Pre-Retirement Informational Session

Hawaii Employer-Union Health Benefits Trust Fund

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

Presentation slides and on-demand recordings are available on our website at eutf.hawaii.gov
AGENDA

- Applying for Your Retiree Health Insurance Benefits
- Eligibility
- Medicare
- Premiums and Contribution
- Health Plan Options
- Completing the EC-2 Enrollment Form
- Required Documents
- Making Changes to Your Plans
New Retiree Enrollment
Dear JOHN A DOE:

Thank you for contacting us about your retirement plan. Retirement is a significant event in each of our lives and it is important that you take the time to understand the application process and your retirement options.

Your estimate was determined using the following information:

- Any part-time service worked has been converted to its full-time equivalence.

Projected Retirement Date: May 1, 2012
Birth Date: 11/18/1946
Membership Date: November 18, 2002

- Membership Service for Eligibility:
  - Earned: 9 Years 5 Months
  - Acquired: 0 Years 0 Months
- Hybrid Service for Estimate:
  - Earned: 5 Years 6 Months
  - Acquired: 0 Years 0 Months
- Noncontributory Service for Estimate:
  - Earned: 3 Years 7 Months
  - Acquired: 0 Years 0 Months

New Retiree Enrollment
Applying for Your Health Insurance Benefits

- File for retirement with ERS
- ERS Retirement Estimate Letter
  - Years of Service
  - Membership Start Date
Eligibility
Eligibility

Retired employee

- You do not need to be covered under an EUTF active employee plan at the time of retirement to be eligible to enroll in the EUTF retiree plans
- If you return to work (State or County employment) after you have already retired, you MUST inform EUTF

Spouse or partner (domestic or civil union)

Children by birth, adoption, legal guardianship or foster child

- Children are covered until age 19 for medical, prescription drug, dental and vision plans
- Covered until age 24 if unmarried and a full-time student
- Legal guardianship or foster children will terminate upon the age of 18, regardless of whether the child is a full-time student or not
- Coverage can be continued for an unmarried child incapable of self-support due to mental/physical incapacity that existed prior to age 19
Eligibility

The surviving spouse, domestic or civil union partner of a deceased retired employee
  • Provided the spouse or partner 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 or age 24 if a fulltime student with no surviving parent
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.
Medicare
Mandatory Medicare Enrollment

Retirees eligible for Medicare Part B

**MUST** enroll in Medicare Part B when they become eligible in order to be enrolled in the **EUTF retiree medical and/or prescription drug plan**.

Covered dependents eligible for Medicare Part B

**MUST** also enroll in Medicare Part B when they become eligible, regardless of whether they are retired or actively employed, if enrolled in the **EUTF retiree medical and/or prescription drug plan**.

**YOU MUST PROVIDE THE EUTF WITH PROOF OF YOUR MEDICARE PART B ENROLLMENT WITHIN 60 DAYS OF BECOMING ELIGIBLE OR ENROLLING INTO AN EUTF RETIREE MEDICAL AND/OR DRUG PLAN. PLEASE SUBMIT A COPY OF YOUR AND/OR YOUR DEPENDENT’S MEDICARE CARD.**
How do I enroll in Medicare Part B?

- Contact Social Security about enrolling into Medicare preferably three months prior to your 65th birthday or retirement date.
- If you are already retired EUTF will send a courtesy letter to retirees and their spouse/partner to enroll into Medicare Part B.
- If you are receiving Social Security benefits, you will automatically be enrolled in Medicare Part B upon turning age 65.

**FAILURE TO PROVIDE PROOF OF MEDICARE PART B ENROLLMENT WILL RESULT IN YOU AND/OR YOUR DEPENDENT’S DISENROLLMENT FROM THE EUTF MEDICAL AND/OR PRESCRIPTION DRUG PLAN**

*You may be able to suspend your Medicare enrollment if you have creditable group sponsored coverage while employed. Please contact Social Security for more information.*
Medicare

Federal Medicare Part B Premium Rates as of January 2022

If your yearly income in 2020 was...

