mailed to you free of charge.

- **Qualified Medical Child Support Order** – This is to notify participants that your health insurance plan honors qualified medical child support orders (QMCSOs), which means that if a QMCSO issued in a divorce or legal separation proceeding requires you to provide medical coverage to a child who is not in your custody, you may do so under the Plan.

- **National Medical Support Notices** – The EUTF (your health benefits plan administrator) also honors qualified National Medical Support Notices (NMSNs), which are similar to a QMCSO, but are issued by a state agency pursuant to a medical child support order.

- **Continuation of Group Health Coverage Under COBRA: Initial Notice** – This notice includes information on the federal law, commonly known as "COBRA," that requires most employers to offer employees and their covered dependents the opportunity to elect a temporary continuation of health coverage, at group rates, when coverage would otherwise be terminated, because of a "qualifying event".

For retirees enrolled in the CVS Caremark or SilverScript prescription drug plan:

- **HIPAA Notice: Notice of Privacy Rights** – This notice describes how your prescription drug information may be used and disclosed and how you can get access to this information.

- **Notice of Creditable Coverage** – This notice has information about your current prescription drug coverage with the EUTF and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you wish to have hard copies of any of the following notices, please contact Kaiser, UHC, or HMSA (contact information included at the end of this guide).

- **Women's Health & Cancer Rights Act** – This notice includes information regarding benefits that your health insurance plan is required to provide by the Women's Health and Cancer Rights Act of 1998 for mastectomy-related services.

- **Newborns' & Mothers' Health Protection Act** – This is to notify participants that group health plans and health insurance issuers who offer group insurance coverage may not (under federal law) restrict benefits for any hospital stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery or less than 96 hours following a caesarean section.

- **HIPAA Notice: Notice of Privacy Rights** – This notice describes how your medical information may be used and disclosed and how you can get access to this information.

- **Patient Protection Disclosure** – This notice provides individuals with information regarding their rights to (1) choose a primary care provider or a pediatrician when a plan or issuer requires

designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization.

- **Massachusetts Health Care Reform Act (for Retirees residing in Massachusetts only)** – In order to help individuals determine if the health coverage they have or intend to purchase is sufficient to satisfy the individual mandate, carriers must disclose to insureds and potential insureds a health plan's Minimum Creditable Coverage status and whether the plan satisfies the individual coverage mandate of the Massachusetts Health Care Reform Law.

EUTF Important Notices

This section contains ***important retiree benefit program notices*** *of interest to you and your family. Please share this information with your family members. Some of the notices in this document are required by law and other notices contain helpful information. These notices are updated from time to time and some of the federal notices are updated each year.*

MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After this open enrollment period is completed, generally you **will not** be allowed to change your benefit elections or add/delete dependents until next years' open enrollment, unless you have a Special Enrollment Event or a Mid-year Change in Status Event as outlined below:

- *Special Enrollment Event:*

  If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after you or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

  In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

  You and your dependents may also **enroll in this plan** if you (or your dependents):

  - have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within **60 days** after the Medicaid or CHIP coverage ends.
  - become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within **60 days** after you (or your dependents) are determined to be eligible for such assistance.

  To request special enrollment or obtain more information, contact the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

- *Mid-Year Change in Status Event:*

  For mid-year change requests for retirees, EUTF follows same mid-year change options that are available to active employees. This section outlines if and when benefits can be changed in the middle of a plan year (the plan year being the period January 1 through December 31). The following events **may** allow certain changes in benefits mid-year, **if** permitted by EUTF:

  - Change in legal marital status (e.g. marriage, divorce/legal separation, death).
  - Birth, Adoption, Death
  - Coverage of a child due to a QMCSO.
  - Entitlement or loss of entitlement to Medicare or Medicaid.
  - Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify EUTF in writing within **30 days** of the mid-year change in status at:

Hawaii Employer-Union Health Benefits Trust Fund
P.O. Box 2121 Honolulu Hawaii 96805-2121

EUTF will determine if your change request is permitted and if so, changes become effective prospectively, on the first day of the month, following the approved change in status event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

Failure to give EUTF a timely notice (as noted above) may:

a. cause you, your Spouse and/or Dependent Child(ren) to lose the right to obtain COBRA Continuation Coverage,
b. cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability,
c. cause claims to not be able to be considered for payment until eligibility issues have been resolved,
d. result in your liability to repay the Plan if any benefits are paid to an ineligible person.

For questions contact the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: http://www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan options available to you are or are not creditable with (as valuable as) Medicare's prescription drug coverage.

To find out whether the prescription drug coverage under the EUTF-sponsored medical plans is or is not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage available at the end of this Important Notice section and also available from the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

PRIVACY NOTICE REMINDER FROM EUTF

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

The HIPAA Privacy Notice explains how the EUTF group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in EUTF group health plan benefits. A copy of the EUTF Privacy Notice is found in the Reference Guide (see the Guide's table of contents for the exact location of the Notice). You can get another copy of the EUTF HIPAA Privacy Notice from the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

Also, the Privacy Notice for the various insured health plans is provided to you by the insurance companies and you can get another copy of their HIPAA Privacy Notice from the insurance company by contacting the phone number on your ID card.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) ANNUAL NOTICE REMINDER

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, medical plan coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact your medical plan insurance company (using the phone number on your medical plan ID card) or contact the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Hospital Length of Stay for Childbirth: Under federal law, group health plans, like this Plan, generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., Physician, or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact your medical plan (at the phone number on the ID card) to precertify the extended stay. If you have questions about this Notice contact your medical plan insurance company (using the phone number on your medical plan ID card) or the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) AND NATIONAL MEDICAL SUPPORT NOTICE

Your medical insurance plans honor a valid qualified medical child support orders (QMCSO) in accordance with law. A Qualified Medical Child Support Order is a judgment, decree or order (issued by a court or resulting from a state's administrative proceeding) that creates or recognizes the rights of a child, also called the "alternate recipient," to receive benefits under a group health plan, typically the non-custodial parent's plan. The QMCSO typically requires that the Plan recognize the child as a dependent even though the child may not meet the Plan's definition of dependent. A QMCSO usually results from a divorce or legal separation and typically:

- Designates one parent to pay for a child's health plan coverage;
- Indicates the name and last known address of the parent required to pay for the coverage and the name and mailing address of each child covered by the QMCSO;
- Contains a reasonable description of the type of coverage to be provided under the designated parent's health care plan or the manner in which such type of coverage is to be determined;
- States the period for which the QMCSO applies; and
- Identifies each health care plan to which the QMCSO applies.

A QMCSO should be provided to the EUTF office. EUTF also honors a qualified National Medical Support Notice which is similar to a QMCSO but is issued by a state agency in accordance with a medical child support order. For additional QMCSO information (free of charge) and information regarding the procedures for administration of a QMCSO, contact the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

COBRA COVERAGE REMINDER

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when qualifying events occur, and, as a result of the qualifying event, coverage of that qualified beneficiary ends. Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying events include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee/retiree, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace. See https://www.healthcare.gov/. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the chance to elect COBRA coverage after a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs. That notice should be sent to the EUTF office via first class mail (address noted below) and is to include the retiree's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
P.O. Box 2121 Honolulu Hawaii 96805-2121

When you elect EUTF-sponsored health coverage, EUTF will provide you with a COBRA Initial Notice. If you have questions about COBRA or would like another copy of a COBRA Initial Notice please contact the EUTF Office at 808-586-7390 or toll-free at 800-295-0089.

CAUTION: IF YOU DECLINE MEDICAL PLAN COVERAGE OFFERED THROUGH THE HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

If you are in a benefits-eligible position and choose not to be covered by one of EUTF or HSTA VB's medical plan options, remember that you must maintain medical plan coverage elsewhere or you can purchase health insurance through a Marketplace (www.healthcare.gov), typically at the Marketplace annual enrollment in the fall each year.

Americans without medical plan coverage could have to pay a penalty when they file their personal income taxes. Visit the Health Insurance Marketplace for detailed information on individual shared responsibility payment penalty. If you choose to not be covered by a medical plan at this enrollment time, your next opportunity to enroll for EUTF or HSTA VB's medical plan coverage is at the next annual EUTF open enrollment time, unless you have a mid-year change event that allows you to add coverage in the middle of the plan year.

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT

Designation of a Primary Care Provider (PCP):

The HMO medical plan options generally require the designation of a primary care provider (PCP). You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your medical plan at the phone number on your ID card.

Direct Access to OB/GYN Providers:

You do not need prior authorization (pre-approval) from your medical plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological (OB/GYN) care from an in-network health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your medical plan insurance company (using the phone number on your medical plan ID card).

IMPORTANT NOTICES ATTACHED

The following pages include important notices for you and your family:

- Medicare Part D Notice
- Notice about Premium Assistance with Medicaid and CHIP

The Plan's HIPAA Privacy notice is located inside your Retiree Reference Guide.

Important Notice from Hawaii Employer-Union Health Benefits Trust Fund (EUTF) about Prescription Drug Coverage for People with Medicare

This notice is for people with Medicare.
Please read this notice carefully and keep it where you can find it.

This Notice has information about your current prescription drug coverage with the EUTF-sponsored outpatient prescription drug plans available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare prescription drug coverage. At the end of this notice is information on where you can get help to make a decision about Medicare's prescription drug coverage.

- **If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.**
- **If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

This announcement is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan participants.

