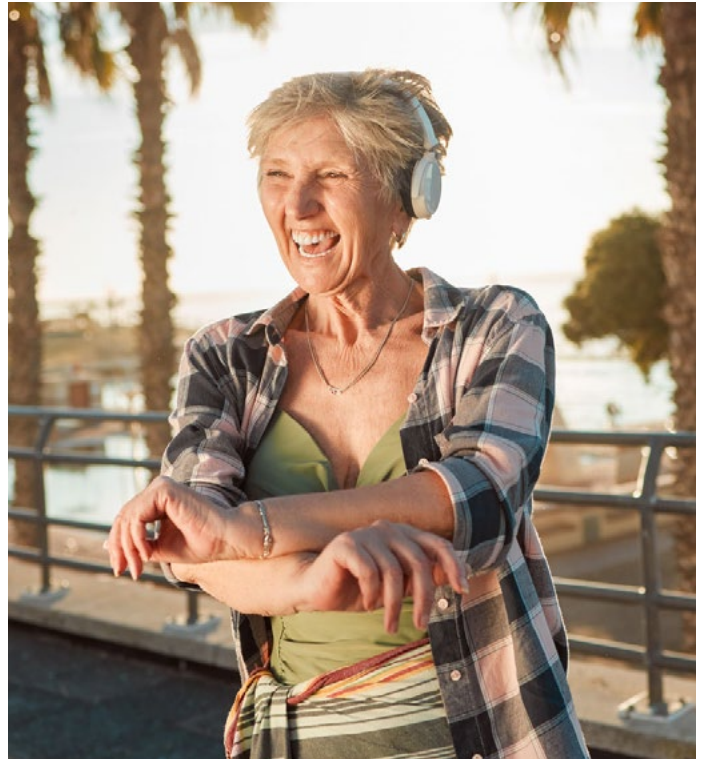




## Hawaii Employer-Union Health Benefits Trust Fund (EUTF)



Effective January 1, 2024 – December 31, 2024



## RETIREE HEALTH BENEFITS HIGHLIGHTS GUIDE

(EUTF and HSTA VB)









Aloha Retirees,

We are pleased to present the *2024 Retiree Health Benefits Highlights Guide*. This Highlights Guide provides key information about the health benefit plans available to you for calendar year January 1, 2024, through December 31, 2024. 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 your convenience.

**This year's open enrollment runs from October 16-31, 2023.**

Any changes made during open enrollment will take effect on January 1, 2024. The open enrollment period is your annual opportunity to make any changes to your enrollment in our health benefit plans.

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.

This guide and other useful information are posted on the EUTF website at [eutf.hawaii.gov](https://eutf.hawaii.gov). Please visit 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,

Jacqueline Ferguson-Miyamoto, Chair  
EUTF Board of Trustees

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## 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 (and dependents) 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 for reimbursement of your and your spouse's/partner's Medicare Part B premiums
- Social Security Administration (SSA) or Centers for Medicare & Medicaid Services (CMS) letter and/or invoice 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.

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

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**This Retiree Plan has been determined to be a “Retiree Only Plan,” meaning it is not subject to many group health requirements, including HIPAA Non-Discrimination, Mental Health Parity, and the Affordable Care Act.**

## 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 creditable or not, you should review the Plan’s Medicare Part D Notice of Creditable Coverage available on page 44.

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

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## 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 on the EUTF website at [eutf.hawaii.gov](http://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.

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## What's New for 2024

The following changes are effective January 1, 2024, unless otherwise specified:

### HMSA

1. Added the Human Papillomavirus Virus (HPV) screening benefit, in accordance with U.S. Preventive Services Task Force Grade A & B recommendations, at the same benefit level as screening services to the EUTF and HSTA VB retiree plans.
2. Increased the benefit maximum for the orthodontic treatment of orofacial anomalies from \$5,500 to \$6,900 under the EUTF and HSTA VB retiree plans.
3. Added the Virta Diabetes Management Program under the EUTF and HSTA VB retiree plans. There is no member cost share and a lifetime limit of 24 months.
4. Changed to allow coverage of specialty drugs administered in the physician's office (including ambulatory infusion suites and home IV/infusion sites) under the EUTF and HSTA VB retiree plans (effective July 1, 2023).

### Kaiser Permanente

5. Increased the benefit maximum for the orthodontic treatment of orofacial anomalies from \$5,500 to \$6,898 under the EUTF and HSTA VB non-Medicare retiree plans.

### Humana

6. Added Post-Discharge In-Home Personal Care Services at no member cost share for a minimum of 4 hours per day, up to a maximum of 8 hours total per discharge, for certain in-home support services following a discharge from a skilled nursing facility or from an inpatient hospitalization.

### CVS Caremark

7. Added the Tier 1 Strategy to the EUTF non-Medicare retiree plans, where select brand products will process at a generic copay when the cost for the brand is less than the generic. Member pays the generic copay or the cost of the drug whichever is less (effective July 1, 2023).
8. Added prior authorization requirement for anti-diabetic GLP-1 (e.g., Ozempic, Rybelsus, Trulicity, Victoza) and GIP/GLP-1 agonists agents (e.g., Mounjaro) to the EUTF non-Medicare retiree plans (effective July 1, 2023).

### HDS

9. Added Total Health Plus, a supplemental set of benefits that provides 100% coverage for additional cleanings and/or fluoride treatments for high risk patients with certain medical conditions or diagnoses, under the retiree plan (effective January 1, 2023).

### Premium Rate Changes

For information about the 2024 monthly premium rates that take effect January 1, 2024, see the Monthly Health Plan Premiums section, starting on page 29.

### Recurring Electronic Premium Deduction Requirement

**NOTE:** If you retired on or after **October 1, 2020**, and are responsible for paying a portion of your or your dependent's monthly health benefits premium, you are required to enroll in a recurring electronic premium deduction (Hawaii Law Act 62, SLH 2020).

The EUTF offers two options:

- ACH deductions from your bank
- Employees' Retirement System of the State of Hawaii (ERS) pension deductions

Enrollment forms for ACH or ERS pension deductions are available at the back of this guide or on the EUTF website at [eutf.hawaii.gov](https://eutf.hawaii.gov).

### Visit the EUTF Website

Be sure to visit the EUTF website at [eutf.hawaii.gov](https://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 at the back of this guide or on the website at [eutf.hawaii.gov](https://eutf.hawaii.gov)** (or the EC-2H enrollment form for those enrolled in the HSTA VB benefit plans).

For open enrollment change requests, submit your completed EC-2/EC-2H enrollment form and required supporting documents to the EUTF via U.S. mail (201 Merchant Street, Suite 1700, Honolulu, HI 96813) or in-person by October 31, 2023, for changes to be effective January 1, 2024. The EUTF will not contact you regarding outstanding supporting documents and late submissions will not be accepted.

### Important Dates

#### October 16–31, 2023:

Open enrollment election period

#### January 1, 2024:

Premium changes take effect and the Base Monthly Contribution (BMC) may change

#### January 31, 2024:

For retirees responsible for paying a portion of health benefit premiums, new monthly retiree premiums deducted from ERS pension or ACH from your bank.

#### January 1, 2024 –

#### December 31, 2024:

Retiree benefit plan coverage period

### Required Supporting Documents

Enrollment Type	Required Documents
Self	No documents required
Adding a Spouse/Partner	<ul style="list-style-type: none"><li>• Marriage or Civil Union Certificate</li><li>• Domestic Partnership forms (available at <a href="https://eutf.hawaii.gov">eutf.hawaii.gov</a>)</li></ul>
Adding a Dependent Child	<ul style="list-style-type: none"><li>• Birth Certificate</li><li>• Guardianship Decree (if legal guardian)</li><li>• Adoption Decree (if child is placed for adoption or adopted)</li></ul>
Dependent Children Ages 19 through 23	<ul style="list-style-type: none"><li>• Student Certification from accredited school on school letterhead with registrar's signature confirming full-time status or certificate from the National Student Clearinghouse (transcripts and class schedules are not accepted).</li></ul>

### 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 ([eutf.hawaii.gov/medicare/overview](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 4).