<table>
<thead>
<tr>
<th>File individual tax return</th>
<th>File joint tax return</th>
<th>Amount you pay per month in 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $91,000</td>
<td>Less than or equal to $182,000</td>
<td>$170.10</td>
</tr>
<tr>
<td>Above $91,000 and up to $114,000</td>
<td>Above $182,000 and up to $228,000</td>
<td>238.10</td>
</tr>
<tr>
<td>Above $114,000 and up to $142,000</td>
<td>Above $228,000 and up to $284,000</td>
<td>340.20</td>
</tr>
<tr>
<td>Above $142,000 and up to $170,000</td>
<td>Above $284,000 and up to $340,000</td>
<td>442.30</td>
</tr>
<tr>
<td>Above $170,000 and up to $500,000</td>
<td>Above $340,000 and up to $750,000</td>
<td>544.30</td>
</tr>
<tr>
<td>Above or equal to $500,000</td>
<td>Above or equal to $750,000</td>
<td>578.30</td>
</tr>
</tbody>
</table>
Medicare

Medicare Part B Premium Social Security Administration Letter

- Submit a copy of the Social Security Administration (SSA) letter or billing invoice indicating your Medicare Part B premium amount.

- Medicare retirees and/or dependents that pay a higher income-related monthly adjusted premium must submit a copy of their SSA letter to the EUTF each year.
Medicare

Medicare Part B Reimbursement

- Premium reimbursement quarterly
- Direct deposited into retiree’s account
- Reimbursement will begin the later of:
  - Effective date of Medicare Part B coverage
  - Retirement Date
  - 1st day of the month EUTF receives a copy of your Medicare Part B card, Social Security Administration Letter AND Direct Deposit Form
- Complete Direct Deposit Agreement form
  - Checking account – Submit voided check
  - Savings account – Form must be signed by your bank
Medicare Part D

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

• If in the future you enroll in a non-EUTF Medicare Advantage or Medicare Part D plan, you may be disenrolled from EUTF’s Kaiser Senior Advantage Plan, Humana Medicare Advantage Plan and/or SilverScript Medicare Part D prescription drug plan.

EUTF Medicare plan options include:

• Medicare Part D prescription drug plan administered by SilverScript (CVS)
• EUTF Kaiser Permanente Senior Advantage Plan
• Humana Medicare Advantage Plan
• HMSA 90/10 PPO Plan

EUTF does not reimburse Medicare Part D premiums
Medicare Part D

SilverScript Prescription Drug Plan

- CVS Caremark will enroll Medicare-eligible retirees and/or their spouse/partner into Medicare Part D
- Enrollment approval takes approximately 45 days
- Upon approval member will receive SilverScript prescription drug plan ID card in the mail
- Discard CVS Caremark prescription drug plan card and present SilverScript ID card at the pharmacy when filling prescriptions
Premiums and Contribution
## Contribution

### Employer Contribution

<table>
<thead>
<tr>
<th>Active Plan</th>
<th>Retiree Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>As active employees, the portion of health coverage costs paid by the employer is negotiated within the collective bargaining process.</td>
<td>As a retired employee-beneficiary, the portion of health coverage costs paid by the employer is determined by law.</td>
</tr>
</tbody>
</table>
## Contribution

### 2022 Base Monthly Contribution (BMC)

<table>
<thead>
<tr>
<th>Maximum Allowable</th>
<th>Single</th>
<th>Two-Party</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare</td>
<td>$1,193.30</td>
<td>$2,405.24</td>
<td>$3,520.36</td>
</tr>
<tr>
<td>Medicare</td>
<td>$850.06</td>
<td>$1,703.76</td>
<td>$2,481.48</td>
</tr>
</tbody>
</table>

