



JOSH GREEN, M.D.
GOVERNOR
SYLVIA LUKE
LIEUTENANT GOVERNOR

STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
201 MERCHANT STREET, SUITE 1700
HONOLULU, HAWAII 96813
Oahu (808) 586-7390
Toll Free 1(800) 295-0089
www.eutf.hawaii.gov

BOARD OF TRUSTEES
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ADMINISTRATOR
DEREK M. MIZUNO
ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

June 12, 2024

NOTICE OF MEETING
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ADMINISTRATIVE COMMITTEE

DATE: June 18, 2024, Tuesday
TIME: 9:00 a.m.
PLACE: HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)
CITY FINANCIAL TOWER
201 MERCHANT STREET, SUITE 1700
HONOLULU, HAWAII

A G E N D A

**OPEN SESSION PARTICIPATION IN PERSON, VIA TELECONFERENCE AND
VIA TELEPHONE**
(see below for teleconference and telephone details)

- I. Call to Order
- II. Review of Minutes – November 16, 2023
- III. New Business
 - A. Proposed EUTF Administrative Rule Changes
 - B. Strategic Plan Update as of December 31, 2023
- IV. Executive Session
 - A. Review of Minutes – August 17, 2023 [Authorized under HRS 92-5(a)(8) and 92-9(b)]
 - B. Personnel [Authorized under HRS 92-5a(2)(8)]
- V. Next Meeting – August 2024
- VI. Adjournment

If you need an auxiliary aid/service or other accommodation due to a disability, please contact Ms. Desiree Yamauchi at (808) 587-5434 or eutfadmin@hawaii.gov, as soon as possible,

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

preferably at least 3 business days prior to the meeting. Requests made as early as possible have a greater likelihood of being fulfilled.

Testimony may be submitted prior to the meeting via email to eutfadmin@hawaii.gov or via postal mail to: Hawaii Employer-Union Health Benefits Trust Fund, Attn: Administrative Committee-Testimony, 201 Merchant Street, Suite 1700, Honolulu, HI 96813. Please include the word “testimony”, the agenda item number, and subject matter following the address line. There is no deadline for submission of testimony, however, the EUTF requests that all written testimony be received no later than 9:00 a.m., one (1) business day prior to the meeting date in order to afford Board members adequate time to review materials.

To view the meeting and provide live oral testimony during the meeting, following are the Microsoft Teams Meeting details:

- [Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3ameeting_YWRmYTZkZmYtYjBjNS00YmM4LWE3YjMtMTFiYmE1YTc0ZTc5%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d) or copy and paste the following URL into your browser:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YWRmYTZkZmYtYjBjNS00YmM4LWE3YjMtMTFiYmE1YTc0ZTc5%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d
 - For instructions to turn on live captions in Microsoft Teams, [please click here](#).
- Dial-in number: [+1 808-829-4853](tel:+18088294853) United States, Honolulu (Toll)
- Phone Conference ID: 466 097 370#

A listing of all documents included in the Board packet will be available at the EUTF website (eutf.hawaii.gov) through the Events Calendar two (2) business days prior to the meeting.

The Board packet can be accessed at the EUTF website (eutf.hawaii.gov) through the Events Calendar two (2) business days prior to the meeting. A copy of the packet will also be available for public inspection in the EUTF office at that time.

Please contact Ms. Desiree Yamauchi at (808) 587-5434 or eutfadmin@hawaii.gov if you have any questions.

Upon request, an electronic copy of this notice can be provided.

1 HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
2 Minutes of the Administrative Committee Meeting
3 Thursday, November 16, 2023
4
5

6 TRUSTEES PRESENT

7 Ms. Audrey Hidano, Chairperson
8 Mr. Wesley Machida (via video conference)
9 Mr. Osa Tui

Ms. Maureen Wakuzawa
Mr. Ryan Yamane (via video conference)

10
11 TRUSTEES ABSENT

12 Mr. Christian Fern
13 Mr. James Wataru, Vice Chairperson

Mr. Robert Yu

14
15 ATTORNEY (via video conference)

16 Mr. Michael Chambrella, Deputy Attorney General
17

18 EUTF STAFF

19 Mr. Derek Mizuno, Administrator
20 Ms. Amy Cheung
21 Ms. Jessica McDonald
22 Mr. Todd Nishida
23 Ms. Desiree Yamauchi
24

Mr. Marvin Judd (via video conference)
Ms. Emily Kaimuloa (via video conference)
Ms. Katie Matsushima (via video conference)
Ms. Melissa-Kim Tom (via video conference)

25 OTHERS PRESENT (via video conference)

26 Ms. Sandra Benevides, CVS
27 Mr. Francis Nick Cuenca, CVS
28 Ms. Samantha Furutani, CVS
29 Mr. Chris Letoto, HMSA
30
31

Mr. Stephen Murphy, Segal Consulting
Mr. Troy Tomita, Kaiser
Ms. Anne VanHaaren, CVS
Anonymous

32 I. CALL TO ORDER

33 The meeting of the Administrative Committee was called to order at 9:00 a.m. by
34 Trustee Audrey Hidano, Chairperson, in the EUTF Board Room, 201 Merchant Street, Suite
35 1700, Honolulu, Hawaii, on Thursday, November 16, 2023.
36

37 II. REVIEW OF MINUTES – August 17, 2023

38 The Committee reviewed the draft minutes of August 17, 2023.
39

40 MOTION was made and seconded to approve the minutes of August 17, 2023, as circulated.
41 (Machida/Wakuzawa) The motion passed unanimously. (Employer Trustees-3/Employee-
42 Beneficiary Trustees-2)
43

44 III. NEW BUSINESS

45 A. 2024 Legislative Proposals

46 Mr. Derek Mizuno proposed an amendment to HRS 87A-33(b)(c) to have the 2024 to
47 2025 change in Medicare Part B premiums change the 2026 Base Monthly Contribution
48 (BMC). Currently, the 2024 to 2025 change in Medicare Part B premiums changes the

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Administrative Committee Meeting

November 16, 2023 Minutes

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49 2025 BMC. Currently, retirees may not know the employer contribution when they
50 select their plans during open enrollment (OE) since retiree OE is the last two weeks of
51 October and the upcoming year's Medicare Part B premiums are available mid-October to
52 early November. It is difficult to move retiree open enrollment back because of the
53 timing of getting the carriers the open enrollment changes.

54
55 For the stub BMC year (2025), EUTF staff propose use of 5.2% which is the 5- and 10-
56 year annualized increase in Medicare Part B premiums. GRS, actuary, believes that this
57 is a reasonable percentage to use.

58
59 Trustee Wesley Machida requested that only section (c) be amended.