## EUTF Retiree Open Enrollment Virtual Fair

### October 16–31, 2023

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, 2024)
- Learn money saving tips

### How to attend the fair

On the day of the fair, go to [eutf.hawaii.gov/learning-center](https://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
Monday–Friday, October 16-20, 2023	9:00-9:30 a.m.
Wednesday–Friday, October 25-27, 2023	10:00-10:30 a.m.

### 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**, to confirm your current coverage.
- ☐ **Learn more about the choices available to you.** You have a number of resources to help:
  - **Read this *2024 Retiree Health Benefits Highlights Guide*** for the summaries of your plan options, including what's new or changing for 2024 (see page 7).
  - **Visit the EUTF website at [eutf.hawaii.gov](https://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 pages 49-50).
  - **Attend the online Open Enrollment Virtual Fair** to get more details and ask questions of our EUTF Outreach & Training Specialist. See page 10 for the schedule.
- ☐ **Check your costs.** You can find the monthly premium rates on pages 32-33 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 2024 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](https://eutf.hawaii.gov) in December for the 2024 Base Monthly Contribution amount to determine the contributions that take effect January 1, 2024.

### 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 the EUTF or HSTA VB retiree plans. You are required to notify the EUTF and make 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 if they were a full-time student), disenrollment will occur automatically, and an enrollment form is not necessary.

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- ☐ **Enrolling Dependents?** Gather your supporting documents. You may add or remove dependents from your plan, including a spouse/partner or eligible children. Please visit the “EUTF Retiree – Eligibility” webpage ([eutf.hawaii.gov/retirees/eutf-retiree/eligibility](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 4).

- ☐ **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.

- ☐ **If you are making changes**, complete and submit the EC-2 enrollment form at the back of this guide or on the website at [eutf.hawaii.gov](https://eutf.hawaii.gov) (or the EC-2H enrollment form for those enrolled in the HSTA VB benefit plans).
- **Submit your completed enrollment form and required supporting documents to the EUTF via U.S. mail (201 Merchant Street, Suite 1700, Honolulu, HI 96813) or in-person by October 31, 2023.** If you are submitting by U.S. mail, enrollment forms and required supporting documents must be postmarked by October 31, 2023.
  - **If you are enrolling in EUTF plans for the first time**, you must submit a copy of your ERS retirement estimate letter and electronic premium deduction form (if responsible for paying for a portion of your or your dependent’s monthly health benefits premium).

**NOTE: Forms and required supporting documents postmarked after October 31, 2023, will be rejected.**

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



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## Health Plan Basics

### Medical and Prescription Drug Plans

Since Medicare has a significant impact on our retiree medical and prescription drug plans, EUTF retirees are separated into two groups:

- **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 14-16 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 4). See pages 17-19 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 26-28 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 Permanente 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.

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## 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 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](http://eutf.hawaii.gov) or request them directly from HMSA or Kaiser Permanente. Plan benefits vary based on the plan selected.

In the case of a discrepancy between the information provided in this Highlights Guide and what is listed 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 Permanente HMO Plan <sup>1</sup>
	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% <sup>2</sup>	30%	\$15
Online Care (through <a href="https://hmsaonlinecare.com">hmsaonlinecare.com</a> or <a href="https://kp.org">kp.org</a> )	No charge <sup>2</sup>	Not covered	No charge
Urgent Care Visit	10% <sup>2</sup>	30%	\$15 (in service area) 20% (out of service area)
Emergency Room	10% <sup>2</sup>	10% <sup>2</sup>	\$50 (in service area) 20% (out of service area)
Ambulance Air	20%	20%	20%
Ambulance Ground	20%	30%	20%
Inpatient Hospital Services	10% <sup>2</sup>	30%	No charge
Outpatient Surgery	10% <sup>2</sup>	30%	\$15
Outpatient Testing, Lab, and X-Ray Services	20% <sup>2</sup>	30%	\$15
Annual Physical Exam	No charge <sup>2</sup>	30% <sup>2</sup>	No charge
Preventive Screening	20% <sup>2</sup>	30%	No charge
Inpatient Mental Health	10% <sup>2</sup>	30%	No charge
Outpatient Mental Health	10% <sup>2</sup>	30%	\$15
Chiropractic Services	Not covered	Not covered	Not covered

PRESCRIPTION DRUG	CVS PPO Drug Plan <sup>3</sup>			Kaiser Permanente HMO Plan <sup>4</sup>	
	In-Network	Out-of-Network <sup>5</sup>	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 Mail Pharmacy: Not covered			\$15 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

<sup>1</sup> Kaiser Permanente Members only: (a) Except for certain situations described in your Group Medical and Hospital Service Agreement, all claims, disputes, or causes of action arising out of or related to your Group Medical and Hospital Service Agreement, its performance, or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. For claims, disputes, or cause of action subject to binding arbitration, all parties and family members give up the right to jury or court trial. For a complete description of arbitration information, please see your Group Medical and Hospital Service Agreement. (b) Members must reimburse Kaiser Permanente for care provided or paid for by Kaiser Permanente (from the proceeds of any settlement, judgment, or other payment the Member receives) if the care is for harm caused or alleged to be caused by a third party.

<sup>2</sup> Not subject to the deductible

<sup>3</sup> 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.

<sup>4</sup> The Kaiser Permanente prescription drug coverage is included under the Kaiser Permanente HMO medical plan.

<sup>5</sup> 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.

## HSTA VB Medical and Prescription Drug Benefits — Non-Medicare

MEDICAL	HMSA 90/10 PPO Plan		Kaiser Permanente HMO Plan <sup>1</sup>	
	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; \$25,000/calendar year thereafter		None	
Physician Office Visit	10%	30%	\$15	
Online Care (through <a href="https://hmsaonlinecare.com">hmsaonlinecare.com</a> or <a href="https://kp.org">kp.org</a> )	No charge	Not covered	No charge	
Urgent Care Visit	10%	30%	\$15 (in service area) 20% (out of service area)	
Emergency Room	10%	10% <sup>2</sup>	\$50 (in service area) 20% (out of service area)	
Ambulance Air	10%	10% <sup>2</sup>	20%	
Ambulance Ground	10%	30%	20%	
Inpatient Hospital Services	10%	30%	No charge	
Outpatient Surgery	10%	30%	\$15	
Outpatient Testing, Lab, and X-Ray Services	10%	30%	\$15	
Annual Physical Exam	No charge (limits apply)	No charge <sup>2</sup> (limits apply)	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 <sup>3</sup>		Kaiser Permanente HMO Plan <sup>4</sup>	
	In-Network/Mail Order	Out-of-Network <sup>5</sup>	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 Pharmacy: Not covered		\$10 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

<sup>1</sup> Kaiser Permanente Members only: (a) Except for certain situations described in your Group Medical and Hospital Service Agreement, all claims, disputes, or causes of action arising out of or related to your Group Medical and Hospital Service Agreement, its performance, or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. For claims, disputes, or cause of action subject to binding arbitration, all parties and family members give up the right to jury or court trial. For a complete description of arbitration information, please see your Group Medical and Hospital Service Agreement. (b) Members must reimburse Kaiser Permanente for care provided or paid for by Kaiser Permanente (from the proceeds of any settlement, judgment, or other payment the Member receives) if the care is for harm caused or alleged to be caused by a third party.

<sup>2</sup> Not subject to the deductible

<sup>3</sup> This plan is the prescription drug coverage for the HMSA PPO medical plan option and is administered by CVS Caremark.

<sup>4</sup> The Kaiser Permanente prescription drug coverage is included under the Kaiser Permanente HMO medical plan.

<sup>5</sup> 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.



## 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 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 Enrollment Guide*. You may download them from the EUTF website at [eutf.hawaii.gov](http://eutf.hawaii.gov) or request them directly from HMSA, Humana, or Kaiser Permanente. Plan benefits vary based on the plan selected.

