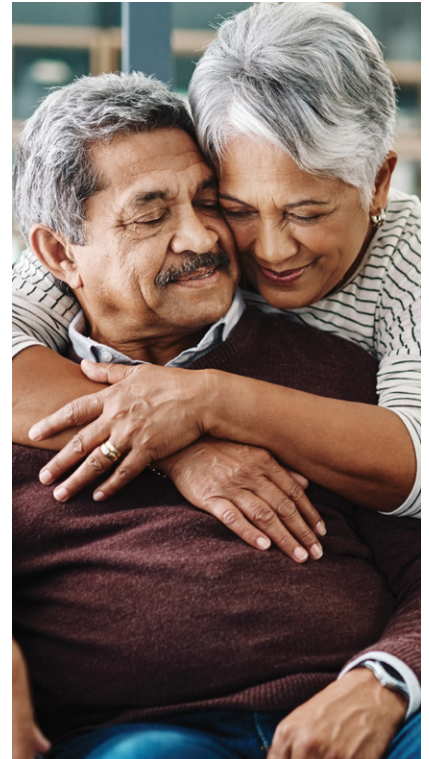




Hawaii Employer-Union Health Benefits Trust Fund (EUTF)



Effective January 1, 2021 - December 31, 2021



RETIREE HEALTH BENEFITS HIGHLIGHTS GUIDE

(EUTF and HSTA VB)







Aloha Retirees,

We are pleased to present the *2021 Retiree Health Benefits Highlights Guide*. This Highlights Guide provides key information about the health benefit plans available to you for calendar year January 1, 2021, through December 31, 2021. In the past, we distributed a full *Retiree Health Benefits Reference Guide* but have moved some of the detailed (and unchanged) information to our website for you to refer to at any time during the year.

The open enrollment period is your annual opportunity to make any changes to your enrollment in our health benefit plans. **This year's open enrollment runs from October 15-30, 2020.** Any changes made during open enrollment will take effect on January 1, 2021.

Our goal is to provide you with quality health benefit plans, which you earned through the dedication and hard work you provided as a State or County employee. The information contained in this *Highlights Guide* is designed to help you make the benefit choices that best meet your needs for the coming year. Our EUTF website has additional tools and resources to help you make the best use of your benefits throughout the year.

Please be sure to visit the EUTF website at

eutf.hawaii.gov for updated news and resources.

If you need any assistance, you can reach our helpful staff at **1-808-586-7390**, or toll-free at **1-800-295-0089**.

Mahalo,

Roderick Becker, Chair
EUTF Board of Trustees

Mandatory Medicare Part B Enrollment

All Medicare-Eligible Retirees and Covered Dependents

The Hawaii Revised Statutes 87A-23(4) requires that State and County retirees and their eligible dependents, who are enrolled in EUTF retiree medical and/or prescription drug benefit plans, be enrolled in Medicare Part B when they become eligible. Active employees considering retirement who are eligible for Medicare should enroll in Medicare Part B prior to retirement to ensure that their Medicare Part B coverage is effective on the date of their retirement in order to participate in any EUTF retiree medical and/or prescription drug plans.

Proof of Medicare Part B Enrollment

If you do not provide proof of Medicare Part B enrollment to the EUTF within 60 days of becoming eligible for or enrolling into an EUTF retiree medical and/or prescription drug plan, your and/or your dependent's EUTF retiree medical and/or prescription drug plans **will be cancelled**. Please note that your Medicare-eligible dependents must be enrolled in Medicare Part B in order to be covered under the EUTF retiree medical and/or prescription drug plan, regardless of whether they themselves are retired or actively working.

Required Documents

If you and/or your dependents are Medicare eligible (generally, are age 65 or older, qualified disabled, or have end-stage renal disease) and are covered under EUTF retiree medical and/or prescription drug plans, you must submit the following to the EUTF:

- Copy of your and/or your dependent's Medicare card (indicating enrollment in Medicare Part B)
- Direct Deposit Agreement Form
- Social Security Administration (SSA) or Centers for Medicare & Medicaid Services (CMS) letter for you and/or your spouse/partner indicating the Medicare Part B premium amount. Medicare retirees that pay a higher income-related monthly adjusted premium must submit a copy of their SSA/CMS letter to the EUTF each year. Reimbursements of the difference between the higher income-related monthly adjusted Medicare Part B premium and the standard Medicare Part B premium is limited to a two-year lookback period. If you are assessed the higher income-related Medicare Part B premium, you will likely be assessed by CMS a Medicare Part D premium, which will not be reimbursed by EUTF State or Counties.

More information can be found under the Medicare section of the EUTF website (<https://eutf.hawaii.gov/medicare/overview>).

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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 know 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 medical plan options offered by the EUTF are or are not creditable, you should review the Plan's Medicare Part D Notice of Creditable Coverage available on page 50.

NOTE: If you are enrolled in SilverScript prescription drug coverage or the Kaiser Senior Advantage plan, you already have Medicare prescription drug coverage, and this notice does not apply to you.

Introduction

The **Hawaii Employer-Union Health Benefits Trust Fund**, more commonly known as the **EUTF**, provides medical, prescription drug, dental, vision, and life insurance benefits to all eligible State of Hawaii, City and County of Honolulu, County of Hawaii, County of Maui, and County of Kauai employees, retirees, and their qualified dependents.

The EUTF is a State agency administratively attached to the State of Hawaii Department of Budget and Finance and is governed by a 10-member, governor-appointed board of trustees.

The EUTF is responsible for designing the health benefit plans (e.g., coinsurance, copayments, and deductibles) subject to federal and state regulations, contracting with insurance carriers and pharmacy benefit managers to provide the services, and developing and/or negotiating premium rates.

If you have any questions regarding the information provided in this Highlights Guide, please contact the EUTF Customer Call Center at **1-808-586-7390** or toll-free at **1-800-295-0089**, for clarification.

Disclaimer

This Highlights Guide offers general information on your health and other benefit plans that are exclusively governed by the Hawaii Revised 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 Guide is intended to amend, change, or contradict these documents. This Guide is not a legal document or contract, and the information in this Guide is not intended as legal advice or to create any legal or contractual liabilities.

Various health plan providers offer services to EUTF members that are specific products of the provider. These services are not a part of the health benefits package provided to you by the State of Hawaii and its Counties by virtue of your employment or membership in the EUTF. These services are provided only as pilot programs and are subject to modification or termination at any time by the service provider, EUTF, and/or the State at their sole discretion. The State and EUTF expressly do not promise, do not warrant, do not guarantee, and make no representation that these services will be available to EUTF active or retired employees or their beneficiaries at any time in the future or in any form or manner.

Individuals With Special Needs

This Highlights 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 **1-808-586-7390** or toll-free at **1-800-295-0089**, for special needs.

What's New for 2021

Benefit Plan Changes

VSP Plan Changes

The following changes are effective January 1, 2021:

1. Increased the retail frame allowance from \$120 to \$150 for EUTF and HSTA VB retirees; frame covered every other year
2. Increased the allowance from \$120 to \$130 for contact lens supply and added a \$60 maximum member copay for contact lens fitting and evaluation for EUTF and HSTA VB retirees; contact lenses covered every year in lieu of glasses

NEW Humana Medicare Advantage PPO Plan

Effective January 1, 2021, EUTF Medicare retirees will have an additional medical plan option—the Humana Medicare Advantage PPO plan. Read more about the plan on pages 20-22.

Premium Rate Changes

For information about the 2021 monthly premium rates that take effect January 1, 2021, see the Monthly Health Plan Premiums section, starting on page 28.

Visit the EUTF Website

Be sure to visit the EUTF website at eutf.hawaii.gov. Not only does it provide more details than this Highlights Guide about your specific benefit plans, it includes resources to help support your health and well-being, news articles, health plan provider contacts, frequently asked questions, forms and documents to print and download, and much more.

Important Enrollment Information

About Open Enrollment

Now is the time for you to review whether the health coverage you have for yourself and your family continues to best meet your needs. During the open enrollment election period, you can:

- Add, change, or drop a plan
- Add or remove dependents
- Change coverage tiers, such as changing from Self to Family, or Family to Two-Party

If you decide to keep your current plans, you don't need to take action. You are not required to complete any forms to continue your current coverage.

If you are making changes, complete and submit the EC-2 enrollment form (or EC-2H for those enrolled in the HSTA VB retiree plans) located in the back of this Highlights Guide.

Paperwork must be postmarked by October 30, 2020, for changes to become effective January 1, 2021.

Important Dates

October 15–30, 2020:
Open enrollment election period

January 1, 2021:
Premium changes take effect and the Base Monthly Contribution (BMC) may change

January 1, 2021–December 31, 2021:
Retiree benefit plan coverage period

Eligible for Medicare?

If you or your dependents are eligible for Medicare—or will be this year—please be sure to review the Medicare section of the EUTF website (<https://eutf.hawaii.gov/medicare/overview>), so you are aware of how this will affect your plans, as well as the statutory Medicare Part B enrollment requirements (see page 2).

EUTF Retiree Open Enrollment Virtual Fair

October 15–30, 2020

The EUTF will be hosting a virtual open enrollment fair in place of in-person informational sessions. You can attend virtually from your laptop, tablet, or PC!

At the virtual fair, you will be able to:

- Attend a live webinar presentation by an EUTF representative
- Watch on-demand video presentations from HMSA, Kaiser Permanente, Humana, CVS Caremark/SilverScript, VSP, HDS, and Securian
- Learn about health plan and premium changes (effective January 1, 2021)
- Learn money saving tips

How to attend the fair

On the day of the fair, go to eutf.hawaii.gov/learning-center and click on “Retiree Open Enrollment Fair.” You’ll be able to view on-demand video presentations from the EUTF and each of the insurance carriers, and attend an EUTF live webinar. Please see the schedule below for a list of live webinars.

DATE	TIME
Thursday – October 15, 2020	9:00 – 9:30 a.m. 11:00 – 11:30 a.m.
Friday – October 16, 2020	
Monday – October 19, 2020	
Tuesday – October 20, 2020	
Wednesday – October 21, 2020	
Thursday – October 22, 2020	
Friday – October 23, 2020	
Monday – October 26, 2020	
Tuesday – October 27, 2020	
Wednesday – October 28, 2020	
Thursday – October 29, 2020	
Friday – October 30, 2020	

Technology needed to attend

Participants will need a computer and internet access to attend. For the best experience, use an up-to-date version of Google Chrome (preferred), Safari, or Firefox from a desktop/laptop.

Your Open Enrollment Checklist

- ☐ **Know your current coverage.** What plans are you currently enrolled in? And which dependents are you covering? You may contact EUTF at **1-808-586-7390** or toll-free at **1-800-295-0089**, if you need to check on which EUTF or HSTA VB plans you are enrolled in.
- ☐ **Learn more about the choices available to you.** You have a number of resources to help:
 - **Read this *2021 Retiree Health Benefits Highlights Guide*** for the summaries of your plan options, including what's new or changing for 2021 (see page 5).
 - **Visit the EUTF website at eutf.hawaii.gov** for full details about the plans, including extra programs supporting your health and wellness, tips to help you save on health care costs, and more. It also includes links to the insurance carriers' websites. Questions regarding specific plan provisions should be directed to the carriers (see page 60).
 - **Attend an online Open Enrollment Virtual Fair** to get more details and ask questions of our EUTF Outreach and Training Specialists (see page 7 for the schedule).
- ☐ **Check your costs.** You can find the monthly premium rates starting on page 31 of this Highlights Guide. The premium amounts listed show the full cost for each plan.

To determine whether you need to pay a portion of the monthly premiums, you will also need to review the 2021 Base Monthly Contribution (BMC) and employer contribution amounts, which were not available at the time this Guide went to press. Please visit the EUTF website at eutf.hawaii.gov in December for the 2021 Base Monthly Contribution amount to determine the contributions that take effect January 1, 2021.