60
61 MOTION was made and seconded to recommend to the Board approval of a 2024
62 legislative proposal to amend HRS 87A-33(c) to have the base monthly contribution
63 determined by the change in Medicare Part B from the previous year and to use a 5.2%
64 increase for the 2025 base monthly contribution. (Tui/Machida) The motion passed
65 unanimously. (Employer Trustees-3/Employee-Beneficiary Trustees-2)

66
67 B. Strategic Plan Update as of June 30, 2023

68 Mr. Mizuno provided an update of the Strategic Plan as of June 30, 2023, noting the
69 following:

- 70 1. Active employee medical and prescription drug claims trends – for the period 7/1/21
71 – 6/30/23 on track to meet the goal for the period 7/1/21 – 6/30/25.
- 72 2. Limiting growth in the actuarial accrued liability and annual required contributions –
73 this goal is measured on a calendar year basis.
- 74 3. Investment portfolio returns and commensurate risk – returns over the period 7/1/21 –
75 6/30/23 of 1.5% were below the 7% goal but was in the top 14th percentile of public
76 plans.
- 77 4. Customer satisfaction – for the period 7/1/22 – 6/30/23 not on track (29%) of having
78 85% of survey respondents be satisfied or very satisfied with customer service for the
79 period 7/1/24 – 6/30/25. The areas for improvement are reducing turnover and
80 filling vacant positions, stabilizing the new benefits administration system (BAS) and
81 getting more employers/employees to use the new BAS, and having members utilize
82 resources on the website and through in-person and web-based educational sessions.

83
84 IV. NEXT MEETING

85 May 2024

86
87 V. ADJOURNMENT

88 MOTION was made and seconded to adjourn the meeting at 9:25 a.m. (Tui/Wakuzawa) The
89 motion passed unanimously. (Employer Trustees-3/Employee-Beneficiary Trustees-2)

90
91 Respectfully submitted,

92

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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Audrey Hidano, Chairperson

97

DOCUMENTS DISTRIBUTED:

98

1. Draft Administrative Committee Minutes of August 17, 2023. (4 pages)

99

2. Memorandum to EUTF Administrative Committee from Administrator, regarding 2024
Legislative Proposal, dated November 8, 2023. (1 page)

100

101

3. Memorandum to EUTF Administrative Committee from Administrator, regarding Strategic
Plan Update as of June 30, 2023, dated November 8, 2023, Redacted Version. (11 pages)

102

DRAFT



JOSH GREEN, M.D.
GOVERNOR
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DONNA A. TONAKI

June 18, 2024

TO: EUTF Administrative Committee
THROUGH: Derek Mizuno, Administrator
FROM: Katie Matsushima, EUTF Eligibility Specialist
SUBJECT: Proposed EUTF Administrative Rules Changes

The attached proposed changes are redlined and include comments regarding the basis for the change. The significant proposed Rule changes are to:

Change in Practice

1. **5.03(c)(4) Mandatory Enrollment in Medicare Part B and Medicare Part D for Retired Employees and Cancellation Due to Failure to Enroll** – Application of State Law. This change limits retroactive Medicare Part B reimbursements not related to an Income Related Monthly Adjustment Amount to a six-year retroactive period to be consistent with HRS §657-1 Limitation of Actions. In addition, this change limits the estate of a deceased retired employee-beneficiary from receiving retroactive reimbursements.

No Change in Practice

1. **1.02 Definitions Child** – Rule amended to clarify that children under guardianship are included under the definition of ‘Child.’ Amended to distinguish between foster children and children under legal guardianship.
2. **1.11 Controlling Law** – Amended to include that the Board shall be afforded deference with respect to the interpretation of Chapter 87A and the EUTF’s Administrative Rules. Amended to support Hawaii Case Law that acknowledges an agency should be given deference in the interpretation of its governing statute.
3. **4.01(a) Application for Enrollment**
4.06 Notification of Changes in Personal Information
5.02(e)(1) Changes in Enrollment; Effective Dates of Coverage; Changes Between Plans
Amended to incorporate Benefit Administration System functionality.

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4. **5.03(c)(1) Mandatory Enrollment in Medicare Part B and Medicare Part D for Retired Employees and Cancellation Due to Failure to Enroll** – Updated to reflect the EUTF’s standard practice of the type of required documentation needed to process Medicare Part B reimbursements.

EUTF Staff Recommendation

Recommend to the Board of Trustees approval of the EUTF staff recommended changes to the EUTF Administrative Rules (excludes Trustee recommended changes to 1.06 Committees of the Board).

If approved, the EUTF staff will proceed with the following in accordance with HRS 87A-26 and EUTF Administrative Rule 2.01:

1. Present to the Board at the **6/25/24** meeting.
2. By Thursday, **6/27/24**, email the proposed changes to the employers and employee organizations for consultation.
3. Request that the employers and employee organizations submit comments by Thursday, **8/8/24** (6 weeks).
4. Present the comments and revisions directly to the Board at the **8/27/24** Board meeting.
5. After the **8/27/24** Board meeting – submit to the Governor’s office for approval and file with the Lt. Governor’s office.

1.00 GENERAL PROVISIONS

- 1.01 Purpose
- 1.02 Definitions
- 1.03 Public Information
- 1.04 Computation of Time
- 1.05 Officers of the Board
- 1.06 Committees of the Board
- 1.07 Meetings of the Board
- 1.08 Appearances Before the Board
- 1.09 Delegation of Authority
- 1.10 State Ethics Code
- 1.11 Controlling Law
- 1.12 Authority of the Board to Waive Rule Provisions
- 1.13 Responsibilities of Employee-Beneficiaries and Public Employers; Enforcement Actions of the Fund

1.01 Purpose

Chapter 87A of the Hawaii Revised Statutes establishes a health trust fund known as the Hawaii Employer-Union Health Benefits Trust Fund. The Fund is to be used to provide eligible state and county employees, retirees, and their dependents with health and other benefit plans at a cost affordable to both the public employers and the public employees. The board is to administer and carry out the purposes of the Fund. These rules are adopted by the board pursuant to Section 87A-26 of the Hawaii Revised Statutes to implement the administration and purposes of the Fund.

1.02 Definitions

As used in these rules, unless otherwise indicated by the context, the following terms shall have the following meanings:

“Administrator” means the administrator of the Fund appointed by the board or the duly authorized representative of the administrator.

“Benefit plan” means a health benefit plan, a group life insurance plan that is subject to Section 79 of the Internal Revenue Code, or any other type of benefit plan except for a long-term care benefit plan.

“Board” shall have the meaning as set forth in Section 87A-1 of the Hawaii Revised Statutes.

“Cancellation Non-Payment Status” means an employee-beneficiary whose plans have been cancelled for the remainder of the plan year due to failure to pay the required semi-monthly or monthly contributions.

“Carrier” shall have the meaning as set forth in Section 87A-1 of the Hawaii Revised Statutes.

“Child” means an employee’s, spouse’s or partner’s as defined in these rules, legally adopted child, child placed for adoption, stepchild, **child under legal guardianship**, foster child of a retired employee hired prior to July 1, 2024, or recognized natural child but excluding a child born or legally adopted more than ten months after the date of death of: (1) an active employee killed in the performance of duty; (2) an active employee who was eligible to retire on the date of death; or (3) a retired employee-beneficiary. For non-excepted benefits, a child may be unmarried or married and does not need to live with or be financially dependent on the employee-beneficiary. For excepted benefits, a child must be unmarried and live with the employee-beneficiary. A child has been placed for adoption when an employee-beneficiary, spouse, or partner has assumed custody of and the obligation to support a child in anticipation of adopting the child. A foster child is a child: ~~(1)~~ who lives with an employee in a regular parent-child relationship; ~~and (2)~~ **A child under legal guardianship is a child** for whom the employee has become the child’s guardian and has been awarded legal and physical custody of the child pursuant to a valid court order.