In the case of a discrepancy between the information provided in this Highlights Guide and what is listed 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 ([eutf.hawaii.gov/medicare/overview](http://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 Permanente Senior Advantage Plan <sup>1</sup>
	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% <sup>2</sup>	30%	10% <sup>2</sup>	\$15
Online Care (through <a href="https://hmsaonlinecare.com">hmsaonlinecare.com</a> , <a href="https://myhumana.com">myhumana.com</a> , or <a href="https://kp.org">kp.org</a> )	No charge <sup>2</sup>	Not covered	Primary Care: No charge Specialist: 10% Behavioral Health and Substance Abuse: No charge	No charge
Urgent Care Visit	10% <sup>2</sup>	30%	10% <sup>2</sup>	\$20
Emergency Room	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup> (waived if admitted within 24 hours)	\$50
Ambulance Air	20%	20%	10%	20%
Ambulance Ground	20%	30%	10%	20%
Inpatient Hospital Services	10% <sup>2</sup>	30%	10%	No charge
Outpatient Surgery	10% <sup>2</sup>	30%	10%	\$15
Outpatient Testing, Lab, and X-Ray Services	20% <sup>2</sup>	30%	10%	No charge
Annual Physical Exam	No charge <sup>2</sup>	30% <sup>2</sup>	No charge <sup>2</sup>	No charge
Preventive Screening	20% <sup>2</sup>	30%	No charge <sup>2</sup>	No charge
Inpatient Mental Health	10% <sup>2</sup>	30%	10%	No charge
Outpatient Mental Health	10% <sup>2</sup>	30%	Facility: 10% Physician visit: 10% <sup>2</sup>	\$15
Chiropractic Services	Not covered	Not covered	10% <sup>2</sup>	\$15
For Medicare-covered services only (manual manipulation of the spine to correct subluxation)				

PRESCRIPTION DRUG	SilverScript (SSI) Medicare Part D PPO Drug Plan <sup>3</sup>		Kaiser Permanente Senior Advantage Plan <sup>4</sup>	
	In-Network/Mail Order	Out-of-Network <sup>5</sup>	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 and Humana medical plans	20% Meters: Covered by Medicare Part B and the HMSA and Humana medical plans	Lancets, strips, and meters: 20% Syringes/needles: \$15/\$30/\$45	Lancets, strips, and meters: 20% Syringes/needles: \$15/\$30/\$30
Specialty Drugs (including high-cost drugs as defined by CMS) and Injectables	20% (up to a 30-day supply) Up to \$250 per fill; \$2,000 In-Network maximum out-of-pocket per calendar year \$30 copay for oral oncology specialty medications Mail Pharmacy: Not covered	50% \$30 copay (up to a 30-day supply) + 20% for oral oncology specialty medications	\$15 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

<sup>1</sup> Kaiser Permanente Members only: (a) Except for certain situations described in your Group Medical and Hospital Service Agreement, all claims, disputes, or causes of action arising out of or related to your Group Medical and Hospital Service Agreement, its performance, or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. For claims, disputes, or cause of action subject to binding arbitration, all parties and family members give up the right to jury or court trial. For a complete description of arbitration information, please see your Group Medical and Hospital Service Agreement. (b) Members must reimburse Kaiser Permanente for care provided or paid for by Kaiser Permanente (from the proceeds of any settlement, judgment, or other payment the Member receives) if the care is for harm caused or alleged to be caused by a third party.

<sup>2</sup> Not subject to the deductible

<sup>3</sup> 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.

<sup>4</sup> The Kaiser Permanente Medicare Part D prescription drug coverage is included under the Kaiser Permanente Senior Advantage medical plan.

<sup>5</sup> 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.

## HSTA VB Medical and Prescription Drug Benefits — Medicare

MEDICAL	HMSA 90/10 PPO Plan		Kaiser Permanente Senior Advantage Plan <sup>1</sup>
	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; \$25,000/calendar year thereafter		None
Physician Office Visit	10%	30%	\$15
Online Care (through <a href="https://hmsaonlinecare.com">hmsaonlinecare.com</a> or <a href="https://kp.org">kp.org</a> )	No charge	Not covered	No charge
Urgent Care Visit	10%	30%	\$20
Emergency Room	10%	10% <sup>2</sup>	\$50
Ambulance Air	10%	10% <sup>2</sup>	20%
Ambulance Ground	10%	30%	20%
Inpatient Hospital Services	10%	30%	No charge
Outpatient Surgery	10%	30%	\$15
Outpatient Testing, Lab, and X-Ray Services	10%	30%	No charge
Annual Physical Exam	No charge (limits apply)	No charge <sup>2</sup> (limits apply)	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 <sup>3</sup>		Kaiser Permanente Senior Advantage Plan <sup>4</sup>	
	In-Network/Mail Order	Out-of-Network <sup>5</sup>	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 Pharmacy: Not covered		\$10 (up to a 30-day supply) Not all drugs can be mailed; restrictions and limitations apply	

<sup>1</sup> Kaiser Permanente Members only: (a) Except for certain situations described in your Group Medical and Hospital Service Agreement, all claims, disputes, or causes of action arising out of or related to your Group Medical and Hospital Service Agreement, its performance, or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. For claims, disputes, or cause of action subject to binding arbitration, all parties and family members give up the right to jury or court trial. For a complete description of arbitration information, please see your Group Medical and Hospital Service Agreement. (b) Members must reimburse Kaiser Permanente for care provided or paid for by Kaiser Permanente (from the proceeds of any settlement, judgment, or other payment the Member receives) if the care is for harm caused or alleged to be caused by a third party.

<sup>2</sup> Not subject to the deductible

<sup>3</sup> 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.

<sup>4</sup> The Kaiser Permanente Medicare Part D prescription drug coverage is included under the Kaiser Permanente Senior Advantage medical plan.

<sup>5</sup> 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.

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# 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 2023\* are as follows:

- 2023 Medicare Part A Hospital Deductible      \$1,600
- 2023 Medicare Part B Medical Deductible      \$226

\* Medicare annual deductibles for 2024 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 coordinate your benefits, please give your providers the 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.

**Note:** 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.



## Coordination of Medicare Benefits Examples

### Table of Claims Examples

Claim	Service	Date of Service	Charge	Medicare Part B Payment	HMSA Plan Payment	HMSA Member Owes	Humana Member Owes
#1	Office Visit	1/3/2024	\$105.00	\$0.00	\$94.50	\$10.50	\$10.50
	Diagnostic Test (Outpatient)	1/3/2024	\$121.00	\$0.00	\$96.80	\$24.20	\$102.10
			\$226.00	\$0.00	\$191.30	\$34.70	\$112.60
#2	Office Visit	2/3/2024	\$105.00	\$84.00	\$21.00	\$0.00	\$10.50
	Diagnostic Test (Outpatient)	2/3/2024	\$128.00	\$102.40	\$25.60	\$0.00	\$12.80
			\$233.00	\$186.40	\$46.60	\$0.00	\$23.30
#3	Inpatient Hosp. – Room & Board	2/20/2024	\$15,000.00	\$13,400.00	\$1,600.00	\$0.00	\$1,500.00
#4	Prosthesis	2/20/2024	\$500.00	\$400.00	\$0.00	\$100.00	\$50.00

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

#### Reminder: No COB for Humana or Kaiser Permanente

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.

#### 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 \$226.00 toward the annual Medicare Part B deductible. (At this point, the annual Medicare Part B deductible is met.) 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:** There is no COB on the Humana plan. 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 member pays the \$100 annual deductible. The member owes \$100, plus 10% of the remaining eligible charge (\$2.10), for the outpatient diagnostic test claim. (At this point, the \$100 deductible is met.)

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**Claim #2:**

**Medicare/HMSA:** Because the annual Medicare Part B deductible was met with Claim #1, Medicare will apply plan benefits (80% of eligible charge in this illustration), and HMSA will coordinate payment of the remaining balance of eligible charges. Although the member owes a zero balance in eligible charges, the member may be responsible for any non-covered charges such as taxes.

**Humana:** There is no COB on the Humana plan. Humana will pay the office visit claim at 90% of eligible charge, and the member owes the 10% balance. Since the annual deductible was met with Claim #1, Humana will pay the outpatient diagnostic test claim at 90% of eligible charge, and the member owes the 10% balance.