Dependents No Longer Eligible?

IMPORTANT: If any of your dependents are no longer eligible (e.g., due to a divorce, legal separation, a child no longer being a full-time student or who gets married), they cannot continue to be covered under EUTF or HSTA VB retiree plans. You are required to notify the EUTF and make these terminations in coverage when these events occur. Do not wait for open enrollment to submit these terminations. If your dependent child is reaching the maximum age covered (24), disenrollment will occur automatically, and an enrollment form is not necessary.

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- ☐ **Confirm your dependent coverage.** You may add or remove dependents from your plan, including a spouse/partner or eligible children. Please visit the “EUTF Retiree – Eligibility” webpage (<https://eutf.hawaii.gov/retirees/eutf-retiree/eligibility/>) for eligibility definitions and information on required supporting documents.

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 (see page 2).

- ☐ **Make a decision about which plans best suit your needs,** and whether you want to keep or change your current coverage.
- **If you decide to keep your current plans, you don’t need to do anything.**
You are not required to complete any forms to keep your current coverage.
 - **If you wish to make any changes,** complete the next step.

- ☐ **Complete and submit your signed enrollment form, on or before October 30, 2020.**

- **Make your selections** on the EC-2 form (or EC-2H for those already enrolled in the HSTA VB retiree plans), and ***sign the form***. Dependents (up to two) enrolled in Medicare Part B who are covered under the new Humana plan must also sign the EC-2 form.
- **Mail your completed enrollment form** to the EUTF, postmarked no later than October 30, 2020.

NOTE: Forms postmarked after October 30, 2020, will be rejected.

The EUTF will send you an enrollment confirmation notice after the processing of open enrollment forms is completed.

Please note that although your coverage changes are effective on January 1, 2021, your enrollment may not be processed right away. If you need to fill a prescription or go to the doctor before you’ve received your ID cards, you should email EUTF at eutf@hawaii.gov. In the email subject line, type “**URGENT – Confirmation of coverage needed.**” EUTF checks this email daily and will contact the carrier to rush your enrollment.

Health Plan Basics

Medical and Prescription Drug Plans

Since Medicare has a significant impact on our retiree medical and prescription drug plans, EUTF separates retirees into two benefit categories for these plans:

- **Non-Medicare Retirees** – Retirees and their eligible dependents who are not yet eligible for Medicare. State and County employees who retire before becoming Medicare eligible may select non-Medicare medical and prescription drug plan options for themselves and their eligible dependents. See pages 12-13 for these benefit summaries.
- **Medicare Retirees** – Retirees and their eligible dependents who are enrolled in Medicare. Hawaii Revised Statutes 87A and EUTF Administrative Rules require that you enroll in Medicare Part B when eligible in order to enroll in any EUTF or HSTA VB retiree medical and/or prescription drug plan (see page 2). See pages 15-16 for these benefit summaries.

Premiums are based on the Medicare status of the retiree.

Dental, Vision, and Life Insurance Plans

The EUTF and HSTA VB retiree dental, vision, and life insurance plans are the same for both non-Medicare and Medicare retirees. See pages 25-27 for these benefit summaries.

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

Act 167, 2006 Session Laws of Hawaii changed the contribution method for health insurance premiums for retirees outside of Hawaii effective July 1, 2007. 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. The EUTF will reimburse your premiums paid for an individual health insurance policy with Kaiser Permanente.

Your premium reimbursement will be the lesser of:

- The actual cost of the medical and prescription drug plan, or
- The amount of the State or County contribution for the most comparable Kaiser health plan.

Reimbursements are paid by the EUTF on a quarterly basis upon receipt of documentation that the premiums for an individual health insurance policy have been paid by the retiree-beneficiary and are limited to a two-year lookback period.

Benefit Summaries: Non-Medicare

Retirees who are not yet eligible for Medicare may enroll in Non-Medicare retiree medical and prescription drug plan options. The charts on the following pages outline both EUTF and HSTA VB* plan options.

These charts are intended to provide a condensed summary of plan benefits. Certain limitations, restrictions, and exclusions apply to all insurance plans. For complete information on plan benefits, please refer to the *HMSA Guide to Benefits* or the *Kaiser Permanente Hawaii's Guide to Your Health Plan*. You may download them from the EUTF website at eutf.hawaii.gov or request them directly from HMSA or Kaiser. Plan benefits vary based on the plan selected.

In the case of a discrepancy between the information provided in this Highlights Guide and that contained in the carrier's benefit summary, the language in the carrier's benefit summary will take precedence.

* HSTA VB plan options were created for HSTA retirees who were enrolled in the HSTA VB retiree plans prior to January 1, 2011. These plans are no longer accepting new enrollees.



EUTF Medical and Prescription Drug Benefits Non-Medicare

MEDICAL	HMSA 90/10 PPO Plan		Kaiser HMO Plan
	In-Network	Out-of-Network	HMO Network
Calendar Year Deductible	\$100/person \$300/family		None
Calendar Year Maximum Out-of-Pocket Limit	\$2,500/person \$7,500/family		\$2,000/person \$6,000/family
Lifetime Benefit Maximum	None		None
Physician Office Visit	10%*	30%	\$15
Urgent Care Visit	10%*	30%	\$15 (in service area) 20% (out of service area)
Emergency Room	10%*	10%*	\$50 (in service area) 20% (out of service area)
Inpatient Hospital Services	10%*	30%	No charge
Outpatient Testing, Lab, and X-ray Services	20%*	30%	\$15
Annual Physical Exam	No charge*	30%*	No charge
Well Child Office Visit	No charge*	30%*	No charge
Preventive Screening	20%*	30%	No charge
Inpatient Mental Health	10%*	30%	No charge
Outpatient Mental Health	10%*	30%	\$15
Chiropractic Services	Not covered	Not covered	Not covered

PRESCRIPTION DRUG	CVS PPO Drug Plan**			Kaiser HMO Plan†	
	In-Network	Out-of-Network***	Retail 90/ Mail Order	HMO Network	Mail Order
Day Supply	30/60/90			30/60/90	
Generic	\$5/\$10/\$15	\$5/\$10/\$15 + 20%	\$5/\$10/\$10	\$15/\$30/\$45	\$15/\$30/\$30
Preferred Brand	\$15/\$30/\$45	\$15/\$30/\$45 + 20%	\$15/\$30/\$30		
Non-Preferred Brand	\$30/\$60/\$90	\$30/\$60/\$90 + 20%	\$30/\$60/\$60		
Preferred Insulin	\$5/\$10/\$15	\$5/\$10/\$15 + 20%	\$5/\$10/\$10	\$15/\$30/\$45	Not covered
Other Insulin	\$15/\$30/\$45	\$15/\$30/\$45 + 20%	\$15/\$30/\$30		
Preferred Diabetic Supplies	No charge	20%	No charge	\$15/\$30/\$45	\$15/\$30/\$30
Other Diabetic Supplies	\$15/\$30/\$45	\$15/\$30/\$45 + 20%	\$15/\$30/\$30		
Specialty Drugs/ Injectables	20% (up to a 30-day supply) Up to \$250 per fill; \$2,000 maximum out-of-pocket per calendar year; \$30 copay for oral oncology specialty medications		Retail 90: Dispensed up to a 30-day supply Mail Order: Not covered	\$15 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

* Not subject to the deductible

** This plan is the prescription drug coverage for the HMSA PPO medical plan option and is administered by CVS Caremark. Note: Maintenance medications can be filled at any retail network pharmacy or through mail order but must be filled in a 90-day supply after the first three 30-day initial fills.

*** If you receive services from an 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.

† The Kaiser prescription drug coverage is included under the Kaiser HMO medical plan.

HSTA VB Medical and Prescription Drug Benefits Non-Medicare

MEDICAL	HMSA 90/10 PPO Plan		Kaiser HMO Plan
	In-Network	Out-of-Network	HMO Network
Calendar Year Deductible	None	\$100/person \$300/family	None
Calendar Year Maximum Out-of-Pocket Limit	\$2,000/person \$6,000/family		\$2,000/person \$6,000/family
Lifetime Benefit Maximum	\$2,000,000 for all individuals combined		None
Physician Office Visit	10%	30%	\$15
Urgent Care Visit	10%	30%	\$15 (in service area) 20% (out of service area)
Emergency Room	10%	10%*	\$50 (in service area) 20% (out of service area)
Inpatient Hospital Services	10%	30%	No charge
Outpatient Testing, Lab, and X-ray Services	10%	30%	\$15
Annual Physical Exam	No charge	No charge*	No charge
Well Child Office Visit	No charge	30%*	No charge
Preventive Screening	10%	30%	No charge
Inpatient Mental Health	10%	30%	No charge
Outpatient Mental Health	10%	30%	\$15
Chiropractic Services (administered through American Specialty Health, Inc.)	\$12 (20 visits/year)	Not covered	\$12 (20 visits/year)

PRESCRIPTION DRUG	CVS PPO Drug Plan**		Kaiser HMO Plan†	
	In-Network/Mail Order	Out-of-Network***	HMO Network	Mail Order
Day Supply	30/60/90		30/60/90	
Generic	\$5/\$9/\$9	\$5/\$9/\$9+30%	\$10/\$20/\$30	\$10/\$20/\$20
Brand	\$15/\$27/\$27	\$15/\$27/\$27+30%		
Insulin	\$5/\$9/\$9	\$5/\$9/\$9+30%	\$10/\$20/\$30	Not covered
Diabetic Supplies	No charge	No charge	50%	50%
Specialty Drugs/ Injectables	Generic/brand copays apply Mail order: Not covered	Generic/brand copays apply	\$10 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

* Not subject to the deductible

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

*** If you receive services from an 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.

† The Kaiser prescription drug coverage is included under the Kaiser HMO medical plan.

Benefit Summaries: Medicare

Retirees who are enrolled in Medicare may enroll in Medicare retiree medical and prescription drug plan options. The charts on the following pages outline both EUTF and HSTA VB* plan options.

These charts are intended to provide a condensed summary of plan benefits. Certain limitations, restrictions, and exclusions apply to all insurance plans. For complete information on plan benefits, please refer to the *HMSA Guide to Benefits*, the *Humana Medicare Advantage PPO Guidebook for Hawaii*, or the *Kaiser Permanente Hawaii's Guide to Your Health Plan*. You may download them from the EUTF website at eutf.hawaii.gov or request them directly from HMSA, Humana, or Kaiser. Plan benefits vary based on the plan selected.

In the case of a discrepancy between the information provided in this Highlights Guide and that contained in the carrier's benefit summary, the language in the carrier's benefit summary will take precedence.

* HSTA VB plan options were created for HSTA retirees who were enrolled in the HSTA VB retiree plans prior to January 1, 2011. These plans are no longer accepting new enrollees.

Medicare 101

For a general overview of Medicare, including how to enroll, information about Medicare Part B and Part D coverage, and answers to frequently asked questions, be sure to visit the EUTF "Medicare – Overview" webpage (<https://eutf.hawaii.gov/medicare/overview/>).