Commented [MK1]: No change in practice. Added to clarify that children under guardianship are included under the definition of ‘child.’

Commented [MK2]: No change in practice. Added to distinguish between foster children and children under legal guardianship.

“Civil Union Partner” means an individual who is a party to a civil union established pursuant to Chapter 572B of the Hawaii Revised Statutes.

“Contribution” or “Contributions” shall have the meaning as set forth in Section 87A-1 of the Hawaii Revised Statutes.

“County” shall have the meaning as set forth in Section 87A-1 of the Hawaii Revised Statutes.

“Dependent-beneficiary” shall mean the persons described in Rule 3.01 of these rules as being eligible for coverage as dependent-beneficiaries in the health benefit plans offered or sponsored by the Fund.

1.11 Controlling Law

To the extent that federal or state law governs any matter covered by these rules, the Fund and the board shall comply with and follow such federal or state law. To the extent that any matter is not completely governed by federal or state law, the Fund and the board shall apply these rules to the extent reasonable and practicable. ~~The Board shall be afforded deference with respect to the interpretation of Chapter 87A and these rules.~~

Commented [MK3]: No change in practice. Added to support Hawaii Case Law that acknowledges an agency should be given deference in the interpretation of its governing statute.

1.12 Authority of the Board to Waive Rule Provisions

Subject to statutory requirements and limitations, the Board may waive an employee-beneficiary's compliance with any provision of the Fund's rules when the Board determines that: (a) good cause exists for such a waiver; and (b) such waiver does not involve any increase in the obligations or liabilities of the Fund beyond that which would have been involved if the employee-beneficiary had fully complied with the Fund's rules. Each waiver by the Board must be in writing and supported by documentation of the pertinent facts and grounds.

1.13 Responsibilities of Employee-Beneficiaries and Public Employers; Enforcement Actions of the Fund

- (a) Employee-beneficiaries are responsible for:
 - (1) Providing current and accurate personal information as per Rules 4.06 and 4.07 within the times prescribed in these Rules;
 - (2) Paying the employee's premium contributions in the amount or amounts provided by statute, an applicable bargaining unit agreement, or by the applicable Fund benefit plan;
 - (3) Paying the employee's premium contributions at the times and in the manner designated by the board; and
 - (4) Complying with the Fund's rules.

- (b) Any public employer whose current or former employees participate in Fund benefit plans is responsible for:
 - (1) Providing information, as requested by the Fund under section 87A-24(9) of the Hawaii Revised Statutes, within the times prescribed by the Fund;
 - (2) Determining that employees are eligible to participate in Fund benefit plans pursuant to the definition of employee-beneficiary

4.00 ENROLLMENT PROCEDURES

- 4.01 Application for Enrollment
- 4.02 Rejection of an Enrollment Application
- 4.03 Dual and Split Enrollment
- 4.04 Date of Filing
- 4.05 Failure to File Properly Completed Enrollment Application
Within the Prescribed Time; Effect on Coverage Dates
- 4.06 Notification of Changes in Personal Information
- 4.07 Verification of Eligibility
- 4.08 Regular Open and Additional Limited Enrollment Periods
- 4.09 Continuation of Coverage
- 4.10 Contribution Shortage
- 4.10.5 Contribution Refund
- 4.10.7 Overdraft or Non-Sufficient Funds Fees
- 4.11 Cancellation of Enrollment; Effective Dates of Cancellation
- 4.12 Termination of Enrollment; Effective Dates of Termination
- 4.13 Reinstatement of Enrollment
- 4.14 Mandatory Enrollment in Recurring Electronic Premium
Deductions
- 4.15 Overpayments

4.01 Application for Enrollment

- (a) An employee-beneficiary shall file an enrollment application, in the form prescribed by the board or by the board's policy, to enroll, change or cancel an enrollment in any benefit plan offered or sponsored by the Fund. Unless otherwise provided by the board or by the board's policy, all enrollment applications shall be filed by the employee-beneficiary with: (1) in the case of an employee, the employee's employer; and (2) in all other cases, the Fund. Notwithstanding the foregoing, upon retirement and thereafter, an employee-beneficiary shall file an enrollment application to enroll or change enrollment in the benefit plans offered or sponsored by the Fund with the Fund. **References to submission of enrollment applications and other documents also include submission through the member self-service portal.**
- (b) Where an employee-beneficiary files more than one enrollment application, the enrollment application bearing the latest filing date shall be the one used by the Fund to process the employee-beneficiary's

Commented [MK4]: No change in practice. Adding to incorporate submitting applications through the member self-service portal.

- (a) No enrollment of an employee-beneficiary, addition or deletion of a dependent-beneficiary, or change in an enrollment or coverage shall be effective without the filing of a properly completed enrollment application and any required proof documents within forty five (45) days of the specified event that allows the filing of the application except for the following events: (1) termination of employment for which the enrollment application must be filed within thirty (30) days of the termination of employment; (2) newborns for which the enrollment application and required proof documents must be filed within one hundred eighty (180) days of the birth; (3) retirement, and surviving spouse, partner or child who become eligible as an employee-beneficiary under Rule 3.01 for which an enrollment application and required proof documents must be filed within sixty (60) days of the event; (4) cancellation of enrollment in a Fund benefit plan upon acquiring coverage from a non-Fund plan must be filed within ninety (90) days of the event.
- (b) An employee-beneficiary who fails to file an enrollment application and required proof documents within the time prescribed by subsection (a) above or any otherwise applicable rule shall result in the rejection of the requested enrollment changes and not be permitted to file that application until the next regular open or additional limited enrollment period.
- (c) An application will not be processed if it does not include a Social Security (SSN) for an employee-beneficiary and/or a SSN or Individual Taxpayer Identification Number (ITIN) for a dependent-beneficiary for whom enrollment is being requested. The employee-beneficiary and/or dependent-beneficiary shall be added retroactive to the effective date of the event upon the Fund's receipt of the employee-beneficiary and/or dependent-beneficiary's SSN or ITIN.

4.06 Notification of Changes in Personal Information

Each employee-beneficiary shall immediately notify the Fund ~~in writing~~ of any changes in the employee-beneficiary's name or address or marital or partnership status, the birth or adoption of a child or any other changes in the family status of the employee-beneficiary, and any other material changes in the information previously filed by the employee-beneficiary as part of an enrollment application. Each notice to the Fund shall be submitted through the employee-beneficiary's employer or, if none, shall be submitted directly to the Fund.

Commented [MK5]: No change in practice. Removed to accommodate that changes in personal information may be submitted in writing or electronically through their employer via file feed or Member Portal.