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

**Medicare/HMSA:** Member received services at an HMSA participating facility that 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 \$1,600.00. (At this point, the Medicare Part A deductible is met.) 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:** There is no COB on the Humana plan. Humana will pay the inpatient hospital claim at 90% of eligible charge, and the member owes the 10% balance, limited to the Annual Maximum Out-of-Pocket of \$2,500 per covered individual. Once the member has reached the Annual Maximum Out-of-Pocket, covered services will be paid by the Humana plan at 100%.

**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. Because the annual Medicare Part B deductible was met with Claim #1, Medicare will apply plan benefits (80% of eligible charge in this illustration). 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. (At this point, the \$100 deductible is met.)

**Humana:** There is no COB on the Humana plan. 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.

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## Humana Medicare Advantage PPO 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) individuals, including you.

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

- If you enroll in a non-EUTF Medicare Advantage plan and/or a non-EUTF Medicare prescription drug plan, you will be disenrolled from the EUTF Humana Medicare Advantage plan and/or the EUTF SilverScript Medicare prescription drug plan.
- 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.

\* 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 Permanente 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 – coverage for only non-Medicare and Medicare retirees (no dependent coverage)

### 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.

Your HDS plan now includes Total Health Plus, a set of supplemental benefits. With HDS Total Health Plus, if you are diagnosed with certain medical conditions or diseases, you will have access to 100% coverage for additional cleanings and/or fluoride treatments. This added coverage is designed to prevent oral disease and cavities for those diagnosed with diabetes, cancer, stroke, kidney failure, and more. Those who are pregnant are also qualified for additional cleanings and/or fluoride treatments.

For full plan details, visit the HDS dedicated EUTF webpage ([hawaiidental-service.com/eutf](http://hawaiidental-service.com/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
<b>Diagnostic</b>	
Examinations – 2 per calendar year	100%
Bitewing X-Rays – 2 per calendar year through age 14, 1 per calendar year ages 15 and older	100%
Other X-Rays – full mouth X-Rays limited to 1 every 5 years	100%
<b>Preventive</b>	
Cleanings – 2 per calendar year, additional cleanings or gum maintenance covered for expectant mothers and members with a history of cancer treatment (chemotherapy or radiation), diabetes, Sjögren's syndrome, stroke, heart attack, congestive heart failure, kidney failure, or organ transplant	100%
Fluoride – 2 per calendar year through age 19, additional fluoride treatments for members with a history of certain cancers, Sjögren's syndrome, or at medical risk for cavities	100%
Silver Diamine Fluoride	100%
Space Maintainers – through age 17	100%
Sealants – through age 18 (one treatment per tooth per lifetime to permanent molars with no prior fillings on biting surfaces)	100%

HAWAII DENTAL SERVICE (HDS) DENTAL PLAN (continued)	
DENTAL BENEFIT	Plan Covers
<b>Basic Care</b>	
Fillings – silver fillings; white-colored fillings limited to front teeth	60%
Root Canals	60%
Gum Surgeries and Maintenance – cleaning (maintenance) for gum disease limited to 2 per calendar year after qualifying gum treatment where qualifying gum treatment is one or more of the following: <ul style="list-style-type: none"> <li>• Root Planing and Scaling – 1 every 2 years per quadrant</li> <li>• Gum/Bone Surgeries – 1 every 3 years per quadrant</li> </ul>	60%
Oral Surgeries	60%
<b>Major Care</b>	
Crowns – 1 every 5 years when teeth cannot be restored with silver or white fillings; white crowns limited to front teeth and bicuspid	60%
Fixed Bridges and Dentures – 1 every 5 years; age 16 and over	60%
Implants	60%
<b>Other Services</b>	
Emergency Treatments of Dental Pain	100%

For the Dental Benefits Summary chart that lists other covered services, limitations, and exclusions, visit the HDS webpage ([hawaiidental-service.com/eutf](http://hawaiidental-service.com/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)			
<b>Vision Exam and Eyewear Benefits:</b> 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
<b>Exam</b>	<b>Every calendar year</b>	<b>\$10 copay</b>	<b>Up to \$45</b>
<b>Prescription Glasses</b>		<b>\$25 copay</b>	
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
Impact-resistant lenses for dependent children up to age 18		Included in \$25 copay	Not covered
Standard progressive lenses		Included in \$25 copay	Progressive lenses – up to \$85
Premium progressive lenses		\$80–\$90 copay	
Custom progressive lenses		\$120–\$160 copay	
Lenticular lenses		No charge	Up to \$125
UV protection		No charge	Not covered
<b>Contact Lenses</b>	<b>Every calendar year</b>		
Contact lenses (elective)		\$130 allowance	Up to \$105
Contact lenses (medically necessary)		No charge	Up to \$210
Contact lenses fitting and evaluation		\$60 copay max	Not covered

### Extra Discounts and Savings from VSP Providers

#### Glasses and Sunglasses

- Average 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

- 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 non-prescription 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

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## Life Insurance Benefits for EUTF and HSTA VB Retirees

Your retiree life insurance benefit is \$1,487.

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.** You have 24/7 online, pre-trip resources and support for emergency travel assistance and other services when traveling 50+ miles from home. These include medical relocation and medical or security evacuation, passport, visa, immunization and currency conversion info, assistance replacing lost or stolen luggage or other critical items, or repatriation of mortal remains. Visit [LifeBenefits.com/travel](https://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.** Access professional services for a variety of needs—from legal matters and financial situations to coping with loss—through comprehensive web and mobile resources, as well as consultations. Included are resources such as will prep templates and other key legacy documents—and a free, 30-minute consultation per issue, by phone or in an attorney’s office (additional services available at 25% discount). In addition, telephone consults or a 45-minute counseling session per issue are available on other topics, like budget analysis, tax planning, or grief support. You can also access a financial fitness assessment online. Visit [LifeBenefits.com/LFG](https://LifeBenefits.com/LFG) (user name: lfg, password: resources) or call **1-877-849-6034**.
  - **Legacy planning resources from Securian.** Access a variety of online information, tools, and resources, including end-of-life and funeral planning, final arrangements, important directives, and survivor assistance. After a claim is started, there are additional services available to beneficiaries by phone. Funeral concierge services allow for coverage verification and direct payment to a funeral home so services can be provided before insurance payment is made. Same-day funeral home assignment services reduce concern about paying funeral expenses by working with the funeral home or lending agency. Visit [Securian.com/legacy](https://Securian.com/legacy).

### Beneficiary changes

If you would like to change your beneficiary designation, visit [LifeBenefits.com](https://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**.

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## Monthly Health Plan Premiums

Retirees who receive less than 100% employer contribution toward the Base Monthly Contribution (BMC), or whose ERS membership date is on or after July 1, 2001, and enrolling a dependent, may be responsible for monthly premium payments to the EUTF. See pages 32-33 for the 2024 monthly health plan rates.

You may use the Retiree Premium Worksheet, located on the EUTF website ([eutf.hawaii.gov/retirees/eutf-retiree/premiums-contributions](https://eutf.hawaii.gov/retirees/eutf-retiree/premiums-contributions)), or the online Retiree EUTF Premium Calculator ([eutf.hawaii.gov/eutf-premium-calculators](https://eutf.hawaii.gov/eutf-premium-calculators)) 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 at the back of this guide or on our website at [eutf.hawaii.gov](https://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:

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

#### Recurring Electronic Premium Deduction Requirement

**NOTE:** If you retired on or after **October 1, 2020**, and are responsible for paying a portion of your or your dependent's monthly health benefits premium, you are required to enroll in a recurring electronic premium deduction (Hawaii Law Act 62, SLH 2020).

The EUTF offers two options:

- ACH deductions from your bank
- Employees' Retirement System of the State of Hawaii (ERS) pension deductions

Enrollment forms for ACH or ERS pension deductions are available at the back of this guide or on the EUTF website at [eutf.hawaii.gov](https://eutf.hawaii.gov).