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

EUTF has determined that the drug coverage is "creditable" under the following prescription drug plan options:

- **HMSA PPO Plan (as administered by Caremark),**
- **HSTA VB HMSA PPO Plan (as administered by Caremark),**
- **UnitedHealthcare Medicare Advantage PPO Plan (as administered by Caremark),**
- **Kaiser HMO Plan (as administered by Kaiser).**

"Creditable" means that the value of this Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

Because the plan options noted above are, on average, at least as good as the standard Medicare prescription drug coverage, **you can elect or keep prescription drug coverage under the Caremark administered drug plans: HMSA PPO Plan, HSTA VB HMSA PPO Plan and UnitedHealthcare Medicare Advantage Plan, as well as the Kaiser HMO Plan (as administered by Kaiser) you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.** You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment fee penalty).

REMEMBER TO KEEP THIS NOTICE

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following 3 times:

- when they first become eligible for Medicare; or
- during Medicare's annual election period (from October 15th through December 7th); or
- for beneficiaries leaving employer/union coverage, you may be eligible for a two-month Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

YOUR RIGHT TO RECEIVE A NOTICE

You will receive this notice at least every 12 months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

WHY CREDITABLE COVERAGE IS IMPORTANT (When you will pay a higher premium (penalty) to join a Medicare drug plan)

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a non-creditable prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This late enrollment penalty is described below:

> If you go 63 continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.
>
> For example, if 19 months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go 63 days or longer without prescription drug coverage you may also have to wait until the next October to enroll for Medicare prescription drug coverage.

WHAT ARE MY CHOICES?

You can choose any **one** of the following options:

Your Choices:	What you can do:	What this option means to you:
Option 1	You can select or keep your current medical and prescription drug coverage under the Caremark administered drug plans: HMSA PPO Plan, HSTA VB HMSA PPO Plan and UnitedHealthcare Medicare Advantage Plan, as well as the Kaiser HMO Plan (as administered by Kaiser) and **you do not have to enroll in a Medicare prescription drug plan.**	You will continue to be able to use your prescription drug benefits through the Caremark administered drug plans: HMSA PPO Plan, HSTA VB HMSA PPO Plan and UnitedHealthcare Medicare Advantage Plan, as well as the Kaiser HMO Plan (as administered by Kaiser). • You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (during October 15th through December 7th of each year). • As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.

Your Choices:	What you can do:	What this option means to you:
Option 2	You can select or keep your current medical and prescription drug coverage with the Caremark administered drug plans: HMSA PPO Plan, HSTA VB HMSA PPO Plan and UnitedHealthcare Medicare Advantage Plan, as well as the Kaiser HMO Plan (as administered by Kaiser) **and also enroll in a Medicare prescription drug plan**. If you enroll in a Medicare prescription drug plan you will need to pay the Medicare Part D premium out of your own pocket.	Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. Having dual prescription drug coverage under this Plan and Medicare means that this Plan will coordinate its drug payments with Medicare, as follows: • for Medicare eligible Retirees and their Medicare eligible Dependents, Medicare Part D coverage pays primary and the group health plan pays secondary. • for Medicare eligible Active Employees and their Medicare eligible Dependents, the group health plan pays primary and Medicare Part D coverage pays secondary. Note that you may not drop just the prescription drug coverage under the Caremark administered drug plans: HMSA PPO Plan, HSTA VB HMSA PPO Plan and UnitedHealthcare Medicare Advantage Plan, as well as the Kaiser HMO Plan (as administered by Kaiser). That is because prescription drug coverage is part of the entire medical plan. Generally, you may only drop medical plan coverage at this Plan's next Open Enrollment period. Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as: • PDPs may have different premium amounts; • PDPs cover different brand name drugs at different costs to you; • PDPs may have different prescription drug deductibles and different drug copayments; • PDPs may have different networks for retail pharmacies and mail order services.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE'S PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a "beneficiary") will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number), for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Para más información sobre sus opciones bajo la cobertura de Medicare para recetas médicas.

Revise el manual "Medicare Y Usted" para información más detallada sobre los planes de Medicare que ofrecen cobertura para recetas médicas. Visite www.medicare.gov por el Internet o llame GRATIS al 1 800 MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048. Para más información sobre la ayuda adicional, visite la SSA en línea en www.socialsecurity.gov por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deberán llamar al 1-800-325-0778).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your current prescription drug coverage contact:

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
P. O. Box 2121
Honolulu, Hawaii 96805-2121
Phone Number: 808-586-7390 or toll-free at 800-295-0089

As in all cases, EUTF and, when applicable, the medical plan insurance companies, reserve the right to modify benefits at any time, in accordance with applicable law. This document (dated June 25, 2015) is intended to serve as your Medicare Part D Notice of Creditable Coverage, as required by law.

PREMIUM ASSISTANCE
UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
ALASKA – Medicaid	**INDIANA – Medicaid**
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	**KANSAS – Medicaid**
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218

LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
NEVADA – Medicaid	**RHODE ISLAND – Medicaid**
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: www.ohhs.ri.gov Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473

TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

HIPAA Notice: Notice of Privacy Rules

Effective date of this notice is September 23, 2013.

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

A federal law, commonly known as HIPAA (the Health Insurance Portability and Accountability Act of 1996), governs all group health plans' use and disclosure of medical information. You may find HIPAA's privacy rules at 45 Code of Federal Regulations Parts 160 and 164.

This notice describes the EUTF's privacy practices and your rights regarding the uses and disclosures of your medical information as it relates to the EUTF group health plan. The EUTF self-funded group health plan includes the Outpatient Prescription Drug Program Benefits (hereafter referred to as the "Plan") and is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called **Protected Health Information or PHI**) and to inform you about the Plan's legal duties and privacy practices with respect to protected health information.

You may receive a Privacy Notice from various insured group health benefit programs. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your protected health information related to the EUTF benefit plan (the "Plan") and outside companies contracted to help administer Plan benefits, also called "business associates."

The EUTF acknowledges that your medical and health information is personal – and is committed to protecting your privacy.

For administration purposes, the EUTF has access to a record of your claims reimbursed under your health insurance benefits plan. This notice applies to all of the medical records that the EUTF maintains or can access. Your personal doctor, health care provider, or health insurance carrier might have different policies or notices regarding their use and disclosure of medical information that they maintain or create. However, HIPAA applies to all organizations or persons that maintain personal health information, if they fall under HIPAA's definition of "Covered Entities."

By law, the EUTF MUST:

- Make sure that medical information that identifies you is kept private,
- Give you this notice of the EUTF's legal duties and privacy practices with respect to your medical information,
- Retain copies of the notices the EUTF issues to you,
- Retain any written acknowledgments that you received the notices, or document the EUTF's good faith efforts to obtain such written acknowledgments from you, and
- Follow the terms of the notice that is currently in effect.
- Notify affected individuals following a breach of unsecured protected health information.

HIPAA also requires the EUTF to tell you about:

- The EUTF's uses and disclosures of your medical information,
- Your privacy rights with respect to your medical information,
- Your right to file a complaint with the EUTF and with the Secretary of the Department of Health and Human Services, and
- The person or office at the EUTF whom you may contact for additional information about the EUTF's privacy practices.

How the EUTF May Use and Disclose Your Medical Information

The following categories describe the different ways the EUTF may use and disclose your medical information. Some uses and disclosures of your medical information require your authorization or the opportunity to agree or object to the use or disclosure. Other uses and disclosures do not. This notice clearly identifies whether or not the use or disclosure of your medical information requires your authorization or the opportunity to agree or object. Each category contains an explanation of what is meant by the "use and disclosure" of your medical information, and some examples. Not every use or disclosure in a category will be listed. However, the ways the EUTF is allowed to use and disclose your medical information will generally fall into one of the categories listed.

The following categories DO NOT REQUIRE the EUTF to obtain your consent, authorization, or to provide you the opportunity to agree or object to the use or disclosure.

- **For Treatment**: the EUTF may use or disclose your medical information to help you get medical treatment or services through the EUTF. The EUTF may disclose your medical information to health care providers, including doctors, nurses, technicians, medical students, or other health care professionals who are providing you with services covered under the your insurance plan. For example, the EUTF might disclose the name of your child's dentist to your child's orthodontist so that the orthodontist may ask the dentist for your child's dental X-rays.

- **For Payment**: the EUTF may use and disclose your medical information in the process of determining your eligibility for benefits under the EUTF, to facilitate payment to health care providers for the treatment or services you have received from them, to determine benefit responsibility under the EUTF, and to facilitate reviews for medical necessity/appropriateness of your care. For example, the EUTF may tell your doctor whether you are eligible for coverage under the EUTF, or what percentage of the bill may be paid by the EUTF. Likewise, the EUTF may share your medical information with another entity to assist with the adjudication or subrogation of your claims or to another health plan to coordinate benefit payments.

- **For EUTF Operations**: the EUTF may use and disclose your medical information for health care operations and other EUTF operations. These uses and disclosures are necessary to administer the EUTF benefit plans. For example, the EUTF may use and disclose your medical information to conduct or facilitate quality assessments and improvement activities, patient safety activities, performance and compliance reviews, auditing, fraud and abuse detection, underwriting, enrollment, premium rating and other activities related to creating, renewing or replacing insurance contracts or benefit plans, claims review and appeals, legal functions and services, business planning and development, and other activities related to business management and administration. In connection with the foregoing, the EUTF may disclose your medical information to third parties who perform various health care operations or EUTF operations on its behalf.