5.02 Changes in Enrollment; Effective Dates of Coverage

- (a) Additions of Dependents Due to Changes in Marital, Partnership, Legal Guardianship, or Family Status. An employee-beneficiary may change his or her enrollment to add coverage for dependent-beneficiaries in the Fund health benefit plans in which the employee-beneficiary is currently enrolled upon the occurrence of any of the following events: marriage, entry into a partnership, birth of a child, adoption of a child, addition of an eligible foster child, the issuance of a qualified medical support order, or when a dependent-beneficiary joins the employee-beneficiary's household. At the option of the employee-beneficiary, the effective date of the change in enrollment shall be one of the following dates: (1) the date of the event; or (2) the first day of the first pay period following the date of the event; or (3) the first day of the second pay period following the event, except for a qualified medical support child support order, which shall be limited to the date of the event, provided an enrollment application is filed with the employer for active employee-beneficiaries and to the Fund for retirees within forty five (45) days of the event, except in the event of a birth of a child in which case the enrollment application shall be filed with the employer or in the case of a retired employee-beneficiary with the Fund within one hundred eighty (180) days of the birth.
- (1) With respect to the addition of a spouse or civil union partner, as well as dependent(s) of a new spouse or civil union partner, the event date shall be the date indicated on the marriage or civil union certificate.
 - (2) With respect to the addition of a domestic partner, as well as the dependent(s) of a domestic partner, the event date shall be the date the notary notarizes the Declaration of Domestic Partnership.
 - (3) With respect to the birth of a child, the event date shall be the birth date.
 - (4) With respect to the addition of an eligible foster child, the event date shall be the date indicated on the State of Hawaii Department of Human Services Form, Admission to Foster Home.
 - (5) With respect to the adoption of a child, the event date shall be the date of the adoption (which may occur up to 1 year after the child was initially placed for adoption). For placement of adoption or legal guardianship, the event date shall be the date of guardianship.

the case of a retiree by the Fund within forty five (45) days of the loss of coverage, sixty (60) days when the termination is from a Medicaid plan. Coverage for a dependent-beneficiary may be added at the next open enrollment period when enrollment applications are received after forty five (45) days, sixty (60) days for Medicaid, of the loss of coverage.

The Fund shall determine the required proof documents.

- (d) Last Child Becomes Ineligible. An employee-beneficiary may change his or her enrollment in the Fund health benefit plans in which the employee-beneficiary is currently enrolled when the last of the employee-beneficiary's children becomes ineligible for coverage as a dependent-beneficiary under the health benefit plans offered or sponsored by the Fund, e.g., when the child reaches the limiting age, as defined in Section 1.02 (unless the child is an adult disabled child under Section 3.01). An enrollment application shall be filed with the employer or in the case of a retiree with the Fund within forty five (45) days of the loss of eligibility. The effective date of the change in enrollment shall be the first day of the first pay period following the loss of eligibility.

- (e) Changes Between Plans. An employee-beneficiary may change between health benefit plans offered or sponsored by the Fund when:

- (1) The employee-beneficiary or dependent-beneficiary moves to a residence outside of the geographic areas covered by the employee-beneficiary's present benefit plan. ~~For active employee-beneficiaries the effective date of the change shall be the first day of the pay period following the Fund being notified of the geographic relocation. employee-beneficiary or dependent-beneficiary's relocation except for retired employee-beneficiaries and dependent-beneficiaries enrolled in a Medicare medical and/or prescription drug plan.~~

For retired employee-beneficiaries and dependent-beneficiaries enrolled in a Medicare medical and/or prescription drug plan, the effective date of the change shall be made prospectively at the end of the month of the relocation or the end of the month in which the EUTF is notified, whichever is later.

- (2) The employee-beneficiary is enrolled in a supplemental health benefits plan offered or sponsored by the Fund and loses primary coverage in a Non-Fund health benefits plan. The effective date of

Commented [MK6]: No change in practice. Updating to reflect the current process in the new BAS. When address changes are reported via file feed, employees are allowed to change coverage on a prospective basis on the date the file is uploaded in the BAS.

- (f) Dependent Not Enrolled in a Fund Medical and/or Prescription Drug Plan Enrolls in Medicare Part B. A retired employee-beneficiary may add coverage for dependent-beneficiaries in the Fund medical and/or prescription drug plan(s), in which the retired employee-beneficiary is already enrolled when the dependent-beneficiary enrolls in Medicare Part B. An enrollment application shall be filed within sixty (60) days of the dependent-beneficiary's Medicare Part B effective date. The effective date of the addition shall be the effective date of the dependent-beneficiary's Medicare Part B, except when a health insurance carrier only offers a Medicare-only medical plan, in which case the effective date of the addition shall be the dependent-beneficiary's Medicare Part B effective date or the first of the month following the Fund's receipt of the enrollment application, whichever is later. If the health insurance carrier offers a non-Medicare medical and/or prescription drug plan, the dependent-beneficiary will be enrolled in the non-Medicare medical and/or prescription drug plan until the effective date of the Medicare medical and/or prescription drug plan.

The Fund shall determine the required proof documents.

- (g) Any change in the public employer's premium contributions and the employee-beneficiary's premium contributions, if any resulting from a change in enrollment or coverage shall begin as of the first day of the pay period in which the effective date of the employee-beneficiary's change in enrollment or coverage occurs. As in Rule 5.01(g), contributions shall not be prorated based on when the employee-beneficiary's change in enrollment or coverage occurs during the pay period.

5.03 Mandatory Enrollment in Medicare Part B and Medicare Part D for Retired Employees and Cancellation Due to Failure to Enroll

- (a) Retired employee-beneficiaries or dependent-beneficiaries of retirees shall submit proof of enrollment in the federal Medicare Part B medical insurance plan when the employee-beneficiary or dependent-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan if enrolled in a medical and/or prescription drug plan.

Failure to provide proof of enrollment in Medicare Part B within sixty (60) days of eligibility shall result in loss of medical and/or prescription drug

coverage retroactive to the date of Medicare Part B medical insurance plan eligibility.

- (b) Employee-beneficiaries who retire and are eligible for Medicare Part B at the time of retirement and their dependent-beneficiaries who are eligible for Medicare Part B at the time of the employee-beneficiary's retirement shall provide proof of enrollment in Medicare Part B at the time of retirement or within sixty (60) days of retirement. Failure to provide proof of enrollment in Medicare Part B within sixty (60) days of retirement shall result in loss of medical and/or prescription drug coverage retroactive to the date of retirement.
- (c) Retired employee-beneficiaries hired prior to July 1, 2023 and their spouses/partners shall be reimbursed quarterly the cost of their Medicare Part B premiums, including Income Related Monthly Adjustment Amount (IRMAA) Medicare Part B premiums, less penalties. Retired employee-beneficiaries hired on or after July 1, 2023 shall be reimbursed quarterly the cost of their Medicare Part B premiums, less IRMAA premiums and penalties, for the retired employee-beneficiary only. Reimbursements shall be made using direct deposit unless the method of payment is waived by the Fund and another method is determined to be more appropriate.
 - (1) Medicare Part B premium reimbursements shall be effective the date the Medicare Part B is effective or the first day of the month that the Fund receives appropriate proof of enrollment in Medicare Part B and a valid direct deposit agreement, whichever is later. In addition, proof of ~~payment to~~ Medicare Part B premium amount from the Social Security Administration or Centers for Medicare & Medicaid Services is required to begin Medicare Part B reimbursements.
 - (2) If a retired employee-beneficiary's direct deposit is returned by the financial institution or check is returned as undeliverable, a notice from the Fund will be sent to the retired employee-beneficiary. The retired employee-beneficiary has sixty (60) days from the date of the notice to submit a valid direct deposit agreement or a retiree address change form (returned check) to avoid a break in their reimbursement. Failure to provide a valid direct deposit agreement or a retiree address change form (returned check) within sixty (60) days of the date of the notice will result in cancellation of Medicare Part B premium reimbursements retroactive to the first day of the month of the quarter that the direct deposit was returned