# 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 (typically the hire date)
- Length of service, taking into account breaks in service and excluding sick leave (as determined by ERS)

The BMC is adjusted every January 1, based 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 2023 year for the 2024 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.

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## 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 see the **Retiree EUTF Premium Calculator** ([eutf.hawaii.gov/eutf-premium-calculators/](https://eutf.hawaii.gov/eutf-premium-calculators/)) or 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, 2007, and retired with 15 years of service would be \$534.18\* as calculated as follows (premiums from page 32):

1.  $\$617.78 = 75\% \times \text{Medicare self BMC of } \$823.70^*$
2.  $\$534.18 = \$486.86 \text{ HMSA self medical and SilverScript self prescription drug} + \$43.78 \text{ HDS self dental} + \$3.54 \text{ VSP self vision}$

The retiree will be responsible for monthly premiums of \$506.64 as calculated below:

1. Total monthly premiums of \$1,040.82 = \$948.34 HMSA two-party medical and SilverScript two-party prescription drug + \$85.38 HDS two-party dental + \$7.10 VSP two-party vision
2. Less monthly employer contribution of \$534.18\*
3. Monthly employee share of premiums \$506.64

\* Since the 2023 BMC is not available at this time, this example uses the 2023 BMC and the 2024 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.

<b>EUTF Monthly Retiree Premiums</b> Effective January 1, 2024, through December 31, 2024		
Benefit Plan	Type of Enrollment	Total Premium <sup>1</sup>
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$251.52
	Two-Party	\$490.10
	Family	\$726.60
Humana Medicare Advantage PPO Medical Plan	Self	\$51.88
	Two-Party (both Medicare)	\$103.76
	Three-Party (all Medicare; maximum of 3 enrollees)	\$155.64
SilverScript Prescription Drug Plan	Self	\$235.34
	Two-Party	\$458.24
	Family	\$679.44
Kaiser Permanente Senior Advantage Medical and Prescription Drug Plan	Self	\$462.50
	Two-Party	\$901.84
	Family	\$1,336.60
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$581.96
	Two-Party	\$1,133.96
	Family	\$1,681.08
CVS Caremark Prescription Drug Plan	Self	\$244.24
	Two-Party	\$475.68
	Family	\$705.26
Kaiser Permanente HMO Comprehensive Medical and Prescription Drug Plan	Self	\$763.08
	Two-Party	\$1,541.42
	Family	\$2,273.98
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$43.78
	Two-Party	\$85.38
	Family	\$104.62
<b>VISION PLAN</b>		
VSP Vision	Self	\$3.54
	Two-Party	\$7.10
	Family	\$9.52
<b>LIFE INSURANCE</b>		
Securian Life Insurance (Retiree only)	Self	\$4.12

<sup>1</sup>The 2024 Retiree premiums do not include an EUTF administrative fee.

<b>HSTA VB Monthly Retiree Premiums</b> Effective January 1, 2024, through December 31, 2024		
<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Total Premium<sup>2</sup></b>
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic, SilverScript Prescription Drug, and VSP Vision Plans	Self	\$541.24
	Two-Party	\$1,054.72
	Family	\$1,560.86
Kaiser Permanente Senior Advantage Medical, Chiropractic and Prescription Drug, and VSP Vision Plans	Self	\$473.54
	Two-Party	\$923.60
	Family	\$1,367.82
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic, CVS Caremark Prescription Drug, and VSP Vision Plans	Self	\$795.52
	Two-Party	\$1,550.10
	Family	\$2,295.34
Kaiser Permanente HMO Comprehensive Medical, Chiropractic and Prescription Drug, and VSP Vision Plans	Self	\$752.22
	Two-Party	\$1,519.46
	Family	\$2,240.64
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$51.80
	Two-Party	\$101.02
	Family	\$123.82
<b>VISION PLAN</b>		
VSP Vision	Self	\$3.54
	Two-Party	\$7.10
	Family	\$9.52
<b>LIFE INSURANCE</b>		
Securian Life Insurance (Retiree only)	Self	\$4.12

<sup>2</sup>The 2024 Retiree premiums do not include an EUTF administrative fee.

<b>EUTF Monthly Retiree COBRA Premiums</b> Effective January 1, 2024, through December 31, 2024		
Benefit Plan	Type of Enrollment	Total Premium <sup>1</sup>
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$256.55
	Two-Party	\$499.90
	Family	\$741.13
Humana Medicare Advantage PPO Medical Plan	Self	\$52.91
	Two-Party (both Medicare)	\$105.83
	Three-Party (all Medicare; maximum of 3 enrollees)	\$158.75
SilverScript Prescription Drug Plan	Self	\$235.60
	Two-Party	\$458.74
	Family	\$680.18
Kaiser Permanente Senior Advantage Medical and Prescription Drug Plan	Self	\$471.75
	Two-Party	\$919.87
	Family	\$1,363.33
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$593.59
	Two-Party	\$1,156.63
	Family	\$1,714.70
CVS Caremark Prescription Drug Plan	Self	\$248.74
	Two-Party	\$484.46
	Family	\$718.28
Kaiser Permanente HMO Comprehensive Medical and Prescription Drug Plan	Self	\$778.34
	Two-Party	\$1,572.24
	Family	\$2,319.45
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$44.65
	Two-Party	\$87.08
	Family	\$106.71
<b>VISION PLAN</b>		
VSP Vision	Self	\$3.61
	Two-Party	\$7.24
	Family	\$9.71

<sup>1</sup>The 2024 Retiree COBRA premiums do not include an EUTF administrative fee.



HSTA VB Monthly Retiree COBRA Premiums Effective January 1, 2024, through December 31, 2024		
Benefit Plan	Type of Enrollment	Total Premium <sup>2</sup>
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic, SilverScript Prescription Drug, and VSP Vision Plans	Self	\$546.06
	Two-Party	\$1,064.15
	Family	\$1,574.78
Kaiser Permanente Senior Advantage Medical, Chiropractic and Prescription Drug, and VSP Vision Plans	Self	\$483.01
	Two-Party	\$942.07
	Family	\$1,395.17
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic, CVS Caremark Prescription Drug, and VSP Vision Plans	Self	\$810.93
	Two-Party	\$1,580.16
	Family	\$2,339.84
Kaiser Permanente HMO Comprehensive Medical, Chiropractic and Prescription Drug, and VSP Vision Plans	Self	\$767.26
	Two-Party	\$1,549.84
	Family	\$2,285.45
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$52.83
	Two-Party	\$103.04
	Family	\$126.29
<b>VISION PLAN</b>		
VSP Vision	Self	\$3.61
	Two-Party	\$7.24
	Family	\$9.71

<sup>2</sup>The 2024 Retiree COBRA premiums do not include an EUTF administrative fee.

Retirees are offered the choice between COBRA Continuation Coverage and Retiree Coverage at retirement and if Retiree coverage is elected, the Retiree has no further COBRA rights under this Plan. However, covered Dependents may have COBRA rights available if one of the following events results in a loss of coverage:

- The death of the Retiree;
- A divorce of the Retiree and Spouse; or
- Cessation of Dependent child's dependent status.

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## Events that Allow You to Change Your Elections

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 qualifying event or change to enrollment as outlined in the EUTF Administrative Rules. For more information about qualifying events, visit the EUTF website ([eutf.hawaii.gov](http://eutf.hawaii.gov)), and go to the "Enrollment Overview" page for your Retiree group.

This section outlines if and when benefits can be changed during the plan year (January 1 through December 31). The following chart lists common events that may allow certain changes in benefits during the year as outlined in the EUTF Administrative Rules. The events are listed by additions and deletions and include required documents, submission deadlines, and effective dates.