### Base Monthly Contribution

- May be adjusted every January 1
- Based on Medicare Part B premium increase or decrease
Contribution

Employer Contribution
The employer premium contribution is determined by statute and is based on three factors:

- The employee’s” ERS membership Date
- Length of service - taking into account breaks in service
- Base Monthly Contribution (BMC)
Contribution

Employer Contribution Table

<table>
<thead>
<tr>
<th>Years of Credited Service (excluding sick leave)</th>
<th>Employer’s Contribution Percentage of the Base Monthly Contribution If Your ERS Membership Date was:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On or Before 6/30/1996</td>
</tr>
<tr>
<td>Less than 10 years</td>
<td>50%</td>
</tr>
<tr>
<td>10 yrs less than 15</td>
<td>100%</td>
</tr>
<tr>
<td>15 yrs less than 25</td>
<td>100%</td>
</tr>
<tr>
<td>25 yrs or more</td>
<td>100%</td>
</tr>
</tbody>
</table>

The employer’s contribution is equal to the lesser of the Base Monthly Contribution percentage and the actual premium.

**If your (ERS) membership date was on or after 07/01/2001, the monthly employer-sponsored contribution will be calculated on the Base Monthly Contribution for a self rate ONLY. You may obtain coverage for eligible dependents but you will be responsible for the difference in premium cost.**
# Contribution

## Membership Date Before July 1, 2001

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Two-Party</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare</td>
<td>$1,193.30</td>
<td>$2,405.24</td>
<td>$3,520.36</td>
</tr>
<tr>
<td>Medicare</td>
<td>$850.06</td>
<td>$1,703.76</td>
<td>$2,481.48</td>
</tr>
</tbody>
</table>

## Membership Date On/After July 1, 2001

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare</td>
<td>$1,193.30</td>
</tr>
<tr>
<td>Medicare</td>
<td>$850.06</td>
</tr>
</tbody>
</table>

**Employer Contribution – 100%**
- You will probably pay nothing

**Employer Contribution – 50% or 75%**
- Complete Retiree Premium Worksheet

**Employer Contribution – 0%**
- You will pay the full premium amount
**Premium Health Plan Premium example**

**Malia** will be retiring December 1, 2022 and does not qualify for Medicare yet.

**Malia’s ERS Retirement Estimate Letter shows:**
- Membership Date: July 1, 1999
- Total Earned Years of Service: 23 years

<table>
<thead>
<tr>
<th>Non-Medicare total BMC amount</th>
<th>$1,193</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire Date:</td>
<td>7/01/99</td>
</tr>
<tr>
<td>Earned Years of SVC:</td>
<td>23 yrs</td>
</tr>
<tr>
<td>$1,193</td>
<td></td>
</tr>
<tr>
<td>$1,193 X .75</td>
<td>$895</td>
</tr>
</tbody>
</table>

**Malia** selected the following coverages for herself:
- HMSA 90/10: $585
- CVS Caremark Drug Coverage: $218
- HDS Dental: $44
- VSP Vision: $5
- Life Insurance: $0

| Total cost for plans selected | $852 |

Malia’s total monthly premium is: **$0.00**
Electronic Premium Payment Options

For retirees who make monthly premium payments to the EUTF

EUTF website: eutf.hawaii.gov

1. Credit card or electronic check
   Complete online form (fees will apply)

2. Deductions from bank account
   (ACH Payment)

3. ERS pension deduction
Health Plan Options
Retiree Health Plan Options

Medical
HMSA 90/10 PPO Plan
Humana 90/10 PPO Plan
Kaiser HMO Medical Plan/ Senior Advantage Plan

Prescription Drug
CVS Caremark & SilverScript
Kaiser Prescription Drug

Dental & Vision
Hawaii Dental Service
Vision Service Plan

Life Insurance
Securian Financial
# HMSA

## PPO – HMSA 90/10 Plan

<table>
<thead>
<tr>
<th></th>
<th>Non-Medicare</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td>$100 per person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$300 per family</td>
</tr>
<tr>
<td><strong>Primary Care Office Visit</strong></td>
<td>10%*</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>10%*</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic lab, X-ray</strong></td>
<td>20%*</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket</strong></td>
<td>$2,500/$7,500</td>
<td></td>
</tr>
</tbody>
</table>

