An Introduction to Your Health Benefits

Hawaii Employer-Union Health Benefits Trust Fund

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

Legal spouse or partner (domestic or civil union)

- Children are covered until age 26 for medical and prescription drug plans
- For dental and vision coverage, children are covered until age 19, or until age 24 if unmarried and a full-time student
- Children by birth, marriage, adoption, and/or guardianship
- Coverage can be continued for an unmarried child, regardless of age, who is incapable of self-support due to mental/physical incapacity that existed prior the child reaching age 19
Dual Enrollment

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

- Children cannot be enrolled by more than one employee or retiree-beneficiary or as an employee and dependent.

- Dual Enrollment is prohibited within state or county.
Health Plan Options
Reference Guide

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

Medical
- HMSA
- Kaiser Permanente
- Royal State National

Prescription Drug
- CVS Caremark (HMSA subscribers)
- Kaiser Prescription Drug

Dental & Vision
- Hawaii Dental Service
- Vision Service Plan

Life Insurance
- USAble Life
Health Plan Options

HMSA

EUTF 90/10 PPO Plan
EUTF 80/20 PPO Plan
EUTF 75/25 PPO Plan
EUTF HMO Plan

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

Kaiser Permanente

Standard HMO Plan
Comprehensive HMO Plan

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

Royal State National

Supplemental Plan

Plan includes medical and prescription drug copayment reimbursement, and chiropractic coverage through ChiroPlan Hawaii. To enroll in this plan you must have a non-EUTF primary medical and prescription drug plan.
Premiums and Contribution
Premiums and Contributions

Determining employee’s share

Premiums and contribution table

- Bargaining Unit
- Benefit plan option
- Type of enrollment
- Monthly or annual employee contribution
Premium Calculator
## EUTF Premium Calculator

### SELECT YOUR BU

<table>
<thead>
<tr>
<th>BU</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Elected/Appointed and Other Excluded Employees</td>
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<tr>
<td>01</td>
<td>UPW</td>
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<tr>
<td>02</td>
<td>HGEA</td>
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<td>HGEA</td>
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<td>HGEA</td>
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<td>14</td>
<td>HGEA</td>
</tr>
</tbody>
</table>
Premium Calculator

State of Hawaii
Employer-Union Health Benefits Trust Fund

Home > EUTF Premium Calculator

EUTF PREMIUM CALCULATOR

Back   Next   Start over

SELECT YOUR COVERAGE LEVEL

☐ Self
☐ Two-Party
☒ Family
EUTF PREMIUM CALCULATOR

SELECT YOUR CURRENT PLAN
- PPO HMSA Medical (90/10) w/ Chiro and CVS Prescription Drugs
- PPO HMSA Medical (80/20) w/ Chiro and CVS Prescription Drugs
- PPO HMSA Medical (75/25) w/ Chiro and CVS Prescription Drugs
- HMO HMSA Medical w/ Chiro and CVS Prescription Drugs
- HMO Kaiser Comprehensive Medical w/ Chiro and Prescription Drugs
- HMO Kaiser Standard Medical w/ Chiro and Prescription Drugs
EUTF PREMIUM CALCULATOR

SELECT UP TO TWO PLANS TO COMPARE

- PPO HMSA Medical (90/10) w/ Chiro and CVS Prescription Drugs
- PPO HMSA Medical (80/20) w/ Chiro and CVS Prescription Drugs
- PPO HMSA Medical (75/25) w/ Chiro and CVS Prescription Drugs
- HMO HMSA Medical w/ Chiro and CVS Prescription Drugs
- HMO Kaiser Comprehensive Medical w/ Chiro and Prescription Drugs
- HMO Kaiser Standard Medical w/ Chiro and Prescription Drugs
# EUTF Premium Calculator

## EUTF Premium Contributions

### PPO HMSA Medical (90/10) W/ Chiro and CVS Prescription Drugs (Family)

<table>
<thead>
<tr>
<th></th>
<th>Current plan through June 30, 2016</th>
<th>Plan as of July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-monthly</td>
<td>$431.48</td>
<td>$483.77</td>
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<tr>
<td>Annually</td>
<td>$10355.52</td>
<td>$11610.48</td>
</tr>
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</table>

### If You Switched to PPO HMSA Medical (80/20) W/ Chiro and CVS Prescription Drugs (Family)

<table>
<thead>
<tr>
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<th>Plan as of July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-monthly</td>
<td>$333.22</td>
</tr>
<tr>
<td>Annually</td>
<td>$7997.28</td>
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</table>