## Events that Allow You to Change Your Elections – Additions

Qualifying Event	Required Documents and Submission Deadline	Effective Date (Pay periods occur on the 1st and 16th)
<b>Adoption</b>	EC-2/EC-2H form within <b>45</b> days of adoption date. <b>Adoption decree or placement for adoption</b> documents and <b>birth certificate</b> submitted within 45 days from the adoption date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	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
<b>Birth</b>	EC-2/EC-2H form within <b>180</b> days of birth date. <b>Birth certificate &amp; Social Security number (SSN) or Taxpayer Identification Number (TIN) must be submitted with EC-2/EC-2H form.</b> Hospital certificate is acceptable as a temporary supporting document while awaiting birth certificate. Enrollment may be rejected if the SSN or TIN is missing for the person for whom enrollment is being requested.	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
<b>Civil Union</b>	EC-2/EC-2H form within <b>45</b> days of civil union. <b>Civil Union Certificate and Affidavit of Dependency</b> submitted within <b>45</b> days from the civil union date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	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
<b>Domestic Partnership</b>	EC-2/EC-2H form within <b>45</b> days of notarized signature. <b>Notarized Declaration of Domestic Partnership, Affidavit of Dependency &amp; Acknowledgement, and two sets of documents proving cohabitation</b> submitted within <b>45</b> days from the domestic partnership date; documents available at <a href="http://eutf.hawaii.gov">eutf.hawaii.gov</a> Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	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
<b>Enrollment in Medicare Part B</b> (Retiree wishes to change from current medical and prescription drug plan to another Medicare plan option)	EC-2/EC-2H form within <b>60</b> days of the Medicare Part B effective date. <b>Proof of enrollment</b> in Medicare Part B (i.e., copy of MBI card) submitted within 60 days from the Medicare Part B effective date. Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	Medicare Part B effective date or the first of the month following EUTF's receipt of the EC-2/EC-2H, whichever is later
<b>Geographic Relocation</b> (Kaiser members who move outside the Kaiser service area)	EC-2/EC-2H form within <b>45</b> days of Relocation date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	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

## Events that Allow You to Change Your Elections – Additions

Qualifying Event	Required Documents and Submission Deadline	Effective Date (Pay periods occur on the 1st and 16th)
<b>Loss of Coverage</b> (Retiree and/or dependent loses health coverage and wishes to enroll in EUTF or HSTA VB plans)	EC-2/EC-2H form within <b>45</b> days of loss of coverage. <b>Letter from previous employer or carrier</b> detailing type of coverages lost (i.e., medical, drug, dental, vision), date of loss of coverage, names of any covered dependents, <b>marriage certificate</b> , and <b>birth certificate</b> for dependent children submitted within <b>45</b> days from loss of coverage date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	The first day following the day non-EUTF coverage was lost
<b>Marriage</b>	EC-2/EC-2H form within <b>45</b> days of marriage. <b>Marriage certificate</b> (and <b>birth certificate</b> if adding dependent children) submitted within <b>45</b> days from the marriage date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	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
<b>Newly Eligible Student Dependent</b> (Unmarried dependent age 19 thru 23 becomes a full-time student)	EC-2/EC-2H form within <b>45</b> days from school start date. <b>Student certification:</b> a letter from an accredited school on school letterhead with registrar's signature confirming full-time status or letter from National Student Clearinghouse submitted within <b>45</b> days of becoming a full-time student; transcripts and class schedules are not accepted Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	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
<b>Reinstatement into Medical and/or Prescription Drug Plans</b> (Due to failure to provide proof of enrollment in Medicare Part B)	<b>Proof of Medicare Part B enrollment</b> , which must include MBI number and effective date (e.g., MBI card or SSA letter) Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	The later of the effective date of the Medicare Part B coverage or the medical and/or prescription drug coverage enrollment date
<b>Retirement</b>	EC-2/EC-2H form within <b>60</b> days of retirement date. If Medicare eligible, copy of <b>Medicare Part B card</b> , <b>Direct Deposit Agreement form</b> , and <b>Letter from Social Security</b> showing annual Part B premium submitted within <b>60</b> days from the date of retirement. <b>ERS Retirement Estimate Letter</b> <b>ERS pension deduction form or ACH deduction form</b> if paying for all or a portion of your health benefit premium submitted within 60 days from the date of retirement Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	Retirement date

## Events that Allow You to Change Your Elections – Deletions

Qualifying Event	Required Documents and Submission Deadline	Effective Date (Pay periods occur on the 1st and 16th)
<b>Disenroll Due to Enrollment in Other Coverage</b> (Retiree or dependent gets coverage from another plan and wishes to cancel EUTF or HSTA VB plans)	EC-2/EC-2H form within <b>90</b> days of acquisition of coverage. <b>Letter from carrier or employer</b> detailing type of coverages enrolled in (i.e., medical, drug, dental, vision), effective date of coverage, and names of covered dependents submitted within <b>90</b> 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
<b>Death</b>	EC-2/EC-2H form as soon as reasonably practical. <b>Death certificate or copy of obituary</b> submitted as soon as available	Date of death or last day of pay period in which death occurs for dependents
<b>Divorce</b> (Retiree must terminate coverage for former spouse)	EC-2/EC-2H form within <b>45</b> days of divorce. <b>Pages 1 and 2 of divorce decree along with the signature page</b> submitted within <b>45</b> days from the date of the divorce	First day of the pay period following the divorce
<b>Failure to Enroll in Medicare Part B</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 Retiree and/or dependent can be re-enrolled by submitting a copy of their Medicare card
<b>Failure to Pay</b> (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 special enrollment event) or if full payment is made 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
<b>Ineligible Student</b> (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
<b>Legal Separation</b> (Retiree must terminate coverage for former spouse)	EC-2/EC-2H form within <b>45</b> days of date of legal separation <b>Court documents</b> establishing legal separation submitted within <b>45</b> days from separation date	First day of the pay period following the legal separation



## Events that Allow You to Change Your Elections – Deletions

<b>Return to Work</b> (Retiree returns to State or County employment)	<b>Contact the Employees' Retirement System of the State of Hawaii (ERS) and EUTF</b> to inform them you will be returning to work. Retiree can enroll in Active Employee plans	The event date is the date the retiree returns to work. The employee will then be treated like any New Hire and have the same 3 (three) options to choose as their effective date
<b>Surviving Spouse/Partner Remarries or Enters Into Another Partnership</b> (Surviving spouse or partner will be cancelled from EUTF or HSTA VB plans)	EC-2/EC-2H form within <b>45</b> days of marriage or new domestic partnership	The first day of the pay period following the marriage or new partnership
<b>Termination of Domestic Partnership*</b> (Employee must terminate coverage for domestic partner and domestic partner's dependents)	EC-1/EC-1H form within <b>45</b> days of the termination of domestic partnership; however, it will be accepted and processed regardless of when form is received.	Coverage ends on the first day of the first pay period following the date of termination of the domestic partnership.

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## Required Notices

All of the following required notices are available for viewing on the EUTF's website at [eutf.hawaii.gov](http://eutf.hawaii.gov). If you wish to have hard copies of any of the following notices, send EUTF an email at [eutf@hawaii.gov](mailto: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 an SSN: [socialsecurity.gov/online/ss-5.pdf](https://socialsecurity.gov/online/ss-5.pdf). Applying for a Social Security number is FREE.

If you have not yet provided the Social Security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the EUTF Office at **1-808-586-7390** or toll-free at **1-800-295-0089**.

#### **PRIVACY NOTICE REMINDER**

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

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get another copy of this Notice from our Member Services Branch at **1-808-586-7390** or toll-free at **1-800-295-0089**. The Privacy Notice is also available on the Plan's website at [eutf.hawaii.gov](http://eutf.hawaii.gov).

#### **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

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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.

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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**.



**NOTE: If you are enrolled in the HMSA or Humana Medicare Advantage PPO plans with SilverScript prescription drug coverage, or the Kaiser Permanente 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 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 Permanente 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 Permanente 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.