*Deductible does not apply

If a retiree is enrolled in Medicare Parts A & B, he/she will likely pay no copayment since Medicare is primary and EUTF’s HMSA plan is secondary and will cover the member’s copayment.
Humana Medicare Advantage Plan

Available only to those enrolled in Medicare Parts A & B

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$100 per person</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>10%*</td>
</tr>
<tr>
<td>Hospital</td>
<td>10%*</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td>10%</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

*Deductible does not apply

There is no coordination of benefits with Original Medicare.
For the Kaiser plan, Medicare eligible retirees must enroll in the Kaiser Senior Advantage Plan, unless you live in Kaua’i, Moloka’i, Lana’i and parts of Hawai’i Island which include Pahala, Na’alehu, and Hawaii Volcanoes National Park.
<table>
<thead>
<tr>
<th>Prescription Drug Plan</th>
<th>Non-Medicare</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS Caremark</td>
<td>$5/$10/$15 copayment</td>
<td>$5/$10/$10 copayment</td>
</tr>
<tr>
<td>Participating Pharmacy</td>
<td>$15/$30 mail only</td>
<td>$15/$30 mail only</td>
</tr>
<tr>
<td>30/60/90 day supply</td>
<td></td>
<td>$15/$30 mail only</td>
</tr>
<tr>
<td>30/90 day supply for Kaiser</td>
<td></td>
<td>$15/$30 mail only</td>
</tr>
<tr>
<td>Generic</td>
<td>$15/$30/$45 copayment</td>
<td>$15/$30/$45 copayment</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$15/$30 mail only</td>
<td>$15/$30 mail only</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$30/$60/$90 copayment</td>
<td>$30/$60/$60 copayment</td>
</tr>
<tr>
<td>Specialty Drug</td>
<td>20% coinsurance $250 max per fill $2,000 annual max</td>
<td>20% coinsurance $250 max per fill $2,000 annual max</td>
</tr>
</tbody>
</table>
# Other Plans

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Description</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic/Preventive</td>
<td></td>
<td>100%*</td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>Plan Year Maximum</td>
<td></td>
<td>$2,000</td>
</tr>
<tr>
<td>(per person)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td></td>
<td>$10 copay</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td></td>
<td>Lenses every year $25 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frames every other year $150 allowance</td>
</tr>
<tr>
<td>Contacts</td>
<td></td>
<td>$130 Allowance</td>
</tr>
<tr>
<td><strong>Life Insurance</strong></td>
<td></td>
<td>$1,815</td>
</tr>
</tbody>
</table>

* Excluding periodontal maintenance
Differences Between the EUTF Active and Retiree Benefits

• Limiting age
  ✓ Active plan – dependents covered up to age 26 for medical and prescription drug regardless of student, marriage and working status. Dependents covered up to age 24 for dental and vision if unmarried and a full-time student
  ✓ Retiree plan – dependents covered up to age 24 for medical, prescription drug, dental and vision if unmarried and a full-time student

• Prescription drug benefit – lower copayments under the CVS Caremark retiree prescription drug plans. Generic copayments equal to or lower under the Kaiser active plans but lower for brand and specialty prescription drugs under the Kaiser retiree plans. Please see the Active and Retiree Reference Guides at eutf.hawaii.gov.

• Chiropractic benefit – not offered under the retiree plans
Differences Between the EUTF
Active and Retiree Benefits

• Dental benefit
  ✓ Active plan – restorative (except crowns and gold restorations 60%), endodontics, periodontal (including maintenance), oral surgery and adjunctive general services are covered at 80%. Limited orthodontic benefit at 50%.
  ✓ Retiree plan – restorative (except crowns and gold restorations 60%), endodontics, periodontal (including maintenance), oral surgery and adjunctive general services are covered at 60%. No orthodontic benefit.