### If You Switched to HMO Kaiser Comprehensive Medical W/ Chiro and Prescription Drugs (Family)

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<th>Plan as of July 1, 2016</th>
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</thead>
<tbody>
<tr>
<td>Semi-monthly</td>
<td>$331.78</td>
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<tr>
<td>Annually</td>
<td>$7962.72</td>
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</table>
Health Plan Selection

Things to Consider

- Employee Contribution
- Deductibles
- In-Network/Out-Of-Network
- Copayment/Coinsurance
- Maximum Out-Of-Pocket
## Maximum Out-Of-Pocket

- Financial protection
- Insurance keeps track of out-of-pocket
- When MOOP is reached – 100% coverage
- Resets every calendar year

### EUTF ACTIVES

**Medical Plan Coverage Chart (HMSA, Kaiser, RSN) - EUTF**

<table>
<thead>
<tr>
<th>Plan Design</th>
<th>EUTF 90/10 PPO Plan</th>
<th>EUTF 80/20 PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HMSA</td>
<td>HMSA</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
</tr>
<tr>
<td>Single/Family</td>
<td>None</td>
<td>$100 per person; $300 per family</td>
</tr>
<tr>
<td><strong>Calendar Year Maximum Out-of-Pocket</strong></td>
<td>$2,000/$4,000</td>
<td></td>
</tr>
<tr>
<td>Single/Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Benefit Maximum</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Plan Year Benefit Maximum</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td><strong>YOU PAY</strong>:</td>
<td><strong>YOU PAY</strong>:</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Routine Physical Exams</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Screening Mammography</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Immunizations</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Well Baby Care Visits</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Maternity</td>
<td>Same as any other condition</td>
<td>Same as any other condition</td>
</tr>
<tr>
<td>Second opinion – surgery</td>
<td>10%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Kimo is considering enrolling in the HMSA 90/10 or 80/20 plan.

<table>
<thead>
<tr>
<th>HMSA PPO Plans</th>
<th>HMSA 90/10</th>
<th>HMSA 80/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Employee Premium Contribution</td>
<td>$11,610</td>
<td>$7,997</td>
</tr>
<tr>
<td>Kimo’s family estimates $30,000 in medical expenses through in-network HMSA providers from April through June 2017.</td>
<td>Coinsurance 10% $3,000</td>
<td>Coinsurance 20% $5,000</td>
</tr>
<tr>
<td>Maximum Out-Of-Pocket (MOOP)</td>
<td>$4,000 Not met</td>
<td>$5,000 Met</td>
</tr>
<tr>
<td>Total Estimated Annual Cost:</td>
<td>$14,610</td>
<td>$12,997</td>
</tr>
</tbody>
</table>

Total estimated annual savings under the HMSA 80/20 plan: $1,613
Malia is considering enrolling in the Kaiser Comprehensive or Standard plan.

<table>
<thead>
<tr>
<th>Kaiser HMO Plans</th>
<th>Comprehensive Plan</th>
<th>Standard Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Employee Premium Contribution</td>
<td>$7,963</td>
<td>$2,573</td>
</tr>
<tr>
<td>Malia and her two dependents are anticipating $100,000 in in-patient hospital costs at an in-network Kaiser facility this year.</td>
<td>No Charge</td>
<td>Coinsurance 15% $7,500</td>
</tr>
<tr>
<td>Maximum Out-Of-Pocket (MOOP)</td>
<td>$6,000 Not met</td>
<td>$7,500 Met</td>
</tr>
<tr>
<td>Total Estimated Annual Cost:</td>
<td>$7,963</td>
<td>$10,073</td>
</tr>
</tbody>
</table>

Total estimated annual savings under the Kaiser Comprehensive plan: $2,110
Health and Wellness Benefits

- Annual Physical Examination
- Preventive and Screening Services
- Health Coaching
- Disease Management Programs
- Tobacco Cessation Products & Programs
- Diabetic Meter Program
Annual Physical Exam

• No cost for most EUTF medical plans (except the HMSA HMO $15 copayment)
• The PCP will:
  • Assess your overall health
  • Identify risk factors for chronic diseases
  • Recommend preventative services and immunizations
  • Early detection of illness and disease increase the effectiveness of treatment
• If you haven’t seen your doctor in the last year, we encourage you to make an appointment to get your annual physical
Preventive and Screening Services