Commented [MK7]: No change in practice. Updated to reflect the EUTF's standard practice of the type of required documentation needed to process Medicare Part B reimbursements.

or when the check was returned undeliverable. If the reimbursement is cancelled, the retired employee-beneficiary's Medicare Part B premium reimbursements can be reinstated when a valid direct deposit agreement or a retiree address change form (returned check) is received with an effective date of the first day of the month that the valid direct deposit agreement or the retiree address change form (returned check) is received.

- (3) Retired employee-beneficiaries and/or their spouses/partners shall provide the Fund appropriate proof of an IRMAA added to their Medicare Part B premium. If proof is submitted to the fund more than two years after the effective date of the IRMAA premium, the fund shall only reimburse for a two-year retroactive period, subject to 5.03(c)(1).
- (4) ~~If a retired employee-beneficiary and/or their spouse/partners provide the Fund appropriate proof for retroactive Medicare Part B reimbursement not related to an IRMAA to the Fund more than six years after the effective date of the adjustment, the Fund shall only reimburse for a six-year retroactive period, subject to 5.03(c)(1). The Fund shall not retroactively reimburse the estate of a deceased retired employee-beneficiary.~~
- ~~(4)~~(5) Each public employer shall pay to the Fund a contribution equal to the amount paid by the Fund to the retired employee-beneficiaries and their spouses/ partners.

Commented [MK8]: Application of State Law. Limits retroactive Medicare Part B reimbursements not related to an IRMAA outside of a six-year retroactive period to be consistent with HRS §657-1 Limitation of Actions.

Commented [MK9]: Change in practice. Limits the estate of a deceased retired employee-beneficiary from receiving retroactive reimbursements.

Payment of these reimbursements shall be made only for retired employee-beneficiaries and/or their spouses/partners who are enrolled in the Medicare Part B medical insurance plan and pay their Medicare Part B medical insurance premiums to the Social Security Administration or Centers for Medicare & Medicaid Services.

- (d) Retired employee-beneficiaries and dependent-beneficiaries whose medical and/or prescription drug coverages were cancelled due to failure to show proof of enrollment in Medicare Part B may be reinstated in the same medical and/or prescription drug plans upon proof of enrollment in Medicare Part B. The effective date of coverage shall be the later of the effective date of the Medicare Part B coverage or the medical and/or prescription drug coverage enrollment date.
- (e) Retired employee-beneficiaries and their dependent-beneficiaries eligible for Medicare shall be enrolled in a Fund Medicare prescription drug plan if they wish to enroll in a Fund retiree prescription drug plan. Exceptions

The Hawaii Employer-Union Health Benefits Trust Fund Board of Trustees Administrative Rules were adopted during a regular meeting of the Board of Trustees on February 19, 2003, which were amended and approved on May 19, 2004, August 25, 2004, September 28, 2005, March 22, 2006, September 26, 2007, August 20, 2008, August 26, 2009, August 4, 2014, December 9, 2015, June 30, 2016, July 25, 2017, June 26, 2018, August 27, 2019, September 29, 2020, April 27, 2021, ~~and~~ August 29, 2023, and June 25, 2024. The rules shall take effect on the first day after filing with the Lieutenant Governor's Office.

Jacqueline Ferguson-Miyamoto,
Chairperson
Hawaii Employer-Union Health
Benefits Trust Fund

APPROVED

Josh Green, M.D.
Governor
State of Hawaii

Date Filed, Office of the Lieutenant
Governor

APPROVED AS TO FORM:

Deputy Attorney General



JOSH GREEN, M.D.
GOVERNOR
SYLVIA LUKE
LIEUTENANT GOVERNOR

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ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

June 13, 2024

TO: EUTF Administrative Committee
FROM: Derek Mizuno, Administrator
SUBJECT: Status Update on Strategic Plan July 1, 2021 – June 30, 2025

The four strategic plan goals focus on the following:

1. Active employee medical and prescription drug claim trend
2. Limiting growth in the actuarial accrued liability and annual required contribution
3. Investment portfolio returns and commensurate risk
4. Customer satisfaction

The attached spreadsheet provides an update from the period July 1, 2021 – December 31, 2023. The focus of this semi-annual report is Goal 2. The next update in October or November will be on the other Goals through June 30, 2024.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

**Progress on Strategic Plan
7/1/21 - 12/31/23**

PUBLIC

	Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics		
Legend	B = Baseline					
	G = Goal					
	A = Actual					
Goal 1	Limit three-year active employee medical and prescription drug claim trends (before rebates) ending 6/30/25 to the following basis points (bps) less than the book of business (BOB) trend, while maintaining competitive benefit coverage.		<p>A. Understand active employee medical and prescription drug high risk areas (i.e. claims and conditions) and work with the carriers/third party administrators to identify, develop, implement, and promote programs.</p> <p>B. Use plan design and utilization and care management programs.</p> <p>C. Educate the membership on cost effective use of their benefits.</p>	<p>- Included information on HMSA Blue Distinction Centers in OE material.</p> <p>- Included articles on HMSA Blue Distinction Centers and Kaiser Moanalua Medical Center in the Holomua (Winter 2021).</p> <p>-Included an article on how to contain rising premiums (CVS Check Drug Cost tool and after hours care) in the Holomua (Summer 2023).</p>		
	<u>HMSA</u>					
	B: 7/1/17 - 6/30/21	EUTF -0.3%, BOB %				
	G: 7/1/21 - 6/30/25	200 bps less than BOB				
	A: 7/1/21 - 6/30/23	EUTF 5.1%, BOB %				
	<u>Kaiser</u>					
	B: 7/1/17 - 6/30/21	EUTF 2.9%, BOB %				
	G: 7/1/21 - 6/30/25	Equal to or less than BOB				
	A: 7/1/21 - 6/30/23	EUTF 0.7%, BOB %				
	<u>CVS</u>					
	B: 7/1/17 - 6/30/21	EUTF 2.7%, Peer %				
	G: 7/1/21 - 6/30/25	200 bps less than Peer				
	A: 7/1/21 - 6/30/23	EUTF 10.1%, Peer %				
Objectives:						
1.1	HMSA Telehealth. Increase the active member percentage of telehealth psychiatric and substance abuse services over total psychiatric and substance abuse services				<p>1.Educate the membership regarding availability and cost effective use of the benefits and making decisions that promote health through the Holomua, quarterly newsletters (e.g. departmental human resources officers and Well Aware), direct mailers, Outreach & Training points of contact, social media, EUTF website, benefits administration system (e.g. pop up notifications, emails, and texts), carriers (e.g. texts, open enrollment material, integrate into health coaching, disease management and</p>	<p>- Included information on HMSA and KP online and urgent care in OE material.</p> <p>- Included articles on HMSA and KP online and urgent care in the Holomua (Winter 2022).</p>
	B: 7/1/20 - 6/30/21	EUTF 32.5%, BOB %				
	G: 7/1/24 - 6/30/25	34.0%				
	A: 7/1/22 - 6/30/23	EUTF 24.9%, BOB %				