• Medicare Part B
  ✓ Active plan – eligible employees and dependents are not required to enroll in Medicare Part B.
  ✓ Retiree plan – eligible retirees and dependents (including disabled children) are required to enroll in Medicare Part B for coverage under the retiree medical and prescription drug plans. Retirees and spouses will be reimbursed for the Medicare Part B premiums. Non-spouse dependents are not reimbursed for the Medicare Part B premiums.
Enrollment Procedures

EC-2 enrollment forms are available on our website at eutf.hawaii.gov
Complete Section 1: Retiree Data

<table>
<thead>
<tr>
<th>Enrollment Type (check one):</th>
<th>Retirement</th>
<th>Qualifying Event</th>
<th>Open Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement or Qualifying Event Date:</td>
<td>12/31/2022</td>
<td>Qualifying Event Description:</td>
<td></td>
</tr>
</tbody>
</table>

### I. RETIREE DATA

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Kealoha John K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Kealoha</td>
</tr>
<tr>
<td>First Name:</td>
<td>John</td>
</tr>
<tr>
<td>M.I:</td>
<td>K</td>
</tr>
<tr>
<td>Social Security No.:</td>
<td>555-12-3456</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>123 Aloha Lane</td>
</tr>
<tr>
<td>Kailua</td>
<td>HI</td>
</tr>
<tr>
<td>96734</td>
<td></td>
</tr>
<tr>
<td>Residence Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Kailua</td>
</tr>
<tr>
<td>State:</td>
<td>HI</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>96734</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Married</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Birthdate:</td>
<td>10/15/1953</td>
</tr>
<tr>
<td>Marriage Date:</td>
<td>02/14/1980</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>808 555-5555</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>808 555-1234</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:mrkealoha@gmail.com">mrkealoha@gmail.com</a></td>
</tr>
<tr>
<td>Spouse/Partner Name:</td>
<td>Jane Kealoha</td>
</tr>
<tr>
<td>SSN:</td>
<td>555-45-6789</td>
</tr>
<tr>
<td>Birthdate:</td>
<td>09/05/1952</td>
</tr>
</tbody>
</table>
Addres
Home
Z,ipCode
UOlmllt.s21C
Parfner Gender:
Phone . Phone . --------- ---------
123 Aloha Lane
Kailua HI 96734
City State Zip Code
City State Zip Code
Marital Status: □ Single □ Married □ Domestic Partner
Gender:
Marriage Date: 02 14 1980
Male Female
Home Phone: 808 555-5555 Cell Phone: 808 555-1234 Email: mrkealoha@gmail.com
Spouse/Partner Name: Jane Kealoha SSN: 555-45-6789 Birthdate: 09 05 1952
Note: if you will be adding your spouse or partner to your health plans, you must also indicate this information under the “Dependent Information” section.

II. COVERAGE START DATE

Complete this section if filing for adoption/placement for adoption, birth, marriage, domestic partner, guardianship, or newly eligible student.

☐ 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 (1st or the 16th of the month)

☐ Coverage and premium contributions start 1st day of the second pay period following event (1st or the 16th of the month)