- Many preventive screening tests available at no cost
- Check with your PCP to find about appropriate screening tests for your age and gender
- It’s always better to prevent illness than to treat illness
Tobacco Cessation

- Another no cost benefit
- Smoking is a major risk factor for chronic diseases
- Trained counselors are available by phone to provide guidance, support and recommendation of products to help you quit smoking
- Contact
  - HMSA QuitNet program (855)329-5461
  - Kaiser tobacco cessation (808)643-4622
  - CVS Caremark tobacco cessation product information and recommendations (855)801-8263
Diabetes Products

- No cost blood glucose meters to help monitor blood glucose levels
- For CVS Caremark members
- Contact CVS Caremark Diabetic Meter Team at (800)588-4456
Disease Management (DM)

- Diabetes, chronic obstructive pulmonary disease (COPD), asthma, hypertension and heart disease
- DM programs through HMSA and Kaiser
  - Contact members with diagnosed conditions
  - Provide one-on-one support from a healthcare professional
- To take advantage of these programs talk to your PCP, HMSA or Kaiser
Telephonic Health Coaching

- Another no cost benefit
- Coaches provide guidance and support to manage conditions such as diabetes and help with lifestyle changes such as eating better, managing your weight and reducing stress
- A personal coach will help you create and stick with a plan for reaching your goals

Contact
- HMSA Well-Being Connection (855)329-5461
- Kaiser (808)432-2262 or (808)432-2260
Health and Wellness Benefits

Annual Physical Examination

Dr. Ornish Program for Reversing Heart Disease

- HMSA EUTF active employees
- Scientifically proven to reverse heart disease using lifestyle changes
- Eighteen four hour sessions over 9 weeks
- Cost is $20 per session for eligible HMSA members
- Contact an Ornish care specialist at (877)888-3091

Diabetic Meter Program
Enrollment Procedures
Enrollment Procedures

EC-1 enrollment forms are available on our website at eutf.hawaii.gov
EC-1: Enrollment Form for Active Employees

Due Date: This form must be submitted to your Personnel Officer or Departmental Personnel Office within 30 days (180 days for newborns) of the event date.

Section 1: Employee Data

Name (Last Name, First Name, Middle Initial): Kealoha, Samantha, N.

Home Phone: (808) 263-1111
Mobile Phone: (808) 555-1234
Work Phone: (808) 586-7390
Email: samanthakealoha@email.com

Mailing Address (Check this box if your address has changed):

Street: 123 Aloha Lane
City: Honolulu
State: HI
Zip Code: 96813

Date of Hire/ Newly Eligible (MM/DD/YYYY)
04/29/2016

Event Date: __/__/___

Marital Status: Married
Marriage Date: 02/14/2014

Date of Termination of Employment (MM/DD/YYYY)
___/___/___

Employee’s Social Security Number (SSN) or EUTF ID Number:

555-55-5555

Gender: Female

Birth Date: 10/15/1984

Name: Jonathan M. Kealoha
DOB: 09/23/1983
SSN: 555-55-1234

Special Note: If your Spouse, Civil Union Partner or Domestic Partner is a State or County Employee or Retiree, please provide his/her Name, Date of Birth and SSN.

Marital status
Civil Union
Domestic Partner

New Hire/ Newly Eligible
SSN, Gender & DOB
## SECTION 2: COVERAGE AND DEDUCTION START SELECTION

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

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

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

<table>
<thead>
<tr>
<th>Option 1:</th>
<th>Date of Hire*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 2:</td>
<td>First day of the first pay period</td>
</tr>
<tr>
<td>Option 3:</td>
<td>First day of the second pay period</td>
</tr>
</tbody>
</table>

*If no selection is made option 1 will be used*
Option 1*

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

*If no selection is made option 1 will be used
Option 2

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

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

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<td>21</td>
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<table>
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<th>May</th>
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<td>11</td>
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<td>19</td>
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<tr>
<td>24</td>
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<td>29</td>
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</table>