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## 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:
<p><b>If you are enrolled in EUTF PPO medical plan (with prescription drug coverage through CVS) and you become eligible for Medicare</b>, you can select or keep your EUTF medical and prescription drug coverage.</p>	<ul style="list-style-type: none"> <li>• 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 <b>automatically be enrolled in the EUTF SilverScript Medicare Part D plan</b>.</li> <li>• If you enroll in a non-EUTF Medicare Part C or D plan, you will be disenrolled from the EUTF SilverScript Plan because Medicare allows you to enroll in only one Medicare Part D plan. <b>If you are an HSTA VB Retiree, you will also be disenrolled from the medical, vision, and chiropractic plans as prescription drug coverage is bundled as part of the entire medical plan.</b> Please call EUTF before enrolling in another Medicare Part D prescription drug plan.</li> <li>• At the next EUTF Open Enrollment or upon experiencing a mid-year qualifying event, you will be able to make election changes.</li> </ul>
<p><b>If you are a Kaiser Permanente plan participant and you are enrolled in Medicare Part A and B</b>, you must enroll in Kaiser Permanente'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).</p>	<ul style="list-style-type: none"> <li>• If you or your covered dependent(s) are enrolled in the Kaiser Permanente HMO plan and Medicare, you will <b>automatically be enrolled in the Kaiser Permanente EUTF Senior Advantage plan</b>, including prescription drug coverage. You understand enrollment in the EUTF Senior Advantage plan is required, and this will automatically end your enrollment in another Medicare plan. Failure to enroll in the EUTF Senior Advantage plan will result in termination of your EUTF medical and prescription coverage.</li> <li>• If you enroll in a non-EUTF Medicare Part D plan, you will be disenrolled from the Kaiser Permanente Senior Advantage plan because Medicare allows you to enroll in only one Medicare Part C &amp; D plan. <b>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.</b> Please call EUTF before enrolling in another Medicare Part C &amp; D prescription drug plan.</li> <li>• At the next EUTF Open Enrollment, you will be able to make election changes.</li> </ul>

## 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**.

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## **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 Permanente reserve the right to modify benefits at any time, in accordance with applicable law. This document (dated October 1, 2021) is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

## Who to Contact

For Questions About:	Please Contact:
Eligibility and EUTF Information	<a href="http://eutf.hawaii.gov">eutf.hawaii.gov</a> EUTF Member Services <b>1-808-586-7390</b> or toll-free: <b>1-800-295-0089</b> Monday through Friday, 7:45 a.m.–4:30 p.m. HST, except State observed holidays
Hawaii Medical Service Association (HMSA)	<a href="http://hmsa.com/eutf">hmsa.com/eutf</a> <b>1-808-948-6499</b> (Oahu) Toll-free: <b>1-800-776-4672</b> (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	<a href="http://your.humana.com/eutf">your.humana.com/eutf</a> <b>1-888-908-6518</b> 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	<a href="http://kp.org/eutf">kp.org/eutf</a> <b>1-808-432-5250</b> (Oahu) or toll-free: <b>1-844-276-6628</b> (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  <a href="http://kp.org/fitrewards">kp.org/fitrewards</a> (for non-Medicare retirees) <b>1-877-771-2746</b>  <a href="http://silverandfit.com">silverandfit.com</a> (for Medicare retirees) <b>1-877-427-4788</b>
American Specialty Health (ASH)	HMSA and Kaiser Permanente Chiropractic Benefit (HSTA VB only) <a href="http://ashlink.com/ash/hmsa">ashlink.com/ash/hmsa</a> for HMSA members <a href="http://ashlink.com/ash/kaiserhic">ashlink.com/ash/kaiserhic</a> for Kaiser Permanente members Toll-free: <b>1-888-981-2746</b> October through March: Sunday through Saturday, 8:00 a.m.–8:00 p.m. HST, excluding Thanksgiving Day and Christmas Day April through September: Monday through Friday, 2:00 a.m.–5:00 p.m. HST, excluding ASH-observed holidays
CVS Caremark (CVS) Non-Medicare Retirees	<b>CVS Caremark (CVS): Non-Medicare Retirees</b> <a href="http://caremark.com">caremark.com</a> <b>1-855-801-8263</b> TTY: 711 24 hours a day, 7 days a week
SilverScript (SSI) Medicare Retirees	<b>SilverScript (SSI): Medicare Retirees</b> <a href="http://eutf.silverscript.com">eutf.silverscript.com</a> <a href="http://hstavb.silverscript.com">hstavb.silverscript.com</a> <b>1-877-878-5715</b>



<b>Hawaii Dental Service (HDS)</b>	<a href="http://hawaiidentalsservice.com/eutf">hawaiidentalsservice.com/eutf</a> <b>1-808-529-9310</b> or toll-free: <b>1-866-702-3883</b> Over the phone: Monday through Friday, 7:30 a.m.–6 p.m. HST, except State observed holidays Walk-In Hours: Monday through Friday, 8 a.m.–4:30 p.m. HST, except State observed holidays Office located: Pioneer Plaza, 900 Fort Street Mall, Suite 1900
<b>Vision Service Plan (VSP)</b>	<a href="http://eutf.vspforme.com">eutf.vspforme.com</a> Toll-free: <b>1-866-240-8420</b> Oahu: <b>1-808-532-1600</b> or toll-free: <b>1-800-522-5162</b> Monday through Saturday, 3:00 a.m.–8:00 p.m. HST Sunday, 8:00 a.m.–8:00 p.m. HST
<b>Securian</b>	<a href="http://LifeBenefits.com/EUTF">LifeBenefits.com/EUTF</a> <b>1-808-536-9890</b> or toll-free: <b>1-877-291-8466</b> Monday through Friday, 7:30 a.m.–6:00 p.m. HST, except State-observed holidays Email: <a href="mailto:lifebenefits@securian.com">lifebenefits@securian.com</a>
<b>Social Security Administration (SSA)</b>	<a href="http://ssa.gov">ssa.gov</a> <b>1-800-772-1213</b>
<b>Centers for Medicare &amp; Medicaid Services</b>	<a href="http://cms.gov">cms.gov</a> <b>1-800-MEDICARE</b>

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# Important Forms

## EC-2 and EC-2H Enrollment Form Instructions

### Retiree Data

Select the event for which you are submitting the enrollment form. Mark the Retirement box if you're newly retired, the 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 the date the qualifying event occurred. Complete all information about yourself and your spouse/partner. The race and ethnicity section is optional. Please refer to the back page of these instructions for more information on completing the race and ethnicity section.

### Coverage Start Date

This section only needs to be completed if filing for adoption, placement for adoption, birth, marriage, domestic partner, guardianship, or newly 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 1<sup>st</sup> day of the pay period in which the event date occurs.
- (Option #2) Coverage and contributions start 1<sup>st</sup> day of the first pay period following the event date.
- (Option #3) Coverage and contributions start 1<sup>st</sup> day of the second 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.

### 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 Permanente 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 dis-enroll from the Kaiser Permanente Senior Advantage plan as well.

### 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 marriage certificate if adding your spouse/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](http://eutf.hawaii.gov).

### 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.

### 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](http://www.naic.org)).

### Retiree/Dependent Signature

Read, sign and date the form.

**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.

Submit your EC-2 or EC-2H form and required supporting documents to the EUTF office. Please see address at bottom of page 2 of the enrollment form. To ensure proper processing, all required fields must be complete and proper documentation submitted timely. Required supporting documents are due within 45 days of the qualifying event date, with exception to birth (180 days) and open enrollment (postmarked by October 31, 2023).

## Optional Race and Ethnicity Questionnaire

You may voluntarily choose to provide your race and ethnicity in the Retiree Data section of the EC-2 form. You can't be denied coverage because you don't fill them out. Please refer to the options below.

Are you of Hispanic, Latino/a, or Spanish origin?

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, of another Hispanic, Latino/a, or Spanish origin
- Choose not to answer

What is your race?

- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Choose not to answer

### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose, and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



# Hawaii Employer-Union Health Benefits Trust Fund

## EUTF RETIREES EC-2 HEALTH BENEFITS ENROLLMENT FORM

### RETIREE DATA

Complete each section thoroughly. Please print clearly

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

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
*Street Name Apt No.* *Street Name Apt No.*  
\_\_\_\_\_  
*City, State Zip Code* *City, State Zip Code*

Marital Status: ☐ Single ☐ Married ☐ Domestic Partner Gender: ☐ Male ☐ Female ☐ Gender X  
Marriage Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Former Employer Department/Division: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Note: If you will be adding your spouse/partner to your health plans, you must also indicate this information under the "Dependent Information" section.