- **As Required By Law**: the EUTF will disclose your medical information when required to do so by federal, state or local law. For example, the EUTF may disclose your medical information when required to do so by a court order in a civil proceeding such as a malpractice lawsuit. Or, the Secretary of the Department of Health and Human Services might require the use and disclosure of your medical information to investigate or determine the EUTF's compliance with federal privacy regulations (this notice).

- **To Avert a Serious Threat to Health or Safety**: the EUTF may use and disclose your medical information when necessary to prevent a serious threat to your health or safety, or to the health and safety of the public or another person. However, any such disclosure would be made only to a person able to help prevent the threat. For example, the EUTF may disclose your medical information in a legal proceeding regarding the licensure of a doctor.

Special Situations

Disclosure to Business Associates: the EUTF may disclose your medical information to business associates in carrying out treatment, payment, health care operations and EUTF operations. For example, the EUTF may disclose your medical information to a utilization management organization to review the appropriateness of a proposed treatment under your insurance plan.

Disclosure to Health Insurance Companies or Health Maintenance Organizations: In carrying out treatment, payment or health care operations, the EUTF may disclose your medical information to health insurance companies or health maintenance organizations (HMOs) that it contracts with to provide services or benefits under its health benefits plans. For example, the EUTF may disclose your medical information to the Hawaii Medical Service Association, Kaiser Permanente and Kaiser Health Plan, UnitedHealthcare, Hawaii Dental Service, Vision Service Plan, ChiroPlan Hawaii or USAble Life in order to verify your eligibility for benefits or services.

Disclosure to the Plan Sponsor and Its Representatives: the EUTF is sponsored by State, county and other public employers who are represented on the EUTF's Board of Trustees. The EUTF may disclose information to the EUTF's Board of Trustees, the sponsoring public employers, and the Employees Retirement System (ERS) for payment, health care operations, and EUTF operations. For example, the EUTF may disclose information to the sponsoring employers about whether you are participating in a group health plan that is offered by the EUTF, or whether you are enrolled or disenrolled in any such group health plan. Disclosure to the sponsoring employers may include disclosures to your departmental personnel officer (DPO) or any other person who functions as your employer's personnel officer. In the event you appeal a denied claim or other matter to the EUTF's Board of Trustees, the EUTF may disclose your medical information to the EUTF's Board of Trustees and its staff, consultant, and legal counsel as may be necessary to allow the EUTF's Board of Trustees to make a decision on your appeal. The EUTF may also disclose your medical information to the EUTF's Board of Trustees for plan administration functions, including such functions as quality assurance and auditing or monitoring the operations of group health plans that are part of the EUTF.

Public Health Activities: the EUTF may disclose your medical information to a public health authority for the purpose of preventing or controlling disease, injury or disability or to report child abuse or neglect.

Immunizations: To a school about an individual who is a student or prospective student of the school if the protected health information this is disclosed is limited to proof of immunization, the school is required by State or other law to have such proof of immunization prior to admitting the individual and the covered entity obtains and documents the agreements to this disclosure from either a parent, guardian

or other person acting in loco parentis of the individual, if the individual is an unemancipated minor; or the individual, if the individual is an adult or emancipated.

Organ and Tissue Donation: If you are an organ donor, the EUTF may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, the EUTF may release your medical information as required by military command authorities. The EUTF may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: the EUTF may release your medical information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Health Oversight Activities: the EUTF may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities can include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the EUTF may disclose your medical information in response to a court order or administrative ruling. The EUTF may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the medical information requested.

Law Enforcement: the EUTF may release your medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process,
- To identify or locate a suspect, fugitive, material witness or missing person,
- About the victim of a crime if, under certain limited circumstances, the EUTF is able to obtain the person's agreement,
- About a death the EUTF believes might be the result of criminal conduct, and
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: the EUTF may release your medical information to a coroner or medical examiner. This might be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: the EUTF may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

The following category REQUIRES the EUTF to obtain your written authorization for the use or disclosure.

Generally, the Plan will require that you sign a valid authorization form in order to use or disclose your PHI **other than** when you request your own PHI, a government agency requires it, or the Plan uses it for treatment, payment or health care operation. You have the right to revoke an authorization.

The Plan generally will require an authorization form for uses and disclosure of your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed. The Plan generally will require an authorization form for the sale of protected health information if the Plan receives direct or indirect financial remuneration (payment) from the entity to which the PHI is sold. The Plan does not intend to engage in fundraising activities.

Psychotherapy Notes: Generally the EUTF must obtain your written authorization to use and disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the EUTF may use and disclose your psychotherapy notes when needed by the EUTF to defend against a lawsuit filed by you.

The following category REQUIRES that the EUTF gives you an opportunity to agree or disagree prior to the use or disclosure.

- **Family or Friends Involvement**: the EUTF may disclose your medical information to family members, other relatives, or your friends without your written consent or authorization if:
  - The medical information is directly relevant to the family or friend's involvement with your care or payment for that care, and
  - You have either agreed to the disclosure or have been given the opportunity to object to the disclosure and have not objected.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

Your Rights Regarding Your Medical Information

You have the following rights regarding your medical information maintained by the EUTF:

Right to Inspect and Copy Your Medical Information: You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

You have the right to inspect and obtain a copy of your medical information contained in a "designated record set," for as long as the EUTF maintains your medical information. The designated record set includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the EUTF to make decisions about people covered under the EUTF's health benefits plans. Information used for quality control or peer review analyses and not used to make decisions about people covered by the EUTF health benefits plans is not contained in the designated record set.

If you request a copy of your medical information, it will be provided to you in accordance with the time limits required under Part II of Chapter 92F, Hawaii Revised Statutes, and the rules enacted thereunder. Under those laws, the EUTF will generally provide a copy of your medical information to you within ten (10) business or working days. However, in certain circumstances, the EUTF may be entitled to additional time to respond to your request.

You or your personal representative must complete a form to request access to your medical information contained in the designated record set. You must submit the completed request form to the EUTF Privacy Officer whose address is provided at the end of this HIPAA notice.

If you request a copy of the information, the EUTF may charge a fee for the costs of copying and mailing the information to you, for creating the PHI or preparing a summary of your PHI, or for other supplies associated with complying with your request.

The EUTF may deny your request to inspect and copy medical information in certain, very limited circumstances. If you are denied access to medical information, you may appeal.

If the EUTF denies your request to inspect or copy your medical information, the EUTF will provide you or your personal representative with a written denial identifying the reason(s) for the denial. The denial will also include a description of how you may exercise your appeal rights, and a description of how you may file a complaint with the Secretary of the Department of Health and Human Services.

Right to Amend Your Medical Information: If you think that your medical information is incorrect or incomplete, you may ask the EUTF to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the EUTF.

To request an amendment, you must submit your request, in writing, to the EUTF Privacy Officer. Your written request must include a reason that supports your request.

After you request that the EUTF amend your medical information, the EUTF must comply with your request within twenty (20) business or working days, or notify you that your request has been denied.

The EUTF may deny your request for an amendment to your medical information if your request is not in writing or does not include a reason to support the request. In addition, the EUTF may deny your request if you ask the EUTF to amend information that:

- Is not part of the medical information kept by or for the EUTF,
- Was not created by the EUTF, unless the person or entity that created the information is no longer available to make the amendment,
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

If the EUTF denies your request in the whole or in part, the EUTF must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial, and have that statement included with any future disclosure of your medical information.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures” if a disclosure was made without your authorization for any purpose other than treatment, payment, or health care operations, or where the disclosure was to you about your own medical information.

To request this list of disclosures, you must submit a written request to the EUTF Privacy Officer. Your request must state a time period for which you are requesting the list of disclosures. This period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within any 12-month period will be provided free of charge. For additional lists, the EUTF may charge you for the costs of providing the list. The EUTF will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you incur any costs.

The EUTF has 60 days from the date it receives your request to provide you the list of disclosures, and is allowed an additional 30 days to comply, if it provides you with a written statement of the reasons for the delay and the date by which the accounting will be provided.

Right to Request Restrictions: You have the right to request a restriction or limitation on your medical information uses or disclosures for treatment, payment or health care operations. You also have the right to request a limit on your medical information that the EUTF discloses to someone involved in your care or payment for your care, like a family member or friend. For example, you could ask that the EUTF not use or disclose information about a surgical procedure you had.

The EUTF is not required by law to agree to your request.

You or your personal representative must complete a form to request restrictions on the use or disclosure of your medical information. You must submit the completed form to the EUTF Privacy Officer whose address is provided at the end of this HIPAA notice. In your request, you must indicate:

- What information you want to limit,
- Whether you want to limit the EUTF's use, disclosure, or both, and
- To whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that the EUTF communicate with you about your medical information or other medical matters in a certain way, or at a certain location. For example, you may ask that the EUTF contact you only at work or by mail.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may ask the EUTF to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to request a paper copy of this notice.

To obtain a paper copy of this notice, submit a written request to the EUTF Privacy Officer, whose address is provided at the end of this HIPAA notice.

Breach Notification Right: If a breach of your unsecured protected health information occurs, the Plan will notify you.

A Note about Personal Representatives

You may exercise your privacy rights through a personal representative. Your personal representative will be required to provide evidence of his or her authority to act on your behalf before that person will be given access to your medical information or allowed to take any action on your behalf with respect to your medical information. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public,
- A court order appointing the person as the your conservator or guardian, or
- An individual who is the parent of a minor child.