EUTF Medical and Prescription Drug Benefits Medicare

MEDICAL	HMSA 90/10 PPO Plan (Supplemental Plan to Medicare)		Humana Medicare Advantage Plan	Kaiser Senior Advantage Plan
	In-Network	Out-of-Network	In-Network/ Out-of-Network	HMO Network
Calendar Year Deductible	\$100/person \$300/family		\$100/person	None
Calendar Year Maximum Out-of-Pocket Limit	\$2,500/person \$7,500/family		\$2,500/person	\$2,000/person \$6,000/family
Lifetime Benefit Maximum	None		None	None
Physician Office Visit	10%*	30%	10%*	\$15
Urgent Care Visit	10%*	30%	10%*	\$20
Emergency Room	10%*	10%*	10%* (waived if admitted within 24 hours)	\$50
Inpatient Hospital Services	10%*	30%	10%	No charge
Outpatient Testing, Lab, and X-ray Services	20%*	30%	10%	No charge
Annual Physical Exam	No charge*	30%*	No charge*	No charge
Preventive Screening	20%*	30%	No charge*	No charge
Inpatient Mental Health	10%*	30%	10%	No charge
Outpatient Mental Health	10%*	30%	10%	\$15
Chiropractic Services	Not covered	Not covered	10%* For only the Medicare-covered service (manual manipulation of the spine to correct subluxation)	\$15

PRESCRIPTION DRUG	SilverScript (SSI) Medicare Part D PPO Drug Plan**		Kaiser Senior Advantage Plan†	
	In-Network/Mail Order	Out-of-Network***	HMO Network	Mail Order
Day Supply	30/60/90		30/60/90	
Generic	\$5/\$10/\$10	\$5/\$10/\$10 + 20%	\$15/\$30/\$45	\$15/\$30/\$30
Preferred Brand	\$15/\$30/\$30	\$15/\$30/\$30 + 20%		
Non-Preferred Brand	\$30/\$60/\$60	\$30/\$60/\$60 + 20%		
Insulin	\$5/\$10/\$10	\$5/\$10/\$10 + 20%	\$15/\$30/\$45	Not covered
Diabetic Supplies	No charge Meters: Covered by Medicare Part B and the HMSA/Humana PPO medical plan	20% Meters: Covered by Medicare Part B and the HMSA/Humana PPO medical plan	Lancets, strips, and meters: 20% Syringes/needles: \$15/\$30/\$45	Lancets, strips, and meters: 20% Syringes/needles: \$15/\$30/\$30
Specialty Drugs/ Injectables	20% (up to a 30-day supply) Up to \$250 per fill; \$2,000 maximum out-of-pocket per calendar year; \$30 copay for oral oncology specialty medications Mail Order: Not covered	50%	\$15 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

* Not subject to the deductible

** The EUTF's Medicare Part D prescription drug plan is administered by SilverScript (SSI), the Medicare Part D administrator for CVS Caremark. This plan is the prescription drug coverage for Medicare retirees enrolled in the HMSA and Humana PPO medical plan options and for stand-alone drug coverage.

*** If you receive services from an 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.

† The Kaiser Medicare Part D prescription drug coverage is included under the Kaiser Permanente Senior Advantage medical plan.

HSTA VB Medical and Prescription Drug Benefits Medicare

MEDICAL	HMSA 90/10 PPO Plan		Kaiser Senior Advantage Plan
	In-Network	Out-of-Network	HMO Network
Calendar Year Deductible	None	\$100/person \$300/family	None
Calendar Year Maximum Out-of-Pocket Limit	\$2,000/person \$6,000/family		\$2,000/person \$6,000/family
Lifetime Benefit Maximum	\$2,000,000 for all individuals combined		None
Physician Office Visit	10%	30%	\$15
Urgent Care Visit	10%	30%	\$20
Emergency Room	10%	10%*	\$50
Inpatient Hospital Services	10%	30%	No charge
Outpatient Testing, Lab, and X-ray Services	10%	30%	No charge
Annual Physical Exam	No charge	No charge*	No charge
Preventive Screening	10%	30%	No charge
Inpatient Mental Health	10%	30%	No charge
Outpatient Mental Health	10%	30%	\$15
Chiropractic Services (administered through American Specialty Health, Inc.)	\$12 (20 visits/year)	Not covered	\$12 (20 visits/year)

PRESCRIPTION DRUG	SilverScript (SSI) Medicare Part D PPO Drug Plan**		Kaiser Senior Advantage Plan†	
	In-Network/Mail Order	Out-of-Network***	HMO Network	Mail Order
Day Supply	30/60/90		30/60/90	
Generic	\$3/\$9/\$9	\$3/\$9/\$9 + 30%	\$10/\$20/\$30	\$10/\$20/\$20
Brand	\$9/\$27/\$27	\$9/\$27/\$27 + 30%		
Insulin	\$3/\$9/\$9	\$3/\$9/\$9 + 30%	\$10/\$20/\$30	Not covered
Diabetic Supplies	No charge Meters: Covered by Medicare Part B and the HMSA PPO medical plan	30% Meters: Covered by Medicare Part B and the HMSA PPO medical plan	20%	20%
Specialty Drugs/Injectables	Generic/brand copays apply Mail order: Not covered	Generic/brand copays apply	\$10 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

* Not subject to the deductible

** The HSTA VB's Medicare Part D prescription drug plan is administered by SilverScript (SSI), the Medicare Part D administrator for CVS Caremark. This plan is the prescription drug coverage for Medicare retirees enrolled in the HMSA PPO medical plan option.

*** If you receive services from an 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.

† The Kaiser Medicare Part D prescription drug coverage is included under the Kaiser Permanente Senior Advantage medical plan.

Coordination of Benefits for Medicare

When a retiree is covered by more than one health insurance plan, Coordination of Benefits (COB) determines which plan should be the primary and secondary payer for services.

Medicare Secondary Payer

When a retiree has Medicare and another medical insurance plan, Medicare Secondary Payer (MSP) rules are used to determine COB. MSP rules state that in most cases, Medicare will be the primary payer if a Medicare beneficiary is also covered under an employer retirement group health plan. Information about MSP is available online at [Medicare.gov](https://www.medicare.gov).

Medicare Annual Deductible

The Medicare annual deductible is applied for most Medicare Part A and B services and must first be satisfied before Medicare benefits can be applied. Medicare annual deductibles are based on a calendar year and are adjusted annually. Medicare annual deductibles for 2020* are as follows:

- 2020 Medicare Part A Hospital Deductible \$1,408
- 2020 Medicare Part B Medical Deductible \$198

* Medicare annual deductibles for 2021 were not available at the time of print.

Coordination of Benefits (COB)

For retirees with Medicare Part A and B enrolled in the EUTF HMSA 90/10 PPO plan, COB is available when services are received from an HMSA participating provider who also accepts Medicare assignment.

To help in the coordination, please inform your provider by giving them information about your Medicare and EUTF plans. COB examples are provided on the following pages. Retirees will be responsible for any non-covered charges such as taxes.

Coordination of Medicare Benefits Examples

Table of Claims Examples

Claim	Service	Date of Service	Charge	Medicare Part B Payment	HMSA 90/10 PPO Plan Payment	HMSA Member Owes	Humana Member Owes*
#1	Office Visit	1/3/2021	\$100.00	\$0.00	\$90.00	\$10.00	\$10.00
	Diagnostic Test (Outpatient)	1/3/2021	\$98.00	\$0.00	\$78.40	\$19.60	\$98.00
			\$198.00	\$0.00	\$168.40	\$29.60	\$108.00
#2	Office Visit	2/3/2021	\$100.00	\$80.00	\$20.00	\$0.00	\$10.00
	Diagnostic Test (Outpatient)	2/3/2021	\$98.00	\$78.40	\$19.60	\$0.00	\$11.60
			\$198.00	\$158.40	\$39.60	\$0.00	\$21.60
#3	Inpatient Hosp. – Room & Board	2/20/2021	\$15,000.00	\$13,592.00	\$1,408.00	\$0.00	\$1,500.00
#4	Prosthesis	2/20/2021	\$500.00	\$400.00	\$0.00**	\$100.00	\$50.00

No COB for Humana (or Kaiser)

If you are enrolled in the Humana Medicare Advantage PPO plan (or Kaiser Permanente Senior Advantage plan), there is no Coordination of Benefits with Medicare.

Example 1: Medicare/HMSA Coordination With Medicare Part B Annual Deductible

Claim #1:

Medicare/HMSA: Member received services from an HMSA Participating Provider who accepts Medicare assignment. There will be no payment by Medicare, as Medicare will apply \$198.00 toward the annual Medicare Part B deductible. HMSA will process the office visit claim at 90% of eligible charge and the outpatient diagnostic test claim at 80% of eligible charge. The member owes the 10% balance of the office visit claim and the 20% balance of the outpatient diagnostic claim, plus any non-covered charges such as taxes.

Humana: All in- and out-of-network claims are submitted to and processed by Humana. Humana will pay the office visit claim at 90% of eligible charge, and the member owes the 10% balance. Humana will pay the outpatient diagnostic test claim at 90% of eligible charge after the \$100 annual deductible. Because the \$100 deductible has not been met, Humana pays nothing for the outpatient diagnostic test claim, and the member owes the full \$98.00.

Claim #2:

Medicare/HMSA: The annual Medicare Part B deductible was met with Claim #1; therefore, Medicare will apply plan benefits, and HMSA will coordinate payment of the remaining balance of eligible charges. Although the member owes a zero balance in eligible charges, he/she may be responsible for any non-covered charges such as taxes.

Humana: Humana will pay the office visit claim at 90% of eligible charge, and the member owes the 10% balance. Humana will pay the outpatient diagnostic test claim at 90% of eligible charge after the member pays the remaining \$2.00 balance of the deductible. The member owes \$2.00, plus 10% of the remaining eligible charge (\$9.60), for the outpatient diagnostic test claim. At this point the member has met the \$100 deductible.

Example 2: Medicare/HMSA Coordination With Medicare Part A Hospital Deductible**Claim #3:**

Medicare/HMSA: Member received services from an HMSA Participating Facility who accepts Medicare assignment. Member has not had any previous inpatient visits within the last 60 days. Medicare Part A will process 100% of facility charges less the Medicare Part A deductible of \$1,408. HMSA will coordinate payment of the remaining balance of eligible charges. Although member owes a zero balance in eligible charges, the member may be responsible for any non-covered charges such as taxes.

Humana: Humana will pay the inpatient hospital claim at 90% of eligible charge, and the member owes the 10% balance.

Example 3: Medicare/HMSA Coordination With HMSA Annual Deductible**Claim #4:**

Medicare/HMSA: Member received services from an HMSA Participating Provider who accepts Medicare assignment. The annual Medicare Part B deductible was met with Claim #1; therefore, Medicare will apply plan benefits. Durable Medical Equipment benefits are subject to a \$100 annual deductible, and, therefore, \$100 is applied to the HMSA deductible. Member owes \$100 in addition to any non-covered charges such as taxes.

Humana: Since the annual deductible was met by Claims #1 and #2, Humana will pay the prosthesis claim at 90% of eligible charge, and the member owes the 10% balance.

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

An elderly couple is shown from the waist up, sitting on a blue exercise mat. The woman in the foreground has short white hair and is wearing a red and white striped shirt. She is holding a pink dumbbell in her right hand and looking towards the camera with a smile. The man in the background has grey hair and is wearing a white polo shirt. He is holding a blue dumbbell in his right hand and looking slightly away from the camera. They are both smiling and appear to be in a bright, airy room with large windows in the background.

Introducing the Humana Medicare Advantage PPO Plan for EUTF Retirees

Humana offers a Medicare Advantage PPO medical plan to EUTF retirees and their eligible dependents enrolled in Medicare Part A and B. The plan is a PPO plan, which means:

- You have access to Humana's nationwide (Hawaii and Mainland) network of doctors and hospitals, AND
- You can use doctors and hospitals not in Humana's network, as long as they participate in Medicare and accept this plan.