**Progress on Strategic Plan
7/1/21 - 12/31/23**

	Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics
1.2	<u>Kaiser Telehealth</u> . Increase the active member percentage of telehealth mental health visits over total mental health visits		care model, physicians, and physician organizations), unions, and employers (e.g. departmental human resources officers monthly meetings and their departmental human resources offices websites).	
	B: 7/1/21 - 6/30/22	EUTF 73.9%, BOB %		
	G: 7/1/24 - 6/30/25	300 bps greater than baseline	2.Work with the carriers to educate providers regarding cost effective uses of the benefits and making decisions that promote health.	
	A: 7/1/22 - 6/30/23	EUTF 69.8%, BOB %		
1.3a	<u>CVS Generic Dispensing</u> . Increase the self-funded prescription drug plan generic dispensing rate		3.Modify the plan design to incentivize cost effective behaviors.	- Tier 1 Strategy effective 7/1/23 was approved at the 9/27/22 Board meeting which should help to manage claim trend but may adversely impact the GDR.
	B: 7/1/20 - 6/30/21	EUTF 86.5%, BOB %, Peer %	4.Investigate utilization and care management programs.	
	G: 7/1/24 - 6/30/25	88.7% (PSG high of Hawaii BOB)	5.Develop and implement a virtual worksite wellness program.	
	A: 7/1/22 - 6/30/23	EUTF 86.2%, BOB %, Peer %	6.Conduct four worksite wellness events each fiscal year.	
1.3b	<u>CVS Specialty Trend</u> . Ensure that the three-year prescription drug specialty claim trend (before rebates) ending 6/30/25 is equal to or less than the Peer.		7.Improve engagement on carrier mobile apps (CVS, Kaiser and HMSA online care) or websites.	- EUTF continues to have the Advanced Control Specialty Formulary in place to manage Specialty drug costs.
	B: 7/1/17 - 6/30/21	EUTF 11.2%, Peer %	8.Increase utilization of high performing physicians and physician organizations.	- Specialty carve out policy change effective 7/1/23 was approved at the 11/22/22 Board meeting which should shift some of the specialty cost to the medical plan.
	G: 7/1/21 - 6/30/25	Equal to or less than Peer	9.Direct members to Blues Distinction Plus Centers for cost effective care.	
	A: 7/1/21 - 6/30/23	EUTF 18.9%, Peer %	10.Develop an educational guide for addressing obesity and proper usage of ER, urgent care, PCP and telehealth based on type of service.	
1.3c	<u>CVS Diabetes Claims Trend</u> . Ensure that the year over year prescription drug diabetes claim trend (before rebates) ending 6/30/25 is equal to or less than the Peer.			- Included articles on HMSA and KP DPP programs in the Holomua (Fall 2021).
	B: 7/1/19 - 6/30/21	EUTF 7.9%, Peer %		- Proposed UM step therapy for diabetic drugs at the 9/21/21 Board meeting but was not approved due to the rebate impact.
	G: 7/1/23 - 6/30/25	Equal to or less than Peer		- Proposed the Basic Control Formulary which places UM on non-preferred products in 10 specific drug classes (including diabetic agents) at the 9/27/22 Board meeting but was not approved.
	A: 7/1/21 - 6/30/23	EUTF 17.2%, Peer %		- UM strategy for GLP-1s effective 7/1/23 was approved at the 4/25/23 Board meeting.
				- Virta Diabetes Management Program (HMSA's digital diabetes reversal program) effective 1/1/24 was approved at the 5/23/23 Board meeting.

**Progress on Strategic Plan
7/1/21 - 12/31/23**

Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics
Goal 2			
(a) Limit the actuarial accrued liability (AAL) from the 7/1/25 actuarial valuation to 90% of the projected AAL as of 7/1/25 from the 7/1/21 actuarial valuation		A. Understand retiree medical and prescription drug high risk areas (i.e. claims and conditions) and work with the carriers/third party administrators to identify, develop, implement, and promote programs. B. Use plan design and utilization and care management programs. C. Modify the retiree benefit for new hires as appropriate. D. Educate the membership on cost effective use of their benefits	- Passed legislation to eliminate reimbursement of the spousal Medicare Part B and income related monthly adjustment amounts for new hires at the 2023 legislative session.
B: 7/1/25 (based on 7/1/21 valuation)	\$19.18 billion		
G: 7/1/25 (90% of 7/1/21 valuation amount)	\$17.26 billion (90% of \$19.18 billion)		
A: 7/1/25 (based on 7/1/23 valuation)	\$17.0 billion (Meeting)		
(b) Limit the annual required contribution (ARC) for the 17-year period 7/1/27 – 6/30/44 (all employers initial unfunded actuarial accrued liabilities are projected to be paid off) from the 7/1/25 actuarial valuation to 90% of the ARC from the 7/1/21 actuarial valuation for the same time period			
B: 7/1/21	\$29.16 billion excluding the impact of the \$390 million ARC prepayment		
G: 7/1/25	\$26.24 billion (90% of \$29.16 billion)		
A: 7/1/23	\$20.3 billion (Meeting)		
Objectives			
2.1	Limit three-year non-Medicare retiree medical and prescription drug claim trends (before rebates) ending 12/31/24 to less than the BOB by the following	1.Same as Tactics 1, #1-10 2.Investigate modification of Medicare Part B premium reimbursements for new hires. 3.Investigate the possibility of a lower benefit retiree plan design for new hires.	Same as Goal 1
	<u>HMSA</u>		
B: 1/1/17 - 12/31/20	EUTF 0.5%, BOB %		
G: 1/1/21 - 12/31/24	150 bps less than BOB		
A: 1/1/21 - 12/31/23	EUTF 8.6%, BOB %		
	<u>CVS</u>		
B: 1/1/17 - 12/31/20	EUTF 6.4%, Peer %		
G: 1/1/21 - 12/31/24	100 bps less than Peer		
A: 1/1/21 - 12/31/23	EUTF 9.8%, Peer %		