The EUTF may decide to deny a personal representative access to medical information of a person if it thinks this will protect the person represented from abuse or neglect. This also applies to personal representatives of minors.

However, state or other applicable law will govern whether the EUTF is permitted to disclose an unemancipated minor dependent child's medical information to the child's parent(s). State or other

applicable law will also govern whether the EUTF is permitted to provide a parent's access to his or her child's medical information.

Changes to This Notice

The EUTF reserves the right to change this notice. The EUTF also reserves the right to make the revised or changed notice effective for medical information it already maintains, or has access to about you — as well as any information the EUTF receives in the future. The EUTF will post a copy of the current notice on the EUTF's web site. This notice will contain the effective date of the current notice on the first page, in the top right-hand corner.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, your rights, the duties of the EUTF or other privacy practices stated in this notice. Material changes are changes to the uses and disclosures of PHI, an individual's rights, the duties of the Plan or other privacy practices stated in the Privacy Notice. Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual Notice distribution to individuals covered by the Plan.

Minimum Necessary Standard

When the EUTF uses or discloses your medical information, or requests your medical information from another entity, the EUTF will make reasonable efforts not to use, disclose or request more than the minimum amount of your medical information needed to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply to:

- Disclosures to or requests by a health care provider for treatment,
- Uses by you or disclosures to you of your own medical information,
- Disclosures made to the Secretary of the Department of Health and Human Services,
- Uses or disclosures that may be required by law,
- Uses or disclosures that are required by the EUTF's compliance with legal regulations, and
- Uses and disclosures for which the EUTF has obtained your authorization.

The Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

This notice does not apply to medical information that has been "de-identified." De-identified information is medical information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

In addition, the EUTF may use or disclose "summary health information" to obtain premium bids or to modify, amend or terminate the EUTF's health benefits plans. Summary health information is information that summarizes the claims history, claims expenses, or types of claims experienced by individuals for whom the EUTF has provided benefits, and from which identifying information has been deleted in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the EUTF Privacy Officer, whose address is provided at the end of this HIPAA notice. You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website (http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html) or this website: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html or contact the Privacy Officer for more information about how to file a complaint. You must submit any complaints in writing. The EUTF will not penalize or retaliate against you for filing a complaint.

Other Uses and Disclosures of Your Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to the EUTF will be made only with your written authorization. If you provide the EUTF with authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the EUTF will no longer use or disclose your medical information for the reasons covered by your written authorization.

You should understand that the EUTF is unable to take back any disclosures that have already been made with your authorization, and that the EUTF is required to retain any records regarding any care or services provided to you.

EUTF may not (and does not) use your genetic information that is PHI for underwriting purposes.

Questions?

If you have any questions about this notice, contact the EUTF Privacy Officer, at the address below.

Governing Law

If there is any discrepancy between the information in this notice and the actual HIPAA regulations, the regulations will prevail, and the EUTF will use and disclose your medical information in a manner consistent with the regulations.

You may contact the **EUTF Privacy Officer** at the following address:

Mailing Address:	P.O. Box 2121, Honolulu, HI 96805
Location Address:	201 Merchant Street, Suite 1520, Honolulu, HI 96813
Local number:	808-586-7390, Toll Free number: 1-800-295-0089

EUTF Monthly Retiree Rates
Effective January 1, 2016 through December 31, 2016

Benefit Plan	Type of Enrollment	Premium	Admin Fee	Total Contribution Required [1]
MEDICAL PLANS - MEDICARE				
HMSA PPO Medicare	Self	$211.74	$0.00	$211.74
	Two-Party	$412.60	$0.00	$412.60
	Family	$611.64	$0.00	$611.64
UnitedHealthcare (UHC) Medicare Advantage PPO	Self	$53.06	$0.00	$53.06
	Two-Party (both Medicare)	$106.12	$0.00	$106.12
Medicare Prescription Drug	Self	$205.20	$0.00	$205.20
	Two-Party	$399.58	$0.00	$399.58
	Family	$592.44	$0.00	$592.44
Kaiser HMO Medicare Kaiser Prescription Drug	Self	$418.92	$0.00	$418.92
	Two-Party	$817.12	$0.00	$817.12
	Family	$1,211.14	$0.00	$1,211.14
MEDICAL PLANS – NON-MEDICARE				
HMSA PPO Non-Medicare	Self	$469.86	$0.00	$469.86
	Two-Party	$915.60	$0.00	$915.60
	Family	$1,357.32	$0.00	$1,357.32
Non-Medicare Prescription Drug	Self	$198.10	$0.00	$198.10
	Two-Party	$385.84	$0.00	$385.84
	Family	$572.06	$0.00	$572.06
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	$688.18	$0.00	$688.18
	Two-Party	$1,393.02	$0.00	$1,393.02
	Family	$2,056.52	$0.00	$2,056.52
DENTAL PLAN				
HDS Dental - Retiree	Self	$36.06	$0.00	$36.06
	Two-Party	$70.32	$0.00	$70.32
	Family	$86.14	$0.00	$86.14
VISION PLAN				
VSP Vision - Retiree	Self	$5.48	$0.00	$5.48
	Two-Party	$10.96	$0.00	$10.96
	Family	$14.70	$0.00	$14.70
LIFE INSURANCE				
USAble Life Insurance (Retiree only)	Self	$4.12	$0.00	$4.12

[1] These rates do not include an administrative fee which may be added, ranging from: $3.76 to $11.22.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
P.O. BOX 2121
HONOLULU, HI 96805
EUTF RETIREES
JANUARY 1, 2016

1A MEDICAL/PRESCRIPTION DRUG	Monthly Premium HMSA	Monthly Premium Kaiser	Monthly Premium UHC
A. Non-Medicare - Self	☐ $667 96	☐ $688.18	
B. Non-Medicare - 2-Party	☐ $1,301.44	☐ $1,393 02	
C. Non-Medicare - Family	☐ $1,929 38	☐ $2,056 52	
D. Medicare - Self	☐ $416 94	☐ $418 92	☐ $258.26
E. Medicare - 2-Party	☐ $812.18	☐ $817.12	☐ $505.70
F. Medicare - Family	☐ $1,204 08	☐ $1,211.14	

If you want medical and prescription drug, select one plan and enter premium amount (go to line 2) **1A** $ _____
If you want medical only, go to line 1B; If you want prescrip ion drug only, go to line 1C

1B MEDICAL ONLY	HMSA	UHC
A. Non-Medicare - Self	☐ $469 86	
B. Non-Medicare - 2-Party	☐ $915.60	
C. Non-Medicare - Family	☐ $1,357 32	
D. Medicare - Self	☐ $211.74	☐ $53 06
E. Medicare - 2-Party	☐ $412.60	☐ $106.12
F. Medicare - Family	☐ $611.64	

Select one plan and enter premium amount **1B** $ _____
If you selected a plan in 1A, do not complete this section

1C PRESCRIPTION DRUG ONLY	
A. Non-Medicare - Self	☐ $198.10
B. Non-Medicare - 2-Party	☐ $385 84
C. Non-Medicare - Family	☐ $572 06
D. Medicare - Self	☐ $205 20
E. Medicare - 2-Party	☐ $399 58
F. Medicare - Family	☐ $592.44

Select one plan and enter premium amount **1C** $ _____
If you selected a plan in 1A, do not complete this section

2 DENTAL	HDS
Non Medicare/Medicare	
Self	☐ $36 06
2-Party	☐ $70 32
Family	☐ $86.14

Select one plan and enter premium amount **2** $ _____

3 VISION	VSP
Non Medicare/Medicare	
Self	☐ $5.48
2-Party	☐ $10 96
Family	☐ $14.70

Select one plan and enter premium amount **3** $ _____

4 Add lines 1A or 1B and 1C, 2, 3 (Medical, Prescrip ion Drug, Dental, Vision) **4** $ _____

2016 Employer Contribution Amounts Not Available at Press Time
Go to *eutf.hawaii.gov* in December for the 2016 Amounts

5 EMPLOYER CONTRIBUTION	0%	50%	75%	100%
A. Non Medicare - Self	☐ $0 00	☐	☐	☐
B. Non Medicare - 2-Party	☐ $0 00	☐	☐	☐
C. Non Medicare - Family	☐ $0 00	☐	☐	☐
D. Medicare - Self	☐ $0 00	☐	☐	☐
E. Medicare - 2-Party	☐ $0 00	☐	☐	☐
F. Medicare - Family	☐ $0 00	☐	☐	☐

Check your medical selection on line 1A or 1B. (For example, if you selected 1AA, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%). **5** $ _____

6 Line 4 minus line 5, enter the AMOUNT YOU OWE monthly **6** $ _____

Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF and mail to P.O. Box 30700, Honolulu, HI 96820-0700.