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

Other advantages of the Humana Medicare Advantage PPO plan:

- Low plan premiums
- Benefits that go beyond Original Medicare coverage, such as:
 - **Routine physical exams:** Once per calendar year and preventive care screenings: cardiovascular disease behavioral therapy; diabetes self-management training; physical exam and health guidance (e.g., weight, height and body mass index (BMI)); colorectal cancer screening; annual wellness visit; diabetic screening; and much more.
 - **Hearing aid benefit:** After annual deductible, 80% coverage for hearing aids (all types), up to 1 per ear every 5 years.
 - **Telehealth through MDLive:** Conveniently use your phone, tablet, or laptop to get help from a U.S.-based, board-certified doctor 24 hours a day, 7 days a week. Private, secure, and confidential visits. No appointment needed.
 - **SilverSneakers Fitness Program:** Access to free gym membership at 16,000+ fitness locations nationwide, with weights, swimming, classes and cardio equipment, fitness classes, social events, and more.
 - **Go365:** The wellness program that rewards you for completing eligible healthy activities. Complete healthy activities like walking, getting your Annual Wellness Exam, or volunteering to earn rewards to redeem for gift cards.
 - **Health Coaching:** Health Coaches will work with you to create a personal vision for your health and well-being while providing accountability and support.
 - **Humana at Home:** Your Humana At Home care manager will help answer your questions, make a plan to meet your needs, and help make coming back home after an inpatient stay as smooth as possible.
 - **MyHumana:** You can set up a secure, personalized online account and always know where to find your health plan information. Use MyHumana to check the status of your claims, find a provider in your plan's network, and view important plan messages, letters, and notifications.
 - **MyDirectives®:** An online advance care plan platform that can help you and your family have a voice in your care when unexpected medical emergencies happen or as illnesses progress.
 - **Smoking Cessation:** A comprehensive smoking cessation program available online, via email, and by phone. Experience unlimited and ongoing one-on-one interactions with a personal coach to reinforce healthy changes that can help you quit smoking.
 - **Meal Program:** After an overnight inpatient stay in a hospital or skilled nursing facility, you are eligible to receive up to 14 nutritious meals delivered to your home at no cost.

Important things to know if you enroll in the EUTF Humana Medicare Advantage PPO plan:

- In order to be enrolled in the EUTF Humana Medicare Advantage plan, you must reside in Humana's Medicare Advantage service area.*
- If you enroll in a non-EUTF Medicare Advantage plan or a non-EUTF Medicare prescription drug plan, you will be disenrolled from the EUTF Humana Medicare Advantage plan or the EUTF SilverScript Medicare prescription drug plan.
- If you enroll in the EUTF Humana plan and you want to cover your spouse, he/she must also enroll in the EUTF Humana plan and be enrolled in Medicare Part A and B.
- The EUTF Humana plan is limited to no more than the retiree and two dependents, all of whom must be enrolled in Medicare Part A and B.
- If you are enrolled in a non-EUTF individual Medicare Part D prescription drug plan (not an EUTF Medicare prescription drug plan) and you enroll in the EUTF Humana plan, you will be disenrolled from the individual Medicare Part D prescription drug plan.
- If you are enrolled in an HSTA VB retiree plan and change to the EUTF Humana plan, you will not be allowed to re-enroll in HSTA VB retiree plans in the future.
- The EUTF Humana plan does not include prescription drug coverage, so if you enroll in the EUTF Humana plan and want prescription drug coverage, you should also enroll in the EUTF SilverScript Medicare prescription drug plan.

Enrollment

If you plan to enroll in the EUTF Humana Medicare Advantage PPO plan, you must:

- Be enrolled in Medicare Part A and B
- 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.
- Reside in Humana's Medicare Advantage service area*

If you plan to enroll your spouse/partner/disabled child:

- Your spouse/partner/disabled child must be enrolled in Medicare Part A and B.
- You must attach a copy of his/her Medicare card to your EC-2 enrollment form.
- Your spouse/partner/disabled child must sign the EC-2 enrollment form.

- Your spouse/partner/disabled child must reside in Humana's Medicare Advantage service area.*
- The maximum enrollment in the Family Tier is three (3), including you.

* For retirees and their spouse/partner/disabled child residing in the State of Hawaii, Humana's service area includes all of the Hawaiian islands.

For retirees and their spouse/partner/disabled child residing on the Mainland, please contact Humana to verify your residential address is in Humana's service area. When calling Humana, please identify yourself as a retiree of the EUTF/State of Hawaii Group plan. Toll-free: **1-888-908-6518**, open 7:00 a.m. to 7:00 p.m. HST, Monday to Friday. Humana's phone system may answer your call after hours. Please leave a message, and a Humana Customer Service representative will call you back by the end of the next business day.

Kaiser Permanente Senior Advantage Plan

The following requirements apply to all Medicare-eligible retirees and dependents for enrollment in the Kaiser HMO medical and prescription drug plan who:

- Enroll in Medicare Part A and B; and
- Reside in the Kaiser Permanente Senior Advantage service area. This area excludes those living on Kauai, Molokai, Lanai, and parts of Hawaii Island, which include Pahala, Naalehu, and Hawaii Volcanoes National Park. Members living in these areas will remain enrolled in the Kaiser Permanente HMO medical plan.

Retirees who enroll in Medicare Part A and B

Retirees who meet the above criteria will automatically be enrolled in the Kaiser Permanente Senior Advantage plan.

Covered dependents who enroll in Medicare Part A and B

Covered dependents who meet the above criteria will also automatically be enrolled in the Kaiser Permanente Senior Advantage plan.

If the retiree is not yet Medicare eligible but their covered dependent enrolls in Medicare Part A and B, the covered dependent will automatically be enrolled in the Kaiser Permanente Senior Advantage plan. The retiree will remain on the Kaiser Permanente HMO medical plan.

Note: Enrollment in the Kaiser Permanente Senior Advantage plan will automatically enroll you in the Medicare Part D plan. Failure to be enrolled in Kaiser Permanente Senior Advantage plan when eligible will result in cancellation of your EUTF medical and prescription drug plan. If in the future you enroll in another Medicare Part D or Medicare Advantage plan, you will be disenrolled from the Kaiser Permanente Senior Advantage plan.

Moving Out of State? (Geographic Relocation)

If you're a Kaiser Permanente Senior Advantage member who moves out of state, and you wish to change your medical and prescription drug coverage to the EUTF HMSA PPO medical and SilverScript prescription drug plan, you may do so.

Submit an EC-2 form (or EC-2H form for HSTA VB members) to the EUTF indicating your change of address within 45 days of your relocation date. The effective date of coverage will begin on the first of the month after the later of the relocation and notification dates.

Benefits for All Retirees

All retirees have the following benefits available to them:

- **Dental** and **Vision** plans – coverage for both non-Medicare and Medicare retirees and their eligible dependents
- **Life Insurance** plan – retiree coverage only



Dental Benefits for EUTF and HSTA VB Retirees and Dependents

Your retiree dental benefits are provided by Hawaii Dental Service (HDS), and a high-level summary of the plan's benefits is shown below.

For full plan details, visit the HDS website's dedicated EUTF page (<https://www.hawaiidental-service.com/members/eutf>). Click on the "Login to EUTF Member Portal" button to sign in or register for an online account. With an online account, you can 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, and receive paperless benefit statements from the convenience of your home computer or mobile device.

HAWAII DENTAL SERVICE (HDS) DENTAL PLAN	
DENTAL BENEFIT	Plan Covers
Calendar Year Plan Maximum per person	\$2,000
Diagnostic	
Examinations – 2 per calendar year	100%
Bitewing X-rays – 2 per calendar year through age 14, 1 per calendar year thereafter	100%
Other X-rays – full mouth X-rays limited to 1 every 5 years	100%
Preventive	
Cleanings – 2 per calendar year, additional cleanings covered for diabetic patients and expectant mothers	100%
Fluoride – 2 per calendar year through age 19	100%
Silver Diamine Fluoride	100%
Space Maintainers – through age 17	100%
Sealants – through age 18 (one treatment per lifetime to permanent molars with no prior occlusal restorations, regardless of the number of surfaces sealed)	100%
Basic Care	
Fillings – silver fillings; white-colored fillings limited to front teeth	60%
Root Canals	60%
Gum Surgeries and Maintenance – cleaning for gum disease limited to 2 per calendar year after qualifying gum treatment	60%
Oral Surgeries	60%
Major Care	
Crowns – 1 every 5 years when teeth cannot be restored with silver or white fillings	60%
Fixed Bridges and Dentures – 1 every 5 years; age 16 and over	60%
Implants	60%
Other Services	
Emergency Treatments of Dental Pain	100%

* For the Dental Benefits Summary chart that lists other covered services, limitations, and exclusions, visit the HDS webpage (<https://www.hawaiidental-service.com/members/eutf>). Scroll down to download the Dental Plan Benefits Brochure (for EUTF and HSTA VB Retirees).

Vision Benefits for EUTF and HSTA VB Retirees and Dependents

Your retiree vision benefits are provided by Vision Service Plan (VSP), and a high-level summary of the plan's benefits is shown below.

VISION SERVICE PLAN (VSP)			
Vision Exam and Eyewear Benefits: Members can have an eye exam and choose between a pair of lenses or contact lenses every calendar year. Frames are covered every other calendar year.			
VISION BENEFIT	Frequency	In-Network	Out-of-Network Plan Pays
Exam	Every calendar year	\$10 copay	Up to \$45
Prescription Glasses		\$25 copay	
Frame	Every other calendar year	\$150 allowance plus 20% off out-of-pocket cost	Up to \$47
Lenses	Every calendar year		
Single-vision lenses		Included in \$25 copay	Up to \$45
Lined bifocal lenses		Included in \$25 copay	Up to \$65
Lined trifocal lenses		Included in \$25 copay	Up to \$85
Standard progressive lenses		Included in \$25 copay	Progressive lenses - up to \$85
Premium progressive lenses		\$80-\$90 copay	
Custom progressive lenses		\$120-\$160 copay	
Polycarbonate lenses for dependent children up to age 18		No charge	Not covered
UV protection		No charge	Not covered
Contact Lenses	Every calendar year		
Contact lenses		\$130 allowance	Up to \$105
Contact lenses fitting and evaluation		\$60 copay max	Not covered

Extra Discounts and Savings from VSP Providers

Glasses and Sunglasses

- Average 35%–40% savings on all non-covered lens options (such as tints, premium and custom progressive lenses, anti-scratch coatings, etc.)
- 30% off additional glasses and 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; \$39 maximum copay

Contact Lenses

- 15% off cost of contact lens exam (fitting and evaluation)
- VSP partners with leading contact lens manufacturers to provide VSP members exclusive offers. Check out [vsp.com](https://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, Walmart, and Sam's Club 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

Life Insurance Benefits for EUTF and HSTA VB Retirees

Your retiree life insurance benefit is \$1,815.

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

- **Terminal illness benefit:** If you are diagnosed as terminally ill with a life expectancy of 12 months or less, you may request early payment of 100% of your life insurance benefit.
- **Repatriation benefit:** If you die 200 miles or more from home, this additional benefit (equal to 10% of your life insurance amount) is available for the preparation and transportation of mortal remains.
- **Lifestyle benefits:** You have automatic access to a suite of additional services and resources, at no additional fee or required enrollment.
 - **Travel assistance services from RedpointWTP LLC.** When traveling 100 or more miles from home, you have access to pre-trip planning and emergency services, including medical relocation and medical or security evacuation, assistance replacing lost or stolen luggage or other critical items, and repatriation of mortal remains. Visit LifeBenefits.com/travel or call **1-855-516-5433** in the U.S. and Canada (outside of the U.S. and Canada **1-415-484-4677**).
 - **Legal, financial, and grief resources through LifeWorks by Morneau Shepell.** Get the professional support you need, such as templates to create a will and other key legacy documents, a complimentary 30-minute face-to-face consultation with an attorney, unlimited telephone consultations with attorneys and counselors, and much more. Visit LifeBenefits.com/LFG (user name: lfg, password: resources) or call **1-877-849-6034**.
 - **Legacy planning resources from Securian.** You may visit Securian's website (Securian.com/legacy) to access self-help tools for getting a person's affairs in order in advance, as well as for dealing with the loss of a loved one. In addition, Securian's funeral concierge service allows for coverage verification and direct payment to the funeral home so that services can be provided before the insurance settlement becomes available.