**Progress on Strategic Plan
7/1/21 - 12/31/23**

Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics
2.2	Limit three-year Medicare retiree medical and prescription drug claim trends (before rebates) ending 12/31/24 to less than the BOB by the following:		Same as Goal 1
	<u>HMSA</u>		
	B: 1/1/17 - 12/31/20	EUTF -0.3%, BOB %	
	G: 1/1/21 - 12/31/24	100 bps less than BOB	
	A: 1/1/21 - 12/31/23	EUTF 7.5%, BOB %	
	<u>SSI</u>		
	B: 1/1/17 - 12/31/20	EUTF 5.5%, BOB %	
	G: 1/1/21 - 12/31/24	50 bps less than BOB	
	A: 1/1/21 - 12/31/23	EUTF 10.2%, BOB %	
2.3	<u>HMSA Telehealth</u> . Increase the retiree member percentage of telehealth psychiatric and substance abuse services over total psychiatric and substance abuse services		Same as Objective 1.1
	B: 1/1/20 - 12/31/20	EUTF 46.1%, HMSA Commercial %, HMSA Medicare %	
	G: 1/1/24 - 12/31/24	48%	
	A: 1/1/23 - 12/31/23	EUTF 38.5%, HMSA Commercial %, HMSA Medicare %	
2.5a	<u>CVS Generic Dispensing</u>		Same as Objective 1.3a
	Non-Medicare – Increase the self-funded prescription drug plan generic dispensing rate		
	B: 1/1/20 - 12/31/20	EUTF 84.5%, BOB %, Peer %	
	G: 1/1/24 - 12/31/24	88.7% (PSG high of Hawaii BOB)	
	A: 1/1/23 - 12/31/23	EUTF 83.4%, BOB %, Peer %	
	Medicare – Ensure that the self-funded prescription drug plan generic dispensing rate is within 300 bps of the BOB.		
	B: 1/1/20 - 12/31/20	EUTF 82.4%, BOB %	
	G: 1/1/24 - 12/31/24	300 bps less than BOB	
	A: 1/1/23 - 12/31/23	EUTF 81.7%, BOB %	

**Progress on Strategic Plan
7/1/21 - 12/31/23**

	Goals/Objectives	Planned Strategies & Tactics	Progress on Strategies & Tactics
2.5b	<p><u>CVS Specialty trend.</u> Ensure that the three-year prescription drug specialty claim trend (before rebates) ending 12/31/24 is within the Peer/BOB by the following:</p> <p>Non-Medicare</p> <p>B: 1/1/17 - 12/31/20 EUTF 17.6 %, Peer %</p> <p>G: 1/1/21 - 12/31/24 300 bps less than Peer</p> <p>A: 1/1/21 - 12/31/23 EUTF 11.6%, Peer %</p> <p>Medicare</p> <p>B: 1/1/17 - 12/31/20 EUTF 17.5%, BOB %</p> <p>G: 1/1/21 - 12/31/24 Equal to or less than BOB</p> <p>A: 1/1/21 - 12/31/23 EUTF 14.5%, BOB %</p>		Same as Objective 1.3b
2.5c	<p><u>CVS Diabetes claim trend.</u> Ensure that the year over year prescription drug diabetes claim trend (before rebates) ending 12/31/24 is equal to or less than the Peer/BOB.</p> <p>Non-Medicare</p> <p>B: 1/1/19 - 12/31/20 EUTF 22.9%, Peer %</p> <p>G: 1/1/23 - 12/31/24 Equal to or less than Peer</p> <p>A: 1/1/22 - 12/31/23 EUTF 8.0%, Peer %</p> <p>Medicare</p> <p>B: 1/1/19 - 12/31/20 EUTF 9.5%, BOB %</p> <p>G: 1/1/23 - 12/31/24 Equal to or less than Peer</p> <p>A: 1/1/22 - 12/31/23 EUTF 17.8%, BOB %</p>		Same as Objective 1.3c
Goal 3	<p>Achieve a return, net of fees, for the period 7/1/21 - 6/30/25 of 7% or greater within prudent levels of risk. (8.4% inception to date 6/2011, net of fees, through 6/30/21)</p> <p>B: 7/1/11 - 6/30/21 8.4%</p> <p>G: 7/1/21 - 6/30/25 ≥7%</p> <p>A: 7/1/21 - 6/30/23 1.5% (not meeting)</p>	Implement the investment portfolio in accordance with the Investment Policy Statement.	
Objective	<p>Exceed the median return of the peer group over the period 7/1/21 – 6/30/25 within prudent levels of risk.</p> <p>B: 7/1/18 - 6/30/21 59th percentile</p>	<p>1.Adhere to the Investment Policy Statement including the evolving policy plan and asset allocation plan, and review these annually.</p> <p>2.Complete a liquidity study of the investment</p>	<p>2. Liquidity study include with asset allocation update in June 2022.</p> <p>3. Co-investment strategy implmented by 12/31/22.</p>

**Progress on Strategic Plan
7/1/21 - 12/31/23**

Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics
	G: 7/1/21 - 6/30/25 A: 7/1/21 - 6/30/23	Better than the 50th percentile 14th percentile (meeting)	portfolio by 12/31/21. 3.Implement a co-investment strategy by 12/31/23.
Goal 4	Improve overall member satisfaction surveys receiving a rating of 4 or higher (5 Strongly Agree, 4 Agree, 3 Neither Agree nor Disagree, 2 Disagree and 1 Strongly Disagree) to the question "Overall, I am very satisfied with the service I received today"	A.Ensure staffing levels are appropriate and hire, train, empower and retain staff in a supportive work environment. B.Update procedures and processes to maximize efficiency and effectiveness. C.Utilize technology (e.g. EUTF website and new benefits administration system self-service) and educate the membership on eligibility and enrollment issues. D.Educate, including the use of technology (i.e. new benefits administration system employer portal), employer personnel offices on EUTF eligibility rules and benefits to act as an extension of EUTF.	- Procurement of a new phone system has been postponed till FY 2025-2026 (maintenace ends 6/26)
	B: 1/1/20 - 12/31/20	42%	
	G: 7/1/24 - 6/30/25	85%	
	A: 7/1/22 - 6/30/23	29% (31% prior year)	
Objectives:			
4.1	Reduce the average annual turnover rate		
	B: 7/1/19 - 6/30/21	13%	
	G: 7/1/23 - 6/30/25	8%	
	A: 7/1/22 - 6/30/23	12% (not meeting)	
4.2	Reduce the average annual position vacancy rate		
	B: 7/1/19 - 6/30/21	12%	
	G: 7/1/23 - 6/30/25	5%	
	A: 7/1/22 - 6/30/23	16% (Not meeting)	
4.3	Implement the new BAS on time (2/1/22) and on budget.		
	B:	N/A	
	G:	2/1/22	
	A:	5/5/22 and on budget	
4.4	Active employees and retirees register in the new BAS. Measures recommended by TelusHealth and Segal.		
	B:	N/A	
	G: Actives and retirees register by 12/31/23	50% actives and 25% retirees	
	A: 6/30/23	10% actives and 5% retirees	