HSTA VB Monthly Retiree Rates
Effective January 1, 2016 through December 31, 2016

Benefit Plan	Type of Enrollment	Premium	Admin Fee	Total Contribution Required [1]
MEDICAL PLANS - MEDICARE				
HSTA VB Retiree - HMSA PPO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	$419.62	$0.00	$419.62
	Two-Party	$817.88	$0.00	$817.88
	Family	$1,209.74	$0.00	$1,209.74
HSTA VB Retiree - Kaiser HMO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	$432.46	$0.00	$432.46
	Two-Party	$843.96	$0.00	$843.96
	Family	$1,248.16	$0.00	$1,248.16
MEDICAL PLANS – NON-MEDICARE				
HSTA VB Retiree - HMSA PPO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	$682.96	$0.00	$682.96
	Two-Party	$1,330.88	$0.00	$1,330.88
	Family	$1,970.34	$0.00	$1,970.34
HSTA VB Retiree - Kaiser HMO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	$682.56	$0.00	$682.56
	Two-Party	$1,380.76	$0.00	$1,380.76
	Family	$2,035.38	$0.00	$2,035.38
DENTAL PLAN				
HDS Dental - Retiree	Self	$35.84	$0.00	$35.84
	Two-Party	$69.84	$0.00	$69.84
	Family	$85.56	$0.00	$85.56
VISION PLAN (Only for retirees enrolled in an out-of-state Kaiser Multi-Site or Sr. Advantage Plan - not a HSTA VEBA Plan)				
VSP Vision - Retiree	Self	$5.48	$0.00	$5.48
	Two-Party	$10.96	$0.00	$10.96
	Family	$14.70	$0.00	$14.70
LIFE INSURANCE				
USAble Life Insurance (Retiree only)	Self	$4.12	$0.00	$4.12

[1] These rates do not include an administrative fee which may be added, ranging from: $3.76 to $11.22.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
P.O. BOX 2121
HONOLULU, HI 96805
HSTA VEBA RETIREES
JANUARY 1, 2016

		Monthly Premium	Monthly Premium
1	**MEDICAL/PRESCRIPTION DRUG/CHIRO/VISION**	**HMSA**	**Kaiser**
A.	Non-Medicare - Self	☐ $682.96	☐ $682.56
B.	Non-Medicare - 2-Party	☐ $1,330.88	☐ $1,380.76
C.	Non-Medicare - Family	☐ $1,970.34	☐ $2,035.38
D.	Medicare - Self	☐ $419.62	☐ $432.46
E.	Medicare - 2-Party	☐ $817.88	☐ $843.96
F.	Medicare - Family	☐ $1,209.74	☐ $1,248.16

Select one plan and enter premium amount **1** $ _____

2	**DENTAL**	**HDS**
	Non Medicare/Medicare	
	Self	☐ $35.84
	2-Party	☐ $69.84
	Family	☐ $85.56

Select one plan and enter premium amount **2** $ _____

3 Add lines 1 and 2 **3** $ _____

2016 Employer Amounts Not Available at Press Time
Go to *eutf.hawaii.gov* in December for the 2016 Amounts

			0%	50%	75%	100%
4	**EMPLOYER CONTRIBUTION MAXIMUM**					
A.	Non Medicare - Self	☐	$0.00	☐	☐	☐
B.	Non Medicare - 2-Party	☐	$0.00	☐	☐	☐
C.	Non Medicare - Family	☐	$0.00	☐	☐	☐
D.	Medicare - Self	☐	$0.00	☐	☐	☐
E.	Medicare - 2-Party	☐	$0.00	☐	☐	☐
F.	Medicare - Family	☐	$0.00	☐	☐	☐

Check your medical selection on line 1. (For example, if you selected 1A, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%). **4** $ _____

5 Line 3 minus line 4, enter the AMOUNT YOU OWE monthly **5** $ _____

Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF and mail to P.O. Box 30700, Honolulu, HI 96820-0700.

COBRA Retiree Open Enrollment

COBRA Retiree Open Enrollment

For members enrolled in the EUTF or HSTA VB COBRA Retiree health plans, your annual open enrollment coincides with the regular retiree open enrollment period beginning ***October 12, 2015*** through ***October 30, 2015.*** During open enrollment you can:

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

A COBRA packet will be sent to your address on file with the EUTF COBRA OE Enrollment Form or HSTA VB COBRA OE Enrollment Form to provide you an opportunity to make changes to your COBRA health plans should you wish to do so. Plan changes properly submitted during this open enrollment period will be effective ***January 1, 2016***. Your completed EUTF COBRA OE Enrollment Form or HSTA VB COBRA OE Enrollment Form must be posted marked to EUTF **on or before *October 30, 2015*.** Enrollment forms submitted after ***October 30, 2015*** will **NOT be accepted**. 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 VB COBRA OE Enrollment Form if applicable, during open enrollment and make a selection.

IMPORTANT INFORMATION FOR EUTF COBRA RETIREES ONLY: THE MEDICARE PPO MEDICAL PLAN UNDER UNITEDHEALTHCARE IS NOT A MEDICAL PLAN OPTION FOR COBRA RETIREES.

COBRA Retiree Open Enrollment Rates for EUTF and HSTA VB

The following premium rates for EUTF and HSTA VB COBRA retirees are approved for the period of ***January 1, 2016*** through ***December 31, 2016***. Separate invoices will be billed by each carrier selected.

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

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

Benefit Plan	Type of Enrollment	Regular COBRA 1/1/2016 - 12/31/2016 [2]
MEDICAL PLANS - MEDICARE		
HMSA PPO Medicare	Self	$ 215.97
	Two Party	420.85
	Family	623.87
UnitedHealthcare (UHC) Medicare Advantage PPO	Self	$ 54.12
	Two-Party (both Medicare)	108.24
Medicare Prescription Drug	Self	$ 206.68
	Two-Party	402.47
	Family	596.72
Kaiser HMO Medicare Kaiser Prescription Drug	Self	$ 427.29
	Two-Party	833.46
	Family	1,235.36
MEDICAL PLANS - NON-MEDICARE		
HMSA PPO Non-Medicare	Self	$ 479.25
	Two-Party	933.91
	Family	1,384.46
Non-Medicare Prescription Drug	Self	$ 201.74
	Two-Party	392.94
	Family	582.58
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	$ 701.94
	Two-Party	1,420.88
	Family	2,097.65
DENTAL PLAN		
HDS Dental	Self	$ 36.78
	Two-Party	71.72
	Family	87.86
VISION PLAN		
VSP Vision	Self	$ 5.58
	Two-Party	11.17
	Family	14.99

[1] EUTF administrative fees are excluded from the premium.

[2] These rates do not include an administrative fee which may be added, ranging from: $3.76 to $11.22.

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

Benefit Plan	Type of Enrollment	Regular COBRA 1/1/2016 - 12/31/2016 [2]
MEDICAL PLANS - MEDICARE		
HMSA PPO Medicare	Self	$ 195.49
	Two Party	381.09
	Family	564.91
Medicare Prescription Drug	Self	$ 222.52
	Two-Party	433.31
	Family	642.45
Kaiser HMO Medicare Kaiser Prescription Drug	Self	$ 434.03
	Two-Party	846.68
	Family	1,254.96
MEDICAL PLANS - NON-MEDICARE		
HMSA PPO Non-Medicare	Self	$ 419.07
	Two-Party	816.57
	Family	1,210.57
Non-Medicare Prescription Drug	Self	$ 269.85
	Two-Party	525.58
	Family	779.25
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	$ 689.13
	Two-Party	1,394.21
	Family	2,057.93
DENTAL PLAN		
HDS Dental	Self	$ 36.55
	Two-Party	71.23
	Family	87.27
VISION PLAN		
VSP Vision	Self	$ 5.58
	Two-Party	11.17
	Family	14.99
CHIROPRACTIC PLAN		
Royal State Chiro	Self	$ 1.48
	Two-Party	2.97
	Family	3.16

[1] EUTF administrative fees are excluded from the premium.

[2] These rates do not include an administrative fee which may be added, ranging from: $3.76 to $11.22.

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For More Information

For Questions About…	Please Contact…
Eligibility & EUTF information	**eutf.hawaii.gov** EUTF Customer Service Call Center 808-586-7390 or Toll Free: 1-800-295-0089 (Monday through Friday, 7:45 a.m. – 4:30 p.m. HST)
Hawaii Medical Service Association (HMSA)	**www.hmsa.com** 808-948-6499 (Oahu) or Toll Free: 1-800-776-4672 (Neighbor Islands) (Monday through Friday, 7 a.m. – 7 p.m. HST) In person at the following locations: **HMSA EUTF Office** City Financial Tower 201 Merchant St., Suite 1840 Honolulu, HI 96813 (Hours of Operation: Monday – Friday, 7:45 a.m. – 4:30 p.m. HST) **HMSA Center @ Honolulu** HMSA Building 818 Keeaumoku St. Honolulu, HI 96814 (Hours of Operation: Monday through Friday, 8 a.m. – 6 p.m. HST Saturday: 9 a.m. – 2 p.m. HST) **HMSA Center @ Pearl City** Pearl City Gateway 1132 Kuala St., Suite 400 Pearl City, HI 96782 (Hours of Operation: Monday – Friday, 9 a.m. – 7 p.m. HST Saturday: 9 a.m. – 2 p.m. HST) **HMSA Center @ Hilo** Waiakea Center 303A E. Makaala St. (Hours of Operation: Monday – Friday, 9 a.m. – 7 p.m. HST Saturday: 9 a.m. – 2 p.m. HST) **Kailua-Kona Office** 75-1029 Henry St., Suite 301 Kailua-Kona, HI 96740 (Hours of Operation: Monday – Friday, 8 a.m. – 4 p.m. HST) **Kauai Office** 4366 Kukui Grove St., Suite 103 Lihue, HI 96766 (Hours of Operation: Monday – Friday, 8 a.m. – 4 p.m. HST) **Maui Office** 33 Lono Ave., Suite 350 Kahului, HI 96732 (Hours of Operation: Monday – Friday, 8 a.m. – 4 p.m. HST)
Kaiser Permanente (Kaiser)	**www.kp.org/eutf** 808-432-5955 (Oahu) or Toll Free: 1-800-966-5955 (Neighbor Islands) (Monday through Friday, 8:00 a.m. – 5:00 p.m. HST Saturdays 8:00 a.m. – 12:00 p.m. HST) Walk-in service: 711 Kapiolani Blvd. Honolulu, HI 96813 Monday through Friday, 8:00 a.m. – 4:30 p.m. excluding State observed holidays