Beneficiary changes

If you would like to change your beneficiary designation, visit LifeBenefits.com, and log in to verify, update, or change your beneficiary designation. If you have not logged on yet or you have questions, contact Securian Financial, toll-free, at **1-877-291-8466**, Monday–Friday, 7:30 a.m.–6:00 p.m. HST, excluding State-observed holidays. You can also call the local office at **1-808-536-9890**.

Monthly Health Plan Premiums

Retirees who receive less than 100% employer contribution toward the Base Monthly Contribution (BMC) may be responsible for monthly premium payments to the EUTF. See pages 31-32 for the 2021 monthly health plan rates.

You may use the Retiree Premium Worksheet, located on the EUTF website (<https://eutf.hawaii.gov/retirees/eutf-retiree/premiums-contributions/>), to calculate your monthly premium cost.

Premium Payment Options

Retirees who make monthly payments to the EUTF can pay by the following options:

- Employees' Retirement System of the State of Hawaii (ERS) pension deduction
- ACH deductions (checking or savings)

Complete the appropriate form in the back of the guide or on our website at eutf.hawaii.gov.

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 (ERS membership date)
- Length of service, taking into account breaks in service and excluding sick leave
- The BMC amount, which determines the maximum amount the employer will contribute toward your retiree coverage

ERS Retirement Estimate Letter

Certification of the retiree's membership date and length of service is provided by the ERS at the time of retirement and will help determine what percentage of the BMC will be available for a retiree to cover plan premiums. You will need to provide EUTF with a copy of your ERS Retirement Estimate letter.

Base Monthly Contribution (BMC)

The BMC is the maximum allowable amount employers will contribute toward retiree health plan premiums. The employer's contribution as a percentage of the BMC varies depending on a retiree's:

- Medicare enrollment
- Coverage tier (Self, Two-Party, Family)
- ERS membership date
- Length of service, taking into account breaks in service and excluding sick leave

The BMC may be adjusted every January 1, depending on the percentage increase or decrease in the Medicare Part B premium rate from the previous year. Since the Medicare Part B premium rate is published later in the year, retirees should refer to the EUTF website toward the end of the 2020 year for the 2021 BMC amounts.

Retirees should refer to the Employer Contribution Table to determine the employer's contribution as a percentage of the BMC toward their health plan premiums.

Employer Contribution Table

Years of Credited Service	Employer's Contribution Percentage of the Base Monthly Contribution* if your ERS Membership Date Is:		
	On or Before 6/30/96	On or Between 7/1/96–6/30/01	On or After 7/1/01**
(excluding sick leave)			
Less than 10 years	50%	0%	0%
10 years, less than 15	100%	50%	50%
15 years, less than 25	100%	75%	75%
25 years or more	100%	100%	100%

* The Employer's percentage of the BMC 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 your ERS membership date is on or after 7/1/01, the monthly employer-sponsored contribution will be applied to the self-only BMC.

Employer Contribution Percentages

If the retiree falls in the 100% category and started prior to July 1, 2001, they will most likely pay nothing. If the retiree falls in the 50%, 75%, or on or after July 1, 2001 category, please complete the EUTF Retiree Premium Worksheet to determine the retiree's share of premiums. If the retiree falls in the 0% category, they will pay the full premium amount.

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. For retirees with membership dates on or after July 1, 2001, the monthly employer's contribution is limited to the LESSER of:

1. The BMC percentage from the table above multiplied by the self Medicare or non-Medicare BMC, or
2. The self premiums for the plans enrolled.

For example, the monthly employer contribution for a Medicare retiree enrolled in two-party HMSA medical, SilverScript prescription drug, HDS dental, and VSP vision with membership date July 1, 2005, and retired with 15 years of service would be \$530.28* as calculated as follows (premiums from page 31):

1. $\$542.18 = 75\% \times \text{Medicare self BMC of } \722.90^*
2. $\$530.28 = \$481.78 \text{ HMSA self medical and SilverScript self prescription drug} + \$43.64 \text{ HDS self dental} + \$4.86 \text{ VSP self vision}$

The retiree will be responsible for monthly premiums of \$503.06 as calculated below:

1. Total monthly premiums of \$1,033.34 = \$938.50 HMSA two-party medical and SilverScript two-party prescription drug + \$85.10 HDS two-party dental + \$9.74 VSP two-party vision
2. Less monthly employer contribution of \$530.28*
3. Monthly employee share of premiums \$503.06

*Since the 2021 BMC is not available at this time, this example uses the 2020 BMC and the 2021 premiums.

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

The BMC is more fully described in Chapter 87A, Hawaii Revised Statutes.

EUTF Monthly Retiree Premiums Effective January 1, 2021 through December 31, 2021		
Benefit Plan	Type of Enrollment	Total Premium ¹
MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE		
HMSA 90/10 PPO Medical Plan	Self	\$264.24
	Two-Party	\$514.90
	Family	\$763.34
Humana Medicare Advantage PPO Medical Plan	Self	\$42.68
	Two-Party (both Medicare)	\$85.36
	Three-Party (all Medicare; maximum of 3 enrollees)	\$128.04
SilverScript Prescription Drug Plan	Self	\$217.54
	Two-Party	\$423.60
	Family	\$628.06
Kaiser Permanente Senior Advantage Medical and Prescription Drug Plan	Self	\$453.58
	Two-Party	\$884.46
	Family	\$1,310.82
MEDICAL AND PRESCRIPTION DRUG PLANS - NON-MEDICARE		
HMSA 90/10 PPO Medical Plan	Self	\$597.16
	Two-Party	\$1,163.56
	Family	\$1,724.98
CVS Caremark Prescription Drug Plan	Self	\$216.40
	Two-Party	\$421.48
	Family	\$624.90
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$748.58
	Two-Party	\$1,512.12
	Family	\$2,230.76
DENTAL PLAN		
HDS Dental	Self	\$43.64
	Two-Party	\$85.10
	Family	\$104.30
VISION PLAN		
VSP Vision	Self	\$4.86
	Two-Party	\$9.74
	Family	\$13.08
LIFE INSURANCE		
Securian Life Insurance (Retiree only)	Self	\$4.12

¹The 2021 Retiree premiums do not include an EUTF administrative fee.

HSTA VB Monthly Retiree Premiums Effective January 1, 2021 through December 31, 2021		
Benefit Plan	Type of Enrollment	Total Premium ²
MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE		
HMSA 90/10 PPO Medical and Chiropractic, SilverScript Prescription Drug, and VSP Vision Plans	Self	\$474.74
	Two-Party	\$925.26
	Family	\$1,368.72
Kaiser Permanente Senior Advantage Medical, Chiropractic and Prescription Drug, and VSP Vision Plans	Self	\$465.80
	Two-Party	\$908.54
	Family	\$1,345.18
MEDICAL AND PRESCRIPTION DRUG PLANS - NON-MEDICARE		
HMSA 90/10 PPO Medical and Chiropractic, CVS Caremark Prescription Drug, and VSP Vision Plans	Self	\$706.72
	Two-Party	\$1,377.14
	Family	\$2,038.72
Kaiser HMO Comprehensive Medical, Chiropractic and Prescription Drug, and VSP Vision Plans	Self	\$739.30
	Two-Party	\$1,493.30
	Family	\$2,201.72
DENTAL PLAN		
HDS Dental	Self	\$52.44
	Two-Party	\$102.24
	Family	\$125.32
VISION PLAN		
VSP Vision	Self	\$4.86
	Two-Party	\$9.74
	Family	\$13.08
LIFE INSURANCE		
Securian Life Insurance (Retiree only)	Self	\$4.12

²The 2021 Retiree premiums do not include an EUTF administrative fee.

Common Qualifying Events

Once the open enrollment period is over, you are not allowed to change your benefit elections or add/delete dependents until the next year's open enrollment, unless you have a Special Enrollment Event due to a qualifying event or a mid-year change in status event. For more information about Special Enrollment Events, visit the EUTF website (eutf.hawaii.gov), and go to the "Enrollment Overview" page for your Retiree group.

For changes in status events during the plan year, EUTF follows the same 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 (January 1 through December 31). The following chart lists common qualifying events that may allow certain changes in benefits mid-year. The events are listed by dependent additions and deletions and include required documents, submission deadlines, and plan effective dates.



Common Qualifying Events – Additions		
Qualifying Event	Required Documents and Submission Deadline	Effective Date (Pay periods occur on the 1st and 16th)
Adoption	EC-2/EC-2H form within 45 days of adoption date Adoption decree or placement for adoption documents and birth certificate submitted within 45 days from the adoption date	Retiree can choose: the event date, first day of the pay period following the event date, or first day of the 2nd pay period following the event date
Birth	EC-2/EC-2H form within 180 days of birth date Birth certificate: must be submitted with EC-2/EC2H form Social Security number: within 60 days from date of submission of enrollment form.	Retiree can choose: the event date, first day of the pay period following the event date, or first day of the 2nd pay period following the event date
Civil Union	EC-2/EC-2H form within 45 days of civil union Civil Union Certificate and Affidavit of Dependency submitted within 45 days from the civil union date	Retiree can choose: the event date, first day of the pay period following the event date, or first day of the 2nd pay period following the event date
Domestic Partnership	EC-2/EC-2H form within 45 days of notarized signature Notarized Declaration of Domestic Partnership, Affidavit of Dependency & Acknowledgement , and two sets of documents submitted within 45 days from the domestic partnership date; documents available at eutf.hawaii.gov	Retiree can choose: the event date, first day of the pay period following the event date, or first day of the 2nd pay period following the event date
Geographic Relocation (Kaiser members who move outside the Kaiser service area)	EC-2/EC-2H form indicating change of address within 45 days of Relocation date	Non-Medicare – The first day of the pay period following the relocation Medicare – The first of the month after the later of the relocation and notification dates
Loss of Coverage (Retiree and/or dependent loses health coverage and wishes to enroll in EUTF or HSTA VB plans)	EC-2/EC-2H form within 45 days of loss of coverage Letter from previous employer or carrier detailing type of coverages lost (i.e., medical, drug, dental, vision), date of loss of coverage, names of any covered dependents, marriage certificate , and birth certificate for dependent children within 45 days	The first day following the day non-EUTF coverage was lost
Marriage	EC-2/EC-2H form within 45 days of marriage Marriage certificate (and birth certificate if adding dependent children) submitted within 45 days from the marriage date	Retiree can choose: the event date, first day of the pay period following the event date, or first day of the 2nd pay period following the event date
Newly Eligible Student Dependent (Unmarried dependent age 19 thru 23 becomes a full-time student)	EC-2/EC-2H form within 45 days from school start date Student certification: a letter from an accredited school on school letterhead with registrar's signature confirming full-time status or letter from National Student Clearinghouse within 45 days of becoming a full-time student; transcripts not accepted	Retiree can choose: the event date, first day of the pay period following the event date, or first day of the 2nd pay period following the event date
Retirement	EC-2 form within 60 days of retirement date with the ERS Retirement Estimate Letter . If Medicare eligible, copy of Medicare Part B card, Direct Deposit Agreement form , and Letter from Social Security showing annual Part B premium within 60 days from the date of retirement	Retirement date