III. PLAN SELECTION

(Medicare A&B required) □ □ □
Prescription Drug: CVS Caremark Prescription Drug ** (Not a valid selection with Kaiser)
Dental: Hawaii Dental Service
Vision:

leave Section 2 Blank
Complete Section 3: Plan Section

<table>
<thead>
<tr>
<th>III. PLAN SELECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make your selection by checking all the boxes of the appropriate benefit plans below. Choose only one box in each type category.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Carrier Selection</th>
<th>Cancel/Waive</th>
<th>Self</th>
<th>2-Party</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose CHAP</td>
<td>HNSA PPO-90/10 Medical ** (No Prescription Drug Coverage)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kaiser HMO Medical ** (Includes Kaiser Prescription Drug)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Humana Medicare Advantage (Medicare A&amp;B required)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug:</td>
<td>CVS Caremark Prescription Drug ** (Not a valid selection with Kaiser)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental:</td>
<td>Hawaii Dental Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision:</td>
<td>Vision Service Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life:</td>
<td>Securian Life Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** If you are currently enrolled in the Kaiser HMO Medical Plan and have assigned your Medicare Benefits to KP and either select the “Cancel/Waive” box or enroll in either the HNSA PPO-90/10 Medical Plan or the CVS Caremark Prescription Drug plan, you are also confirming your intent to discontinue from the Kaiser Permanente Senior Advantage plan as well.

EC 2 Rev. 09/2021
State and County Contributions: No person may be enrolled in any EUTF benefit plan as both a retiree/active employee and dependent, nor may children be enrolled by more than one retiree/active employee (dual enrollment). In addition, if you and your spouse/partner are both retirees/active employees, the employer’s contribution cannot exceed a family plan contribution in accordance with Chapter 87A-33-36, Hawaii Revised Statutes. However, both retirees/active employees are able to select EUTF Self-only plans.

### IV. DEPENDENT INFORMATION

Complete dependent information (including spouse/partner/disabled child) and indicate plan selection if adding/removing dependents.

<table>
<thead>
<tr>
<th>Continue</th>
<th>Add Delete</th>
<th>Last Name, First, Middle Initial</th>
<th>Birth date</th>
<th>SSN</th>
<th>Relationship Gender</th>
<th>Medical Drug Dental Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Kealoha, Jane A</td>
<td>09/5/1952</td>
<td>555-45-6789</td>
<td>SP</td>
<td>F</td>
</tr>
</tbody>
</table>

If dependents are ages 19 to 24 please submit certification from the school registrar or national clearinghouse indicating, they are a full-time student. (Detailed eligibility information is available at https://eutf.hawaii.gov)

### VII. 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

---

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

Complete Section 4:
Dependent Information and Plan Selection
State and County Contributions: No person may be enrolled in any EUTF benefit plan as both a retiree/active employee and dependent, nor may children be enrolled by more than one retiree/active employee (dual enrollment). In addition, if you and your spouse/partner are both retirees/active employees, the employer's contribution cannot exceed a family plan contribution in accordance with Chapter 87A-33-36, Hawaii Revised Statutes. However, both retirees/active employees are able to select EUTF Self-only plans.

IV. DEPENDENT INFORMATION

Complete dependent information (including spouse/partner/disabled child) and indicate plan selection if adding/removing dependents.

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<tr>
<th>Continue</th>
<th>Add Delete</th>
<th>Last Name, First, Middle Initial</th>
<th>Birth date</th>
<th>SSN</th>
<th>Relationship</th>
<th>Medical</th>
<th>Drug</th>
<th>Dental</th>
<th>Vision</th>
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If dependents are ages 19 to 24 please submit certification from the school registrar or national clearinghouse indicating, they are a full-time student. (Detailed eligibility information is available at https://eutf.hawaii.gov)

V. MEDICARE

Are you and/or any of your dependents eligible for Medicare Part B?

☐ Yes (Complete section below)  ☐ No

Name: Jane Kealoha
Medicare Claim Number: 555-45-6789A

VII. RETIREE SIGNATURE

Kealoha, John

Complete Section 5: Medicare
State and County Contributions: No person may be enrolled in any EUTF benefit plan as both a retiree/active employee and dependent, nor may children be enrolled by more than one retiree/active employee (dual enrollment). In addition, if you and your spouse/partner are both retirees/active employees, the employer's contribution cannot exceed a family plan contribution in accordance with Chapter 87A-33-36, Hawaii Revised Statutes. However, both retirees/active employees are able to select EUTF Self-only plans.

