ATTACHMENT 2

INTENT TO BID FORM

RFP No. 20-003, Medical Benefits and Pharmacy Benefit Management Services

Email or fax this registration form by **January 14, 2020** to: Mr. Derek M. Mizuno

Hawaii Employer-Union Health Benefits Trust Fund

Fax: (808) 586-2320

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

Please be advised that we are in receipt of the above-referenced RFP. We also wish to advise that we will be submitting a proposal for the following service(s):

|  |  |
| --- | --- |
| **Plans** | **OFFEROR**  **Proposing** |
| **ACTIVES** | |
| 🞎 EUTF 90/10 PPO - Fully Insured (FI) Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF 90/10 PPO - Self-Insured (SI) Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF 90/10 PPO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF 80/20 PPO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF 80/20 PPO - SI Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF 80/20 PPO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF 75/25 PPO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF 75/25 PPO - SI Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF 75/25 PPO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF 75/25 PPO (Part-Time) - FI Medical and Rx (no chiro) | 🞎 Yes 🞎 No |
| 🞎 EUTF HMO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF HMO - SI Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF HMO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF Closed Panel Comprehensive HMO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF Closed Panel Standard HMO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF Closed Panel Standard HMO (Part-Time) - FI Medical and Rx (no chiro) | 🞎 Yes 🞎 No |
| 🞎 EUTF Supplemental Copay - FI Medical and Rx (no chiro) | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 90/10 PPO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 90/10 PPO - SI Medical only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 90/10 PPO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 80/20 PPO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 80/20 PPO - SI Medical only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 80/20 PPO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB Closed Panel Comprehensive HMO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF PPO - SI Rx only | 🞎 Yes 🞎 No |
| 🞎 EUTF HMO - SI Rx only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB PPO - SI Rx only | 🞎 Yes 🞎 No |
| **RETIREES** | |
| 🞎 EUTF 90/10 PPO - FI Medical and Rx (no chiro) | 🞎 Yes 🞎 No |
| 🞎 EUTF 90/10 PPO - SI Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF 90/10 PPO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 EUTF Comprehensive HMO - FI Medical and Rx (no chiro) | 🞎 Yes 🞎 No |
| 🞎 EUTF Medicare Advantage PPO - FI Medical and Rx (no chiro) | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 90/10 PPO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 90/10 PPO - SI Medical only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB 90/10 PPO - Minimum Premium Medical only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB Comprehensive HMO - FI Medical, Rx, and Chiro | 🞎 Yes 🞎 No |
| 🞎 EUTF PPO - SI Rx only | 🞎 Yes 🞎 No |
| 🞎 EUTF EGWP - SI Rx only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB PPO - SI Rx only | 🞎 Yes 🞎 No |
| 🞎 HSTA VB EGWP - SI Rx only | 🞎 Yes 🞎 No |

🞎 Signed Confidentiality Agreement is attached.

**Name of Company:**

**Primary Contact Name:**

**Primary Contact Phone:**

**Primary Contact Email:**

**Signature:**