Common Qualifying Events – Deletions

Qualifying Event	Required Documents and Submission Deadline	Effective Date (Pay periods occur on the 1st and 16th)
Acquisition of Coverage (Retiree or dependent gets coverage from another plan and wishes to cancel EUTF or HSTA VB plans)	EC-2/EC-2H form within 45 days of acquisition of coverage Letter from carrier or employer detailing type of coverages enrolled in (i.e., medical, drug, dental, vision), effective date of coverage, and names of covered dependents within 45 days from the date of acquisition	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 1st or 16th of the month, in which case coverage ends at the end of the prior pay period
Death	EC-2/EC-2H form as soon as reasonably practical Death certificate or copy of obituary as soon as available	Date of death or last day of pay period in which death occurs for dependents
Divorce (Retiree must terminate coverage for former spouse)	EC-2/EC-2H form within 45 days of divorce Submit pages 1 and 2 of divorce decree along with the signature page within 45 days from the date of the divorce	First day of the pay period following the divorce
Failure to Enroll in Medicare Part B (Retirees and their dependents who are eligible to enroll in Medicare Part B must enroll to be covered under EUTF and HSTA VB medical and prescription drug plans)	None	The date retiree or Medicare-eligible dependent first became eligible for Medicare Part B
Failure to Pay (Retiree owes a shortage, but does not pay shortage by due date. Enrollment will be cancelled)	None	If enrollment is cancelled, retiree may only re-enroll during the next plan year (open enrollment or qualifying event) or makes full payment of all contributions due within sixty (60) days from the date of the notice of cancellation and has not been cancelled for non-payment within twelve (12) months of the date of notice of cancellation
Ineligible Student (Dependent child no longer a full-time student)	EC-2/EC-2H form as soon as the dependent child is no longer enrolled as a full-time student	First day of the pay period following the date the child was no longer enrolled as a full-time student
Legal Separation (Retiree must terminate coverage for former spouse)	EC-2/EC-2H form within 45 days of date of legal separation. Court documents establishing legal separation within 45 days from separation date	First day of the pay period following the legal separation
Return to Work (Retiree returns to State or County employment)	Contact the Employees' Retirement System (ERS) and EUTF to inform them you will be returning to work. Retiree can enroll in Active Employee plans	The event date is the date ERS releases the employee from Retirement status. The employee will then be treated like any New Hire and have the same 3 (three) options to choose as their effective date
Surviving Spouse/Partner Remarries or Enters Into Another Partnership (Surviving spouse or partner will be cancelled from EUTF or HSTA VB plans)	EC-2/EC-2H form within 45 days of marriage or new domestic partnership	The first day of the pay period following the marriage or new partnership

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 **1-808-586-7390** or toll-free at **1-800-295-0089**. All requested notices will be mailed to you free of charge.

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.

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.

The SSN will also be used to help fulfill mandatory reporting requirements to the Centers for Medicare & Medicaid Services (CMS) for the purposes of permitting Medicare to coordinate benefits for individuals enrolled in both an employer-sponsored medical plan and Medicare.

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 **1-808-586-7390** or toll-free at **1-800-295-0089**.

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, 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.

These benefits will be provided subject to the same deductibles, copayment, and coinsurance applicable to other medical and surgical benefits provided under the various medical plans offered by the EUTF. For more information on WHCRA benefits, contact your medical plan insurance company (using the phone number on your medical ID card) or contact the EUTF Office at **1-808-586-7390** or toll-free at **1-800-295-0089**.

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 **1-808-586-7390**, or toll-free at **1-800-295-0089**.

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT

Designation of a Primary Care Provider (PCP)

The Kaiser HMO medical plan generally requires 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 the 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 at the phone number on your ID card.

SPECIAL EXTENSION OF COVERAGE FOR A STUDENT ON A MEDICALLY NECESSARY LEAVE OF ABSENCE

If the Plan receives a written certification from a covered child's treating physician that:

1. the child is suffering from a serious illness or injury, and
2. a leave of absence (or other change in enrollment) from a postsecondary institution is medically necessary, and the loss of postsecondary student status would result in a loss of health coverage under the Plan, then

the Plan will extend the child's coverage for up to one year.

This maximum one-year extension of coverage begins on the first day of the medically necessary leave of absence (or other change in enrollment) and ends on the date that is the earlier of (1) one year later, or (2) the date on which coverage would otherwise terminate under the terms of the Plan. Contact the EUTF Office at **1-808-586-7390** or toll-free at **1-800-295-0089** for more information.

NOTICE REGARDING THE WELLNESS PROGRAM

The Wellness Programs are voluntary wellness programs available to participants enrolled in the group health plan and are designed to promote health or prevent disease. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the Wellness Program, you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA questionnaire, participate in medical examinations, or work with a health coach.

The information from your HRA questionnaire will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Wellness Program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

Our group health plan is required by law to maintain the privacy and security of your personally identifiable health information.

Information collected from Wellness Program participants will only be received by EUTF in aggregate form. Although the Wellness Program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, our group health plan will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Wellness Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Wellness Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Wellness Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Wellness Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Wellness Program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach in order to provide you with services under the Wellness Program.

In addition, all medical information obtained through the Wellness Program will be maintained separate from your personnel records, and no information you provide as part of the Wellness Program will be used in making any employment decision. Appropriate precautions will be taken by the group health plan to avoid any data breach, and in the event a HIPAA data breach occurs involving information you provide in connection with the Wellness Program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Wellness Program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the EUTF Office at **1-808-586-7390** or toll-free at **1-800-295-0089**.

IMPORTANT NOTICES ATTACHED

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

- **HIPAA Notice of Privacy Practices**
- **Medicare Part D Notice**
- **Notice about Premium Assistance with Medicaid and CHIP**
- **General Statement of Nondiscrimination**

HIPAA Notice: Notice of Privacy Rules

Effective date of this notice is October 1, 2020.

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,
- Follow the terms of the notice that is currently in effect, and
- 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 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. This can include disclosures to the EUTF's Board of Trustees, the sponsoring public employers (Human Resources Officer (HRO) or any other person who functions as your employer's personnel officer), and the Employees Retirement System (ERS). 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.

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- **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 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.
 - **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.
 - **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.

Special Situations

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 does not engage in the use or disclosure of PHI with respect to **marketing** (communication about a product or service that encourages recipients to purchase or use the product or service, or an arrangement between a covered entity and any other entity whereby the covered entity discloses PHI in exchange for direct or indirect financial remuneration). This Plan does not engage in the use or disclosure of PHI with respect to the sale of PHI. The Plan does not use or disclose PHI that is **genetic information for underwriting purposes**, including enrollment, premium or contribution amounts or other activities related to the placement or renewal of health insurance or health benefits. Genetic information includes information about the individual's genetic tests and the genetic tests of the individual's family members.

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. 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. 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.

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) 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 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 (6) 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 sixty (60) days from the date it receives your request to provide you the list of disclosures, and is allowed an additional thirty (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.

To request confidential communications, you must submit a written request to the EUTF Privacy Officer whose address is provided at the end of this HIPAA notice. The EUTF will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted.

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.

Right to Notification of Breach: 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 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 sixty (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 website, we will prominently post the revised Notice on that website 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: <https://www.hhs.gov/about/contact-us/index.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:

201 Merchant Street, Suite 1700, Honolulu, HI 96813

Telephone number: 808-586-7390, Toll Free number: 1-800-295-0089

NOTE: If you are enrolled in the HMSA or Humana Medicare Advantage PPO plans with SilverScript prescription drug coverage, or the Kaiser Senior Advantage plan, you already have Medicare prescription drug coverage and this notice does not apply to you.

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

This notice is for people who may become eligible for Medicare during the next 12 months.

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 prescription drug coverage available for people who become eligible for 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 and keep a copy of this Notice.**

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 prescription drug coverage is “creditable” under the following medical plan options:

- The CVS Caremark Drug Coverage available through the HMSA PPO Plan (either EUTF early retirees or HSTA VB early retirees)
- The Kaiser HMO Medical Plan

“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 CVS prescription drug plan or the Kaiser HMO plan and 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 three (3) times:

- When they first become eligible for Medicare; or
- During Medicare’s annual election period (from October 15 through December 7); 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 Medicare open enrollment period to enroll for Medicare prescription drug coverage.

WHAT ARE MY CHOICES?

You can choose any one of the following options:

Your Choices	What this option means to you:
If you are enrolled in EUTF PPO medical plan (with prescription drug coverage through CVS) and you become eligible for Medicare , you can select or keep your EUTF medical and drug coverage.	<ul style="list-style-type: none">• If you or your covered dependent(s) are enrolled in the HMSA PPO plan and Medicare, you will still have medical coverage with EUTF and you will automatically be enrolled in the EUTF SilverScript Medicare Part D plan.• If you enroll in a non-EUTF Medicare Part D plan, you will be disenrolled from the EUTF SilverScript Plan because Medicare allows you to enroll in only one Medicare Part D plan. If you are an HSTA VB Retiree, you will also be disenrolled from the medical, vision, and chiropractic plans as prescription drug coverage is part of the entire medical plan. Please call EUTF before enrolling in another Medicare Part D prescription drug plan.• At the next EUTF Open Enrollment, you will be able to make election changes.
If you are a Kaiser participant and you are enrolled in Medicare Part A and B , you must enroll in Kaiser's Senior Advantage plan (unless you live in Kauai, Molokai, Lanai, and parts of Hawaii Island, which include Pahala, Naalehu, and Hawaii Volcanoes National Park).	<ul style="list-style-type: none">• If you or your covered dependent(s) are enrolled in the Kaiser HMO plan and Medicare, you will be mailed a Kaiser Senior Advantage enrollment kit. Upon completion of the enrollment kit, Kaiser will automatically enroll you into the Kaiser Senior Advantage plan, including prescription drug coverage.• If you enroll in a non-EUTF Medicare Part D plan, you will be disenrolled from the Kaiser Senior Advantage plan because Medicare allows you to enroll in only one Medicare Part C & D plan. You will also be disenrolled from the medical plan (and, for HSTA VB Retirees, vision and chiropractic plans) as prescription drug coverage is part of the entire medical plan. Please call EUTF before enrolling in another Medicare Part C & D prescription drug plan.• At the next EUTF Open Enrollment, you will be able to make election changes.

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 [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program for personalized help (see your copy of the *Medicare & You* handbook for their telephone number)
- 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 [medicare.gov](https://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 [socialsecurity.gov](https://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 [socialsecurity.gov](https://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)

201 Merchant Street, Suite 1700, Honolulu, HI 96813

Phone number: **1-808-586-7390** or toll-free at **1-800-295-0089**

As in all cases, EUTF and, when applicable, Kaiser reserve the right to modify benefits at any time, in accordance with applicable law. This document (dated August 8, 2018) is intended to serve as your Medicare 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, 2020. Contact your State for more information on eligibility –

ALABAMA Medicaid	COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA Medicaid	FLORIDA Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS Medicaid	GEORGIA Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA Medicaid	INDIANA Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCO_nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA Medicaid and CHIP (Hawki)	NEBRASKA Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS Medicaid	NEVADA Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY Medicaid	NEW HAMPSHIRE Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA Medicaid	NEW JERSEY Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	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/of/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS Medicaid and CHIP	NORTH CAROLINA Medicaid
Website: http://www.mass.gov/cohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA Medicaid	NORTH DAKOTA Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
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://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA Medicaid	RHODE ISLAND Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.cohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItc Share Line)
SOUTH CAROLINA Medicaid	VIRGINIA Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA Medicaid	WASHINGTON Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS Medicaid	WEST VIRGINIA Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH Medicaid and CHIP	WISCONSIN Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT Medicaid	WYOMING Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EUTF does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. EUTF:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact EUTF's Civil Rights Coordinator.