IV. DEPENDENT INFORMATION

Complete dependent information (including spouse/partner/disabled child) and indicate plan selection if adding/removing dependents.

<table>
<thead>
<tr>
<th>Last Name, First, Initial</th>
<th>Birth date</th>
<th>SSN</th>
<th>Relationship</th>
<th>Gender</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
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<td>F</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Kealoha, John

Complete Section 6: Other Insurance Information

VI. OTHER INSURANCE INFORMATION

If you or any of your dependents are covered under another non-EUTF health plan(s), provide data below.

<table>
<thead>
<tr>
<th>Type of Plan: (i.e. medical, dental)</th>
<th>Name of the Plan: (i.e. HMSA, Quest)</th>
<th>Subscribers Name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Prescription Drug</td>
<td>HMSA</td>
<td>Jane Kealoha</td>
</tr>
</tbody>
</table>

VII. RETIREE SIGNATURE

[Signatures of Retirees]

Kealoha, John
All documents must be received within 60 days of retirement in order to process your enrollment.
Confirmation Notice

- Respond in writing using the corrective action form if there are any errors.
- Check premium costs if you owe a premium
- Keep for your records if everything is accurate

This Confirmation Notice details the enrollment changes that were made to your account. Please carefully review the contents to make sure it does not contain any errors. You have a one-time opportunity to correct errors that may have occurred (e.g., plan, level, and dependents) on your enrollment forms by notifying EFUTF by November 16. Any approved changes will be made retroactively to the effective date of the changes as noted below. You will be responsible for any additional premiums.

Please submit your corrections in writing by completing the attached Corrective Action Request (CAR) Form. Keep a copy of the CAR Form for your records. EFUTF does not receive the CAR Form by November 16, the changes will remain in effect as instructed. Any additional changes to your plan will not be allowed until the next Open Enrollment period, unless you experience a mid-year qualifying event that permits changes under the EFUTF Administrative Rules.

Your Benefit Plan Enrollments:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit Plan</th>
<th>Coverage Type</th>
<th>Coverage Type</th>
<th>Pay Period Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO (G4)</td>
<td>PPO Medical</td>
<td>Family</td>
<td>Family</td>
<td>$21.33</td>
</tr>
<tr>
<td>Vision</td>
<td>Vision</td>
<td>Family</td>
<td>Family</td>
<td>$5.14</td>
</tr>
<tr>
<td>Prescription</td>
<td>PPO Prescription Drug (G4) - CVS</td>
<td>Family</td>
<td>Family</td>
<td>$11.76</td>
</tr>
<tr>
<td>Life</td>
<td>EFUTF USA (Life Insurance)</td>
<td>Self</td>
<td>Self</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

NOTE: If you are enrolled in a PPO plan, any changes to your medical plan is handled with prescription drug coverage, please disregard the “Valued” statement listed above.

Your Total Pay Period Deductions: $108.59

The EFUTF Notice of Privacy Rules describes how your medical information may be used and disclosed, and how you can access to this information. It is available online at self.hawaii.gov. Please review it carefully.
Required Documents
Required Documents

• ERS Retirement Estimate Letter
Required Documents

- ERS Retirement Estimate Letter
- EC-2 Enrollment form
  - Must be received within 60 days of your retirement date
Required Documents

• ERS Retirement Estimate Letter
• EC-2 Enrollment form
  • Must be received within 60 days of your retirement date
• Copy of Medicare card
Required Documents

- ERS Retirement Estimate Letter
- EC-2 Enrollment form
  - Must be received within 60 days of your retirement date
- Copy of Medicare card
- Direct Deposit Agreement Form
Your Social Security benefits will increase by 3.6 percent in 2012 because of a rise in the cost of living. The Social Security Act requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and their prescription drug coverage based on their income. Because of your income, your premiums will be increased. The information in this notice about your premium is for 2012 only.