For Questions About…	Please Contact…
UnitedHealthcare (UHC)	**www.uhcretiree.com** (866) 868-0324 (Monday through Friday 7am-8pm HST)
CVS Caremark (CVS) Non-Medicare Retirees: **SilverScript (SSI)** Medicare Retirees:	**caremark.com** 1-855-801-8263 **eutf.silverscript.com** **hstavb.silverscript.com** 1-877-878-5715 **CVS/Caremark Walk In Customer Service Center:** **Location: 1003 Bishop St, Pauahi Tower, Suite 704** **Hours of Operation:** Monday through Friday, 7:45 a.m. – 4:30 p.m. HST **except State observed holidays**
Vision Service Plan (VSP)	**www.vsp.com** Toll Free: 1-866-240-8420 (Monday through Friday, 5:00 a.m. – 8:00 p.m. PST Saturdays 7:00 a.m. – 5:00 p.m. PST) Oahu: 808-532-1600 or Toll Free: 1-800-522-5162 Office located: 1003 Bishop Street, Pauahi Tower, Suite 890, Honolulu, HI 96813 (Monday through Friday, 7:30 a.m. – 4:30 p.m. HST) – walk-in location
Hawaii Dental Service (HDS)	**www.HawaiiDentalService.com** 808-529-9310 or Toll Free: 1-866-702-3883 (Over the phone: Monday through Friday, 7:00 a.m. – 6:00 p.m. HST) (Walk in hours: Monday through Friday, 7:30 a.m. – 4:30 p.m. HST) Office located: Topa Financial Tower 700 Bishop Street, Suite 700
Royal State National (RSN)	**www.chiroplanhawaii.com** **Chiropractic Benefit (HSTA VB only)** 808-621-4774 or Toll Free: 1-800-414-8845 (Monday through Friday, 7:00 a.m. – 7:00 p.m. HST, Saturdays 9:00 a.m. – 1:00 p.m. HST, excluding State observed holidays) Walk-in Service: ChiroPlan Hawaii, Inc. 711 Kilani Avenue, Suite 3, Wahiawa, Hawaii, 96786 (Monday through Friday, 8:00 a.m. – 4:30 p.m. excluding State observed holidays.)
USAble Life (USA)	**www.usablelife.com/portal/eutf** Toll Free Number: 1-855-207-2021 Full Service Walk In Office: 999 Bishop St. Suite 2701(First Hawaiian Center Building) (Over the phone and Walk in hours: Monday through Friday, 7:45 a.m. – 4:30 p.m. HST, except State observed holidays)
CMS Centers for Medicare and Medicaid Services (CMS)	**cms.gov** 1-800-MEDICARE

Plan information can also be found online via the "Links to Carrier Web Sites" located on the EUTF website at eutf.hawaii.gov.

INSTRUCTIONS FOR COMPLETING FORM EC-2

Print or type clearly. If this form is unreadable, incomplete, or does not contain all information required, it will be sent back to you without action.

SECTION 1 - RETIREE DATA

1. Enter your last name, first name, middle initial.
2. Enter your contact information.
3. Enter your address information. If your mailing address differs from your residential address, you need to enter both addresses to ensure that correspondence reaches you.
4. Mark the Open Enrollment box **only** during the annual or limited Open Enrollment period.
5. If you are enrolling with the EUTF for the first time as a retiree, you are required to provide your Social Security Number.
6. Enter your gender and birth date. If enrolling for the first time, EUTF is unable to process your form without a birth date.
7. Mark the Mid-Year Qualifying Event box if you are making changes during the year when it is not Open Enrollment; and enter the date of the event. The following are the most common events: Address Change, Birth, Divorce, Loss of Coverage, Acquisition of Coverage, Marriage, Retirement, Death, etc. If there are simultaneous events, please describe the most prevalent event; for example, if the event is a birth and an address change, enter Birth in the event section.
8. If you are Married, or in a Civil Union, or in a Domestic Partnership please be sure to check appropriate boxes and include date you were Married, or entered into a Civil Union, or entered into a Domestic Partnership. You must attach a copy of required documents.
9. Special Note: If your Spouse or Civil Union Partner or Domestic Partner is a State or County Employee or Retiree, please provide his/her Social Security Number. Dual enrollment in EUTF plans is not allowed under EUTF Administrative Rule 4.03. If both you and your Spouse/Domestic Partner are employee beneficiaries, only one of you may enroll in a EUTF Family plan, or if no other dependents are involved, both may enroll in EUTF Self plans. If your Spouse/Civil Union Partner/Domestic Partner has coverage outside of the EUTF that provides family coverage, this rule does not preclude you from also enrolling in EUTF family coverage plan to cover your Spouse/Civil Union Partner/Domestic Partner. The dual enrollment rule does not apply if your other coverage is not provided by the EUTF.

SECTION 2 – COVERAGE AND CONTRIBUTION START SELECTION

Complete this section only if you pay towards health plan benefits

1. If the "Qualifying Event" that applies to you is listed in Section 2 [Adoption, Birth, Marriage, Civil Union, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student], you have three choices of when your coverage and premium contributions begin. Select one of the three.
2. If no selection is made, the first option (coverage starts day of the event and premium contribution starts first day of the pay period in which the effective date of coverage occurs) will be the default option selected.
3. The event date for Marriage and Civil Union is the marriage date or civil union certification date, respectively. The event date to add a Domestic Partner (DP) is the date the Declaration of DP is notarized.

SECTION 3 – PLAN SELECTION

Mark all plans you are enrolled in/want to enroll in.

1. Carefully review each selection that you make. You can choose ONE medical, ONE dental, and ONE vision plan. Your choice of the prescription drug plan will depend on the medical plan that you select. If you select Kaiser, your medical selection will include a prescription drug plan. If you select HMSA or UHC, you must select the prescription drug plan if you want prescription drug coverage. If you don't make a selection, you will not have any prescription drug coverage.
2. You may choose to elect only the medical PPO plan without the prescription drug plan or vice versa. If you want both the medical and prescription drug plans, please mark the appropriate boxes. If you do not want any plan coverage, mark the "Cancel/Waive" box.
3. If you have other health plan coverage and do not want to participate in the EUTF plans, mark the "Cancel/Waive" box for each plan that you choose not to select.
4. Life Insurance is provided by the state/county for the retiree only.

Write your name in the top right corner of page 2.

SECTION 4 – DEPENDENT INFORMATION AND PLAN SELECTIONS

1. Enter your Dependent(s) data. If enrolling your dependent for the first time, enter his/her birth date and social security number. Social Security Number is <u>not</u> 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 the Social Security Administration. Otherwise, you may leave the social security number blank and list your dependent's EUTF ID number. If making changes to your dependent's data, enter the corrected item. If listing more than 3 dependents, write/type "Continued" on the last line of the Dependent section. Attach a separate sheet of white letter sized paper to your EC-2.
2. Use the following Relationship codes:

SP = Spouse	CH = Child	SC = Step Child
CU = Civil Union Partner √	CUCH = Civil Union Child √	GC = Guardianship or Foster Child √√
DP = Domestic Partner √√√	DPCH = Domestic Partner Child √√√	DC = Disabled Child √√√√

3. For Relationship codes with √ or √√ or √√√ or √√√√, please see item #8 and #9 below for other required forms.

4. Gender – Write/type either M or F.
5. Plan Selections. YOUR DEPENDENTS CAN BE ENROLLED ONLY IN THE SAME PLANS IN WHICH YOU ARE CURRENTLY ENROLLED. If you do not want any plan coverage for any of your dependents, mark the "Self" box in Section 3.
6. Dependent/Student certification. Your initials confirm that you are certifying that your spouse/partner and dependent children are eligible to be enrolled under your enrollment. You also confirm that you will provide a copy of your child(ren)'s birth certificate and/or social security card if requested by the EUTF. If you have dependent children between the ages of 19 through 23 who are full-time students, your initials confirm they are full time students at an accredited scholastic institution. You further confirm that you will provide a copy of your child(ren)'s student verification letter, signed by the registrar, as required by the EUTF.
7. Civil Union Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Civil Union.
8. Domestic Partner Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Domestic Partnership.
9. If you are enrolling a Civil Union Partner (and Civil Union Partner's children) or Domestic Partner (and Domestic Partner's children), you are required to complete all required forms in accordance with the instructions for Civil Union Partner or Domestic Partner. You are responsible to obtain, complete and submit all necessary documentation to the within 30 days from your event date. Failure to do so will result in no action taken on your Civil Union Partner or Domestic Partner coverage. You may add your Civil Union Partner or Domestic Partner at anytime outside of Open Enrollment, provided all required documents have been received by EUTF within 30 days of the event date. Visit the EUTF website at eutf.hawaii.gov for detailed instructions regarding Civil Union Partnership or Domestic Partnership.
10. If you are adding an Adopted Child, Civil Union Partner and child, Domestic Partner and child or a Disabled Child, please contact the EUTF at 808-586-7390 or toll free, 1-800-295-0089 or visit our website at eutf.hawaii.gov for more information. Other EUTF forms to include with EC-2 (if applicable):
    - √ Civil Union Certificate issued by the State of Hawaii Department of Health (printed copies of the temporary on-line certificate are acceptable)
    - √√ Legal documents for guardianship or foster child
    - √√√ EUTF Declaration of Domestic Partnership or EUTF Declaration of Termination of Domestic Partnership
    - √√√ Affidavit of "Dependency" for Tax Purposes
    - √√√√ Disability Certification For Dependent Children (Form D-1) for enrolling a disabled child

SECTION 5 – MEDICARE

IMPORTANT NOTICE: When you or your dependent(s) become eligible for Medicare Part B, you or your dependent(s) must enroll in Medicare Part B and forward proof of enrollment (Medicare card showing Medicare Part B effective date and Direct Deposit Authorization Form) to the EUTF. Failure to comply may result in loss of medical and prescription drug coverage.