Pay Period
### SECTION 3: PLAN SELECTION

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

<table>
<thead>
<tr>
<th>Medical/Prescription Drug Plan Type</th>
<th>Carrier Selection</th>
<th>You may only choose one medical/prescription drug plan</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>PPO-90/10 HMSA Medical, CVS Prescription Drug, RSN Chiro</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>PPO-80/20 HMSA Medical, CVS Prescription Drug, RSN Chiro</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>PPO-75/25 HMSA Medical, CVS Prescription Drug, RSN Chiro</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>HMO-HMSA</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>CVS Prescription Drug, RSN Chiro</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>HMO-Kaiser Standard Prescription Drug, RSN Chiro</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>HMO-Kaiser Comprehensive Prescription Drug, RSN Chiro</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>Supplemental - Royal State National Insurance Company</td>
<td>Cancel/Waive</td>
</tr>
<tr>
<td></td>
<td>(Includes Supplemental Drug Coverage), Chiro</td>
<td>Cancel/Waive</td>
</tr>
</tbody>
</table>

*** To be eligible for coverage under the Royal State Supplemental plan, your and your eligible dependent(s) must be covered under a non-EUTF health plan. See Section 5 on "Instructions for Completing Form EC-1"

<table>
<thead>
<tr>
<th>Other Plans</th>
<th>Cancel/Waive</th>
<th>Self</th>
<th>2-Party</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Hawaii Dental Service if enrolling new dependent ages 19-23 attach student verification</td>
<td>Cancel/Waive</td>
<td>Self</td>
<td>2-Party</td>
</tr>
<tr>
<td>Vision</td>
<td>Vision Service Plan if enrolling new dependent ages 19-23 attach student verification</td>
<td>Cancel/Waive</td>
<td>Self</td>
<td>2-Party</td>
</tr>
<tr>
<td>Life</td>
<td>USAble Life</td>
<td>Cancel/Waive</td>
<td>Self</td>
<td>2-Party</td>
</tr>
</tbody>
</table>

For STATE Employees ONLY: Premium Conversion Plan
- Enroll
- Change Amount
- Cancel PCP
- Do NOT Enroll

For COUNTY Employees ONLY: Premium Conversion Plan – Please contact your DPO for more information on available options.
# SECTION 4: DEPENDENT INFORMATION AND PLAN SELECTIONS

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

<table>
<thead>
<tr>
<th>Continue Coverage</th>
<th>Add</th>
<th>Delete</th>
<th>Dependent: Last Name, First Name, Middle Initial</th>
<th>Birth Date (MM/DD/YYYY)</th>
<th>Social Security Number **</th>
<th>Relationship *</th>
<th>Gender M/F</th>
<th>Medical Drug</th>
<th>Dental</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Kealoha, Jonathan M.</td>
<td>09/23/1983</td>
<td>555-55-1234</td>
<td>SP</td>
<td>M</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
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Detailed eligibility information is available at http://eutf.hawaii.gov in the EUTF Administrative Rules & Chapter 87A, Hawaii Revised Statutes. Dependent Certification and Student Certification—See Section 4 item 8 on “Instructions for Completing Form EC-1” for more information.

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

[Signature]

SNK (initials)

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

_______ (initials)

---

**Proof Documents**

- Marriage/Civil Union/ Domestic Partnership Documents
- Birth Certificate
- Student Certification
Submit EC-1 enrollment form to your personnel office or enrollment designee within 30 days of your new hire date.
Confirmation Notice

- You have 15 calendar days from the date of the notice to report any errors or changes
- County employees are responsible for notifying their personnel office and payroll of any plan changes
Common Qualifying Life Events

- Marriage
- Divorce
- Death
- Loss of Coverage
- Acquisition of Coverage
- Adding or Dropping Dependents
  - Birth
  - Adoption or placement for adoption
  - Legal guardianship*
  - Foster child*
  - Newly eligible/Ineligible student

*Legal guardianship and foster children are covered until the age of majority, 18.
Making Changes to Your Plan

Complete EC-1 Enrollment form

- Forms are available online at eutf.hawaii.gov

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

- Birth - 180 days

Submit Proof Documents within 60 days

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

Plan changes that can be made during Open Enrollment

- Add, remove, or change plans
- Add or remove dependents

New coverage and rates are effective July 1

Plan year is from July 1st to June 30th
EUTF Contact Information

- **Location:**
  Oahu: City Financial Tower
  201 Merchant Street, 17th Floor
  Honolulu, HI 96813
  (No Validated Parking)

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

- **Phone:**
  Oahu: 808-586-7390
  Toll-Free: 1-800-295-0089

- **Mailing Address:**
  P.O. Box 2121
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Thank you for your time

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BE STRONG