If you believe that EUTF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

EUTF Civil Rights Coordinator

201 Merchant Street, Suite 1700, Honolulu, HI 96813

Phone number: **1-808-586-7390**; Toll-free number: **1-800-295-0089**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the EUTF Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-868-1019**, **1-800-537-7697** (TDD). Complaint forms are available at hhs.gov/ocr/filing-with-ocr/index.html.

Free Language Assistance: The following chart displays the top 15 languages spoken by individuals with limited English proficiency in the State of Hawaii.

ATTENTION: FREE LANGUAGE ASSISTANCE This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
1. Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-295-0089.
2. Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-295-0089.
3. French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-295-0089.
4. German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-295-0089.
5. Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-295-0089.
6. Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-295-0089.
7. Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-295-0089 번으로 전화해 주십시오.
8. Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-295-0089まで、お電話にてご連絡ください。
9. Ilocano	PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-800-295-0089.
10. Samoan	MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totagi, mo oe, Telefoni mai: 1-800-295-0089.
11. Marshallese	LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ñe am ejjelōk wōñāñ. Kaalōk 1-800-295-0089.
12. Trukese	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-800-295-0089.
13. Tongan	FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-295-0089.
14. Hawaiian	E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1-800-295-0089.
15. Pohnpeian	Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-800-295-0089.

Who to Contact

For Questions About...	Please Contact...
Eligibility and EUTF Information	eutf.hawaii.gov EUTF Customer Service 1-808-586-7390 or toll-free: 1-800-295-0089 Monday through Friday, 7:45 a.m.–4:30 p.m. HST
Hawaii Medical Service Association (HMSA)	hmsa.com/eutf 1-808-948-6499 (Oahu) Toll-free: 1-800-776-4672 (Neighbor Islands) Monday through Friday, 7:00 a.m.–7:00 p.m. HST Saturday 9:00 a.m.–1:00 p.m. HST
Humana	our.humana.com/eutf/ 1-888-908-6518 Monday through Friday, 7:00 a.m.–7:00 p.m. HST <i>When calling Humana, please identify yourself as a retiree of the EUTF/State of Hawaii Group plan.</i>
Kaiser Permanente (Kaiser)	kp.org/eutf 1-808-432-5250 (Oahu) or toll-free: 1-844-276-6628 (Neighbor Islands) TTY: 711 Monday through Friday, 7:00 a.m.–7:00 p.m. HST Saturday 9:00 a.m.–1:00 p.m. HST kp.org/fitrewards (for non-Medicare retirees) 1-877-771-2746 silverandfit.com (for Medicare retirees) 1-877-427-4788
American Specialty Health (ASH)	HMSA and Kaiser Permanente Chiropractic Benefit (HSTA VB only) ashlink.com Toll-free: 1-888-981-2746 Monday through Sunday, 2:00 a.m.–8:00 p.m. HST* * Hours will be adjusted to Monday through Sunday, 3:00 a.m.–9:00 p.m. HST during Daylight Saving Time

CVS Caremark (CVS) Non-Medicare Retirees	CVS Caremark (CVS): Non-Medicare Retirees caremark.com 1-855-801-8263 TTY: 711 24 hours a day, 7 days a week
SilverScript (SSI) Medicare Retirees	SilverScript (SSI): Medicare Retirees eutf.silverscript.com hstavb.silverscript.com 1-877-878-5715
Hawaii Dental Service (HDS)	HawaiiDentalService.com 1-808-529-9310 or toll-free: 1-866-702-3883 Monday through Friday, 7:30 a.m.–6:00 p.m. HST, excluding State-observed holidays and the day after Thanksgiving
Vision Service Plan (VSP)	vsp.com Toll-free: 1-866-240-8420 Oahu: 1-808-532-1600 or toll-free: 1-800-522-5162 Monday through Friday, 5:00 a.m.–6:00 p.m. PST Saturday and Sunday, 7:00 a.m.–5:00 p.m. PST
Securian	LifeBenefits.com/EUTF 1-808-536-9890 or toll-free: 1-877-291-8466 Monday through Friday, 7:30 a.m.–6:00 p.m. HST, except State-observed holidays Email: lifebenefits@securian.com
Social Security Administration (SSA)	ssa.gov 1-800-772-1213
Centers for Medicare & Medicaid Services	cms.gov 1-800-MEDICARE

Important Forms

EC-2 Enrollment Form Instructions

Enrollment Type

Select the event for which you are submitting the enrollment form. Mark the Retirement box if you're newly retired, Qualifying Event box if you are making changes outside of the Open Enrollment period, or the Open Enrollment box during the annual or limited open enrollment period. If submitting the enrollment form for a qualifying event, give a brief description of the event and input the date the qualifying event occurred.

I. Retiree Data

Complete all information about yourself and your spouse/partner.

II. Coverage Start Date

This section only needs to be completed if filing for adoption/placement for adoption, birth, marriage, domestic partner, guardianship or new eligible student, and you pay towards health plan benefits. Select one of the three choices for when your coverage and premium contributions will begin. (Option #1) Coverage starts on the event date. Premium contributions start 1st day of the pay period in which the event date occurs. (Option #2) Coverage and Contributions start 1st day of the first pay period following the event date. (Option #3) Coverage and Contributions start 1st day of the 2nd pay period following the event date. If no selection is made, Option 1 will be used, and you will be responsible for the full premium in said pay period.

III. Plan Selection

Mark all plans you wish to be enrolled in. You may only enroll in ONE medical plan. If you select Kaiser, your medical selection will include Kaiser Prescription drug coverage. If you select HMSA or Humana and wish to enroll in prescription drug coverage, you must select the CVS Caremark prescription drug plan (if you do not make a selection you will not have any prescription drug coverage). If you wish to dis-enroll from plans, mark the "Cancel/Waive" box. If no selection is made, EUTF will assume no changes are being made.

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 HMSA PPO-90/10 Medical Plan or the CVS Caremark Prescription Drug plan, you are also confirming your intent to disenroll from the Kaiser Permanente Senior Advantage plan as well.

IV.

Dependent Information

Complete dependent information and indicate plan selection if adding or removing dependents. If you are adding/removing more than three dependents and additional rows are needed, please attach another sheet to your enrollment form. If this is your first time enrolling dependents in EUTF plans, please submit required proof documents including a marriage certificate if adding your spouse or partner and a birth certificate and guardianship or adoption decree (if applicable) if adding a child(ren). If a dependent child is age 19 to 24, unmarried and covered under your medical, drug, dental and/or vision plans, please submit certification from the school registrar or national clearinghouse indicating they are a full-time student. Required proof documents must be submitted to the EUTF within 45 days of the event date. Social security numbers are required for all newly added dependents. Detailed eligibility information including required proof documents for other life-events are available online at eutf.hawaii.gov.

V.

Medicare

If you and/or your dependent(s) (spouse/partner/disabled child) are eligible to enroll in Medicare Part B, complete the name and Medicare Claim Number of the individuals enrolled. Additionally, you must submit proof of Medicare Part B enrollment to the EUTF in order to be enrolled in EUTF retiree medical and/or prescription drug coverage. Submit a copy of your Medicare card (indicating enrollment in Medicare Part B), letter from the Social Security Administration indicating your Medicare Part B premium, and EUTF Direct Deposit Agreement form. Failure to comply may result in loss of EUTF medical and/or prescription drug coverage.

VI.

Other Insurance Information

If you or your dependents are covered under another health plan, you are required to complete this section. The information that you provide does not determine how your benefits are coordinated. Coordination of Benefits rules are determined by the health benefit plans and follow the guidelines of the National Association of Insurance Commissioner (www.naic.org).

VII.

Retiree/Dependent Signature

Read, sign and date the form.

Note: Dependent Signature is required if the dependent is currently enrolled in the Kaiser HMO Medical Plan, has assigned his/her Medicare Benefits to KP and marks the "Cancel/Waive" box or enrolls in either the HMSA PPO-90/10 Medical Plan or the CVS Caremark Prescription Drug plan, otherwise this field can be left blank.

Submit your EC-2 form to the EUTF office. Please see address printed on the bottom of page 2 of the enrollment form. To ensure proper processing, all required fields must be complete and proper documentation submitted timely.



Hawaii Employer-Union Health Benefits Trust Fund

EC-2 RETIREE HEALTH BENEFITS ENROLLMENT FORM**Clear Form**

Complete each section thoroughly, please print clearly

Enrollment Type (check one):	Retirement <input type="checkbox"/>	Qualifying Event <input type="checkbox"/>	Open Enrollment <input type="checkbox"/>
Retirement or Qualifying Event Date:		Qualifying Event Description:	

I. RETIREE DATAFull Name: _____ Social Security No.: _____
Last First M.I.Mailing Address: _____ Residence Address: _____
City State Zip Code City State Zip CodeMarital Status: ☐ Single ☐ Married ☐ Domestic Partner Gender: ☐ Male ☐ Female Birthdate: _____
Marriage Date: ____ / ____ / ____

Home Phone: ____ (____) Cell Phone: ____ (____) Email: _____

Spouse/Partner Name: _____ SSN: _____ Birthdate: _____

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**

Make your selection by checking all the boxes of the appropriate benefit plans below. Choose only one box in each type category.

Type	Carrier Selection	Cancel/waive	Self	2-Party	Family
Medical: Choose <u>ONE</u>	HMSA PPO-90/10 Medical ** (No Prescription Drug Coverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kaiser HMO Medical ** (Includes Kaiser Prescription Drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Humana Medicare Advantage (Medicare A&B required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (enrollment is limited to 3 total)
Prescription Drug:	CVS Caremark Prescription Drug ** (Not a valid selection with Kaiser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental:	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision:	Vision Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life:	Securian Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Not available to dependents or surviving spouses	

****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 HMSA PPO-90/10 Medical Plan or the CVS Caremark Prescription Drug plan, you are also confirming your intent to disenroll from the Kaiser Permanente Senior Advantage plan as well.

Retiree's Name: _____

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.

Continue Add Delete	Last Name, First, Middle Initial	Birth date	SSN	Relationship	Gender	Medical	Drug	Dental	Vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:	Medicare Claim Number:
Name:	Medicare Claim Number:

State law requires that retirees and their covered dependents enroll in Medicare Part B when they become eligible in order to be enrolled in EUTF/HSTA VB retiree medical and/or prescription drug coverage, HRS Chapter 87A-23(4). Please submit a copy of your Medicare card.

VI. OTHER INSURANCE INFORMATION

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

Type of Plan: (i.e. medical, dental)	Name of the Plan: (i.e. HMSA, Quest)	Subscribers Name(s):

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 the benefit elections made on this application are in effect 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 elected.

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. EUTF retains the right to terminate coverage in the event of non-payment, if payment is applicable. This form supersedes all forms and submissions 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 penalties for perjury.

Retiree Signature

Date

Dependent (Spouse/Partner) Signature **

Date

Dependent (Disabled Child) Signature **

Date

Various health plan providers offer services to EUTF members. Some of these services are at no charge to either the EUTF or the State of Hawaii. These services which are offered at no charge are not a part of the health benefits package provided to you by the State of Hawaii and its municipalities by virtue of your employment or membership in the EUTF. These services offered at no charge are listed in the EUTF reference guides, [and] are provided only as [a] pilot programs and are subject to modification or termination at any time by the service provider, EUTF, and/or the State of Hawaii at their sole discretion. The State and EUTF expressly do not promise, do not warrant, do not guarantee, and make no representation that these services offered at no charge will be available to EUTF active or retired employees or their beneficiaries at any time in the future or in any form or manner.

**** Note:** Dependent Signature(s) and Date(s) are required if the dependent is enrolling or disenrolling in/from the Humana, Kaiser HMO Coverage or CVS/SilverScript plans. Failure for both the retiree and dependent(s) to sign when applicable, may result in continued Medicare enrollment with Humana, Kaiser Permanente or CVS/SilverScript.