SECTION 6 – UNITEDHEALTHCARE MEDICARE ADVANTAGE PLAN

IMPORTANT NOTICE: You must be entitled to Medicare Part A and be enrolled in Medicare Part B in order to enroll in the UNTEDHEALTHCARE Medicare Advantage plan.

1. For retiree beneficiary, enter your full name as it appears on your red, white and blue Medicare card. If you are enrolling your spouse/partner, they must also enter their full name as it appears on their red, white and blue Medicare card.
2. Enter your Medicare claim number as it appears on your red, white and blue Medicare card. If you are enrolling your spouse/partner, they must also enter their Medicare claim number as it appears on their red, white and blue Medicare card.
3. End-Stage Renal Disease information is required for enrollment into the UnitedHealthcare Medicare Advantage plan: Please mark the appropriate box.
4. You can receive a full pre-enrollment kit by calling UnitedHealthcare or by attending one of the open enrollment meetings

SECTION 7 – RETIREE AND SPOUSE/PARTNER SIGNATURE

Your signature certifies that the information provided in this application is true and complete and you agree to abide by the terms and conditions of the benefit plans selected. Retiree affirms that any listed dependent child, aged 19 through 23, is attending a college, university or technical school as a full-time student and is also unmarried. Please enter date of Retiree's signature. If you are enrolling yourself **and your spouse/partner** in the UnitedHealthcare plan, your spouse/partner MUST provide a signature and date in section 7.

You must submit the EC-2 to the EUTF office. You may send it by mail or hand deliver. The addresses are printed at the bottom of page 2 of the enrollment form.

INSTRUCTIONS FOR COMPLETING FORM EC-2H

Print or type clearly. If this form is unreadable, incomplete, or does not contain all information required, it will be sent back to you without action.

SECTION 1 - RETIREE DATA

1. Enter your last name, first name, middle initial.
2. Enter your contact information.
3. Enter your address information. If your mailing address differs from your residential address, you need to enter both addresses to ensure that correspondence reaches you.
4. Mark the Open Enrollment box **only** during the annual or limited Open Enrollment period.
5. Enter your gender and birth date.
6. Mark the Mid-Year Qualifying Event box if you are making changes during the year when it is not Open Enrollment; and enter the date of the event. The following are the most common events: Address Change, Birth, Divorce, Loss of Coverage, Acquisition of Coverage, Marriage, Retirement, Death, etc. If there are simultaneous events, please describe the most prevalent event; for example, if the event is a birth and an address change, enter Birth in the event section.
7. If you are Married, or in a Civil Union, or in a Domestic Partnership please be sure to check the appropriate boxes and include the date you were Married, or entered in a Civil Union, or entered in a Domestic Partnership. You must attach a copy of required documents.
8. Special Note: If your Spouse or Civil Union Partner or Domestic Partner is a State or County Employee or Retiree, please provide his/her Social Security Number. Dual enrollment in HSTA VB plans is not allowed under EUTF Administrative Rule 4.03. If both you and your Spouse/Civil Union Partner/Domestic Partner are employee beneficiaries, only one of you may enroll in a HSTA VB Family plan, or if no other dependents are involved, both may enroll in HSTA VB Self plans. If your Spouse/Civil Union Partner/Domestic Partner has coverage outside of the EUTF that provides family coverage, this rule does not preclude you from also enrolling in a HSTA VB family coverage plan to cover your Spouse/Civil Union Partner/Domestic Partner. The dual enrollment rule does not apply if your other coverage is not provided by the EUTF.

SECTION 2 – COVERAGE AND CONTRIBUTION START SELECTION

Complete this section only if you pay towards health plan benefits

1. If the "Qualifying Event" that applies to you is listed in Section 2 [Adoption, Birth, Marriage, Civil Union, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student], you have three choices of when your coverage and premium contributions begin. Select one of the three.
2. If no selection is made, the first option (coverage starts day of the event and premium contribution starts first day of the pay period in which the effective date of coverage occurs) will be the default option selected.
3. The event date for Marriage and Civil Union is the marriage date or civil union certification date, respectively. The event date to add a Domestic Partner (DP) is the date the Declaration of DP is notarized.

SECTION 3 – PLAN SELECTION

Mark all plans you are enrolled in/want to enroll in.

1. Carefully review each selection that you make. You can choose ONE medical and ONE dental plan. Your choice of the prescription drug and vision plan will depend on the medical plan that you select.
2. If you have other health plan coverage and do not want to participate in the HSTA VB plans, mark the "Cancel/Waive" box for each plan that you choose not to select.
3. Life Insurance is provided by the state for the retiree only.

Write your name in the top right corner of page 2.

SECTION 4 – DEPENDENT INFORMATION AND PLAN SELECTIONS

1. Enter your Dependent(s) data. If enrolling your dependent for the first time, enter his/her birth date and social security number. Social Security Number is <u>not</u> a required field when submitting an initial EC-2H for new birth. Please be sure to submit an EC-2H to update our records for your newborn once the information is received/issued by the Social Security Administration. Otherwise, you may leave the social security number blank and list your dependent's EUTF ID number. If making changes to your dependent's data, enter the corrected item. If listing more than 3 dependents, write/type "Continued" on the last line of the Dependent section. Attach a separate sheet of white letter sized paper to your EC-2H.
2. Use the following Relationship codes:

SP = Spouse	CH = Child	SC = Step Child
CU = Civil Union Partner√	CUCH = Civil Union Partner Child √	GC = Guardianship or Foster Child √√
DP = Domestic Partner √√√	DPCH = Domestic Partner Child √√√	DC = Disabled Child √√√√

3. For Relationship codes with √ or √√ or √√√ or √√√√, please see item #8 and #9 below for other required forms.
4. Gender – Write/type either M or F.
5. Plan Selections. YOUR DEPENDENTS CAN BE ENROLLED ONLY IN THE SAME PLANS IN WHICH YOU ARE CURRENTLY ENROLLED. If you do not want any plan coverage for any of your dependents, mark the "Self" box in Section 3.

6. Dependent/Student certification. Your initials confirm that you are certifying that your spouse/partner and dependent children are eligible to be enrolled under your enrollment. You also confirm that you will provide a copy of your child(ren)'s birth certificate and/or social security card if requested by the EUTF. If you have dependent children between the ages of 19 through 23 who are full-time students, your initials confirm they are full time students at an accredited scholastic institution. You further confirm that you will provide a copy of your child(ren)'s student verification letter, signed by the registrar, as required by the EUTF.
7. Civil Union Partner Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Civil Union.
8. Domestic Partner Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Domestic Partnership.
9. If you are enrolling a Civil Union Partner (and Civil Union Partner's children) or Domestic Partner (and Domestic Partner's children), you are required to complete all required forms in accordance with the instructions for Civil Union Partner or Domestic Partner. You are responsible to obtain, complete and submit all necessary documentation within 30 days from your event date. Failure to do so will result in no action taken on your Civil Union Partner or Domestic Partner coverage. You may add your Civil Union Partner or Domestic Partner at anytime outside of Open Enrollment, provided all required documents have been received by EUTF within 30 days of the event date. Visit the EUTF website at eutf.hawaii.gov for detailed instructions regarding Civil Union Partnership or Domestic Partnership.
10. If you are adding a disabled child, domestic partner and child or an adopted child, please contact the EUTF at 808-586-7390 or toll free, 1-800-295-0089 or visit our website at eutf.hawaii.gov for more information. Other EUTF forms to include with EC-2H (if applicable):
    - √ Civil Union Certificate issued by the State of Hawaii Department of Health (printed copies of the temporary on-line certificate are acceptable)
    - √√ Legal documents for guardianship or foster child
    - √√√ EUTF Declaration of Domestic Partnership or EUTF Declaration of Termination of Domestic Partnership
    - √√√ Affidavit of "Dependency" for Tax Purposes
    - √√√√ Disability Certification For Dependent Children (Form D-1) for enrolling a disabled child

SECTION 5 – MEDICARE

IMPORTANT NOTICE: When you or your dependent(s) become eligible for Medicare Part B, you or your dependent(s) must enroll in Medicare Part B and forward proof of enrollment (Medicare card showing Medicare Part B effective date and Direct Deposit Authorization Form) to the EUTF. Failure to comply may result in loss of medical and prescription drug coverage.

SECTION 6 – RETIREE SIGNATURE

Your signature certifies that the information provided in this application is true and complete. Retiree agrees to abide by the terms and conditions of the benefit plans selected. Retiree affirms that any listed dependent child, aged 19 through 23, is attending a college, university or technical school as a full-time student and is also unmarried. Please enter date of Retiree's signature.