If you currently do not have Medicare Part B or prescription drug coverage and enroll in 2012, those premiums will also be increased based on your income.

How Much Social Security Will I Get?

- Your new 2012 monthly benefit amount before deductions is: $1,575.70
- Your 2012 monthly deduction for the Medicare Part B Premium is: $259.70
- $99.00 for the standard Medicare premium, plus
- $159.80 for the income-related monthly adjustment amount based on your 2010 income tax return
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 25, 2012 is: $1,316.00

See Next Page

Required Documents

- ERS Retirement Estimate Letter
- EC-2 Enrollment form
  - Must be received within 60 days of your retirement date
- Copy of Medicare card
- Direct Deposit Agreement Form
- Social Security Administration letter indicating Medicare Part B premium
Required Documents

- ERS Retirement Estimate Letter
- EC-2 Enrollment form
  - Must be received within 60 days of your retirement date
- Copy of Medicare card
- Direct Deposit Agreement Form
- Social Security Administration letter indicating Medicare Part B premium
- ACH/Pension deduction form for those paying a portion of premiums
All documents must be received in order to process your enrollment, including (if applicable) the Termination/End of employment notification from your employer to cancel your active plans.

- ERS Retirement Estimate Letter
- EC-2 Enrollment form
  - Must be received within 60 days of your retirement date
- Copy of Medicare card
- Direct Deposit Agreement Form
- Social Security Administration letter indicating Medicare Part B premium
- ACH/Pension deduction form for those paying a portion of premiums
- Termination/End of employment notification from your employer

DOE must notify administration/principle
IMPORTANT DOCUMENT

This COBRA CONTINUATION COVERAGE ELECTION NOTICE pamphlet contains important information and instructions regarding your health benefits continuation coverage under COBRA.

You have recently experienced a COBRA qualifying event and may qualify for continuation of health benefits under COBRA.

If you fail to comply with these instructions, you may lose your eligibility for COBRA continuation of coverage.

YOUR RESPONSE IS TIME SENSITIVE. PLEASE READ THESE INSTRUCTIONS CAREFULLY.

IMPORTANT DOCUMENT

Required Documents

- ERS Retirement Estimate Letter
- EC-2 Enrollment form
  - Must be received within 60 days of your retirement date
- Copy of Medicare card
- Direct Deposit Agreement Form
- Social Security Administration letter indicating Medicare Part B premium
- ACH/Pension deduction form for those paying a portion of premiums
- Termination/End of employment notification from your employer
  DOE must notify administration/principle
- COBRA will be sent to retirees previously on EUTF active plans
Making Changes to your Plans
Qualifying Life Events

Common Qualifying Life Events

- Marriage
- Divorce
- Death
- Loss of Coverage
- Acquisition of Coverage
- Move out of the service area (Kaiser members)
- Adding or Dropping Dependents
  - Birth
  - Adoption or placement for adoption
  - Legal Guardianship, Foster Child*
  - No longer a full-time student

Please include all necessary proof documents.

Dependents are covered until age 19 if unmarried. Coverage may continue until age 24 if dependent is unmarried and a full-time student. *Legal Guardianship and Foster Children are covered until the age of majority, 18.
Qualifying Life Events

• Complete EC-2 enrollment form
  - Forms are available online at eutf.hawaii.gov

• Notify EUTF within 45 days of Qualifying Life Event
  - Retirement – 60 days
  - Birth – 180 days

• Submit proof documents within 45 days
  - Do not wait for proof documents to submit EC-2 form
  - Contact EUTF if proof documents will take longer than 45 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 January 1

Plan year is from January to December
Reference Guide

- Available at eutf.hawaii.gov
- Rates and contribution amounts
- Dependent eligibility criteria
- Health plan options
- EC-2 Enrollment form
- Direct Deposit Form
Pre-Retirement Presentation

Presentation slides and on demand recordings are available on our website at eutf.hawaii.gov