EC-2 Rev. 07/2020

Please submit your signed EC-2 form to:
EUTF
201 Merchant Street, Suite 1700
Honolulu, HI 96813

Member Services:
Oahu (808) 586-7390
Toll Free (800) 295-0089



EC-2H RETIREE HEALTH BENEFITS ENROLLMENT FORM

HSTA VB Retirees Only

Complete each section thoroughly, please print clearly

Enrollment Type (check one):	Retirement <input type="checkbox"/>	Qualifying Event <input type="checkbox"/>	Open Enrollment <input type="checkbox"/>
Retirement or Qualifying Event Date:		Qualifying Event Description:	

I. RETIREE DATA

Full Name: _____ Social Security No.: _____
Last First M.I.Mailing Address: _____ Residence Address: _____
City State Zip Code City State Zip CodeMarital Status: ☐ Single ☐ Married ☐ Domestic Partner Gender: ☐ Male ☐ Female Birthdate: ____ / ____ / ____
Marriage Date: ____ / ____ / ____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Spouse/Partner Name: _____ SSN: _____ Birthdate: ____ / ____ / ____
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

Make your selection by checking all the boxes of the appropriate benefit plans below. Choose only one box in each type category.

Type	Carrier Selection	Cancel/Waive	Self	2-Party	Family
Medical, Prescription Drug, Vision, and Chiro: Choose <u>ONE</u>	HSTA VB - HMSA PPO-90/10 Medical ** and Chiro (CVS Prescription Drug **, VSP Vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HSTA VB - Kaiser HMO Medical ** and Chiro (Kaiser Prescription Drug, VSP Vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental:	HSTA VB - Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life:	HSTA VB - Securian	<input type="checkbox"/>	<input type="checkbox"/>	Not available to dependents	

Note: The enrollment of HSTA VB members into the health and other benefit plans created as a result of the 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 the decision and reserves the right to move HSTA VB members into regular EUTF plans if that decision is overturned or modified.

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

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/DP/CUP 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.

IV. DEPENDENT INFORMATION

Complete dependent information and indicate plan selection if adding/removing dependents.

Continue Add Delete	Last Name, First, Middle Initial	Birthdate	SSN	Relationship	Gender	Medical Drug	Dental Vision
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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 <http://eutf.hawaii.gov>)

V. MEDICARE

Are you and/or any of your dependents eligible for Medicare Part B? ☐ Yes (Complete section below) ☐ No

Name:	Medicare Claim Number:
Name:	Medicare Claim Number:

State law requires that retirees and their covered dependents enroll in Medicare Part B when they become eligible in order to be enrolled in HSTA VB retiree medical and/or prescription drug coverage, HRS Chapter 87A-23(4). Please submit a copy of your Medicare card.

VI. OTHER INSURANCE INFORMATION

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

Type of Plan: (i.e. medical, dental)	Name of the Plan: (i.e. HMSA, Quest)	Subscribers Name(s):

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 the benefit elections made on this application are in effect 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 elected.

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. EUTF retains the right to terminate coverage in the event of non-payment, if payment is applicable. This form supersedes all forms and submissions 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 penalties for perjury.

Retiree Signature

Date

Dependent Signature **

Date

**** Note: Dependent Signature and Date are required if the dependent is enrolling or disenrolling in/from the Kaiser HMO Coverage or CVS/SilverScript plans. Failure for both the retiree and dependent(s) to sign when applicable, may result in continued Medicare enrollment with Kaiser Permanente or CVS/SilverScript.**

Please submit your signed EC-2 form to:
EUTF
201 Merchant Street, Suite 1700
Honolulu, HI 96813

Customer Service Call Center

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

Rev. 07/2020

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)

Direct Deposit Agreement Form for Medicare Part B Premium Reimbursement

- ✓ I request reimbursement for my Medicare Part B Premium. **A copy of my Medicare card and a copy of the letter from the Social Security Administration or Centers for Medicare & Medicaid Services showing the Medicare Part B Premium I pay are attached** (for initial requests only). I understand that reimbursement of Medicare Part B Premiums will not begin until the EUTF receives a copy of the letter from the Social Security Administration or Centers for Medicare & Medicaid Services showing the Medicare Part B Premium I pay.
- ✓ 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 Name:	SSN or EUTF ID Number:
Retiree 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:	<input type="checkbox"/> Checking*	<input type="checkbox"/> Savings
Financial Institution Certification (required for Savings, optional for Checking):			
Name of Agent:	Signature:	Date:	

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

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 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:

Rev. 11/2018

Instructions Direct Deposit Agreement Form

The Social Security Administration or Centers for Medicare & Medicaid Services will periodically (when you begin receiving Social Security or enroll in Medicare and at least annually) mail you a letter showing the Medicare Part B Premium you pay. Additionally, you can print out a letter from the Social Security Administration showing the Medicare Part B Premium you pay by going to www.ssa.gov or you can request a letter from the Social Security Administration by calling 1-800-772-1213 (TTY 1-800-325-0778).

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 Form must be completed, except where optional, in order for the form to be valid. This form must not be altered.

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: 1-800-295-0089

EUTF Website: www.eutf.hawaii.gov

Address: EUTF
201 Merchant Street, Suite 1700
Honolulu HI 96813

**Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
ACH Deduction Authorization Agreement
Automated Electronic Payment of Health Benefit Premiums**

____ New Agreement OR ____ Updated Agreement (*please check one*)

Member Information [Please Print]:

Member Name _____ Last 4 digits of SSN or EUTF ID Number _____

Mailing Address _____

Home Phone Number _____ Mobile Phone Number _____

Work Phone Number _____ E-mail Address _____

SECTION A – 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:	<input type="checkbox"/> Checking* <small>(attach a VOIDED check)</small>	<input type="checkbox"/> Savings
Financial Institution Certification (Required for Savings; Optional for Checking):		
Name of Agent: _____		Phone: _____
Signature: _____		Date: _____

SECTION B – Authorization

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

- Certify all information is accurate and I/we hereby authorize the EUTF to begin deduction of health benefit premiums and/or adjust the deduction amounts as necessary (e.g. due to change in premiums) from my account with the financial institution named above for payment of my EUTF health benefit premiums. This authorization will remain in full force until the EUTF has received written notification from me of its termination in such time and in such manner as to afford EUTF and the Financial Institution a reasonable opportunity to act on it.
- 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 Section B.
- 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 the Financial Institution in withdrawing funds from the account.

SECTION C – 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 ACH Deduction Authorization Agreement

All portions of the ACH Deduction Authorization 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 ACH Deduction Authorization Agreement submitted to EUTF will apply.

Section A – Account Information

The name of the active employee, retiree or surviving spouse must appear on the account. You may ask the representative of the financial institution to help complete this section. For withdrawals from a savings account, financial institution certification is required. For withdrawals from checking accounts, a voided check must be attached. If you do not have a voided check, financial institution certification is required.

Section B – Agreement of All Account Holders

This section contains the agreement of all Account Holders, including the EUTF member, retiree or surviving spouse, domestic partner or civil union partner; and other Account Holders. The agreements in Section B apply to all Account Holders even if they are not the member, retiree or surviving spouse plan subscriber.

Section C – Signatures of All Account Holders

By signing the ACH Deduction Authorization Agreement, the signer certifies the information is accurate and confirms that they understand and agree to the agreement in Section B.

The active employee, 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 active employee, retiree or surviving spouse, domestic partner or civil union partner, please ensure that you have any authorizing document(s) attached to the ACH Deduction Authorization Agreement.

Please be sure to attach a VOIDED check if withdrawing from a checking account or have the financial institution complete Section B if you do not have any checks or are withdrawing from a savings account. Please return this form to the EUTF.

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

Oahu: (808)586-7390 Ext. 3
Toll-free: (800)295-0089 Ext. 3

EUTF website: www.eutf.hawaii.gov

Mailing Address: EUTF
201 Merchant Street, Suite 1700
Honolulu, HI 96813



Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Instructions for Employees' Retirement System (ERS) Pension Deduction Authorization Agreement

All portions of the Employees' Retirement System (ERS) Pension Deduction Authorization 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.

Newly Retired Members:

Due to the delay in your first pension payment, you will be responsible for any health benefit premium payments until you begin receiving your pension.

Please pay by check or other payment options until your pension payments begin.

Retirees Currently Receiving Pension:

Your health benefit premium deduction will begin as follows:

<u>Date Pension Deduction Form Received</u>	<u>ERS Pension Deduction Begins</u>
1 st - 10 th day of a month	2 months after receipt of form
11 th day - end of a month	3 months after receipt of form

Pension Deduction Form Received	ERS Pension Deduction Begins
October 11 – November 10	January
November 11 – December 10	February
December 11 – January 10	March
January 11 – February 10	April
February 11 – March 10	May
March 11 – April 10	June
April 11 – May 10	July
May 11 – June 10	August
June 11 – July 10	September
July 11 – August 10	October
August 11 – September 10	November
September 11 – October 10	December

Section A – Authorization

This section contains the agreement of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) retiree.

Section B – Signature of Retiree

By signing the ERS Pension Deduction Authorization Agreement, the signer certifies the information is accurate and confirms that they understand and agree to the authorization in Section A.

The retiree signs. If you are representing the retiree, please ensure that you have all authorizing document(s) attached to the ERS Pension Deduction Authorization Agreement.

If you have any questions, please contact the EUTF customer call center at (808) 586-7390 or toll free at 800-295-0089. You can also visit our website at www.eutf.hawaii.gov.

Address: EUTF
201 Merchant Street, Suite 1700
Honolulu, HI 96813

ERSD-001

Automatic ERS Pension DEDUCTION Agreement Form

I request automatic deduction from my ERS Pension for EUTF Health Benefit Premiums.

I am currently receiving ERS Pension payments (Y or N) _____

Retirement Date _____ (if not currently receiving an ERS pension)

Retiree Information [*Please Print*]:

Retiree Name _____

Last 4 digits of SSN or EUTF ID Number _____

Mailing Address _____

Home Phone Number _____ Mobile Phone Number _____

E-mail Address _____

SECTION A – Authorization

By signing in Section B, I hereby:

- Certify that I am capable and authorized to attest to the following.
- Certify that all information is accurate and I authorize the EUTF to make payment of my EUTF health benefit premiums by deductions, adjustments or cancellations from my ERS Pension. This authorization will remain in full force until the EUTF receives written notification from me of its termination in such time and in such manner as to afford the EUTF and the ERS a reasonable opportunity to act on it.
- Consent to the disclosure by the ERS to the EUTF of any information that the EUTF requests to effectuate, administer, or enforce the transactions authorized in this EUTF Automatic ERS Pension Deduction Agreement Form.
- Consent to the disclosure by the EUTF to the ERS of any information that the ERS requests to effectuate, administer, or enforce the transactions authorized in this EUTF Automatic ERS Pension Deduction Agreement Form.
- Agree not to hold the EUTF, nor the ERS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, the EUTF, or the ERS or due to an error on the part of the EUTF or ERS in deducting funds from the ERS pension.
- Understand that any existing Automated Clearing House (ACH) withdrawal agreement for EUTF health benefit premiums will be replaced with this EUTF Automatic ERS Pension Deduction Agreement Form. The EUTF will, to the extent possible, coordinate termination of the electronic deductions from my bank account with the start of the ERS pension deduction so any break in payments will be limited.
- Understand that EUTF may terminate this EUTF Automatic ERS Pension Deduction Agreement Form for any reason.

SECTION B – Signature of Retiree

Retiree Signature:	Date:
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ERSD-001





State of Hawaii

Department of Budget and Finance
Hawaii Employer-Union Health Benefits Trust Fund
201 Merchant Street, Suite 1700
Honolulu, HI 96813