You must submit the EC-2H to the EUTF office. You may send it by mail or hand deliver. The addresses are printed at the bottom of page 2 of the enrollment form.

EC-2 Rev. Oct 2015	Hawaii Employer-Union Health Benefits Trust Fund **EC-2: Enrollment Form for Retirees**	PLEASE SUBMIT THIS FORM EC-2 TO THE EUTF

SECTION 1: RETIREE DATA

Please complete all applicable fields below. Social Security numbers are required to process new retirees and dependent enrollments. **

Name (Last, First, Middle Initial)

_____

Home Phone (_____) _____

Work Phone (_____) _____

Mobile Phone (_____) _____

Email _____

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

Street _____

Line 2 _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above)

Street _____

Line 2 _____

City _____ State _____ Zip Code _____

☐ Open Enrollment (effective 01/01/2016)

Retiree's Social Security Number (SSN) or EUTF ID Number

_____

Gender ☐ Male ☐ Female

Birth Date: (MM/DD/YYYY)

_____/_____/_____

Marital Status ☐ Married ☐ Single

Marriage Date: (MM/DD/YYYY)

(☐ Check this box if status change)

_____/_____/_____

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)

_____/_____/_____

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 2: COVERAGE AND DEDUCTION START SELECTION

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

☐ 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

√ (1st or 16th 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	☐	☐	☐	☐	
PPO	UnitedHealthcare Medicare Advantage Grp. 13840-Medicare A&B required No Prescription Drug Coverage	☐	☐	☐	☐	(All enrollees must be enrolled in Medicare Parts A&B)
Prescription Drug	CVS Caremark Prescription Drug (Not a valid selection with Kaiser)	☐	☐	☐	☐	
HMO	HMO-Kaiser Medical (Includes Kaiser Prescription Drug)	☐	☐	☐	☐	
Dental	Hawaii Dental Service	☐	☐	☐	☐	
Vision	Vision Service Plan	☐	☐	☐	☐	
Life	USAble Life	☐	☐	Not available to spouse/partner or dependents		

Retiree's Name _____

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 different), First Name, Middle Initial	Birth Date (MM/DD/YYYY)	Social Security Number**	Relationship *	Gender M / F	Medical	Drug	Dental	Vision
☐	☐	☐		/ /				☐	☐	☐	☐
☐	☐	☐		/ /				☐	☐	☐	☐
☐	☐	☐		/ /				☐	☐	☐	☐

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. _____ (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: _____ Medicare Claim # _____

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

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: _____ Date Signed: _____

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

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

Customer Service Call Center

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

EC-2H Rev. Oct 2015	Hawaii Employer-Union Health Benefits Trust Fund **EC-2H: Enrollment Form for HSTA VB Retirees**	PLEASE SUBMIT THIS FORM EC-2H TO THE EUTF

SECTION 1: RETIREE DATA

Please complete all applicable fields below. Social Security numbers are required to process new retirees and dependent enrollments. **

Name (Last, First, Middle Initial)

_____

Home Phone (_____) _____

Work Phone (_____) _____

Mobile Phone (_____) _____

Email _____

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

Street _____

Line 2 _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above)

Street _____

Line 2 _____

City _____ State _____ Zip Code _____

☐ Open Enrollment (effective 01/01/2016)

Retiree's Social Security Number (SSN) or EUTF ID Number

_____

Gender ☐ Male ☐ Female

Birth Date: (MM/DD/YYYY)

_____/_____/_____

Marital Status ☐ Married ☐ Single

Marriage Date: (MM/DD/YYYY)

(☐ Check this box if status change)

_____/_____/_____

If you are including your Spouse/Civil Union or 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)

_____/_____/_____

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 2: COVERAGE AND CONTRIBUTION START SELECTION

Skip this section if RETIREE does NOT pay towards health plan benefits.

If events are filed within 30 days of 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

☐ 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

√ (1st or 16th 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	HSTA VB - PPO-90/10 HMSA Medical, Prescription Drug Coverage, Vision, Chiro	☐	☐	☐	☐
	HMO	HSTA VB - HMO-Kaiser Medical, (Includes Kaiser Prescription Drug), Vision, Chiro	☐	☐	☐	☐
Other Plans			**Cancel/Waive**	**Self**	**2-Party**	**Family**
Dental		HSTA VB - Hawaii Dental Service	☐	☐	☐	☐
Life		HSTA VB - USAble Life	☐	☐	Not available to spouse/partner or dependents.	

Note: The enrollment of HSTA VEBA members into the health and other benefit plans created as a result of Judge Sakamoto's decision in the Gail Kono lawsuit is being solely done to comply with that decision and not to create any constitutional or contractual right to the benefits provided by those plans. Please note that the State does not agree with Judge Sakamoto's decision and reserves the right to move HSTA VEBA members into regular EUTF plans if that decision is overturned or modified.

SECTION 4: DEPENDENT INFORMATION AND PLAN SELECTIONS

Please list all dependents enrolled or who you want to add or 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-2H for new birth. Please be sure to submit an EC-2H to update our records for your newborn once the information received/issued by SSA.

Continue Coverage	Add	Delete	Dependent: Last Name (if different), First Name, Middle Initial	Birth Date (MM/DD/YYYY)	Social Security Number**	Relationship *	Gender M / F	Medical	Drug	Dental	Vision
☐	☐	☐		/ /				☐	☐	☐	☐
☐	☐	☐		/ /				☐	☐	☐	☐
☐	☐	☐		/ /				☐	☐	☐	☐

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-2H" for more information.

I certify that my spouse 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-2H" for specific instructions.

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-2H" 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 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: RETIREE 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: _____

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

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

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

Customer Service Call Center

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

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 039, SLH2006) requires all individuals who become eligible for Medicare Part B reimbursements on or after July 1, 2006 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 D, I/We hereby authorize the State of Hawaii EUTF to automatically and directly deposit my 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 Number:	☐ **Checking***	☐ **Savings**
Financial Institution Certification (Required for Savings; Optional for Checking): **Name of Agent:**_____ **Phone:**_____ **Signature:**_____ **Date:**_____		

SECTION C – Agreements of All Account Holders

By signing in Section D, the Account Holder(s):

- Certify all information is accurate and authorize the EUTF to make withdrawals from my/our account in the event that the EUTF benefits have been deposited to the account in error, e.g., overpayments.
- Consent to the disclosure by the Financial Institution to the EUTF of any information that the EUTF requests to effectuate, administer, or enforce the transactions authorized in Sections A and C.
- 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 – Signatures of All Account Holders

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

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

Instructions for Medicare Part B Reimbursement Request and Direct Deposit Agreement Form

The 2006 State Legislature passed Act 39 which was signed into law by the Governor on April 27, 2006. The act establishes the requirement for all individuals who become eligible for Medicare Part B reimbursements on or after July 1, 2006 to designate a financial institution into which the EUTF shall be authorized to deposit their Medicare Part B reimbursements.

All portions of the Direct Deposit Agreement must be completed, except where optional, in order for the form to be valid. In addition, if there is any alteration of this form, a new form must be completed.

You must submit a new form if there are any changes to your account (i.e., account number, account holder, financial institution). The most recently dated form submitted to EUTF will apply.

Section B – Account Information
The name of the retiree or surviving spouse name must appear on the account. You may ask the representative of the financial institution to help complete this section. For deposits into a savings account, Financial Institution certification is required. For checking accounts, the certification is optional, but a voided check must be attached.

Section C – Agreements of All Account Holders
This section contains the agreements of everybody who is on the account, including the EUTF retiree or spouse or domestic partner or civil union partner. The agreements in Section C apply to all Account Holders even if they are not the retiree or spouse receiving Medicare Part B reimbursements.

Section D – Signatures of All Account Holders
By signing the Medicare Part B Premium Reimbursement Request and Direct Deposit Agreement, the retiree, spouse, and/or surviving spouse certify the information is accurate and confirms that they understand and agree to the agreements in Section C.

The retiree or surviving spouse signs as primary account holder. If the account is a joint account, please have all account holder(s) sign the form. Use an additional sheet if necessary. If you are representing the retiree or surviving spouse or surviving domestic partner or civil union partner, please ensure that you have any authorizing document(s) attached to the Direct Deposit Agreement.

Please be sure to attach a VOIDED check if depositing into a checking account or have the financial institution complete Section B, if depositing into a savings account and return this form to the EUTF.

If you have any questions, please contact the EUTF customer call center at

Oahu: (808)586-7390
Toll-free: (800)295-0089

EUTF website: www.eutf.hawaii.gov

Mailing Address: EUTF
PO Box 2121
Honolulu, HI 96805

Street Address: EUTF
201 Merchant Street, Suite 1520
Honolulu, HI 96813

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State of Hawaii
Department of Budget and Finance
Hawaii Employer-Union Health Benefits Trust Fund
P.O. Box 2121
Honolulu, Hawaii 96805-2121

Attention Retiree!!

IF MAKING CHANGES TO YOUR ENROLLMENT, THE DEADLINE FOR MAILING or HAND DELIVERY OF THE ENROLLMENT FORM FOR RETIREES IS FRIDAY, OCTOBER 30, 2015. FORMS POSTMARKED OR SUBMITTED AFTER OCTOBER 30, 2015 WILL BE REJECTED.