**Progress on Strategic Plan
7/1/21 - 12/31/23**

Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics
4.5	Employers (i.e. department level) register in the new BAS. Measures recommended by TelusHealth and Segal.	4.Modify the EUTF Administrative Rules, as necessary. 5.Redesign the website – layout and improved performance – by 6/30/25. 6.Investigate a possible new phone system for FY23-25. 7.Mandate the use of the new BAS by all active employees and employers. 8.Conduct member, employer and carrier surveys over the first 24 months after BAS implementation to gather feedback for improvements to portals for the period 7/1/24 – 6/30/25. 9.Identify ways to improve the current refund process and procedures to issue refunds faster. 10.Continue to encourage the existing retiree population who pay their premiums by check to switch their payment option to ERS pension or ACH deductions.	- 100% participation at the Employer level - 95% participation at the Department level (several department and charter schools have not signed the agreements) - 11/2/2023: no change in participation but CCHON has resumed uploading HRIS and County of Kauai has received onboard training to begin loading and will begin once account access has been provisioned - We have pushed back full roll out of the member portal. - 8,059 members have logged on member portal more than 1 time. 4,860 members have logged onto member portal more than 2 times. 3,381 members have logged onto member portal more than 3 times. - Received Board approval to extend Acquisition of Coverage to 90 days (pending Admin Rule change). - Conducted benefit presentations for HGEA, HSTA and HSTA, and pre-retirement presentations for HGEA and UPW (Aug 2022 – March 2023). - Conducted 61 pre-retirement webinars (Jul 2022 - Jun 2023). - New hire presentations coordinated by employer groups were limited to EUTF providing handouts and resources only. - Created open enrollment, employer portal training, pre-retirement videos for active employees, departmental human resource officers and retirees (Aug 2022 - June 2023). - Regularly recruiting to fill vacancies. - Developing tools and resources, working with employers to encourage the use of employer/member portal for select life event (e.g. new hires, terminations) - Working with TelusHealth to resolve defects in order to continue the rollout of self-service member
	B: N/A		
	G: 12/31/23 100%		
	A: 6/30/23 95%		
4.6	Active employee and retiree transactions utilize the new BAS portal. Measures recommended by TelusHealth and Segal.		
	B: N/A		
	G: 7/1/23 - 6/30/25 75% actives and 50% retirees		
	A: 7/1/22 - 6/30/23 Data not available		
4.7	Reduce the amount of administrative appeals		
	B: 7/1/20 - 6/30/21 54		
	G: 7/1/23 - 6/30/25 40 annually		
	A: 7/1/22 - 6/30/23 30		
<i>MSB - Outreach & Training</i>			
4.8	Increase the number of members reached through in person seminars or web-based programs		
	B: 7/1/19 - 6/30/20 7,775		
	G: 7/1/23 - 6/30/25 9,000 annually		
	A: 7/1/22 - 6/30/23 3,700		
4.9	Increase the number of departmental human resource officers reached through in person seminars or web-based programs		
	B: 7/1/20 - 6/30/21 363		
	G: 7/1/23 - 6/30/25 400 annually		
	A: 7/1/22 - 6/30/23 460		
<i>MSB - Member Services</i>			
4.10	Reduce the average number of days to process enrollment forms from the receipt of all necessary information.		
	B: 7/1/20 - 6/30/21 9 business days		

**Progress on Strategic Plan
7/1/21 - 12/31/23**

Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics
	G: 7/1/23 - 6/30/25 A: 7/1/22 - 6/30/23		portal and employer capabilities.
4.11	Increase the average monthly call answer rate within 30 seconds		- Regularly recruiting to fill vacancies. - Developing tools and resources available through website and through employers in order to reduce incoming calls. - Resuming in-person (e.g. Open Enrollment) and continuing webinar informational sessions (e.g. pre-retirement) in order to reduce incoming calls. - Working with TelusHealth to resolve defects and issues that impact members in order to reduce incoming calls.
	B: 7/1/20 - 6/30/21	48%	
	Carriers PG:	93% within 20 seconds or average within 20 seconds	
	G: 7/1/23 - 6/30/25	90%	
	A: 7/1/22 - 6/30/23	13.2% (answer rate 65.4%)	
4.12	Reduce call abandonment rate		
	B: 7/1/20 - 6/30/21	23%	
	Carriers PG:	< 3%	
	G: 7/1/23 - 6/30/25	< 5%	
	A: 7/1/22 - 6/30/23	35%	
4.13	New BAS: Determine the EUTF staff user errors over months 13-24 after BAS implementation to develop an objective for the period 7/1/24-6/30/25.		NA
	B: 5/1/23 - 4/30/24	TBD	
	G: 7/1/24 - 6/30/25	TBD	
	A: 7/1/24 - 6/30/25	NA	
<i>FSB - Participant Accounting Section</i>			
4.14	Reduce the number of outstanding refunds		- Staff focusing on processing current refunds that resulted from system defects and issues; and working with TelusHealth to resolve defects and issues that would generate refunds. - Recruiting to fill an Account Clerk III position to assist with processing outstanding refunds.
	B: 6/30/21	8,666	
	G: 6/30/25	300	
	A: 6/30/23	6,236	
4.15	Reduce number of average monthly shortage and cancellation notices		- Working with TelusHealth to resolve defects and issues that would generate shortage and cancellation notices.
	B: 7/1/20 - 6/30/21	465 and 132	
	G: 7/1/23 - 6/30/25	200 and 50	
	A: 7/1/22 - 6/30/23	506 and 260	
4.16	Increase the average monthly call answer rate within 30 seconds		- Staff focusing on reducing the time spent on each call while continuing to provide helpful customer service to our members. - Providing callers the option to email us instead of calling.
	B: 7/1/20 - 6/30/21	81%	

**Progress on Strategic Plan
7/1/21 - 12/31/23**

Goals/Objectives		Planned Strategies & Tactics	Progress on Strategies & Tactics
	Carriers PG: 93% within 20 seconds or average within 20 seconds		- Recruiting to fill an Account Clerk III position to assist with calls.
	G: 7/1/23 - 6/30/25 90%		
	A: 7/1/22 - 6/30/23 37.8% (answer rate 77.8%)		
4.17	Reduce call abandonment rate		- Working with TelusHealth to resolve defects and issues that would reduce the number of calls/abandoned calls.
	B: 7/1/20 - 6/30/21 7%		
	Carriers PG: < 3%		
	G: 7/1/23 - 6/30/25 3%		
	A: 7/1/22 - 6/30/23 22.2%		
<i>ISB - Systems Management Section</i>			
4.18	New BAS: Determine the number of member/employer inquiries over months 13-24 after BAS implementation to develop an objective, if necessary, for the period 7/1/24-6/30/25.		
	B: 5/1/23 - 4/30/24 Pending		
	G: 7/1/24 - 6/30/25 TBD		
	A: 5/1/23 - 6/30/23 50		
<i>ISB - Applications Management Section</i>			
4.19	New BAS: Determine the number of change requests and orders over months 13-24 after BAS implementation to develop an objective, if necessary, for the period 7/1/24-6/30/25.		- No change requests and orders
	B: 5/1/23 - 5/1/24 TBD		
	G: 7/1/24 - 6/30/25 TBD		
	A: 5/1/23 - 6/30/23 None		
4.20	New BAS: Determine if there are any deficiencies in the Member, Employer, and Carrier portal over the first 24 months and develop a plan to make improvements for the period 7/1/24-6/30/25.		
	B: 5/1/22 - 5/1/24 TBD		
	G: 7/1/24 - 6/30/25 TBD		
	A: 5/1/22 - 6/30/23 We continue to work on resolving defects with TELUS Health		