### Optional Race and Ethnicity Disclosure

Are you of Hispanic, Latino/a, or Spanish origin? \_\_\_\_\_ What is your race? \_\_\_\_\_

### COVERAGE START DATE

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

- ☐ Coverage starts day of the event and premium contributions start 1<sup>st</sup> 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 1<sup>st</sup> day of the first pay period following event (1<sup>st</sup> or 16<sup>th</sup> of the month)
- ☐ Coverage and premium contributions start 1<sup>st</sup> day of the second pay period following event (1<sup>st</sup> or 16<sup>th</sup> of the month)

### PLAN SELECTION

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

<b>Medical</b> (select one)				
HMSA PPO 90/10 Medical ** (does not include Prescription Drug)	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
Kaiser HMO Medical ** (includes Kaiser Prescription Drug)	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
Humana Medicare Advantage (Medicare A & B required)	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
<b>Prescription Drug</b>				
CVS Caremark Prescription Drug ** (not a valid selection with Kaiser)	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
<b>Dental</b>				
Hawaii Dental Service	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
<b>Vision</b>				
Vision Service Plan	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
<b>Life</b>				
Securian Life Insurance	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self		

**\*\* 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 situations where you and your spouse/partner are both retiree/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. Lastly, 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 [eutf.hawaii.gov](http://eutf.hawaii.gov))

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

Continue	Add	Remove	Last Name, First Name, 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"/>

**Optional Race and Ethnicity Disclosure (Dependents)**

- Are any of your dependents of Hispanic, Latino/a, or Spanish origin? \_\_\_\_\_
- What is your dependent's race? \_\_\_\_\_

**MEDICARE**

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

Name	Medicare Claim Number	Medicare Part A Effective Date	Medicare Part B Effective Date

State law requires that retirees and their 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.

**Kaiser Members:** Kaiser Permanente is a Medicare Advantage plan. Medicare eligible members residing in the Hawaii Senior Advantage Service Area are required to enroll in the EUTF Senior Advantage Plan. I understand that my signature confirms enrollment in the EUTF Senior Advantage Plan and this will automatically end my enrollment in another Medicare plan.

**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)	Subscriber's Name

**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 or 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.

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



# Hawaii Employer-Union Health Benefits Trust Fund

## HSTA VB RETIREES EC-2H HEALTH BENEFITS ENROLLMENT FORM

### RETIREE DATA

Complete each section thoroughly. Please print clearly

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

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
*Street Name Apt No.* *Street Name Apt No.*  
\_\_\_\_\_  
*City, State Zip Code* *City, State Zip Code*

Marital Status: ☐ Single ☐ Married ☐ Domestic Partner Gender: ☐ Male ☐ Female ☐ Gender X  
Marriage Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Former Employer Department/Division: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Note: If you will be adding your spouse/partner to your health plans, you must also indicate this information under the "Dependent Information" section.

### Optional Race and Ethnicity Disclosure

Are you of Hispanic, Latino/a, or Spanish origin? \_\_\_\_\_ What is your race? \_\_\_\_\_

### COVERAGE START DATE

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

- ☐ Coverage starts day of the event and premium contributions start 1<sup>st</sup> 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 1<sup>st</sup> day of the first pay period following event (1<sup>st</sup> or 16<sup>th</sup> of the month)
- ☐ Coverage and premium contributions start 1<sup>st</sup> day of the second pay period following event (1<sup>st</sup> or 16<sup>th</sup> of the month)

### PLAN SELECTION

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

<b>Medical, Prescription Drug, Vision, and Chiro</b> (select one)				
<b>HMSA PPO 90/10 Medical ** and Chiro</b> (CVS Prescription Drug **, VSP Vision)	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
<b>Kaiser HMO Medical ** and Chiro</b> (Kaiser Prescription Drug, VSP Vision)	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
<b>Dental</b>				
<b>Hawaii Dental Service</b>	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self	<input type="checkbox"/> Two-Party	<input type="checkbox"/> Family
<b>Life</b>				
<b>Securian Life Insurance</b>	<input type="checkbox"/> Cancel/Waive	<input type="checkbox"/> Self		

**NOTE:** The enrollment of HSTA VEBA 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 VEBA 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 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 situations where you and your spouse/partner are both retiree/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. Lastly, 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 [eutf.hawaii.gov](http://eutf.hawaii.gov))

### DEPENDENT INFORMATION

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

Continue	Add	Remove	Last Name, First Name, 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"/>

#### Optional Race and Ethnicity Disclosure (Dependents)

- Are any of your dependents of Hispanic, Latino/a, or Spanish origin? \_\_\_\_\_
- What is your dependent's race? \_\_\_\_\_

### MEDICARE

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

Name	Medicare Claim Number	Medicare Part A Effective Date	Medicare Part B Effective Date

State law requires that retirees and their 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.

**Kaiser Members:** Kaiser Permanente is a Medicare Advantage plan. Medicare eligible members residing in the Hawaii Senior Advantage Service Area are required to enroll in the EUTF Senior Advantage Plan. I understand that my signature confirms enrollment in the EUTF Senior Advantage Plan and this will automatically end my enrollment in another Medicare plan.

### 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)	Subscriber's Name

### 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 or 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

**\*\* 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 Kaiser Permanente, or CVS/SilverScript.

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

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



## Instructions for ACH Deduction Authorization Agreement

All portions of the ACH Deduction Authorization Agreement must be completed, except where optional, for the form to be valid. In addition, if there is any alteration of this form, a new form must be completed.

If you retire and/or become a survivor-beneficiary on or after **October 1, 2020** and are responsible to pay for a portion of your monthly health benefits premium, you are required to enroll in a recurring electronic premium deduction option (**Act 62, SLH2020**). Please refer to [EUTF Administrative Rule 4.14](#) for details.

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, a 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: [eutf.hawaii.gov](http://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*	<input type="checkbox"/> Savings
Financial Institution Certification (Required for Savings; Optional for Checking):		
Name of Agent: _____	Phone: _____	
Signature: _____	Date: _____	

**\*Please attach a VOIDED check**

**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 send form back to 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, for the form to be valid. In addition, if there is any alteration of this form, a new form must be completed.

If you retire on or after **October 1, 2020** and are responsible to pay for a portion of your monthly health benefits premium, you are required to enroll in a recurring electronic premium deduction option (**Act 62, SLH2020**). Please refer to [EUTF Administrative Rule 4.14](#) for details.

### Notice to New Retirees:

If you submitted your ERS Pension Deduction Authorization Agreement prior to your retirement date, the earliest your health benefit premium deduction will begin will be the second month following your retirement date or your first pension payment, whichever is later. Please pay your health benefit premium payments by check or by other [payment options](#) until your deduction begins.

### Notice to New and Current Retirees:

You will receive a confirmation notice by mail after the EUTF processes your ERS Pension Deduction Authorization Agreement form. The effective date of the pension deduction is specified on the confirmation notice. Any health benefit premium payments prior to the effective date of the deduction must be paid by check or by other [payment options](#).

**NOTE:** Health benefit premium deduction from your pension is NOT available to retirees receiving a pension on a semi-monthly basis and surviving spouses receiving a pension.

### Retiree Information Section

This section is required. Fill in required information.

#### Section A – Authorization

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

#### 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.

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 at (808) 586-7390 or toll free at 800-295-0089. You can also visit our website at [eutf.hawaii.gov](http://eutf.hawaii.gov).

### Mail completed forms to:

EUTF  
201 Merchant Street, Suite 1700  
Honolulu, HI 96813



Hawaii Employer-Union Health Benefits Trust Fund (EUTF)  
**ERS Pension Deduction Authorization 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 ERS Pension Deduction Authorization 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 ERS Pension Deduction Authorization 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 ERS Pension Deduction Authorization 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 ERS Pension Deduction Authorization Agreement form for any reason.

**SECTION B – Signature of Retiree**

Retiree Signature:	Date:
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## State of Hawaii

Department of Budget and Finance

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)

201 Merchant Street, Suite 1700

Honolulu, HI 96813